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Republic of Ghana

NATIONAL HEALTH ACCOUNTS

2023

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ADMINISTRATIVE MAP OF GHANA



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ACRONYMS

ABFA	Annual Budget Funding Amount
AIDs	Acquired Immunodeficiency Syndrome
CHAG	Christian Health Association of Ghana
CHE	Current Health Expenditure
CHPS	Community-Based Health Planning and Services
COVIID-19	Coronavirus
DHIMS	District Health Information Management System
DPs	Development Partners
FA	Financing Agent
FS	Category of Funding
FSRI	Funding Sources
GAQHI	Ghana Association of Quasi-Government Health Institutions
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
GGHE	General Government Health Expenditure
GGHE-D	General Government Health Expenditure - Domestic
GHC	Ghana Cedi
GHED	Global Health Expenditure Database
GHS	Ghana Health Service
GLSS	Ghana Living Standard Survey
GoG	Government of Ghana
GSS	Ghana Statistical Service
HA	Health Accounts
HAPT	Health Accounts Production Tool
HC	Healthcare Function
HF	Financing Schemes
HIV	Human Immunodeficiency Virus
HK	Capital Health Expenditure
HP	Healthcare Provider
IGF	Internally Generated Funds
LMICs	Low-Middle-Income-Countries
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organisations
NHA	National Health Accounts
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NPISH	Non-Profit Institutions Serving Households
OOP	Out-Of-Pocket
SHA	System of Health Accounts
SPH	School of Public Health
SSNIT	Social Security and National Insurance Trust
TB	Tuberculosis

TGE	Total Government Expenditure
THE	Total Health Expenditure
UHC	Universal Health Coverage
USAID	United States Agency for International Development
USD	US Dollars
WHO	World Health Organisation

FOREWORD

The Ministry of Health reiterates its commitment to achieving Universal Health Coverage (UHC) by 2030. This commitment is demonstrated through strategic initiatives, including the development of a comprehensive UHC Roadmap, the Health Sector Medium-Term Development Plan, the revised Essential Health Services Package, and the formulation of targeted policies and action plans addressing Non-Communicable Diseases. To support the effective implementation of the UHC Roadmap, a robust Health Financing Strategy has been developed and is being implemented, recognizing that systematic monitoring and evaluation of UHC financing indicators are critical to achieving sustainable results.

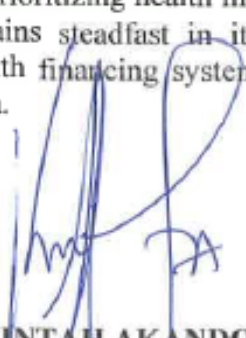
The release of the 2023 National Health Accounts (NHA) Report represents an important milestone in strengthening evidence-based health financing in Ghana. Developed through rigorous analytical processes, the report provides insights into health sector financing including financing sources and management of funds, service purchasing, and beneficiary outcomes, thereby, serving as a key tool for informed decision-making and strategic resource allocation.

Findings from the 2023 NHA indicate a modest but positive increase in Current Health Expenditure (CHE) as a proportion of Gross Domestic Product (GDP), rising from 3.95 percent in 2022 to 4.01 percent in 2023. This trend reflects the Government's continued role as the principal financier of healthcare services. Notwithstanding this progress, the report draws attention to emerging concerns, particularly the growing volume of off-budget expenditures by development partners, especially in the financing of HIV/AIDS, Tuberculosis, Malaria, and Non-Communicable Diseases. These developments highlight the need for structured engagement and dialogue to enhance alignment with national health priorities and to strengthen overall financing coordination.

Although the share of household out-of-pocket (OOP) payments in total health expenditure has declined marginally over the period, the absolute level of such payments increased substantially from GHS 5.65 billion in 2022 to GHS 6.98 billion in 2023, representing a 23.5 percent increase. This development presents a significant challenge to equity in healthcare access and reinforces the urgency for the National Health Insurance Authority to expand population coverage and strengthen financial risk protection, particularly for vulnerable groups.

The Ministry of Health acknowledges with appreciation the collective contributions of the National Health Accounts Technical Working Group, its agencies, other Ministries, Departments and Agencies, Development Partners, the Private Sector, Non-Governmental Organizations, and Civil Society Organizations in Health. The Ministry further expresses its sincere gratitude to the World Health Organization and the Global Financing Facility for the technical and financial support in the preparation of this report.

The 2023 NHA report provides a solid evidence base to guide strategic policy and financing decisions within the health sector. I urge all stakeholders to utilise these findings in informing resource allocation and prioritizing health interventions in support of Ghana's UHC objectives. The Ministry of Health remains steadfast in its commitment to promoting a transparent, accountable, and sustainable health financing system that guarantees equitable access to quality healthcare for all people in Ghana.



KWABENA MINTAH AKANDOH (MP)
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The Ministry of Health (MoH) is grateful to all its Agencies, Ghana Statistical Service, Development Partners, Private Employers and Private Health Insurance Companies for their contribution towards the development of the 2023 National Health Accounts.

A special thanks and recognition to the Global Financing Facility and the World Health Organization (WHO) for the financial and technical assistance provided to support the production of the National Health Accounts for the 2023 fiscal year.

Lastly, the Ministry appreciate all members of the National Health Accounts Technical Working Group and the Consultant for their dedicated efforts in data collection, analysis, and interpretation of the results.

The 2023 NHA was coordinated by Mr. Ernest Owusu Sekyere and Mr. Solomon Agyei Boateng.

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EXECUTIVE SUMMARY

Accurate tracking of health spending is important for effective policymaking, efficient use of resources, and long-term financial stability, especially in lower-middle-income countries. It enhances transparency, ensures accountability, and builds trust among key stakeholders, while helping to identify funding gaps and align spending with national health priorities. The National Health Accounts (NHA) framework, based on the internationally recognized System of Health Accounts 2011 (SHA-2011), provides a structured method for collecting and analyzing health expenditure data from all sources.

The 2023 National Health Accounts (NHA) study for Ghana utilized both primary and secondary data sources, drawing health expenditure information from government, development partners, private insurance companies, quasi-governmental health entities, among others. Household health expenditures were estimated using data from the 2023 Household Income and Expenditure Survey, while private employers' health spending for 2023 was projected based on collated private employers' health expenditure data from 2022.

During the reporting period, Ghana's Current Health Expenditure (CHE) increased from GHS22.57 billion in 2022 to GHS26.16 billion in 2023. This growth was also reflected in the per capita CHE, which increased from GHS715.38 to GHS809.99 over the same period. Similarly, per capita Domestic General Government Health Expenditure similarly rose from GHS 396.59 in 2022 to GHS 512.12 in 2023, indicating improved government commitment to mobilize and allocate resources for health financing. Household out-of-pocket (OOP) expenditure remained the second largest source of health financing, accounting for 26.68% of CHE in 2023. Although this represents a reduction from 28.98% in 2019, the nominal household OOP payments increased from GHS5.65 billion in 2022 to GHS6.98 billion in 2023 (i.e., a 23.5% increase) highlighting a growing risk of catastrophic health spending among households.

The analysis further revealed that spending on compensation of employees was nearly equal to that on materials and services used in healthcare delivery. This trend suggests potential underinvestment in critical inputs required for quality service provision. In 2023, the government remained the principal source of financing for all diseases and health conditions. However, when indirect government spending such as employee compensation is excluded, households emerged as the primary financiers of malaria treatment and contributed nearly as much as the government to the funding of non-communicable diseases.

The following are recommendations for policy considerations:

To ensure delivery of quality healthcare services for improved health outcomes, it is recommended that more resources are allocated to materials and services used in the provision of healthcare services. The aim of UHC is to protect the population from catastrophic health expenditures. This implies that efforts should be made by the National Health Insurance Authority to reduce household out-of-Pocket (OOP) payments to provide financial risk protection to the poor and vulnerable by. The rising burden of non-communicable diseases (NCDs) is alarming and is reflected on health expenditures on this disease condition. There is therefore the need to focus more on reducing the increasing rate of NCDs cases in the country.

1.0 INTRODUCTION

1.1 Background

Effective tracking of health expenditures is fundamental to sound policymaking, efficient resource allocation [1], and financial sustainability in the health sector, particularly in lower-middle-income countries (LMICs). It provides governments with critical insights into funding gaps, expenditure patterns, and areas requiring increased investment. Furthermore, expenditure tracking strengthens governance by promoting accountability and transparency, minimizing inefficiencies, and fostering trust among stakeholders [2]. These measures are essential for securing external funding and ensuring the alignment of financial resources to national health priorities. By systematically monitoring health spending, policymakers can enhance financial protection for vulnerable populations, optimize the allocation of limited resources, and implement sustainable financing mechanisms.

National Health Accounts (NHA) are an internationally recognized framework for tracking health expenditure flows within a country for a specified period. It provides a systematic and comprehensive way of collecting, processing, and analyzing healthcare-related financial data from public, private, households, and donor sources. Evidence generated from Health Accounts can serve as the basis for designing equitable, efficient, and sustainable health policies for improved health outcomes.

The 2023 National Health Accounts is structured following the 2011 edition of the System of Health Accounts (SHA-2011). This framework provides a comprehensive and systematic approach to analyzing key dimensions of healthcare expenditure, offering valuable insights into key policy considerations [3]. The 2023 HA identifies the various health financing sources, institutions responsible for managing health resources, and the principal providers of healthcare services. Moreover, it examines the nature of healthcare goods and services delivered, the allocation of financial resources to priority health programs, and the distribution of expenditures across various diseases and health conditions. Additionally, the framework evaluates the total healthcare expenditure and the specific levels of care in which financial resources were invested.

In the computation of the 2023 National Health Accounts (NHA) estimates for Ghana, a total of eleven dimensions were utilized. Following this, data was systematically organized and mapped for analysis using the Health Accounts Production Tool (HAPT) software, which facilitated the generation of health expenditure tables. These tables represent the definitive outcome of the National Health Accounts for the year 2023.

1.2 Demographic, epidemiological and socioeconomic trends in Ghana

Ghana, classified as a lower-middle-income country, covers an area of 239,567 square kilometers [4] and is characterized by diverse ecological zones, including the savanna and tropical rainforest ecological zones. As of 2023, the country's population was estimated at 32.3 million¹, growing at an annual rate of 1.9 per cent². The total fertility rate, which declined from 4.2 in 2014 to 3.9 in 2017, has remained the same through 2022 [5].

¹ Ghana Statistical Service Estimates

² World Bank Group Database

Between 2019 and 2023, Ghana's Gross Domestic Product (GDP) expanded significantly from GHC 356.5 billion to GHC 887.7 billion, reflecting sustained economic growth and an associated rise in health sector expenditure. However, this economic expansion has been accompanied by a deceleration in the GDP growth rate, which decreased from 6.5 percent in 2019 to 3.1 percent in 2023 [6]. The recent slowdown in economic activity may be largely attributed to high public debt and governmental efforts to restructure the economy.

1.3 Health Status

The health status of Ghana over the past decades has shown remarkable improvement, reflecting sustained investment in the health sector, policy reforms and the expansion of essential healthcare services. These improvements have been achieved through a combination of strategic health interventions, government-led reforms, increased community involvement and Development Partner support. Several key health indicators highlight the significant strides made.

Maternal mortality, for instance, has seen a significant reduction from 708.9 deaths per 100,000 live births in 1990 to 109.3 deaths per 100,000 live births in 2023 [7], signaling progress in maternal health interventions, including skilled birth attendance and access to emergency obstetric care. Similarly, under-five mortality declined from 23.2 deaths per 1,000 livebirths in 2008 to 10.9 deaths per 1,000 livebirths in 2023, which may be attributed to increased immunization coverage, which stands at 64.3 percent as of 2023 [7].

Access to essential and quality health services has also seen significant improvement through initiatives such as the Network of Practice, which seeks to reorganize service delivery at the primary level. Furthermore, the National Health Insurance Scheme (NHIS), launched in 2003, has become a cornerstone of financial protection in health care. As of 2023, approximately 55.5% of the population was covered under the NHIS [7], reducing out-of-pocket expenditures and improving equity in access to services, particularly for the poor and vulnerable. As a result of the expansion and improvement of access to healthcare, life expectancy has increased from 59.2 in 2000 to 66.3 in 2019³.

The leading causes of morbidity and mortality in Ghana include malaria, stroke, lower respiratory infections, neonatal disorders, and ischemic heart disease⁴. While communicable diseases like malaria remain a public health concern, there is growing recognition of the rising burden of non-communicable diseases (NCDs).

Empirical evidence indicates an emerging epidemic of NCDs, such as stroke, ischemic heart disease, diabetes, and chronic liver disease. These conditions are increasingly attributed to lifestyle-related risk factors, including physical inactivity, poor dietary habits, and increased consumption of harmful substances such as tobacco, alcohol, and sugar-sweetened beverages [8].

³ The Global Health Observatory

⁴ District Health Information Management System (DHIMS)

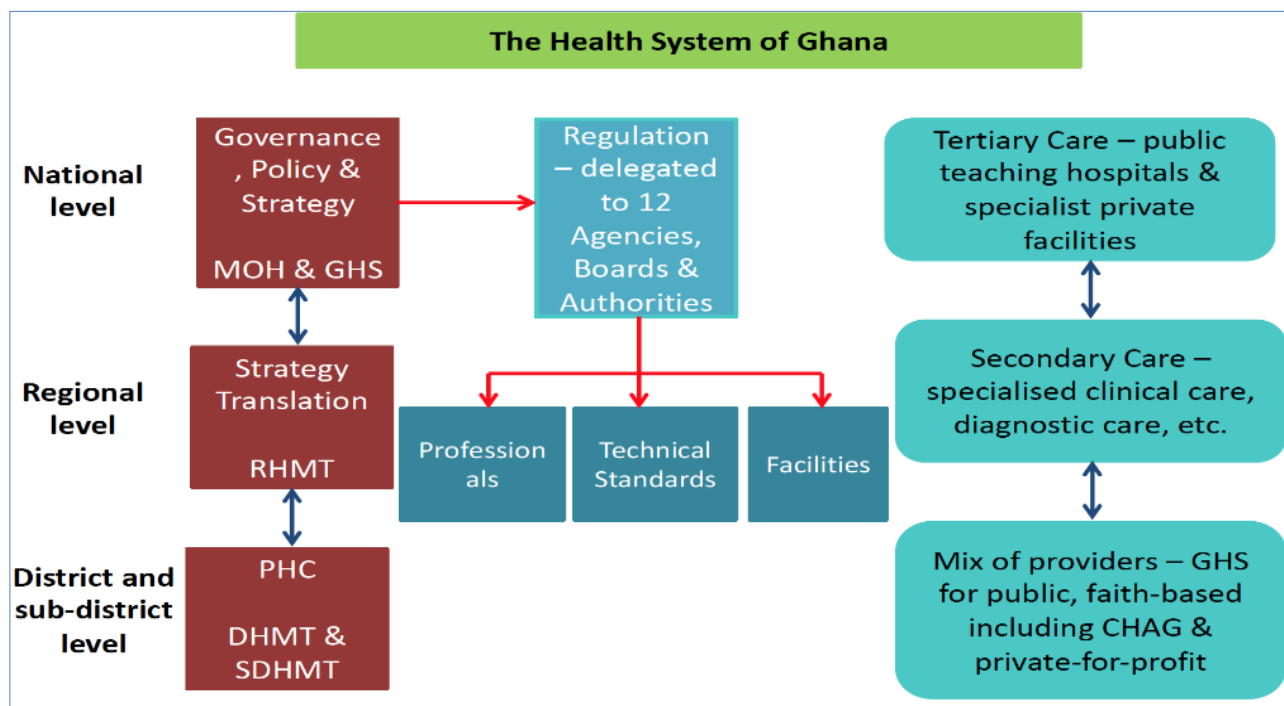
1.4 National Healthcare System

Ghana's health system operates within a structured, hierarchical framework, with the Ministry of Health serving as the highest authority. The Ministry is responsible for developing health policies, mobilizing resources for policy implementation, and overseeing the monitoring and evaluation of these policies to improve population health outcomes. The Ministry supervises thirty (30) agencies, each tasked with specific mandates aligned with the broader objectives of the health sector. These agencies encompass service delivery institutions such as the Ghana Health Service (GHS), faith-based organizations, and selected private-for-profit health facilities, primarily focused on delivering primary healthcare, which serves as the foundation for achieving Universal Health Coverage (UHC).

Additionally, tertiary and specialized services are provided by psychiatric hospitals, teaching hospitals, and advanced private facilities. The system also includes regulatory bodies mandated to ensure compliance and standards across health facilities, health professionals, pharmaceuticals, food products, and non-medicinal items. Furthermore, various training institutions operate under the Ministry's purview to support the education and capacity-building of pre-service, post-basic, and specialized healthcare personnel.

Healthcare delivery in Ghana is facilitated through both public and private entities, structured within a three-tier service delivery model comprising primary, secondary, and tertiary levels of care. This service delivery arrangement is mirrored by a tripartite administrative structure, which includes district, regional, and national levels of governance. The primary public sector providers include the Ghana Health Service, teaching hospitals, and psychiatric hospitals, while private healthcare institutions operate across all tiers of the system.

Figure 1 Structure of Ghana's Health System



Source: Ghana Harmonized Health Facility Assessment 2022-2023

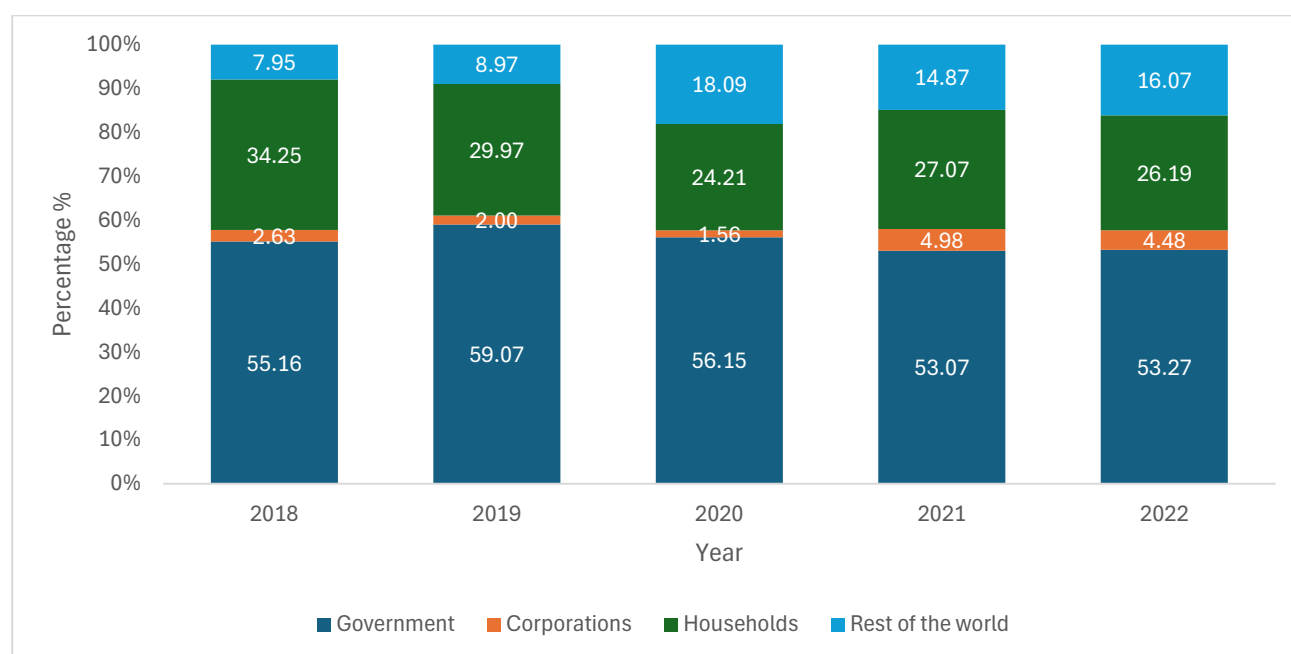
1.5 Health Financing

The conventional sources of funding in Ghana are the government (allocation to the Ministry of Health and National Health Insurance Authority), household, donors and corporations. Over the historical trajectory, the government has constituted the predominant funding pillar, accounting for approximately 55 percent of Total Health Expenditures (THE) in Ghana⁵. Funding from the government, which is managed using government schemes and compulsory contributory health insurance schemes, usually comes from transfers from domestic revenues allocated for health purposes and social insurance contributions.

Households represent the second largest contributor to health financing, averaging 28 percent of the total health expenditure. Household resources are primarily managed through direct out-of-pocket payments and contributions to both private and social health insurance schemes. Donor contribution, recognized as the third largest funding source, constitutes approximately 13 percent of the total expenditure. These funds usually materialize in the form of sector budget support (i.e., budget donor support) and direct foreign transfers (i.e., off-budget support from donor partners) and are specifically earmarked for targeted health programs, activities and capital investment projects.

Funding from corporations remains the smallest contribution to overall health expenditure, averaging 3 percent. These funds are generally channeled through reimbursements and premium contributions to private and/or social insurance schemes intended to cover the health-related expenses of corporate employees. Figure 2 illustrates the trend of Current Health Expenditures (CHE) by these various financing sources.

Figure 2 Trend of Current Health Expenditures by Financing Sources



Source: 2018-2022 National Health Accounts, Ghana

⁵ 2018-2022 National Health Accounts, Ghana

2.0 METHODOLOGY

This section of the report outlines the data sources and approaches used for collating health expenditures, defines the boundaries of the study and details the principles guiding data management. It also details the assumptions and estimations applied throughout the analysis, along with the study's inherent limitations.

2.1 Approach and Data Sources

Data collection was structured in accordance with the categories established in the System of Health Accounts (SHA 2011) framework, specifically focusing on the financing, provision and consumption dimensions. For the reporting year, both primary and secondary data were sourced from administrative records and survey data. Standardized survey instruments derived from the Health Accounts Production Tool (HAPT) were used to capture expenditures from various sources including government institutions (i.e., Ministry of Health and other relevant Ministries), development partners, private employers and insurance companies. Household health expenditure was estimated using information from the 2023 Annual Household Income and Expenditure Survey (AHIES).

2.1.1 Primary Data

Data collection sources were identified to include Private Health Insurers, whose focus is to purchase healthcare on behalf of employers and households and employers who provide healthcare services to their employees. Health expenditure data from Development Partners (DPs)-including both bilateral and multilateral who support the health sector- and Non-Governmental Organizations (NGOs) involved in either providing healthcare services or supporting health initiatives in Ghana, was sourced from the Resource Mapping and Expenditure Tracking exercise carried out by the Ministry. Data collection templates were distributed to these institutions, and follow-up calls and visits were conducted by data collectors to ensure completion.

2.1.2 Secondary Data

2.1.2.1 Government Ministries, Departments and Agencies

Secondary data for this analysis were sourced from a range of official publications (budgets, annual reports, etc.) and audited financial statements, including those of the Ministry of Health. Further data, encompassing health service utilization statistics and other relevant information, were obtained from the District Health Management Information System (DHIMS) for the 2023 reporting year. To supplement these sources, data were also gathered from the National Health Insurance Authority and the Ghana Association of Quasi-Government Health Institutions, which includes entities such as the Christian Health Association of Ghana (CHAG), university hospitals, and SSNIT Hospitals.

2.1.2.2 Household and Private Employer Data

The NHA team, with support from the Ghana Statistical Service (GSS), estimated household expenditure information from the 2023 Annual Households Income and Expenditure Survey. Household expenditure data was categorized as registration, consultation, diagnosis, drugs for treatment and other costs associated with health care. This information included expenditures incurred

on traditional, complementary and alternative medicine. Further classification was done based on facility ownership (Private and Public) and levels of care (Primary, Secondary and Tertiary).

With guidance from the Ghana Statistical Service, the private employers' expenditure data was forecasted for 2023 using macroeconomic indicators for the reporting year and expenditure trends from 2018 to 2022 National Health Accounts. The forecasted results were compared with estimated trends from the Global Health Expenditure Database, showing alignment despite some differences. Figures were further validated by the GSS and used for the study.

2.2 Boundaries

The 2023 National Health Accounts report for Ghana was produced in line with the SHA 2011 financing framework, which uses a tri-axial recording of each transaction to enable understanding of resource flows between financing, provision, and consumption. In compiling the expenditure data used for the study, only expenditures directly related to health were included in the study. All other indirect health-related expenditures were excluded from the computation. The period for this report is January to December for the years under consideration.

2.3 Data Management

Data collected were reviewed and validated by the National Health Accounts Technical Working Group and imported into the Health Accounts Production Tool (HAPT). This was followed by mapping of the data to the NHA dimensions in the HAPT. Eight Health Accounts (HA) tables- HF x FS, HF x FA, HP x HF, HC x HF, HC x HP, DIS x HF, HK x FA and GEN x AGE- were then generated from the HAPT. The tables were systematically analyzed by the NHA Technical Working Group, leading to the identification of key findings and the formulation of recommendations for implementation.

2.4 Facts, Assumptions and Source Documents

The following are source documents and assumptions used in the 2023 National Health Account:

- Facts and source documents
 - Expenditures on fixed assets were recorded using the matching accounting principles.
 - Classification of expenditures under fixed assets was guided using the Fixed Asset Management Operational and Accounting Guidelines issued by the Controller and Accountant General Department.
 - Expenditures on diseases and health conditions, age and gender were disaggregated using proportions from health service utilisation data from the District Health Information Management System (DHIMS).
 - Household expenditures were estimated by the Ghana Statistical Service (GSS) using data from the 2023 Annual Household Income and Expenditure Survey (AHIES).

- The Bank of Ghana closing exchange rates for the year ended 2023, as published in the 2023 Bank of Ghana Annual Report and Financial Statement, was used in this study.
- Assumptions
 - All services delivered at the district facility level and below were classified as primary care.
 - Expenditures incurred by households on Traditional, Complementary and Alternative Medicine (TCAM) were classified as primary healthcare services.

2.5 Limitations

During the development of the 2023 National Health Accounts (NHA), several data-related challenges were encountered. These limitations include:

Data

- Health expenditure data for private employers was forecasted based on the 2022 data collated from these institutions.
- Analysis of Current Health Expenditure by sub-national levels (i.e., Regions, Districts and Sub-Districts) were excluded despite the availability of the required data and capacity of the HAPT to carry out the needed analysis. This was mainly due to the limited technological capacity (such as high-speed computers and servers) to carry out the analysis.
- In some cases, health expenditure data on the consumption dimensions (i.e., DIS, Age, and Gender) were aggregated making it difficult to disaggregate. In view of this, distribution keys were derived from utilisation data from DHIMS to disaggregate by the various consumption SHA dimensions.

3.0 FINDINGS

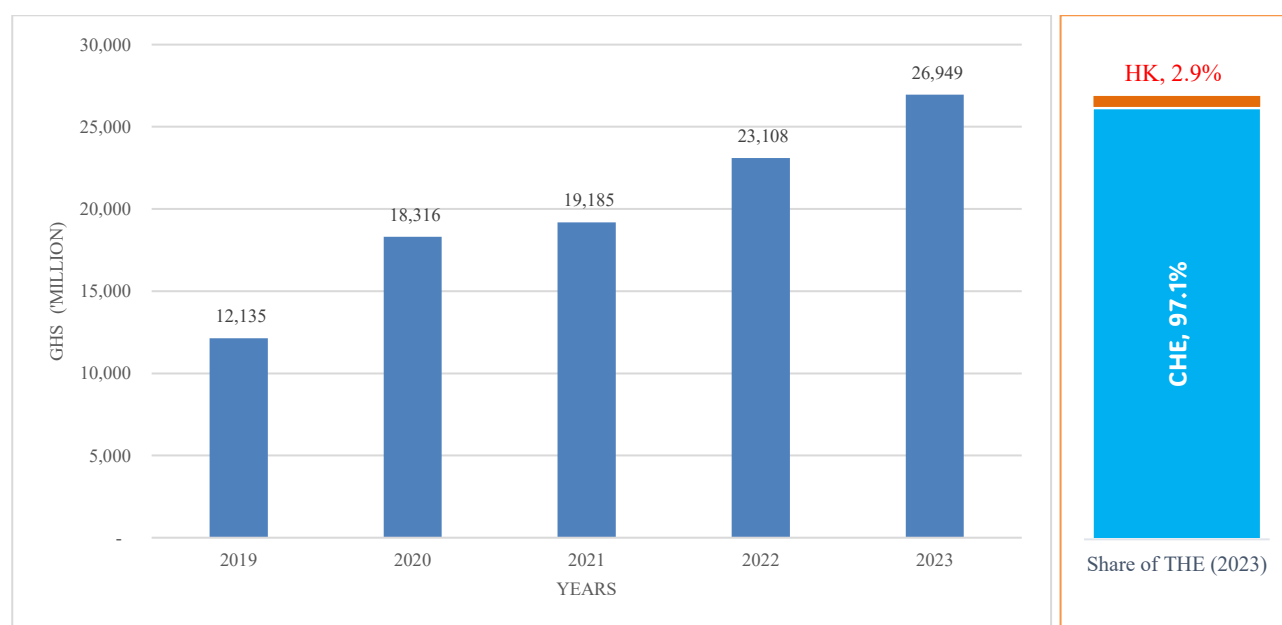
This chapter summarizes the key findings from the analysis of Ghana's National Health Accounts for 2023, situating them within the context of results from the previous round of HA conducted. It examines the health financing landscape, focusing on funding sources, allocation entities, healthcare service organizations, and the impact of healthcare expenditures.

3.1 Total Health Expenditure (THE) GHC: 2023

Total Health Expenditure (THE), encompassing all capital project expenditures, health service expenditures, and health-related goods, has demonstrated a consistent upward trajectory in Ghana, increasing nominally from GHC12.13 billion in 2019 to GHC26.95 billion in 2023 (Figure 3). However, the annual growth rate of THE has been inconsistent, fluctuating considerably between 4% and 53% across the period. This inconsistency in the growth rate of THE indicates a degree of unpredictability in resource flows to the health sector, which may hinder effective health service planning and delivery [1] for any country, including Ghana.

Notably, Current Health Expenditure (CHE) constituted a substantial 97.1% of the Total Health Expenditure in 2023, while Capital Expenditure (HK) items accounted for 2.9% in the same year (Figure 3). The disproportionately low allocation to capital health expenditure raises concerns about the long-term sustainability and development of Ghana's health infrastructure, especially in service areas where capital items are still inadequate. It is worth noting that health expenditures incurred on capital items in 2023 do not include investments made on the Agenda 111 projects⁶.

Figure 3 Total Health Expenditure (THE) GHC (2019-2023)



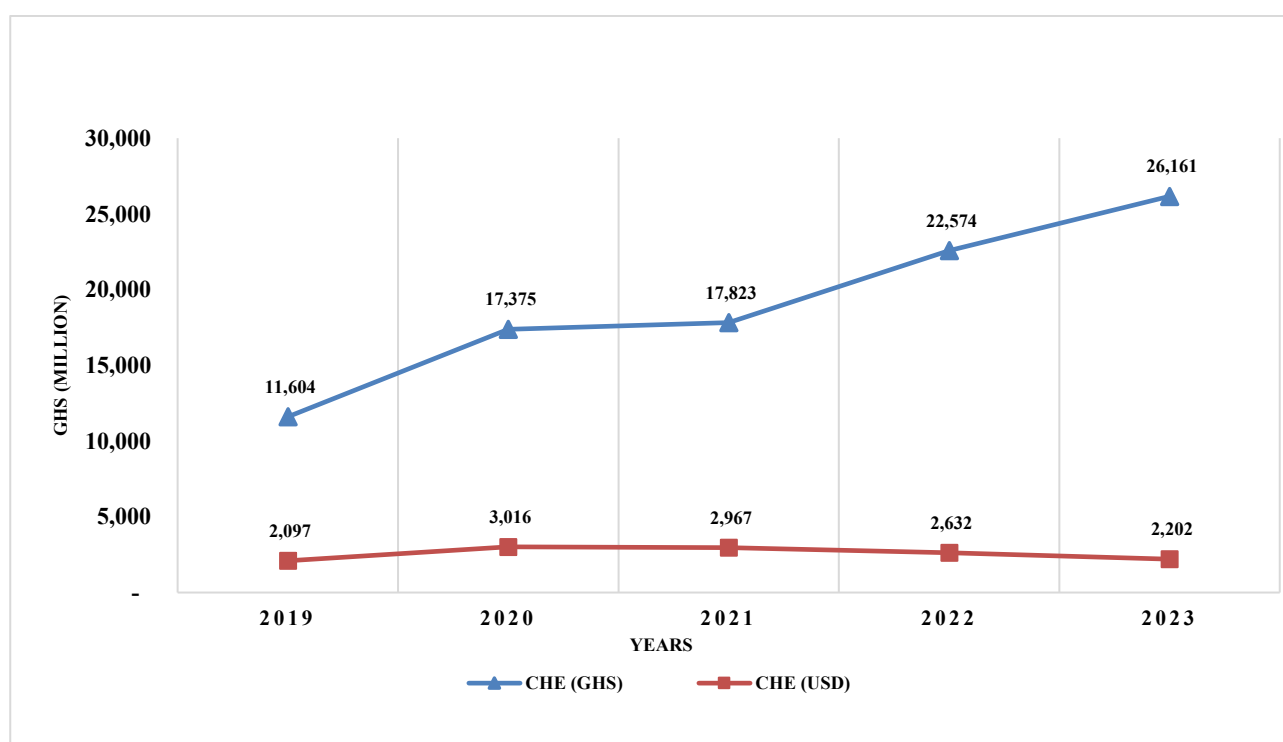
Note: GHC is the Ghana Cedi

⁶ Agenda 111 projects- investments made in the construction of 111 health facilities to support service delivery across the country.

3.2 Current Health Expenditure (CHE) (GHC vs USD)

Current Health Expenditure (CHE), which represents spending on health goods and services (excluding capital investments), demonstrated a substantial nominal increase from GHC11.6 billion in 2019 to GHC26.1 billion in 2023, reflecting a cumulative growth of over 100% across the period. However, this upward trend exhibits a different pattern when converted to United States Dollars (USD) using the Bank of Ghana's closing annual exchange rates. While CHE in GHC terms consistently increased, the USD equivalent rose from USD2.1 billion in 2019 to USD3.0 billion in 2020, subsequently declining to USD2.2 billion by 2023, as shown in Figure 4. This divergence between the GHC and USD trends indicates that the significant nominal increase in CHE in local currency terms was, in part, offset by exchange rate depreciation.

Figure 4 Current Health Expenditure (GHC vs USD)



The decline in USD terms after 2020 suggests that the real value of health spending, when considered in an international currency, did not maintain the same growth trajectory as observed in nominal GHC terms. This highlights the impact of macroeconomic factors, specifically exchange rate fluctuations, on the purchasing power of health expenditures and has implications for Ghana's capacity to procure imported health goods and services. A study in Zambia [10] found that exchange rate changes affected funding disbursements for the Ministry of Health and the local currency available for health districts, leading to financial instability and unpredictability in health service delivery.

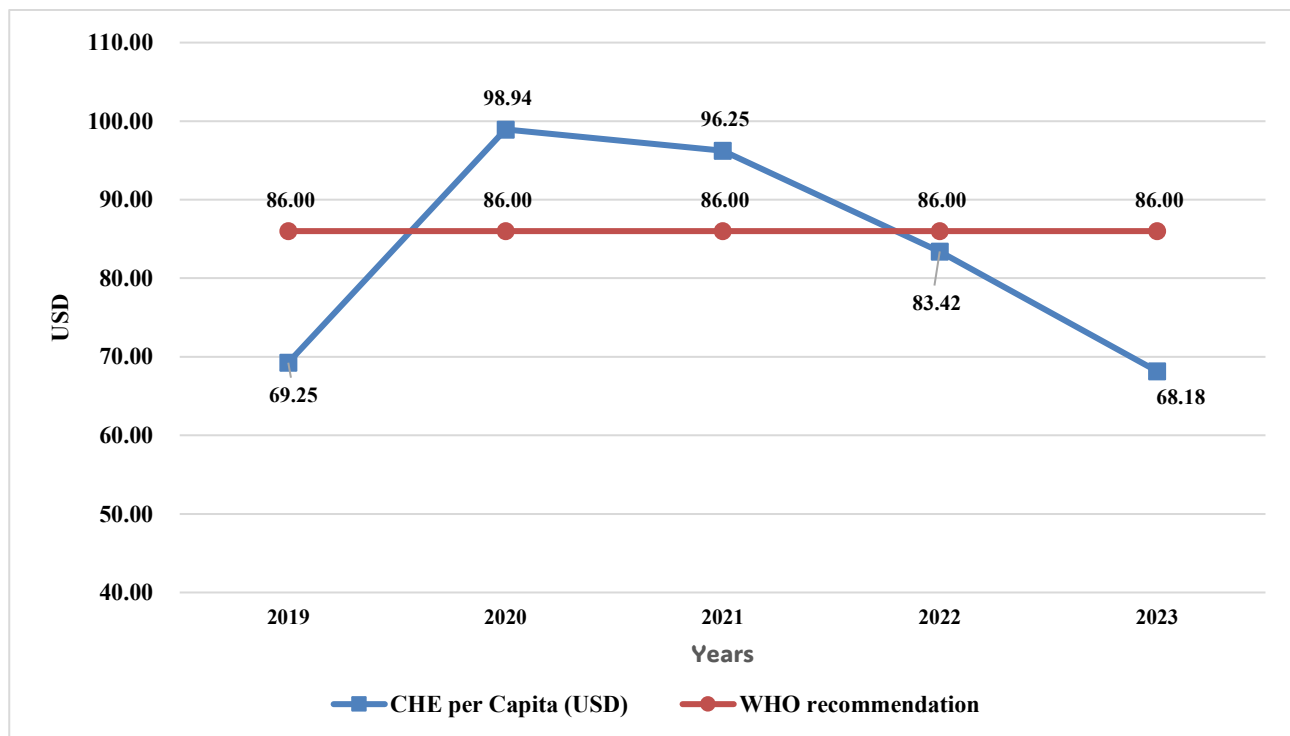
3.3 Current Health Expenditure (CHE) Per Capita

Per capita Current Health Expenditure (CHE) is a critical metric that quantifies the financial resources allocated to healthcare for each individual within a nation over a defined period. In Ghana, per capita CHE (USD) exhibited variability, ranging from USD69.25 in 2019 to a peak of USD98.94 in 2020, coinciding with the heightened health spending observed globally during the COVID-19 pandemic.

Subsequently, between 2021 and 2022, Ghana's per capita CHE surpassed the World Health Organization's (WHO) recommended minimum average spending of USD86 per capita [11], a benchmark deemed necessary for achieving Universal Health Coverage (UHC).

However, it remained below the 2021 average health spending per capita of USD146 for Low-Middle-Income Countries (LMICs) as per a report [12] by the WHO. NHA findings reveal that the CHE per capita in 2023 for Ghana was USD68.18, which not only falls short of the WHO's recommended minimum but also represents a decline from Ghana's expenditure in 2019.

Figure 5 Current Health Expenditure (CHE) Per Capita 2019-2023



This trend (Figure 5) raises concerns about the adequacy of current healthcare financing to meet the population's growing needs and achieve the ambitious UHC targets set for 2030. Specifically, the decline in per capita CHE relative to both the WHO's UHC benchmark and the LMIC average suggests that Ghana may face challenges in providing equitable access to quality healthcare services. Sustained underinvestment, in comparison to peer nations, could exacerbate existing disparities, strain health infrastructure, and hinder the expansion of essential health services coverage as was shown in a study [13] for Southern and Central Eastern European Countries. Addressing this gap will require a concerted effort to mobilize additional domestic resources, improve efficiency in health spending, and prioritize interventions that yield the greatest impact on population health, particularly for vulnerable groups.

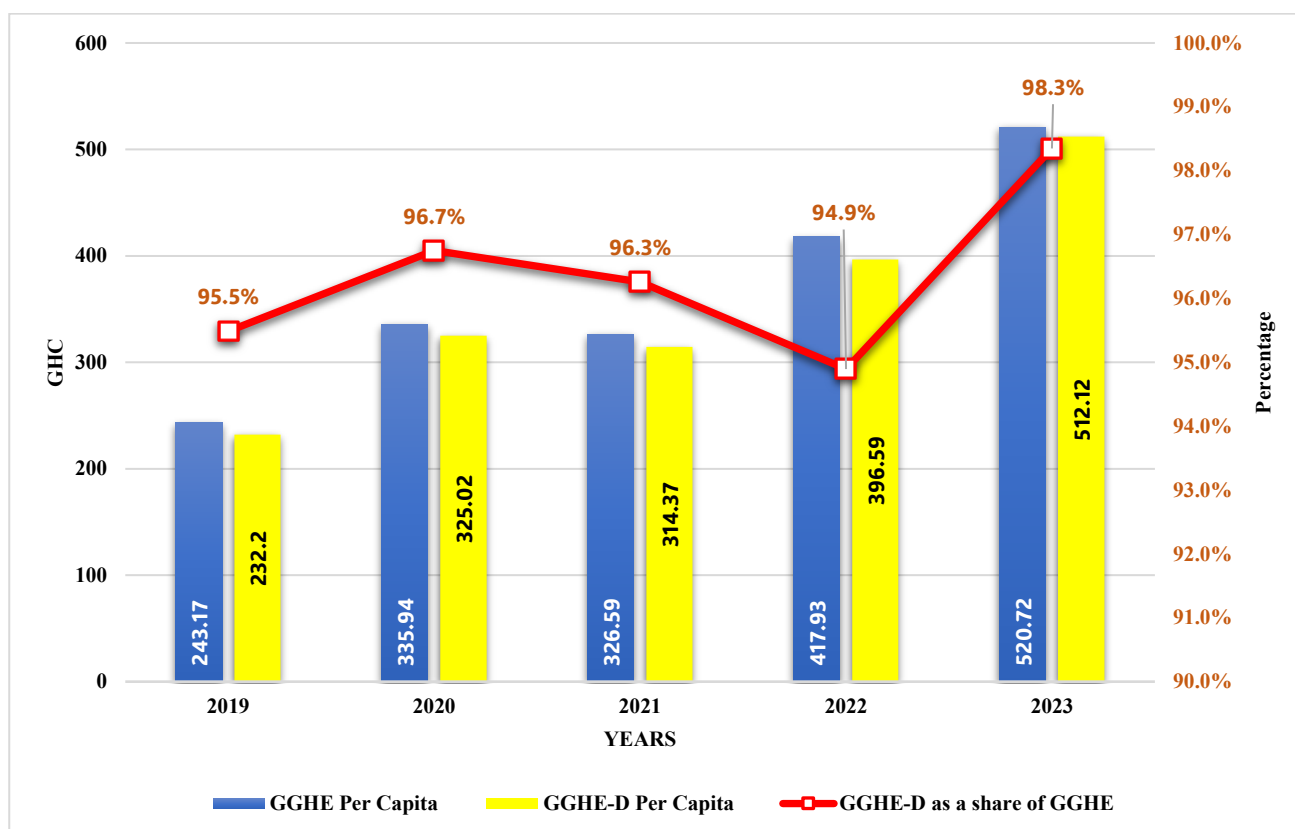
3.4 GGHE Per Capita vs GGHE-D Per Capita (2019-2023)

General Government Health Expenditure (GGHE) per capita refers to how much the government spends on health for each individual in the country using its fiscal commitments and funding from donors through the budget. General Government Health Expenditure Domestic (GGHE-D) per capita,

on the other hand, indicates the portion of GGHE per capita that is financed from domestic revenues such as taxes and social health insurance.

NHA findings reveal that GGHE per capita showed an upward trend from GHC243.17 in 2019 to GHC520.72 in 2023. The same was observed for GGHE-D per capita, which increased from GHC232.20 in 2019 to GHC512.12 in 2023. However, GGHE-D as a share of GGHE has not been stable, as it increased from 95.5% in 2019 to 96.7% in 2020, then reduced continuously to 94.9% in 2022 and has now increased to 98.3% in 2023, as shown in Figure 6. This shows that while the government's domestic resource mobilization effort is generating more results in per capita nominal terms, the associated donor on-budget per capita support to the health sector continues to reduce.

Figure 6 GGHE Per Capita vs GGHE-D Per Capita



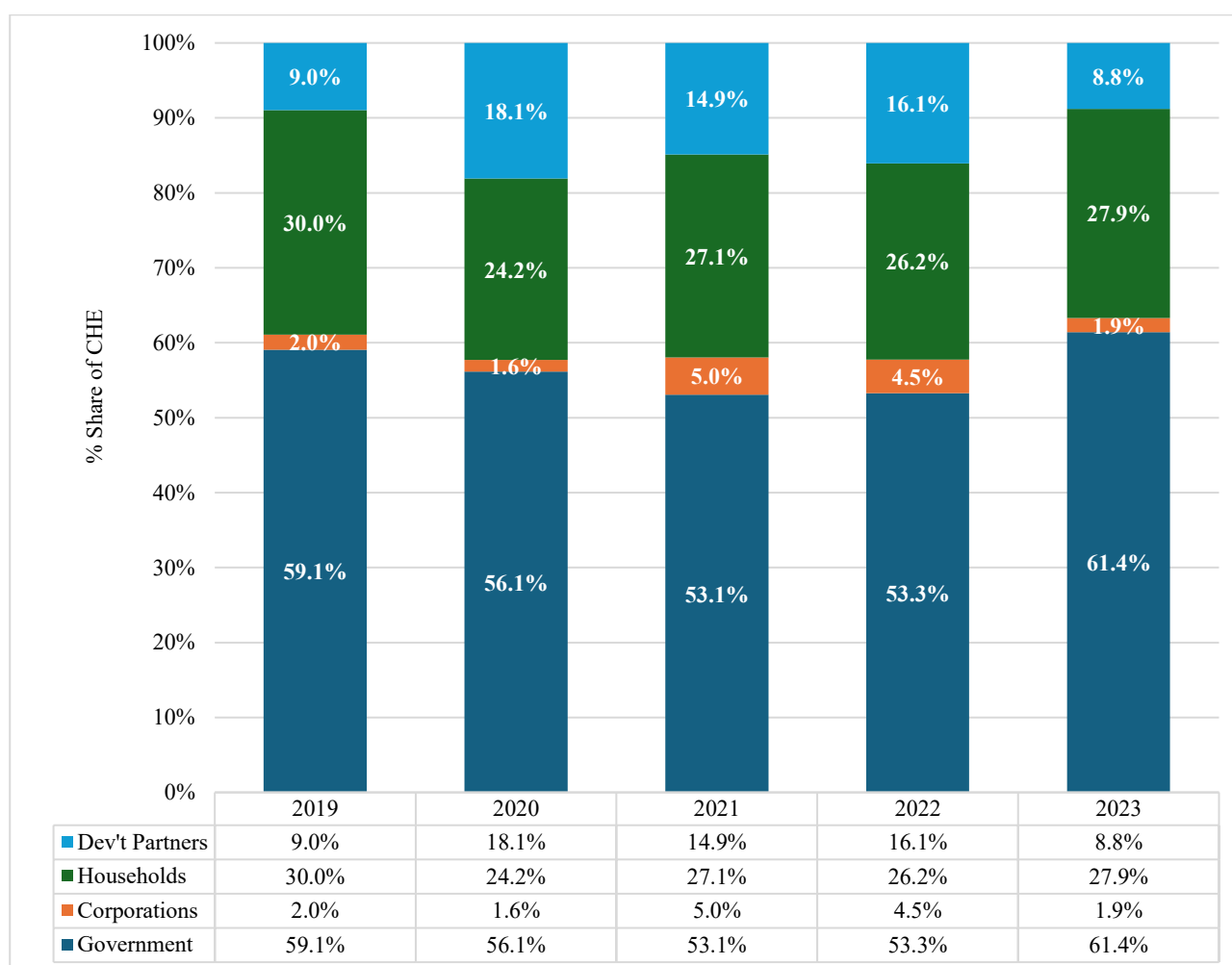
The increased reliance on domestic funding suggests greater government ownership, sovereignty and potentially more sustainable health financing [14], including in disaster situations. However, the reduction in on-budget donor support may strain the health system's capacity, particularly in the short term, and could necessitate careful resource allocation to ensure that essential health services remain accessible and affordable, especially for vulnerable populations, as Ghana works towards its UHC goals.

3.5 Current Health Expenditure (CHE) by Financing Sources (FSRI)

Financing Sources (FSRI) refers to the institutional units that provide revenues for the various schemes. The traditional financing sources in Ghana are the government, households, corporations and the rest of the world (i.e., health development partners). Government remains the primary financier of the health sector, increasing its contribution from 53.3% in 2022 to 61.4% in 2023 (Figure

7). The increase in government contribution may be attributed to improved government efforts to mobilize more resources to match the declining donor support.

Figure 7 Current Health Expenditure by Funding Sources (FSRI) (2018-2022)



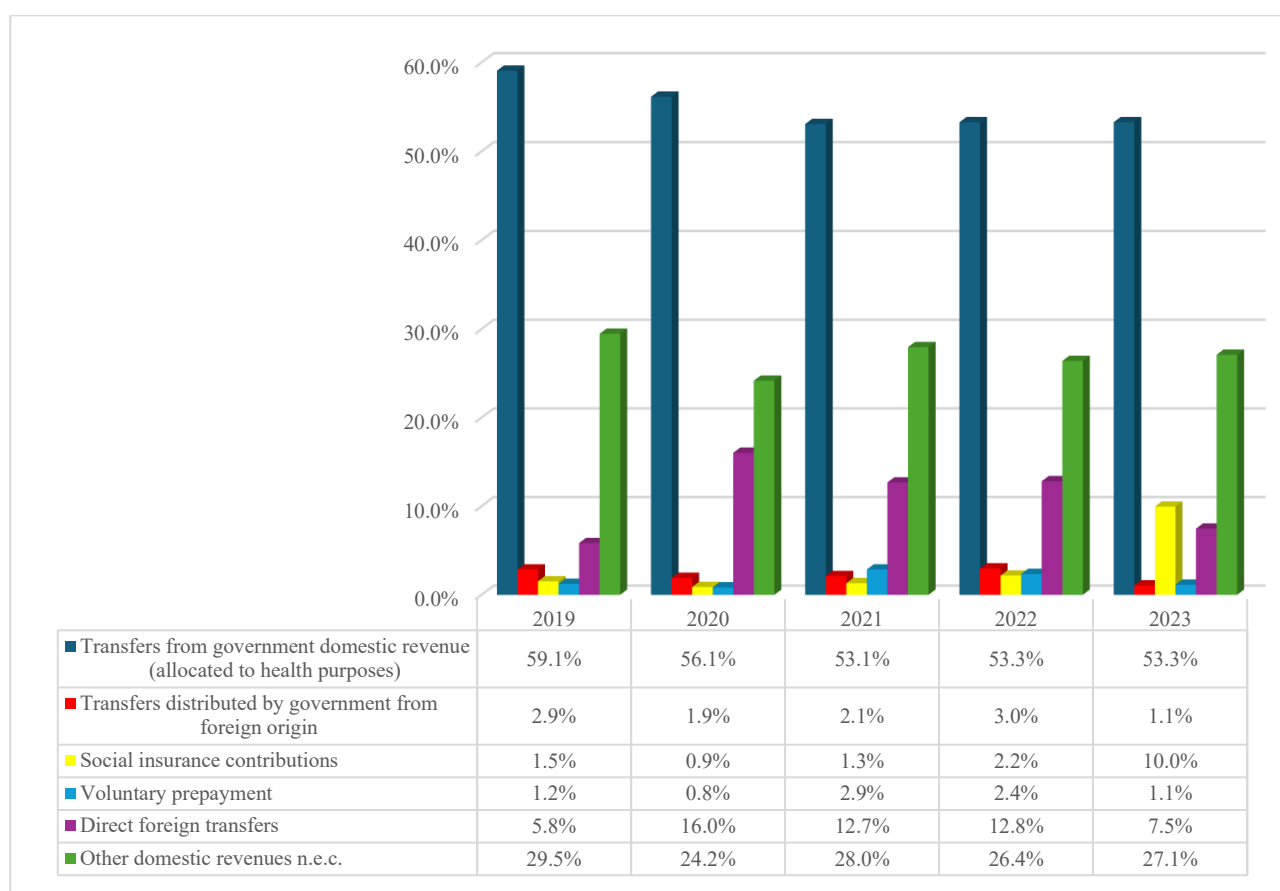
The second largest financier is households, contributing 27.9% of resources in 2023, which is a 1.72%-point increase from 26.2% contribution in 2022. Contribution from the rest of the world decreased from 16.1% in 2022 to 8.8% in 2023, indicating a decline in donor support for healthcare, as shown in Figure 7. Corporation is the least contributor to healthcare in Ghana, contributing 1.9% of resources (i.e., a 2.57%-point decrease compared to the 4.5% contribution in 2022).

3.6 Current Health Expenditure (CHE) by Categories of Funds (FS)

Categories of Funds (FS) describe the type of revenue received by financing schemes. In Ghana, transfers from government domestic revenue (i.e., budget support) are the largest form of inflow to the health sector, accounting for 53.3% of resources (Figure 8). This is followed by other domestic revenues (i.e., out-of-pocket), showing an increase from 26.4% in 2022 to 27.1% in 2023. The third largest form of inflow is social insurance contribution, accounting for 10% in 2023. This is a significant increase compared to shares observed from 2019 to 2022, with contributions ranging from 0.9% to 2.2% and may be attributed to the government's efforts to increase coverage of the social insurance scheme through allocation of more resources and expansion of the benefit package. Direct

foreign transfers decreased from 12.8% in 2022 to 7.5% in 2023, indicating the declining donor support in the sector.

Figure 8 CHE by Categories of Funds (FS) (2018-2022)

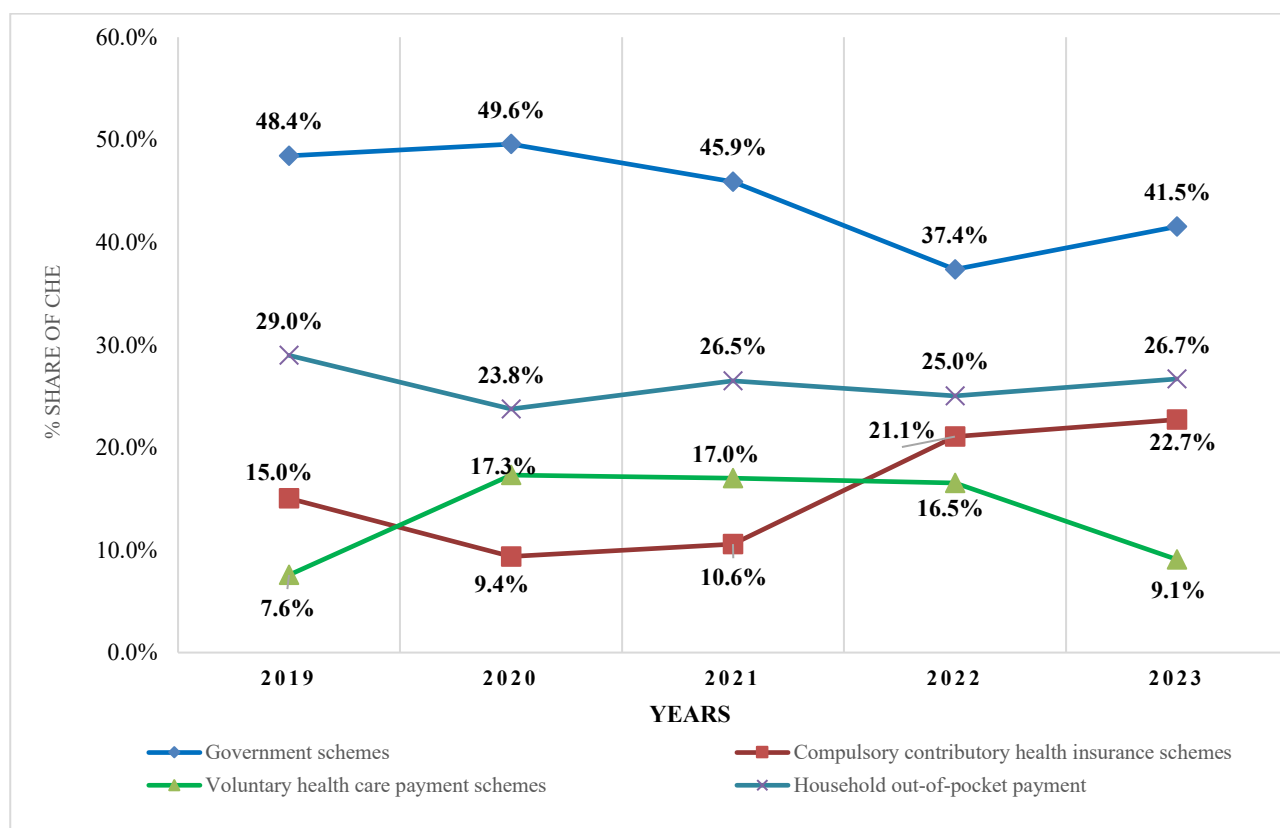


3.7 Current Health Expenditure (CHE) by Financing Schemes (HF)

Financing Schemes (HF) refer to the mechanisms through which health resources are collected and pooled to pay for health services. Analysis of health financing schemes in Ghana reveals that government schemes continue to be the primary mechanism of pooling resources for health, with their share increasing from 37.4% in 2022 to 41.5% in 2023 (Figure 9).

While household out-of-pocket (OOP) expenditure decreased from 29% in 2019 to 26.7% in 2023, it remains the second-largest financing scheme. Critically, despite this relative decrease, the absolute value of OOP expenditure increased from GHS5.65 billion in 2022 to GHS6.98 billion in 2023, representing a 23.5% rise. This increase in the monetary value of OOP expenditure signifies a heightened risk of catastrophic health expenditures and subsequent impoverishment for households. In contrast, the compulsory contributory health insurance scheme's share rose from 10.6% in 2021 to 22.7% in 2023, yet it remains below the OOP share in 2023 (Figure 9).

Figure 9 Current Health Expenditure by Financing Schemes (HF)



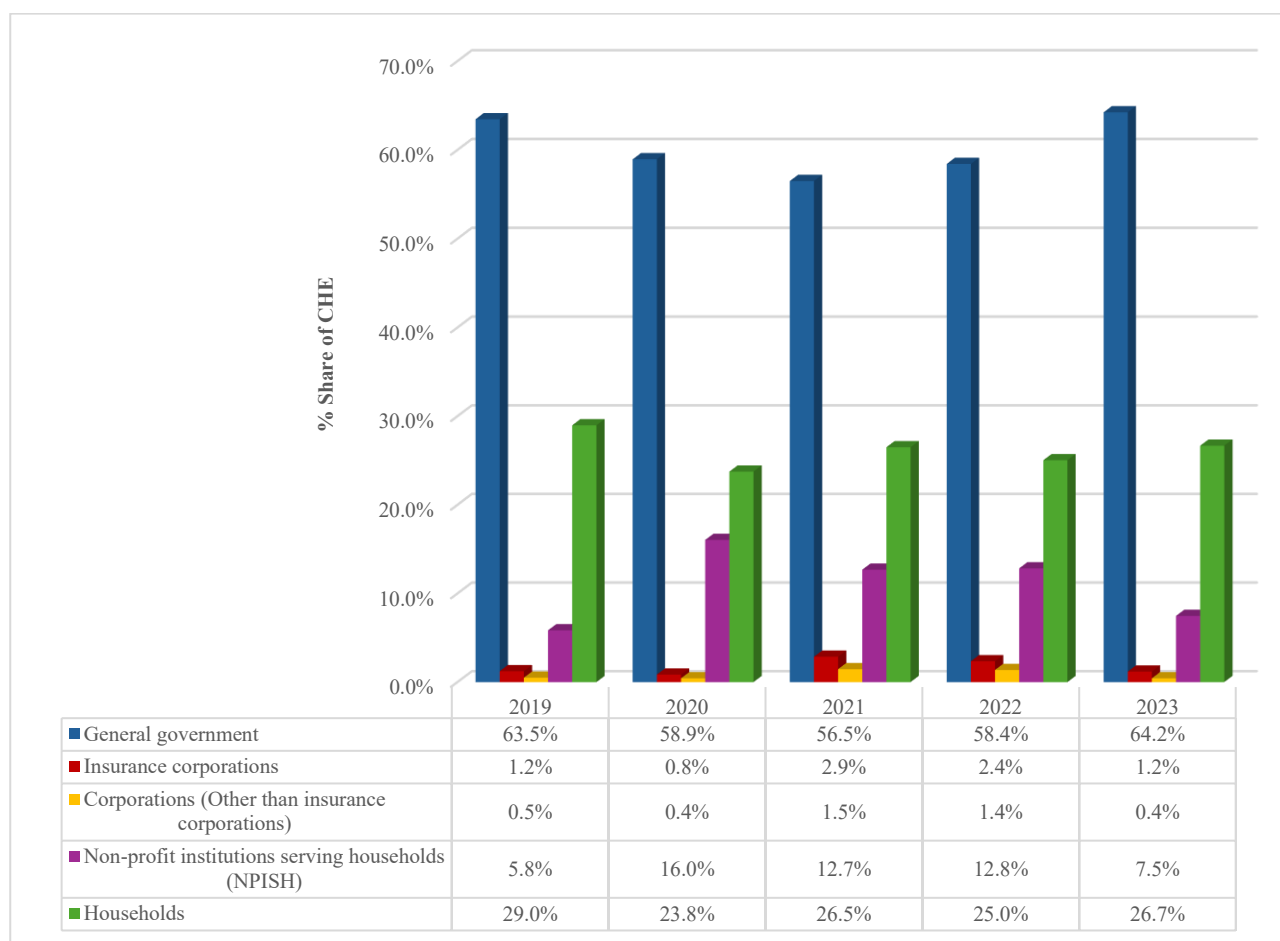
These findings have significant implications for Ghana's progress towards Universal Health Coverage (UHC) and Sustainable Development Goal (SDG) 3. The continued prominence of OOP expenditure, particularly its increasing nominal value, poses a substantial barrier to achieving UHC. Increased OOP spending directly translates to a greater likelihood of households facing financial hardship when seeking healthcare [15], potentially deterring them from accessing necessary services and exacerbating health inequalities.

While the growth of the compulsory contributory health insurance scheme is a positive step, its current level is inadequate to alleviate the burden of out-of-pocket (OOP) expenditures. To effectively move towards UHC and achieve Sustainable Development Goal (SDG) 3, Ghana needs to prioritize policies that further reduce dependence on OOP payments. Additionally, efforts should be made to expand compulsory contributory health insurance scheme coverage [16] and strengthen public financing mechanisms to ensure accessible and affordable healthcare for everyone.

3.8 Current Health Expenditure (CHE) by Financing Agents (FA)

Financing agents are entities that manage health funds and make decisions on how to allocate resources to healthcare services. The distribution of health resources managed by financing agents in Ghana during 2023 reveals that the government plays a dominant role, overseeing 64.2% of funds. Households are the next most significant managers, responsible for 26.7% of resources, followed by Non-Profit Institutions Serving Households (NPISH) at 7.5%, and private health insurance companies at 1.2%. Corporations other than insurance companies manage the smallest proportion of health resources, accounting for 0.4% (Figure 10).

Figure 10 Current Health Expenditure by Financing Agents



The significant proportion of health resources managed by government institutions offers several potential benefits, including allowing for greater control over resource allocation, enabling the implementation of national health priorities and promoting equitable access to services. Government management of health care resources can also facilitate strategic purchasing and ensure accountability in the use of public funds.

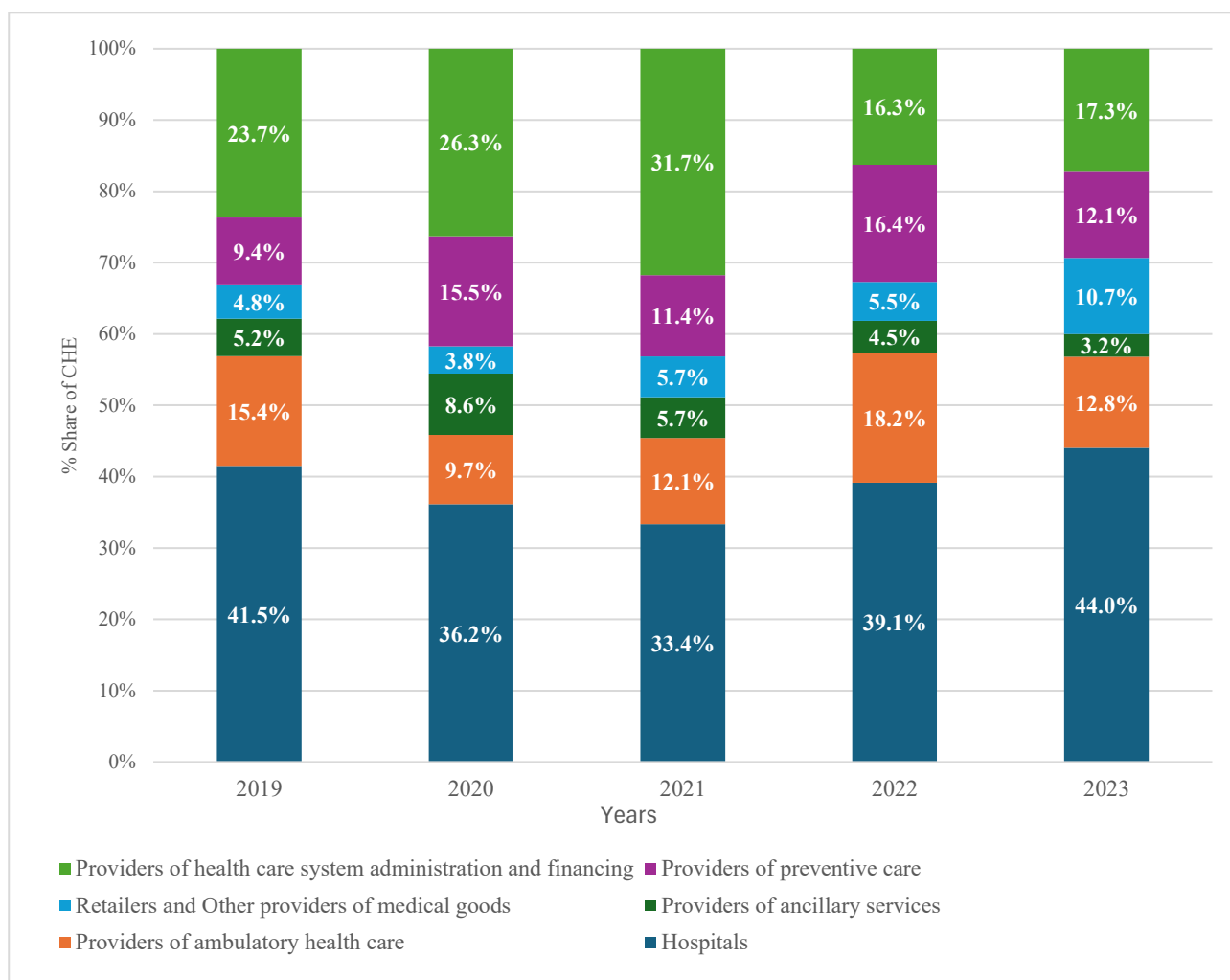
Notwithstanding the benefits associated with the participation of non-government financing agents, including the mobilization of additional resources and the provision of specialized expertise, their substantial involvement also presents significant challenges. In particular, it may contribute to the fragmentation of the health financing framework, thereby complicating the coordination of resource allocation, constraining effective expenditure monitoring, and undermining alignment with national health priorities. Such fragmentation can further lead to systemic inefficiencies and increased transaction costs across the health sector.

3.9 Current Health Expenditure (CHE) by Healthcare Providers (HP)

Healthcare Providers (HP) are organizations and actors that, either primarily or as part of the multiple activities in which they are engaged, deliver health care. The majority of health resources are used by hospitals, accounting for 44.0% in 2023 (i.e., a 4.89%-point increase from 2022). This was followed by providers of healthcare system administration and financing, with an increase from 16.3% in 2022 to 17.3% in 2023 (Figure 11). Expenditures by providers of ambulatory services decreased from

18.2% in 2022 to 12.8% in 2023. Retailers and other providers of medical goods observed a significant increase from 5.5% in 2022 to 10.7% in 2023.

Figure 11 Current Health Expenditure by Healthcare Providers (HP)

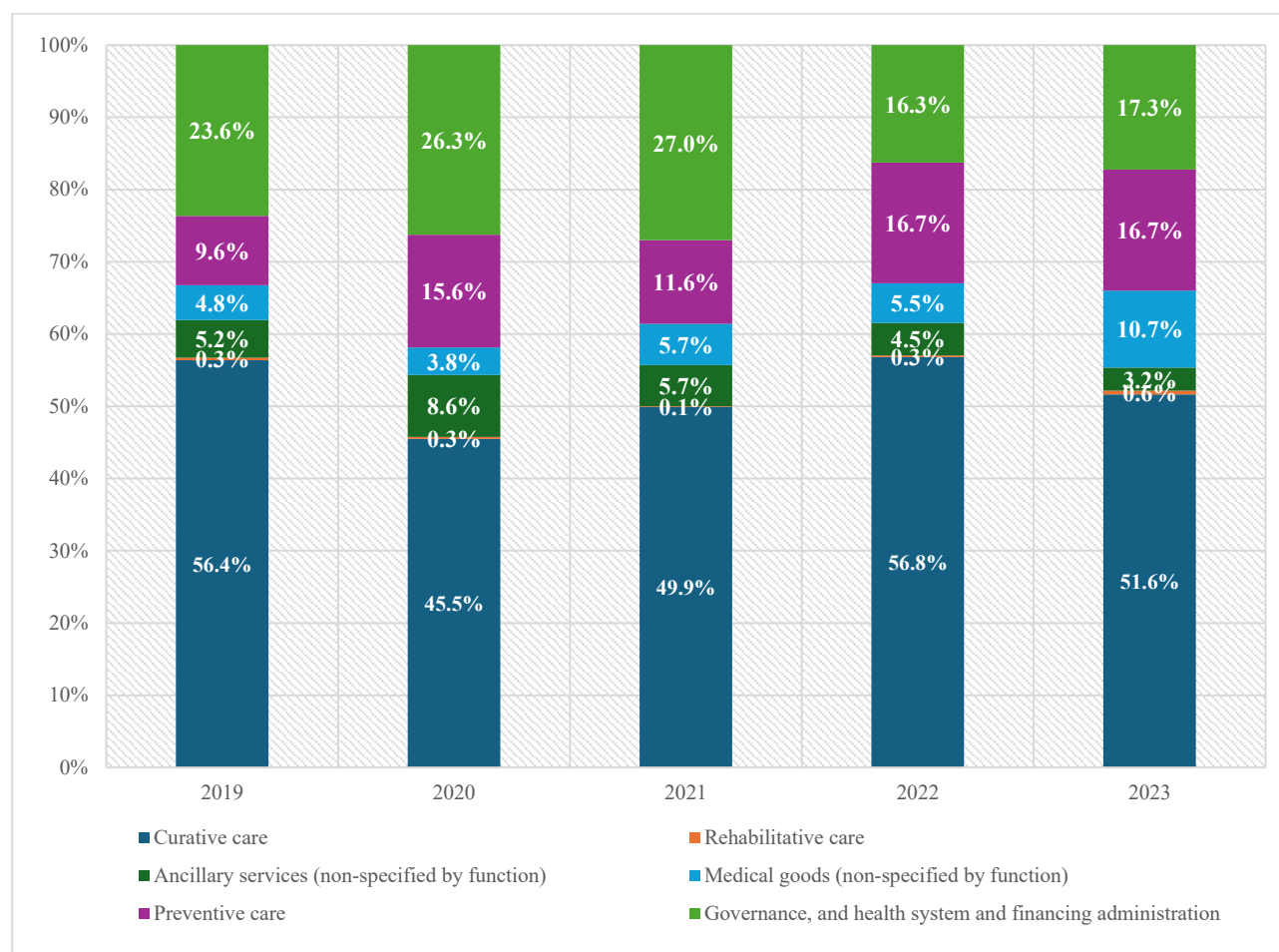


3.10 Current Health Expenditure (CHE) by Healthcare Function (HC)

Healthcare Function expenditure measures spending on various types of health goods and services consumed and health activities performed within the country. Analysis of healthcare function expenditure in Ghana from 2019 to 2023 indicates that curative care continues to be the predominant cost driver in the provision of healthcare services. While curative care expenditure decreased from 56.8% in 2022 to 51.6% in 2023 (Figure 12), it still represents the largest share of spending.

The primary cost drivers of curative care expenditure are compensation of employees (50.8%) and materials and services used (47.7%), which include both healthcare and non-healthcare goods and services. In contrast, expenditure on medical goods increased significantly from 5.5% in 2022 to 10.7% in 2023. Notably, the proportion of health expenditure allocated to preventive care remained unchanged between 2022 and 2023, despite an increase in absolute spending.

Figure 12 Current Health Expenditure by Healthcare Function (HC)



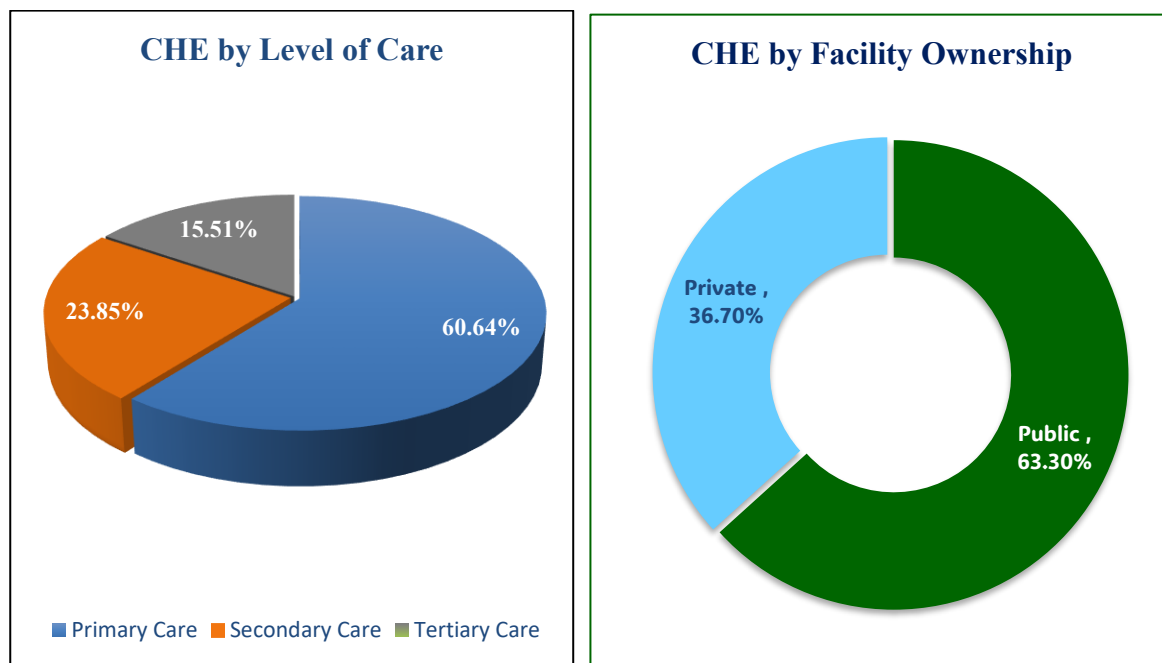
The heavy emphasis on curative care, compared to preventive care, presents several challenges. A disproportionate allocation of resources towards treating illness, rather than preventing it, can lead to increased long-term healthcare costs [18], strain health system capacity, and potentially result in poorer population health outcomes.

Furthermore, the significant portion of curative care expenditure dedicated to compensation of employees, coupled with a relatively smaller share for materials and services (including pharmaceuticals), may indirectly drive up out-of-pocket (OOP) expenditure for patients. When health facilities have insufficient resources for essential medicines and supplies, patients are often required to purchase these items themselves, leading to increased financial burden and potentially hindering access to necessary care.

3.11 Current Health Expenditure by Level of Care and Facility Ownership

Ghana's healthcare service delivery system encompasses primary, secondary, and tertiary care levels, delivered through a mix of public and private health facilities. In 2023, the largest share of current health expenditure (60.64%) was allocated to primary care services, followed by secondary care (23.85%) and tertiary care (15.51%). Public facilities accounted for the majority of this expenditure, with 63.30% of current health expenditures, while private facilities accounted for 36.70%, as shown in Figure 6. This distribution highlights the complementary roles of both public and private sectors in Ghana's healthcare landscape.

Figure 13 CHE by level of Care and Facility Ownership for 2023

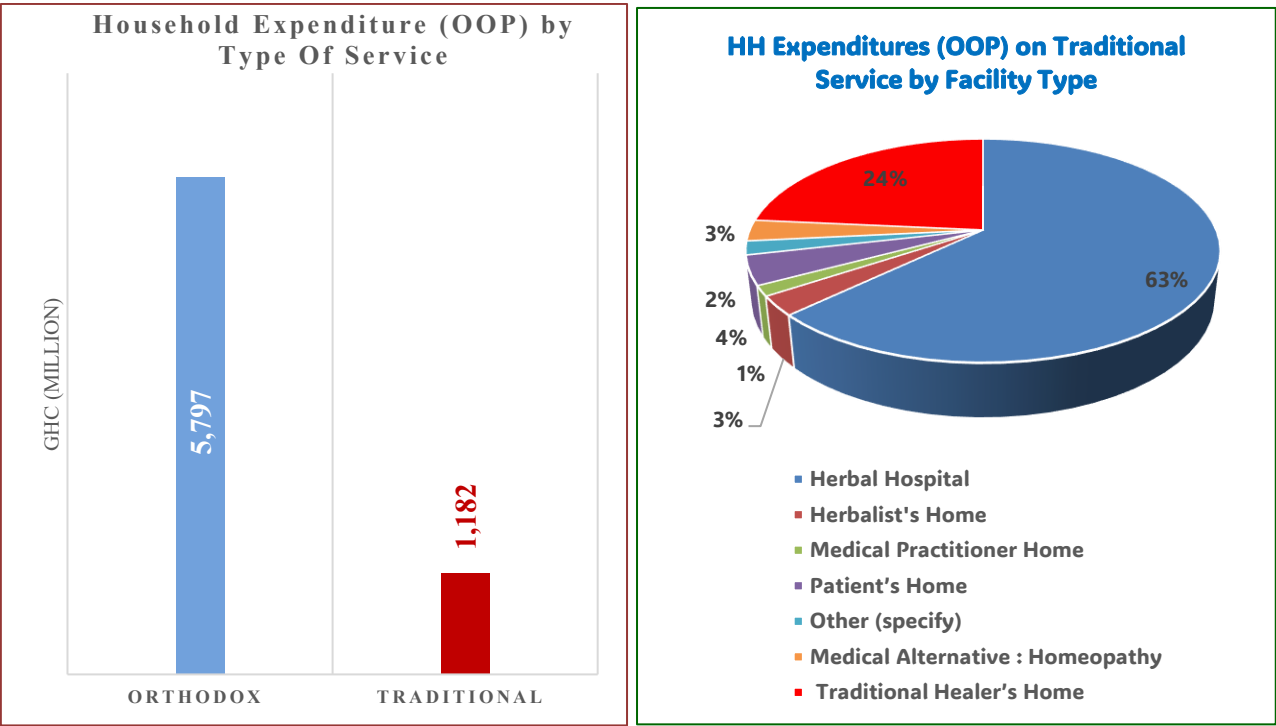


Public facilities, with significant share of expenditure, are crucial for providing essential services and ensuring equitable access, particularly for vulnerable populations. Private facilities on the other hand, contribute by expanding capacity, offering specialized services, and fostering innovation. The substantial investment in primary care aligns with the government's commitment to achieving Universal Health Coverage (UHC) by 2030, as [a robust primary care system is fundamental to providing accessible, affordable, and quality healthcare for all.](#)

3.12 Households' Expenditures on Orthodox vs Traditional, Complementary and Alternative Medicine

Household expenditure on Traditional, Complementary and Alternative Medicine (TCAM) was identified to be GHC1.18 billion (16.94 percent of household OOP), whereas expenditures on orthodox healthcare services accounted for GHC5.80 billion (representing 83.06% of household OOP). As part of efforts to disaggregate household OOP on TCAM, there is a need to dive deep into the type of disease conditions households spend on in facilities providing traditional, complementary and alternative medicines services.

Figure 14 Household Expenditure on Orthodox vs Traditional, Complementary and Alternative Medicine

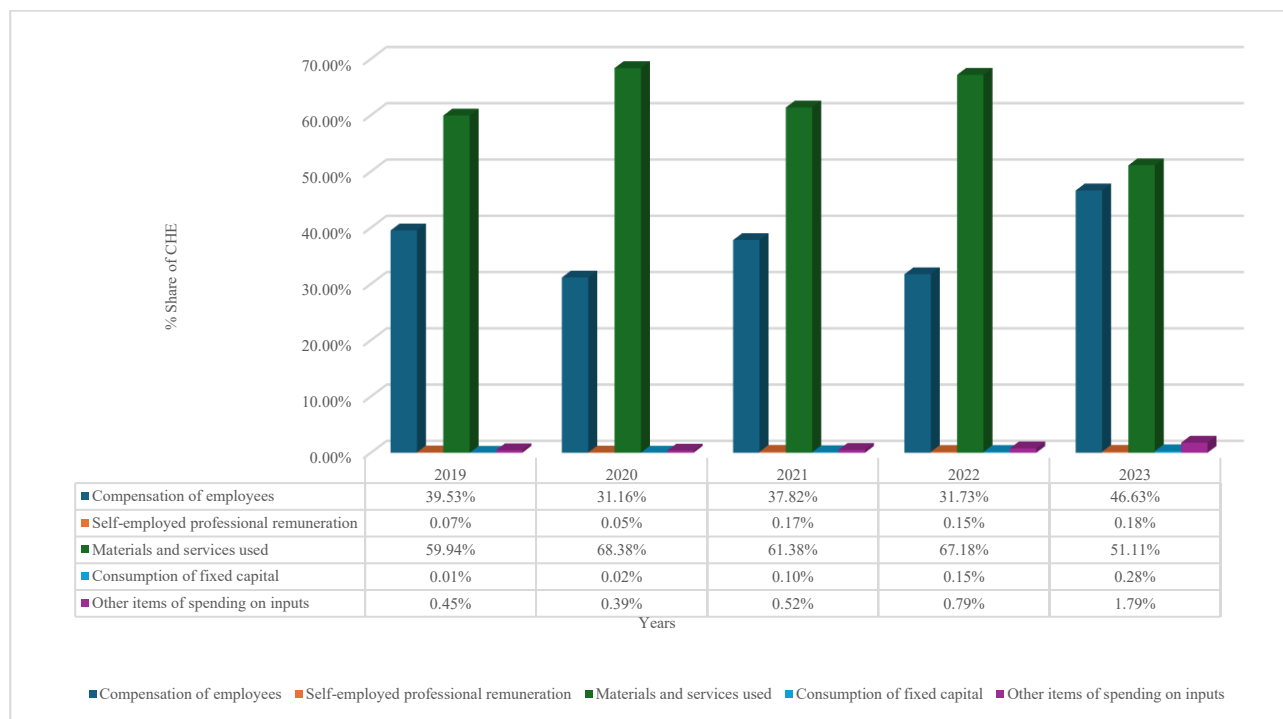


3.13 Current Health Expenditure (CHE) by Factors of Healthcare Provision (FP)

Factors of health care provision refer to the types of inputs used in delivering healthcare services or activities. Materials and services used for the provision of healthcare services have, over the years, been the highest consumer of health expenditures in the country. These include healthcare goods (e.g., pharmaceuticals), healthcare services (e.g., laboratory and imaging services), non-healthcare goods (e.g., office consumables) and non-healthcare services (e.g., in-service training).

In 2023, health spending on compensation of employees significantly increased and was at par with materials and services used for the provision of health services. Thus, there is a significant deviation from the previous years (i.e., 2019-2022). Consumption of fixed capital (e.g., maintenance of depreciating fixed assets) over the years has been negligible, accounting for less than 1 per cent over the period 2019-2023 (Figure 15).

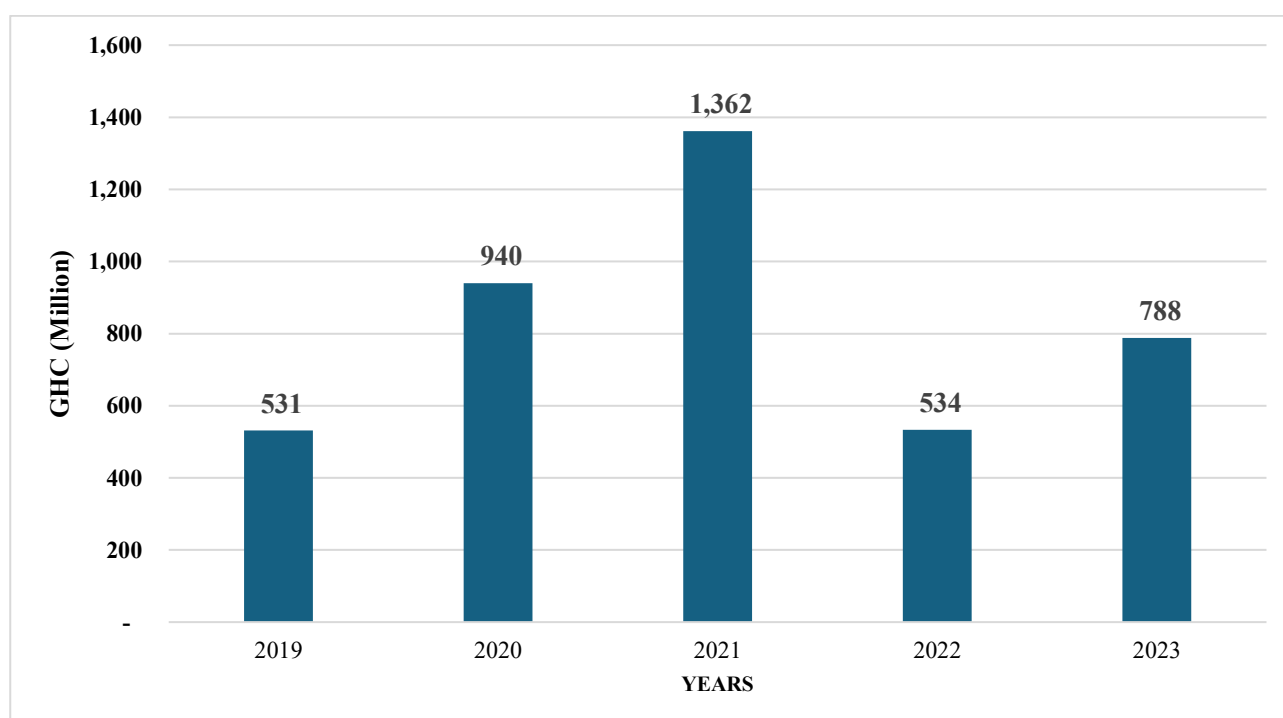
Figure 15 Current Health Expenditure by Factors of Production (FP)



3.14 Capital Health Expenditure (HK)

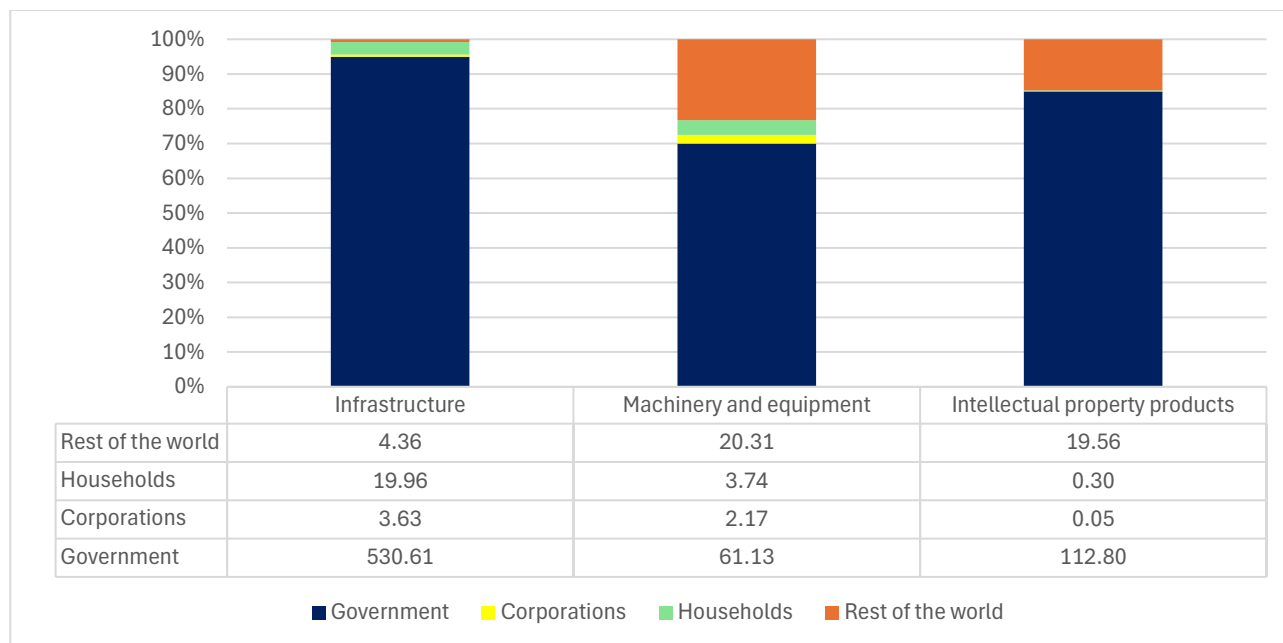
Capital expenditure has been fluctuating over the period 2019 to 2023, with the highest expenditure of GHC1.36 billion recorded in the year 2021. Between 2022 and 2023, capital expenditure increased from GHC 533 million to GHC788 million, as shown in Figure 16. The traditional financing sources of capital expenditure in Ghana are the government, development partners, households and corporations as shown in Figure 17.

Figure 16 Capital Health Expenditure (HK)



In 2023, the Government was the major financing source for capital expenditure, contributing about 90.48%. This was followed by the rest of the world (5.68%) and households (3.08%). Expenditure on infrastructure accounted for 72%, whereas machinery and equipment, and intellectual property accounted for 11% and 17% respectively (Figure 17).

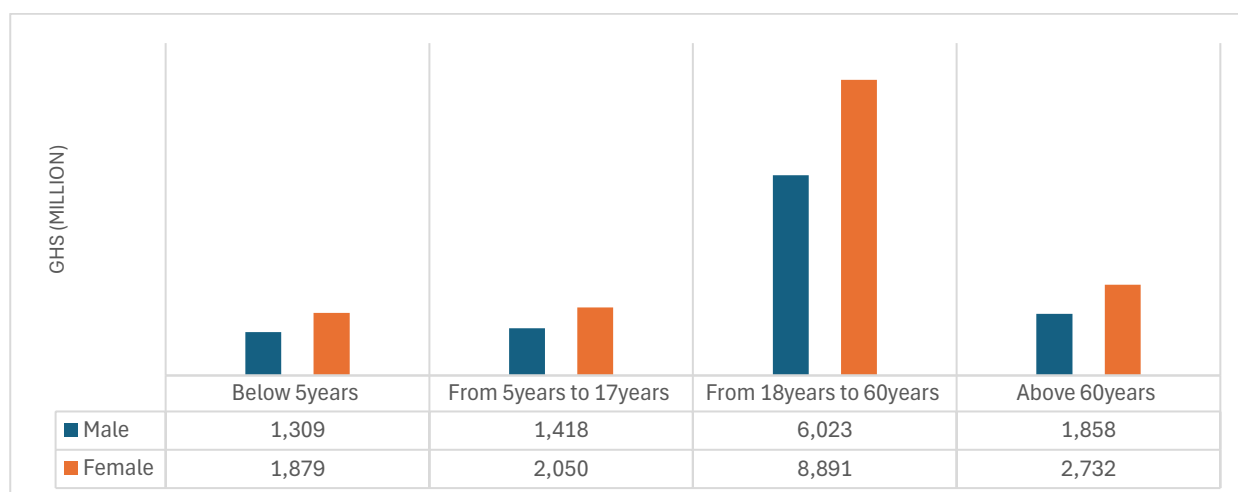
Figure 17 Capital Health Expenditure (HK) by Financing Sources



3.15 Current Health Expenditure by Age and Gender (2023)

Analysis of the CHE by age and gender reveals a consistent pattern of higher healthcare spending among females compared to males across all age groups. This gender disparity is most pronounced within the 18 to 60-year cohort, where female health expenditure reached GHC 8.89 billion, exceeding male expenditure of GHC 6.02 billion by approximately 47.6%. This significant difference is likely attributable to the increased healthcare needs associated with reproductive and maternal health, as well as potentially higher rates of health service utilization among women in this age demographic.

Figure 18 Current Health Expenditure by Age and Gender

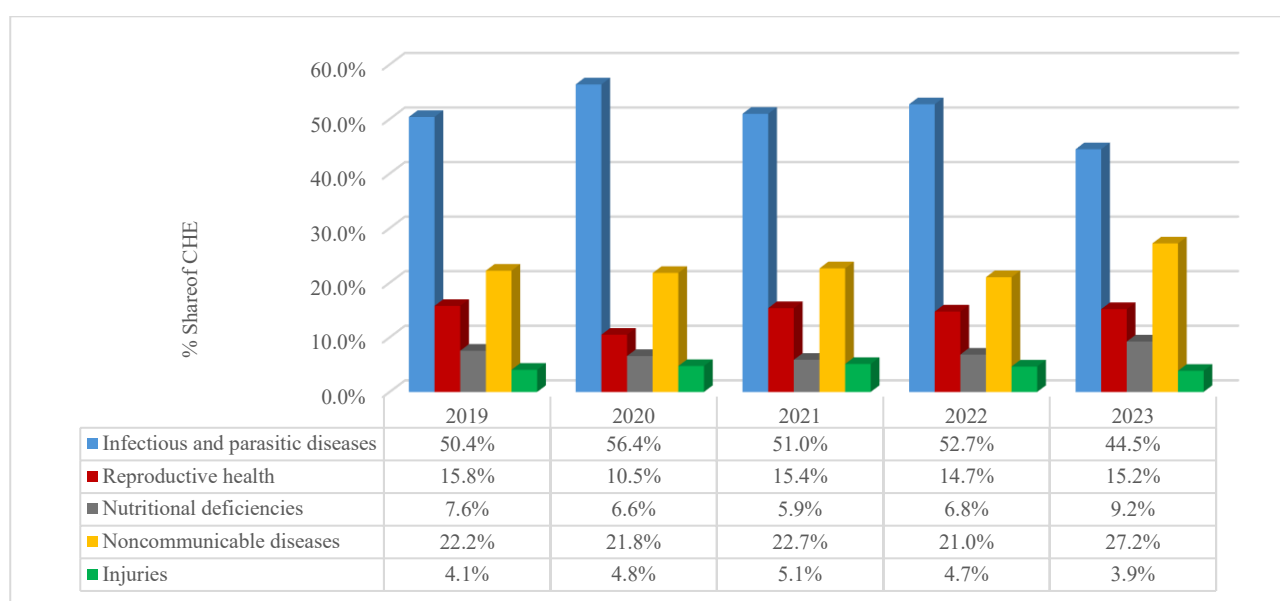


Similar patterns are observed in the other age groups, with female expenditures surpassing those of males by 43.5% in the below 5 years group, 44.6% in the 5 to 17 years group, and 47.1% in the above 60 years group. Overall, the 18 to 60-year age group accounted for the highest level of health expenditure (i.e., for both sexes) compared to other age groups. This highlights the significant healthcare demands of the working-age population. Furthermore, the relatively higher expenditure among females in the older age group can be explained by their longer life expectancy and increased susceptibility to chronic conditions, as was found out by a study [19] which explored the differential impact of chronic conditions on disability, use of health care and healthy life expectancies.

3.16 Current Health Expenditure (CHE) by Disease and Health Conditions

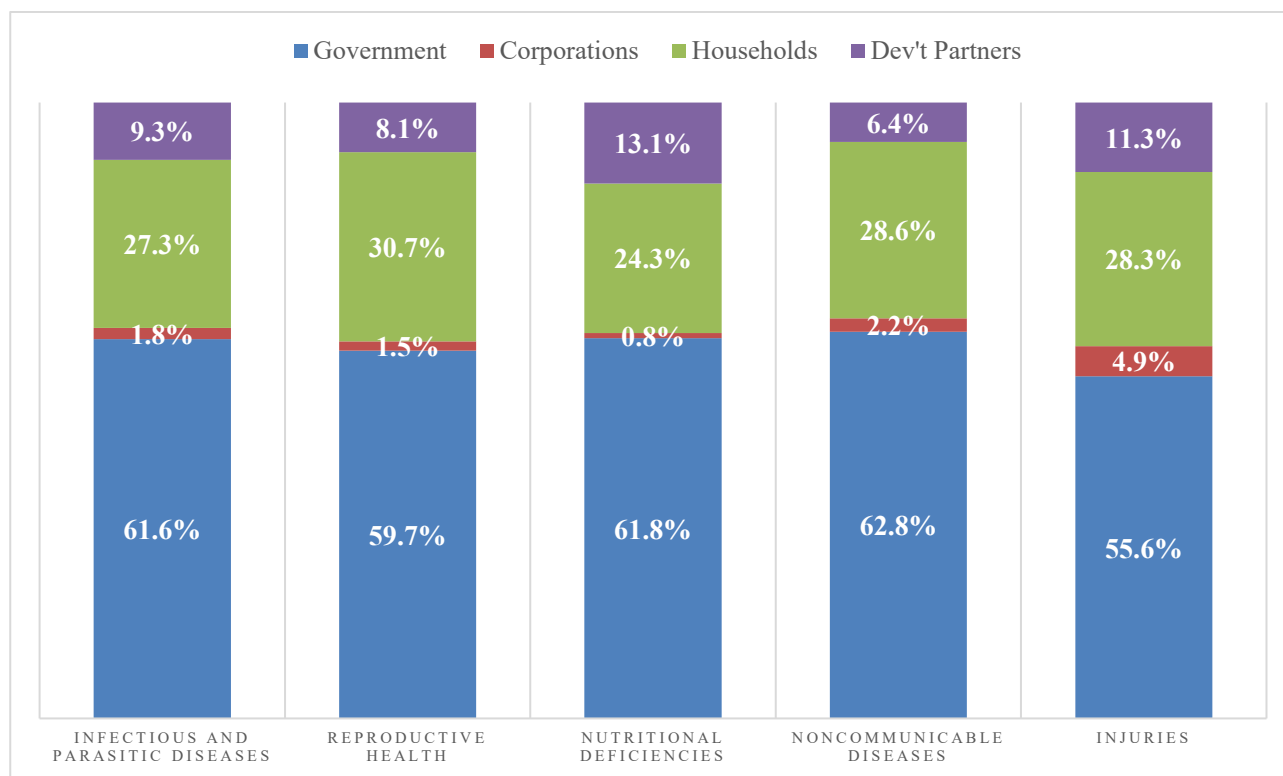
The analysis of CHE on disease and health conditions indicates that infectious and parasitic diseases (IPD), such as Malaria, HIV, TB, etc., has constitute the largest portion of health expenditures over the years. In 2023, IPDs constituted 44.47% of current health expenditures representing 8.24%-point decrease from 2022. This was followed by expenditures on non-communicable diseases (NCDs), which increased from 21.03% in 2022 to 27.23% in 2023. The third largest consumer of health expenditures is reproductive health, which increased from 14.74% in 2022 to 15.18% in 2023, as shown in Figure 19. Nutrition deficiencies and injuries accounted for 9.25% and 3.87% of current health expenditures, respectively.

Figure 19 Current Health Expenditure (CHE) by Disease and Health Conditions (2019 – 2023)



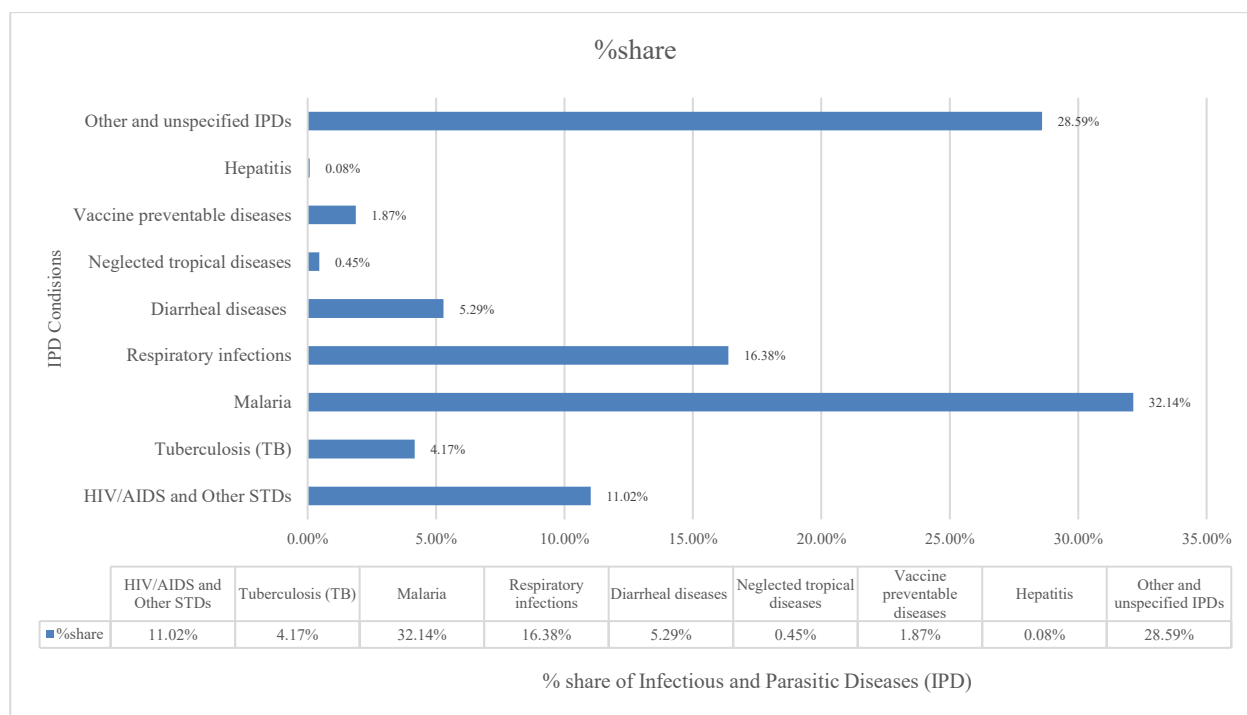
In 2023, NHA findings (Figure 20) reveal that the Government remained the main financier, with its contribution, out of CHE, ranging from 55.6% (Injuries) to 63.2% (NCDs). This was followed by households, whose financing ranged from 24.3% (Nutritional Deficiencies) to 30.7% (Reproductive Health) of CHE. The third largest contribution for different conditions was from donors whose share ranged from 6.4% (NCDs) to 13.1% (Nutrition) of CHE. The least contributor to different conditions was the private employers or corporations, whose financing ranged from 0.8% (Nutrition) to 4.9% (injuries), as shown in Figure 20.

Figure 20 CHE on Diseases and Health Conditions by Financing Sources for 2023



Further disaggregation was done on Infectious and Parasitic Diseases (IPDs) where the largest contribution of financing went to Malaria (32.14%) followed by respiratory infections (16.38%), HIV/AIDS and other STDs (11.02%), among others (Figure 21).

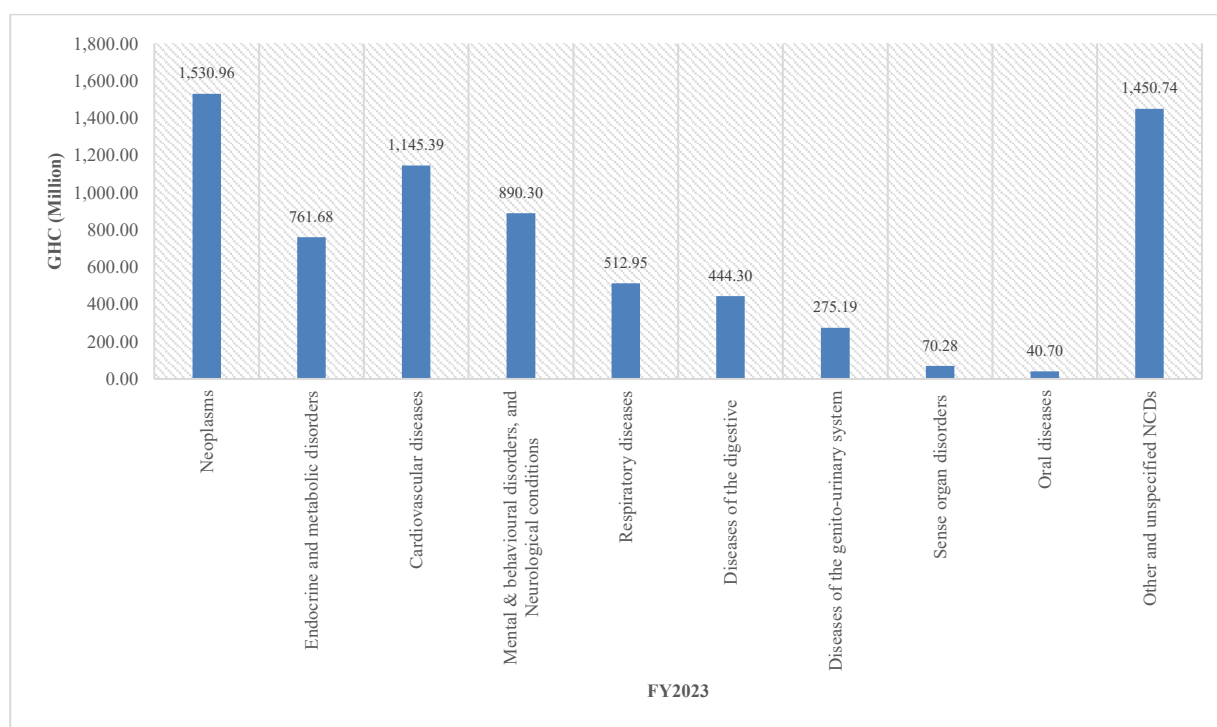
Figure 21 Current Health Expenditures on Infectious and Parasitic Diseases for 2023



The contribution allocated to other unspecified IPDs is 28.59%. This percentage reflects cases where the conditions could not be clearly identified and therefore require additional information that was not available during the analysis. This underscores the need for costing studies on IPDs across various levels of care within the country.

In addition, disaggregation was done on noncommunicable diseases (NCDs) where the largest contribution of financing went to neoplasms (GHC1,530 millions), cardiovascular diseases (GHC1,145 million), mental and behavioural and neurological conditions (GHC890 million), among others (Figure 22).

Figure 22 Current Health Expenditures on Non-Communicable Diseases (NCDs) for 2023



The allocation designated for Other Unspecified Non-Communicable Diseases (NCDs), amounting to GHC1.45 billion, reflects the challenges associated with identifying precise information regarding these conditions. This situation underscores the necessity for comprehensive costing studies on NCDs across various levels of care within the country, as further data was unavailable during the analysis.

These findings have critical implications for Ghana's efforts to achieve UHC and address the rising burden of NCDs. The current expenditure patterns, with their focus on curative services, may not be the most effective approach for achieving the goals of UHC, which emphasizes equitable access to a comprehensive range of quality health services, including preventive and promotive care. The increasing burden of NCDs in low- and middle-income countries like Ghana necessitates a stronger emphasis on preventive strategies as stressed by a 2020 study by Haque and others [20], which is expected to also reduce the incidence of these diseases, lower long-term healthcare costs, and improve population health.

To align with UHC goals and effectively combat the rise of NCDs, Ghana may need to rebalance its health spending, allocating a greater share of resources to preventive and promotive services, and

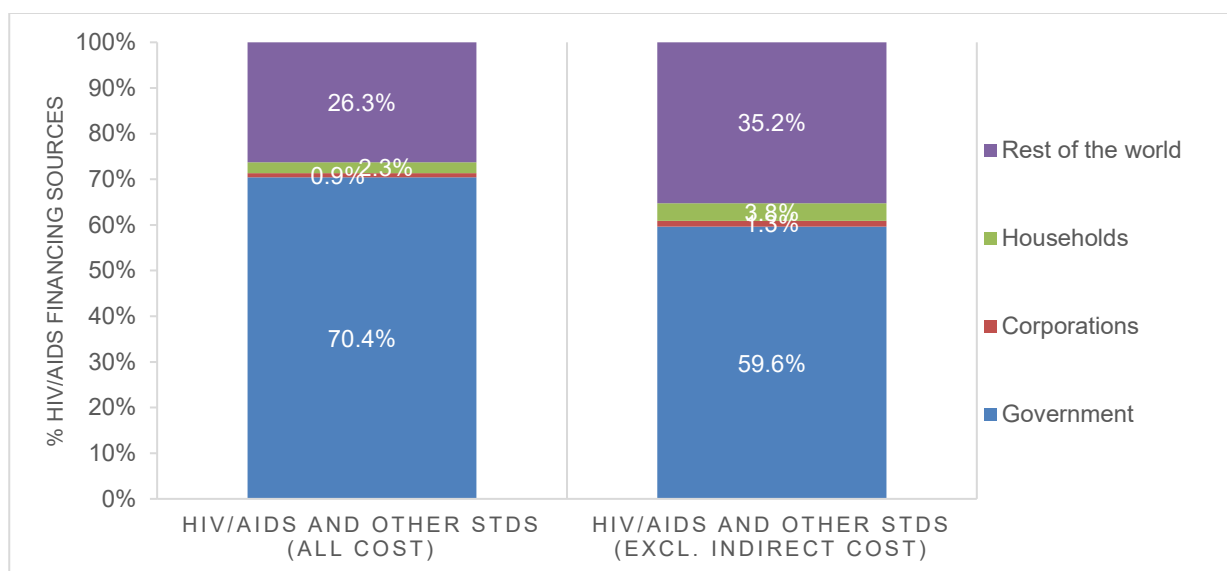
ensuring that adequate funding is available for essential medicines and supplies within healthcare facilities, thereby reducing the reliance on OOP expenditure.

3.17 Disease and Health Conditions by source of funding for 2023

Analysis was made on selected health conditions to see who finances each (“All Cost”), and further test was done to see how the financing landscape appears for each group if the indirect cost, especially borne by the government, was removed (“Excl. Indirect Cost”).

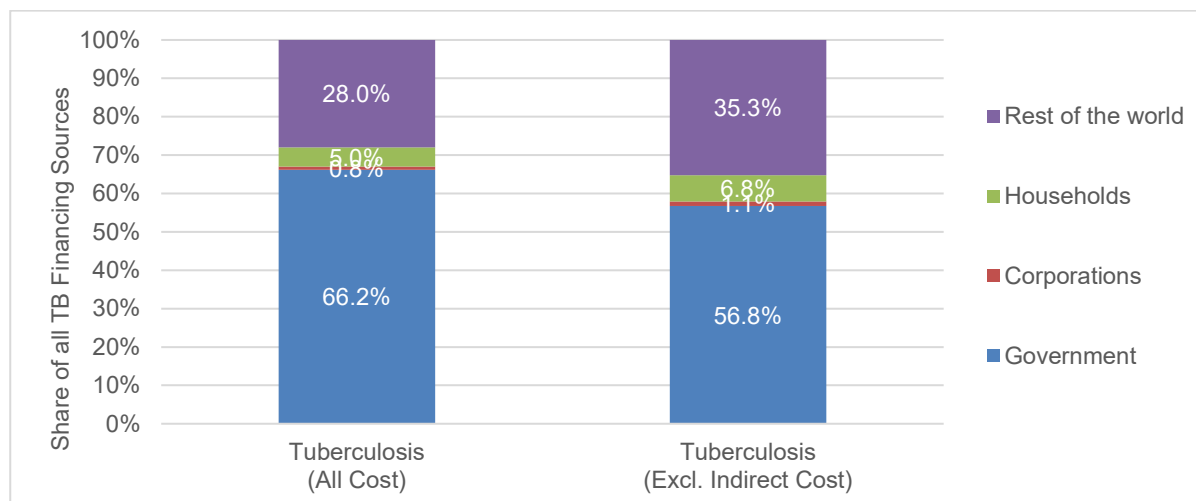
Findings reveal that for HIV/AIDS and other STDs, the largest contributor remained the government in all scenarios, even when its contribution decreases from 70.4% (All Cost) to 59.6% (Excl. Indirect Cost) scenario, as shown in Figure 23. The share of donors increased from 26.3% (All Cost) to 35.2% (Excl. Indirect Cost).

Figure 23 CHE on HIV/AIDS and STDs by Funding Source (All Cost Vs. Excl. Indirect Cost)



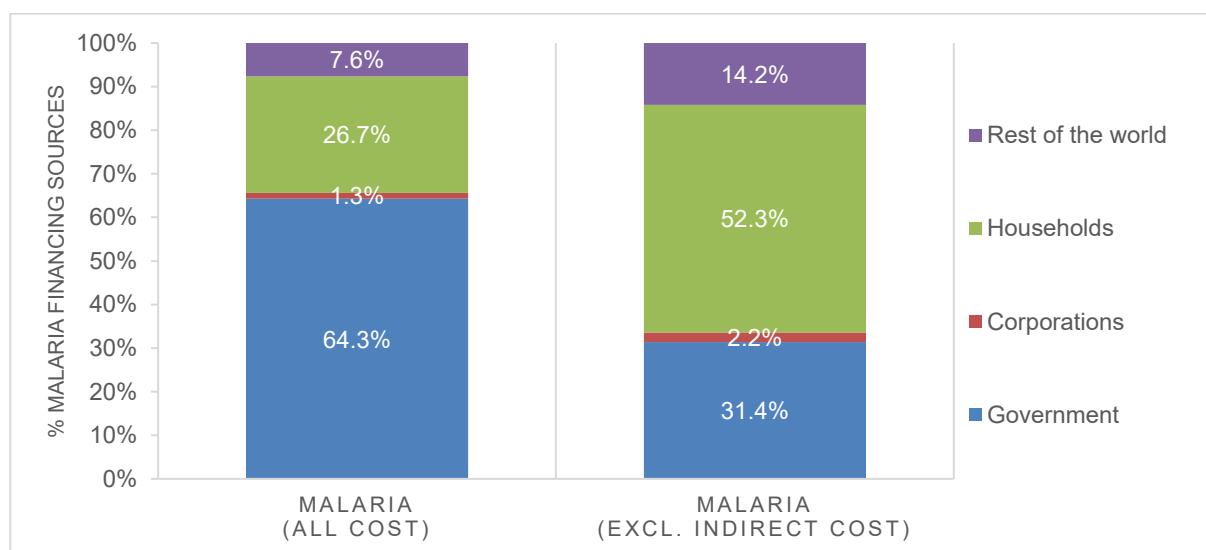
Findings in Figure 24 show that for Tuberculosis, the largest contributor remained the government in all scenarios, even when its contribution decreases from 66.2% (All Cost) to 56.8% (Excl. Indirect Cost) scenario, as shown in Figure 24. The share of donors increased from 28.0% (All Cost) to 35.3% (Excl. Indirect Cost). This means that when a scenario of excluding indirect costs for this condition is applied, a lot of government contribution is usually not taken into consideration, which might lead to misconstrued policy decisions.

Figure 24 CHE on Tuberculosis by Funding Source (All Cost Vs Excl. Indirect Cost)



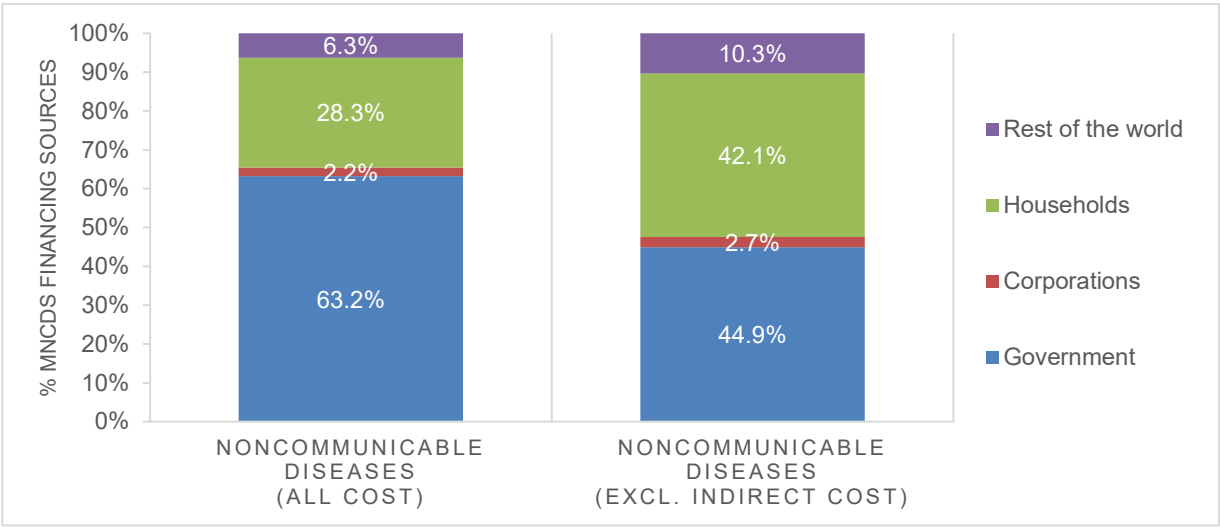
Findings in Figure 25 show that for Malaria, the largest contributor remained the government in one scenario, when its contribution decreased from 64.3% (All Cost) to 31.4% (Excl. Indirect Cost) scenario. The second place was taken by Household financing, which increased from 26.7% (All Cost) to 52.3% (Excl. Indirect Cost). This means that, excluding indirect costs for this condition, it shows the burden of this condition on households, which must be studied further to understand what the households spend on, so that policy development focuses on how to reduce this burden.

Figure 25 CHE on Malaria by Funding Source (All Cost Vs Excl. Indirect Cost)



Findings in Figure 26 show that for NCDs, the largest contributor remained the government in all scenarios, even when its contribution decreased from 63.2% (All Cost) to 44.9% (Excl. Indirect Cost) scenario. The second place was taken by Household financing, which increased from 28.3% (All Cost) to 42.1% (Excl. Indirect Cost). This means that, excluding indirect costs for this condition shows the burden on households, which must be studied further to understand what the households spend on. This is to ensure that policy development focuses on how to reduce the burden on household.

Figure 26 CHE on Noncommunicable diseases by Funding Source (All Cost Vs Excl. Indirect Cost)



4.0 DISCUSSION

This chapter discusses key findings from the analysis from the previous chapter. It highlights issues on health financing in Ghana, provision of health services and consumption of health services delivered for the period under review.

4.1 Health Financing in Ghana for Fiscal Year 2023

Total Health Expenditure (THE) for the period 2019-2023 has increased over the years. However, the rate of increase has been inconsistent, which is an indication of the unpredictability of resource flow for healthcare. Current Health Expenditure (CHE) per capita shows a decreasing trend after peaking in the year 2020 during the COVID-19 era and is currently below the WHO-recommended health spending of USD86 for UHC and the per capita spending as of 2019. This trend raises concerns about the adequacy of current healthcare financing to meet the population's growing needs and achieve the ambitious UHC targets set for 2030. Specifically, the decline in per capita CHE relative to both the WHO's UHC benchmark and the LMIC average suggests that Ghana may face challenges in providing equitable access to quality healthcare services.

General Government Health Expenditure (GGHE) per capita and General Government Health Expenditure-Domestic (GGHE-D) per capita show an upward trend over the period 2019-2023. However, the rate of growth for GGHE-D was higher compared to GGHE, indicating an improvement in the government's resource mobilization efforts for health to match the declining donor support from the health sector. Increased reliance on domestic funding suggests greater government ownership and potentially more sustainable health financing, including in disaster situations. However, the reduction in on-budget donor support may strain the health system's capacity, particularly in the short term, and could necessitate careful resource allocation to ensure that essential health services remain accessible and affordable, especially for vulnerable populations, as Ghana works towards its UHC goals.

Both transfers from government domestic revenues and transfers distributed by the government from foreign origins have reduced over the period 2019 to 2023. However, direct foreign transfers, which are off budget, increased from 5.84% in 2019 to 7.74% in 2023, even though the years in between (i.e., 2020 to 2022) have not been consistent. The inconsistent nature of off-budget donor support raises concerns about the financial sustainability of critical healthcare services being funded by off-budget donor support. In addition, External off-budget support exceeded on-budget donor support. This may imply that a larger proportion of donor funds is not aligned with the government's priorities.

While household out-of-pocket (OOP) expenditure decreased from 28.98% in 2019 to 26.68% in 2023, it remains the second-largest financing scheme. Critically, despite this relative decrease, the nominal value of OOP expenditure increased from GHS5.65 billion in 2022 to GHS6.98 billion in 2023, representing a 23.5% rise. This increase in the monetary value of OOP expenditure signifies a heightened risk of catastrophic health expenditures and subsequent impoverishment for households. Also, increased OOP spending directly translates to a greater likelihood of households facing financial hardship when seeking healthcare, potentially deterring them from accessing necessary services and exacerbating health inequalities.

4.2 Provision of Health Services in Ghana for Fiscal Year 2023

Household expenditure on Traditional, Complementary and Alternative Medicine (TCAM) was identified to be GHC1.18 billion (16.94 percent of household OOP), whereas expenditures on orthodox healthcare services accounted for GHC5.80 billion (representing 83.06% of household OOP). As part of efforts to disaggregate household OOP on TCAM, there is a need to dive deep into the type of disease conditions households spend on in facilities providing traditional, complementary and alternative medicine services.

Current Health Expenditures on ancillary services decreased from 5.7% in 2021 to 3.19% in 2023. This may be attributed to the government's efforts to partner with the private sector in equipping health facilities with needed equipment in providing laboratory and diagnostics services. Thereby, reducing patients' reliance on providers of ancillary services

In 2023, current health expenditure on compensation of employees was almost at par with materials and services used in the provision of health services. This is a significant deviation from the previous years (i.e., 2019-2022) where expenditures on materials and services used far exceeded compensation of employees. There is, therefore, a need to allocate more resources to materials and services used in providing healthcare services.

4.3 Consumption of Health Services in Ghana for Fiscal Year 2023

Household OOP decreased from 28.98% in 2019 to 26.68% in 2023. However, comparing the rate of change from 2022 to 2023, household OOP increased from 25.03% in 2022 to 26.68% in 2023 (i.e., from GHC5.65 billion in 2022 to GHC6.98 billion in 2023). This significant change in household OOP increases the likelihood of catastrophic expenditure and impoverishment. Hence, threatening the government's efforts towards the attainment of Universal Health Coverage by 2030.

In 2023, the government remained the main financier for all disease and health conditions. This was followed by the rest of the world, which was the second largest financier for infectious and parasitic diseases and reproductive health after the government. Similarly, household was the second financier for nutrition deficiencies, non-communicable diseases and injuries after the government.

CHE on non-communicable disease (NCDs) was observed to increase from GHC 4.75 billion in 2022 to GHC 7.03 billion in 2023 (i.e., 48.13 per cent increase), indicating a rise in the disease burden of non-communicable disease in the country.

5.0 RECOMMENDATIONS

The following are recommendations based on the study findings to guide policymakers for improved health outcomes:

1. Ghana's current health expenditure (CHE) per capita as of 2023 (i.e., USD68.18 per capita) was below the WHO recommendation of USD86 for UHC and per capita spending as of 2019 (i.e., USD69.25 per capita) indicating underfunding for Universal Health Coverage (UHC). It is therefore important for government to increase health spending to match population growth especially for government.
2. Essential to efficient and effective delivery of healthcare service is the availability of materials and services used in the provision of these services. However, current health expenditure on compensation of employees in 2023 was almost at par with materials and services. It is therefore, recommended that more resources are allocated to materials and services used in providing healthcare services.
3. The aim of UHC is to protect the population from catastrophic health expenditures. This means that efforts should be made by the NHIA to continuously increase coverage to help reduce out-of-Pocket (OOP) payments.
4. The rising burden of non-communicable diseases (NCDs) is alarming and is reflected on health expenditures on this disease condition. There is therefore the need to focus more on reducing the increasing rate of NCDs cases in the country.
5. Costing studies are needed to assess the financial burden of health services to improve the disaggregation of health expenditures to the various disease conditions. This is also necessary to identify the type of disease conditions households spend on in facilities providing traditional, complementary and alternative medicines services.
6. The use of forecasted expenditures for private employers makes it difficult to capture the actual pattern of health expenditures from private employers. To help curb this, there is a need to collaborate with Ghana Statistical Service in carrying out data collection exercise to gather adequate information from private employers
7. As part of efforts to ensure efficient utilization of resources, avoid duplication of health resources and ensure effective tracking of donor resources, there is the need for continuous engagement with development partners to realign off-budget expenditures to the government's priority programs and activities (where it is not done).
8. As part of efforts to ensure that disaggregated donor health expenditure data is obtained for analysis, there is a need for the Resource Mapping and Expenditure Tracking Team of the Ministry to update the donor resource tracking tool to include dimensions such as healthcare providers, beneficiaries of health resources, etc.
9. As part of efforts to facilitate data processing and storage, there is a need to create a data centre dedicated for National Health Accounts development- This is to enable the team process and store huge data.

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ANNEX

Indicators		2018 'Million	2019 'Million	2020 'Million	2021 'Million	2022 'Million	2023 'Million
General	Population	29.61	30.28	30.49	30.83	31.56	32.30
	Gross Domestic Product (GDP) at Current Price (Nominal)	286,964	333,626	368,105	431,152	571,067	854,834
	Total Government Expenditure (TGE)	67,279.96	78,771.83	98,036.69	129,032.80	145,472.32	227,805.33
	Current Health Expenditure (CHE)	7,498.70	11,603.74	17,375.41	17,822.85	22,574.34	26,160.77
	CHE per capita (GHS)	253.21	383.20	569.93	578.06	715.38	809.99
Revenues of Schemes	General Government Health Expenditure (GGHE)	4,560.47	7,363.25	10,241.75	10,069.35	13,187.94	16,818.26
	Domestic General Government Health Expenditure (GGHE-D)	4,230.21	7,031.26	9,909.01	9,692.67	12,514.57	16,540.32
	Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE)	56.4%	60.6%	57.0%	54.4%	55.4%	63.2%
	Private health expenditure	2,678.92	3,562.65	4,346.71	5,492.93	6,490.64	7,388.13
	Development partner	259.31	677.85	2,786.96	2,260.57	2,895.76	1,954.38
	GGHE as a % CHE	60.82%	63.46%	58.94%	56.50%	58.42%	64.29%
	Private expenditure as a % of CHE	35.73%	30.70%	25.02%	30.82%	28.75%	28.24%
	Development partner funds as a % CHE	3.46%	5.84%	16.04%	12.68%	12.83%	7.47%
	CHE as a % of GDP	2.61%	3.48%	4.72%	4.13%	3.95%	3.06%
	GGHE as a % of TGE	6.78%	9.35%	10.45%	7.80%	9.07%	7.38%
	GGHE as a % of GDP	1.59%	2.21%	2.78%	2.34%	2.31%	1.97%
	GGHE per capita (GHS)	154.00	243.17	335.94	326.59	417.93	520.72
	Private health expenditure as a % of GDP	0.93%	1.07%	1.18%	1.27%	1.14%	0.86%
	Private Health Expenditure (PVT-D) per Capita in US\$	18.76	21.26	24.75	29.66	23.98	19.26
	Development partner funds as a % GDP	0.09%	0.20%	0.76%	0.52%	0.51%	0.23%
Financing Schemes	Government financing Schemes as a % of CHE	47.03%	48.43%	49.57%	45.92%	37.36%	41.52%
	Out of Pocket (OOP) Expenditure as a % of CHE	33.48%	28.98%	23.75%	26.50%	25.03%	26.68%
	External Health Expenditure (EXT) per Capita in US\$	4.13	6.03	17.76	14.24	13.19	5.82
	Out-of-Pocket Expenditure (OOPS) per Capita in US\$	17.58	20.07	23.50	25.50	20.88	18.19
	Social Health Insurance (SHI) as % of Current Health Expenditure (CHE)	1.25%	1.53%	0.88%	1.31%	2.17%	20.33%
Health Functions	Curative care as a % of CHE	59.80%	56.39%	45.50%	49.93%	56.80%	51.62%
	Inpatient care as a % of Curative care	38.79%	43.07%	52.06%	47.00%	42.18%	40.65%

Indicators		2018 'Million	2019 'Million	2020 'Million	2021 'Million	2022 'Million	2023 'Million
	Outpatient care as a % of Curative care	61.21%	56.93%	40.64%	52.83%	56.90%	56.83%
	Preventive care as a % of CHE	8.38%	9.61%	15.58%	11.60%	16.72%	16.72%
Health Providers	Hospital spending as a % of CHE	39.69%	41.51%	36.15%	33.36%	39.15%	44.04%
	Ambulatory health care as a % of CHE	20.62%	15.39%	9.71%	12.08%	18.22%	12.78%
	Medical goods as a % of CHE	6.02%	4.81%	3.79%	5.70%	5.46%	10.65%
	Health Care System Administration and Financing as a % of CHE	18.85%	23.63%	26.27%	27.00%	16.28%	17.25%
Factors of Provision	Compensation of Employees as a % of CHE	40.12%	39.53%	31.16%	37.82%	31.73%	46.63%
	Compensation of Employees as a % of GGHE	65.96%	62.29%	52.86%	66.94%	54.32%	72.54%
	Health Capital Expenditure (HK) % Gross Domestic Product (GDP)	0.87%	0.16%	0.26%	0.32%	0.09%	0.09%
Disease Conditions	Expenditure on Infectious and Parasitic Diseases as % of Current Health Expenditure (CHE)	51.66%	50.39%	56.36%	50.97%	52.72%	44.47%
	Expenditure on Reproductive Health as % of Current Health Expenditure (CHE)	14.89%	15.77%	10.49%	15.36%	14.74%	15.18%
	Expenditure on Nutritional Deficiencies as % of Current Health Expenditure (CHE)	6.80%	7.55%	6.59%	5.89%	6.85%	9.25%
	Expenditure on Noncommunicable Diseases (NCDs) as % of Current Health Expenditure (CHE)	22.78%	22.22%	21.81%	22.66%	21.03%	27.23%