AFRICA

THE COUNTRY PHARMACY PROFILE SERIES

GHANA

A country profile of pharmacy practice
in the context of the national healthcare system

Informed by FIP Member Organisation
PHARMACEUTICAL SOCIETY OF GHANA (PSGH)

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PHARMACY
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1. OVERVIEW OF THE HEALTHCARE SYSTEM

Ghana's healthcare system uses a decentralised and mixed model of service delivery and funding (detailed below), involving public, private, and faith-based providers. Overall, coordination is led by the Ministry of Health (MoH), while the Ghana Health Service (GHS) is mainly responsible for implementation. Healthcare is organised across three levels: primary, secondary, and tertiary care. These levels encompass community-based health planning and services (CHPS) compounds, which provide basic frontline care, maternal and child health services, and referrals; district hospitals; and teaching hospitals. Together, these facilities have significantly improved access to essential health services in rural areas of the country.[1,2]

Ghana has made significant progress in expanding access to healthcare over the past few decades, reflected in increases in the number of doctors and nurses per population and wider coverage by health facilities.[2,3] Pharmaceutical entities in Ghana also play an important role in healthcare delivery by ensuring the timely supply of medicines and medical products needed for health facilities to function effectively.[4] Community-based Health Planning and Services (CHPS) has also been promoted as an important strategy for strengthening primary healthcare at the community level.[2,3]

To further reduce financial barriers to care, Ghana introduced the National Health Insurance Scheme in 2003, becoming one of the first countries in sub-Saharan Africa to do so.[4] Challenges remain despite these developments, including financial constraints, gaps in insurance coverage, inequities in access, concerns about service quality, weak infrastructure, health workforce shortages, and unequal resource distribution, particularly between urban and rural areas.[1-3]

Healthcare financing model

Ghana's current healthcare financing model is hybrid:

MODEL TYPE	**Hybrid model***	
PRIMARY SOURCES OF FUNDING	Government budget / general taxation	Direct tax-funded allocations from the national budget primarily cover personnel costs and capital expenditures across public health facilities.[5]
	National Health Insurance Scheme (NHIS)	Funded through a 2.5% value-added tax levy, a 2.5% Social Security and National Insurance Trust (SSNIT) payroll deductions, informal sector premiums, and government subsidies.[2,6]
	Private Health Insurance Schemes (PHIS)	Funded through employer-sponsored group premiums and individual subscriber premiums, with monthly or annual payment plans.[7]
	Out-of-Pocket (OOP) Payments	Out-of-pocket spending is still high; service-specific analyses show rising catastrophic health expenditures, especially for medical supplies and inpatient care, hitting rural, northern and low-income households hardest.[2]
	Voluntary Health Insurance (VHI)	Community-, occupation-, or faith-based member schemes where participants voluntarily pool small premiums collectively.[7,8]
	Donor/external financing	Grants, loans, and technical assistance from bilateral partners (e.g., USAID) and multilateral institutions (World Bank, Global Fund, Gavi); currently declining sharply.[9]

*The hybrid healthcare financing model is described as a system that combines multiple funding sources, such as public funds, private investment, donor contributions, and out-of-pocket payments, to finance healthcare infrastructure and services. Available at: http://bit.ly/4mFQNL2

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in Ghana across community and hospital settings.

Services provided by community pharmacies beyond dispensing*	
Therapeutic substitution (changing dose, formulation, etc)	✓
Adjustment of prescribed treatments	✓
Complementary prescribing	✓
Independent prescribing	✗
Prescribing in an emergency	✓
Providing medicines and services in care homes (nursing homes)	✗
Services to hospital and other facilities without a pharmacy	✓
Home deliveries	✓
Home care and medication reviews/medicines use reviews	✓
Dispensing emergency contraceptive	✓
Applying first aid and arranging follow-up care	✓
HIV testing	✓
Counselling on HIV self-test products	✓
COVID-19 testing	✗
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription	✓

*Data in this table were provided by the Pharmaceutical Society of Ghana

Services and activities provided by hospital pharmacies*	
Validation of prescriptions	✓
Preparing non-sterile medicines	✓
Preparing sterile medicines	✓
Preparing cytotoxic medicines	✓
Preparing nutrition mixtures	✓
Dispensing to outpatients	✓
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making	✓
Identifying and reporting non-quality medicines	✓
Managing medication history	✓
Pharmacogenomics testing	✗
Medicines reconciliation	✓
Monitoring medicines use	✓
Pharmacokinetic monitoring	✓
Clinical trials	✓
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✓

*Data in this table were provided by the Pharmaceutical Society of Ghana

Extended scope of practice*	
Is **pharmacy-based vaccination available** in the country?	Yes
Are pharmacists authorised to **administer** vaccines in pharmacies?	Yes
Are pharmacists authorised to **prescribe** vaccines in pharmacies?	No
Do pharmacists receive vaccination **training**?	Yes, some pharmacists do
At what career stage(s) do pharmacists receive vaccination training?	Post-registration / post-graduate/ continuous professional development
Is the training mandatory?	No

*Data in this table were provided by the Pharmaceutical Society of Ghana

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2025)

6 years minimum of full-time undergraduate education

8 accredited pharmacy schools/faculties

YES Continuing professional development (CPD) **IS** mandatory for pharmacists' licence renewal

1 year minimum duration of experiential/practical training for registration

YES The renewal of pharmacist licensing or registration **IS WHOLLY** based on gaining CPD 'credits' or 'points' or similar credentials

YES CPD **IS** linked with an annual portfolio-type submission (for example, reflective diary entries, or reflective cases)

*Data were provided by the Pharmaceutical Society of Ghana

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

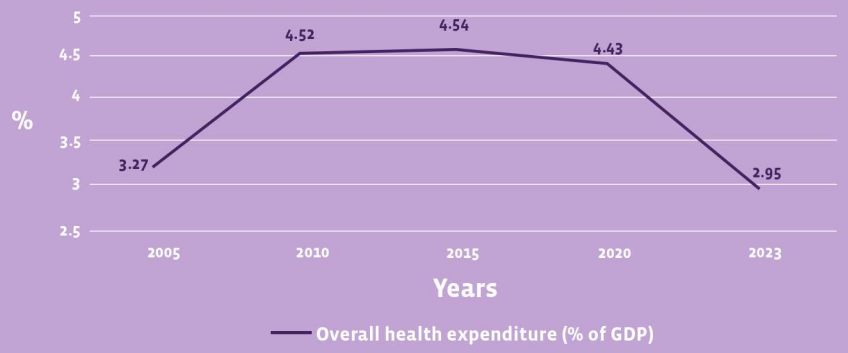
This section provides a macro-level overview of Ghana's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category[10]

Ghana: Lower-middle-income economies

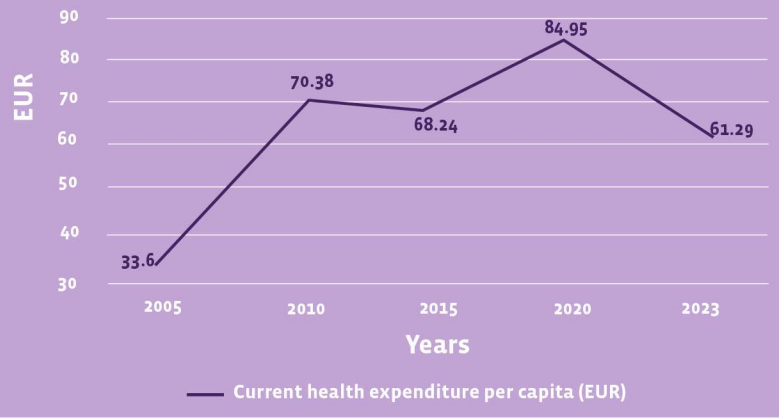
Overall healthcare expenditure as a percentage of GDP[11]

Ghana's health expenditure as a share of GDP increased steadily until around 2015, remained broadly stable in 2020, and then declined sharply by 2023. This decline may be linked to the country's wider fiscal and debt pressures, which constrained public spending and reduced the share of government resources allocated to the health sector.[12, 13]



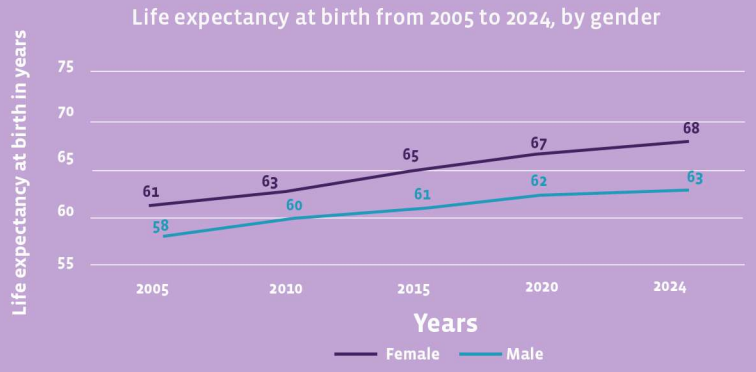
Health expenditure per capita[14]

Ghana's current health expenditure per capita rose steadily up to 2020, before declining by 2023. This decline may reflect inflation, currency depreciation, and fiscal pressures, which reduced spending and constrained public health financing.[12]

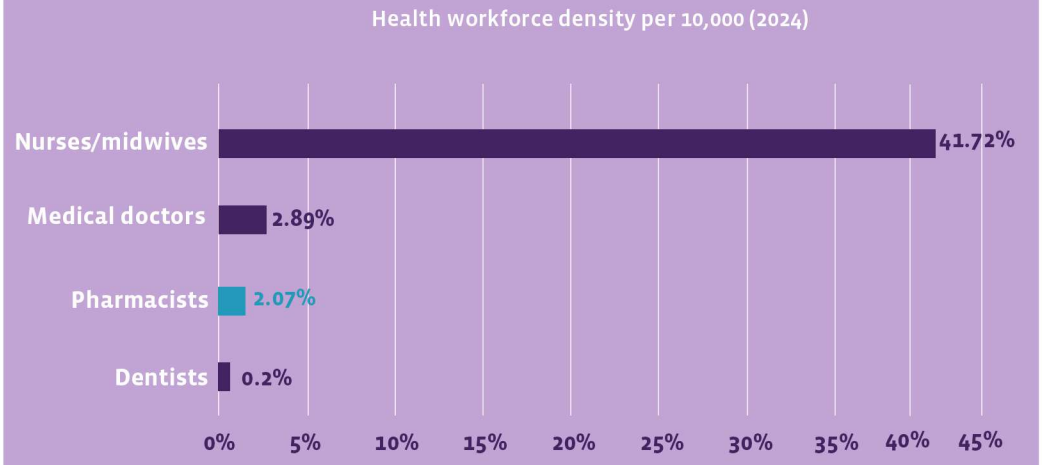


Life expectancy (male/female)[15,16]

Life expectancy at birth in Ghana increased for both females and males between 2005 and 2024. Females remained higher throughout, reaching 68 years compared with 63 years for males in 2024.



The employment density in the healthcare sector[17]



5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

Ghana's Universal Health Coverage (UHC) service coverage index is 56, indicating moderate progress in access to essential health services, but also showing that gaps remain in achieving full coverage.[18] Health service coverage has expanded over time, supported by the strengthening of Community-based Health Planning and Services (CHPS), which aims to deliver primary healthcare closer to communities, particularly in rural areas. Ghana also established the National Health Insurance Scheme (NHIS) in 2003 to improve financial access to basic healthcare. The scheme was later expanded to include free maternal healthcare in 2008 and free mental healthcare services in 2012.[3]

2. Availability and accessibility of health insurance options

Health insurance in Ghana is available mainly through the National Health Insurance Scheme (NHIS), which provides coverage for key health services such as outpatient care, essential medicines, inpatient care, and maternal and child health services. The scheme is mandatory for formal sector workers, while informal workers and unemployed people can enrol voluntarily. Although NHIS coverage has expanded significantly, reaching around 54% of the population by 2021, access remains uneven, particularly for people outside formal employment and poorer households. Key challenges include sustainable financing, efficiency, and expanding coverage to the whole population.[2]

Additional options, such as private and voluntary insurance schemes, are available but remain less widely used than the NHIS. As a result, many people still rely on out-of-pocket payments, particularly for medicines, medical supplies and inpatient services, which can limit access to care.

3. Pharmacy policies and strategies implemented for health promotion and disease prevention

In Ghana, pharmacy policies and strategies support health promotion and disease prevention mainly by improving access to safe, effective and affordable medicines, promoting rational medicine use, and strengthening pharmaceutical care. The National Medicines Policy provides a framework for medicine regulation, selection, supply and use, while the Pharmacy Council regulates pharmacy practice to ensure quality pharmaceutical care. Ghana has also introduced e-pharmacy initiatives to improve access to medicines and pharmaceutical services, and antimicrobial resistance policies to promote responsible antibiotic use and reduce misuse. Together, these strategies position pharmacists as key contributors to public health, patient education, medicine safety and disease prevention.[19-21]

4. Availability and accessibility of patient medical records (including pharmacy access)

Patient medical records in Ghana are increasingly being digitised through electronic health record systems, supporting patient registration, clinical records and pharmacy services. However, availability and access remain uneven, as many systems are facility-based and not fully interoperable across providers.[22] Pharmacist access to patient records in Ghana is developing mainly through digital prescription systems such as the National Electronic Pharmacy Platform, which allows prescriptions to be generated, shared with pharmacies, and verified by licensed pharmacists.[21, 23] However, broader pharmacist access to full patient medical records remains limited and depends on the level of integration with electronic health record systems. [22]

6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

Pharmacy workforce capacity* (Year 2025)

6499 licensed pharmacists in the country

1.9 (2022) pharmacists' per 10,000 population

3025 female pharmacists in the country

826 new registrants

3761 pharmacy technicians in the country

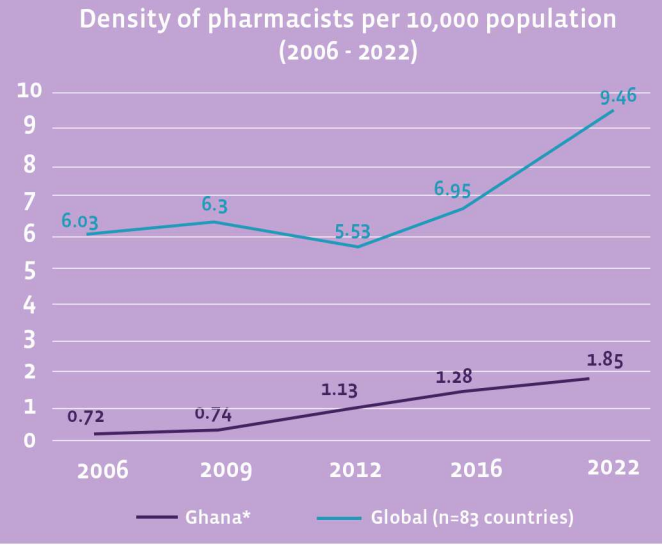
48% female pharmacists in the workforce

826 pharmacy graduates

*Data were provided by the Pharmaceutical Society of Ghana

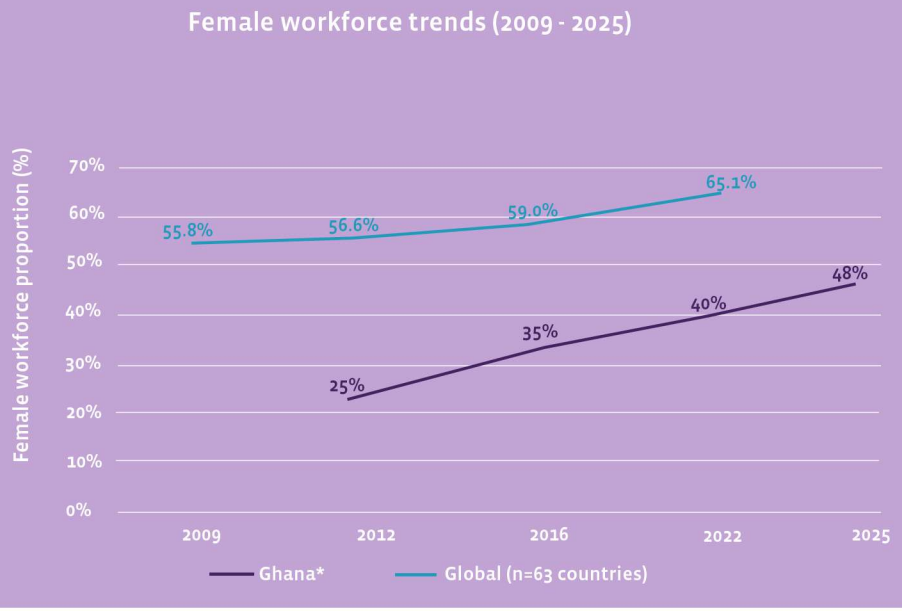
Distribution across the area of practice

The density of pharmacists in Ghana increased steadily from 0.72 per 10,000 population in 2006 to 1.85 in 2022, reflecting gradual workforce growth over the period. Despite this progress, Ghana remained considerably below the global average, which rose from 6.03 to 9.46 pharmacists per 10,000 population.[24]



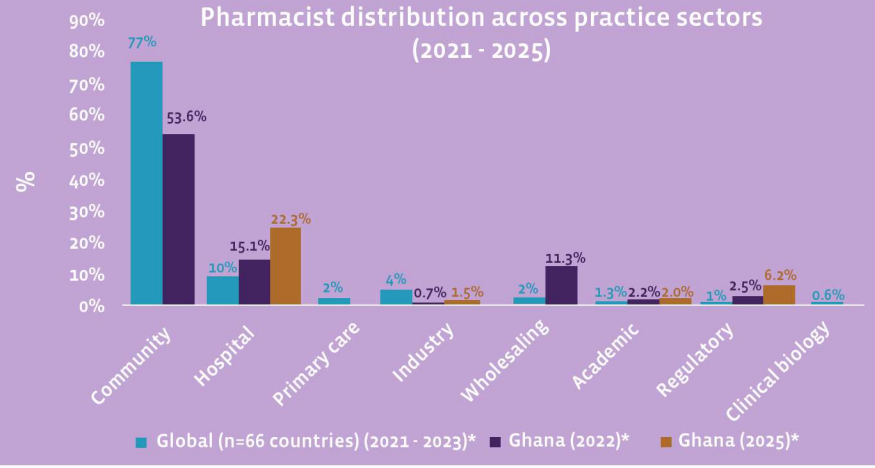
*Data in the chart were provided by the Pharmaceutical Society of Ghana

The proportion of female pharmacists in Ghana increased from 25% in 2012 to 48% in 2025, indicating a significant rise in female participation within the profession. A similar upward trend was observed globally, where women continued to represent the majority of pharmacists.[24]



*Data in the chart were provided by the Pharmaceutical Society of Ghana

The chart highlights differences in pharmacist workforce distribution across sectors globally and in Ghana.[24] Ghana's 2022 workforce was concentrated in community pharmacy, with smaller proportions working in hospital, wholesaling, academic, industry, and regulatory roles. In contrast, the 2025 data in Ghana were available only for hospital, regulatory, academic, and industry sectors, among which hospital pharmacy constituted the largest share. No data are available for pharmacists working in primary care or clinical biology.



*Data in the chart were provided by the Pharmaceutical Society of Ghana
*Global figures are based on average data from 2021–2023; Ghana's data reflect the most recent available year (2025).

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Pharmaceutical Society of Ghana (PSGH) on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within Ghana's healthcare system

Leveraging private sector pharmacy to strengthen maternal and child health:
The Pharmaceutical Society of Ghana (PSGH), through the Country Innovation Platform (CIP) Ghana Pilot, is implementing an innovative public-private partnership model in the Upper East and Upper West Regions to improve access to maternal and newborn health (MNH) services and essential medicines. The intervention combines a Revolving Medicines Fund (RMF) with community pharmacy-based service delivery, improving medicine availability, affordability, and access to care in underserved communities. To date, the programme has provided 1,824 units of essential MNH medicines to 1,208 women and children, while reducing medicine costs by an estimated 62% through strategic financing and procurement mechanisms.

In addition, over 3,000 MNH-related services have been delivered through trained community pharmacy personnel, including family planning, screening, counselling, and referral services. The model demonstrates how integrating community pharmacies into primary healthcare can strengthen health system resilience, reduce financial barriers, and advance progress toward Universal Health Coverage.

PSGH is also exploring partnerships with the private sector, including financial institutions, to introduce targeted discounts on essential health commodities for women of reproductive age, further improving affordability and equitable access to care.

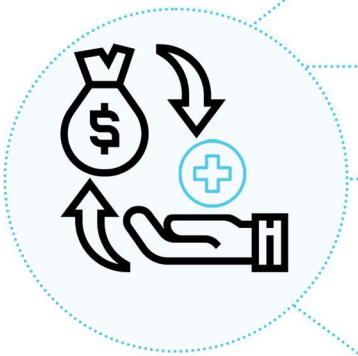
Sustainable pharmacy practice and climate-conscious healthcare:
The Pharmaceutical Society of Ghana (PSGH), in partnership with Ulster University, is leading a pioneering initiative to advance sustainable community pharmacy practice through research, capacity building, and international collaboration. Supported by the International Science Partnerships Fund (ISPF), the project explores behavioural and system-level drivers of environmentally responsible pharmacy practice, including pharmaceutical waste reduction, safe medicines disposal, sustainable inventory management, and antimicrobial resistance mitigation.

Using implementation science approaches and stakeholder engagement, the collaboration is developing a national roadmap for integrating sustainability into community pharmacy practice. The initiative is generating evidence to inform policy, professional standards, and workforce development, positioning community pharmacies as key contributors to climate-resilient and environmentally sustainable health systems. Through this work, Ghana is helping to advance the global agenda on green pharmacy and sustainable healthcare delivery.

Strategy to Enhance Access to Pharmaceutical Services (SEAPS) project
The SEAPS project is an initiative by the Pharmaceutical Society of Ghana (PSGH) designed to improve healthcare access by supporting the establishment of community pharmacies in underserved and deprived areas of Ghana. Among its ambitious objectives, the initiative seeks to provide financial and technical support to pharmacists, especially young and/or female pharmacists, to establish model pharmacies in underserved areas of the country. This support will also be extended to existing facilities to expand their operations and to pharmacists who are in the business of small-scale production of allopathic and herbal medicines. By extension, the project aims to enhance accessibility and affordability of essential medicines, streamline digitalisation in pharmacy services and the distribution chain, particularly within local retail pharmacies, and empower young pharmacists to establish model retail outlets in their communities.

Impact: nine new community pharmacies have been established, 17 existing facilities have been supported to expand operations, and 26 pharmacists have been trained and mentored.

2. Significant challenges currently facing the pharmacy profession in Ghana



Inadequate recognition of pharmacists as integral healthcare providers, with community pharmacies often perceived mainly as commercial outlets rather than points of care;

Weak regulatory enforcement, which enables impersonation and allows some pharmacies to operate with inadequately skilled personnel;

Lack of reimbursement mechanisms for professional pharmacy services, which limits the delivery and sustainability of clinical and patient-focused care, compounded by uneven deployment of pharmacists and gaps in pharmaceutical care coverage in many health facilities and communities.

3. Reimbursed pharmacy services beyond dispensing

Through successful advocacy by the Pharmaceutical Society of Ghana (PSGH), community pharmacies are now formally integrated into primary care networks as "spokes" in an integrated preventive and promotive care model. Within this framework, pharmacies deliver, and are progressively being compensated for, point-of-care screening services such as BMI measurement, blood pressure and blood glucose screening, and malaria testing, alongside structured health education, lifestyle counselling, and referral services to higher levels of care. These services position community pharmacies as frontline access points for prevention and early detection within Ghana's primary healthcare system, rather than solely dispensing outlets.

4. Current projects and priorities aligned with FIP Developmental Goals

The Pharmaceutical Society of Ghana's current programmes align strongly with **FIP Development Goal (DG)10 (Equity and equality), DG11 (Impact and outcomes) and DG18 (Access to medicines, devices, and services),** with additional contribution to **DG21 (Sustainability in pharmacy).**

Through the Country Innovation Platform (CIP) project in Northern Ghana, PSGH advances DG18 by improving access to essential medicines and maternal and newborn health services via a Revolving Medicines Fund and community pharmacy-based care, thereby enhancing availability, affordability and accessibility for underserved populations. The initiative also supports DG10 by targeting vulnerable women in high maternal mortality regions and using community pharmacies to reduce inequities in access to care and financial barriers.

In relation to DG11, PSGH embeds monitoring and evaluation systems to generate evidence on service delivery, medicine access and health outcomes, while the Green Pharmacy collaboration with Ulster University further strengthens evidence generation on sustainable pharmacy practice and its health and environmental impacts. Collectively, these efforts also reflect DG21 by contributing to responsible, sustainable and system-strengthening pharmacy practice through innovation, capacity building and evidence-informed service delivery.

DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from analysis of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

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