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### General data

POPULATION, 2023  
**34,121,985**

PHYSICIANS/1000 INH, 2020-2022  
**0.15**

NURSES/1000 INH, 2020-2022  
**3.79**

LIFE EXPECTANCY, 2022  
**65.89**

### Socioeconomic data

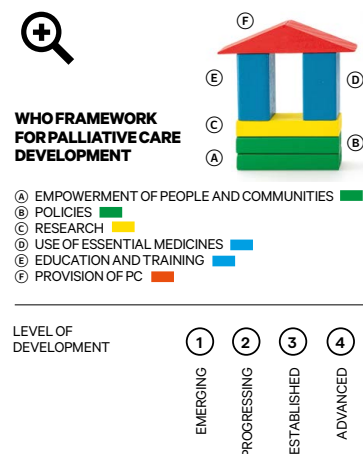
COUNTRY INCOME LEVEL, 2022  
**Lower middle income**

HUMAN DEVELOPMENT INDEX RANKING, 2023  
**144**

GDP PER CAPITA (US\$), 2023  
**2,260.29**

HEALTH EXPENDITURE, 2021  
**100.01**

UNIVERSAL HEALTH COVERAGE, 2021  
**48**



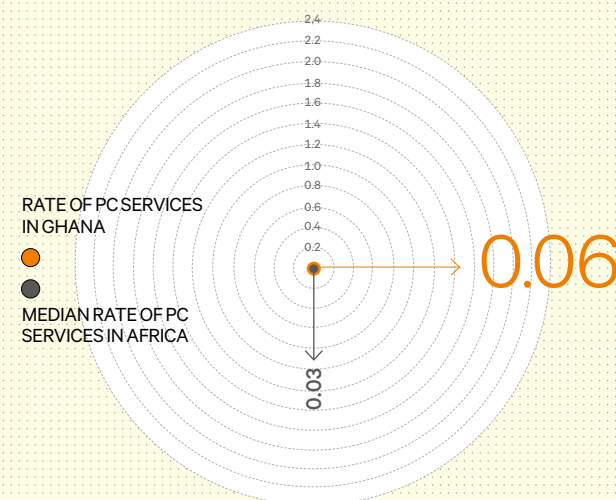
# Ghana

## F Provision of PC (Specialised Services)

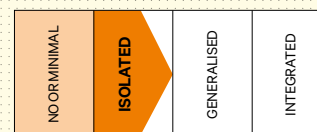
Total number of Specialised PC services  
**18**

Rate of PC services per 100,000 inhabitants  
**0.06**

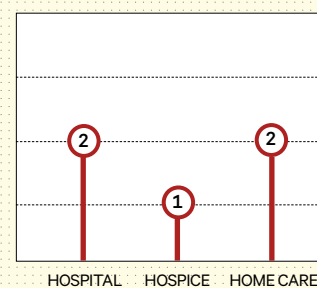
### Ghana in the context of African continent



### Geographic distribution and integration of PC services



### Level of development of different types of PC services



### Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION  
**1**

TOTAL NUMBER  
**2**

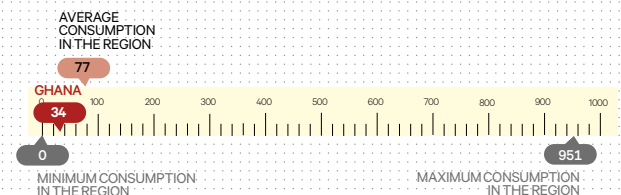
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# Ghana

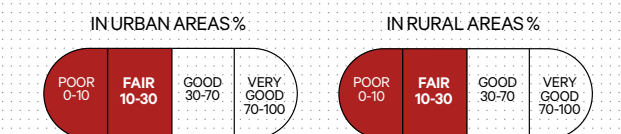
## D Use of essential medicines

Opiods consumption (excluding methadone)  
**34**  
S-DDD/MILL INHABITANTS/DAY

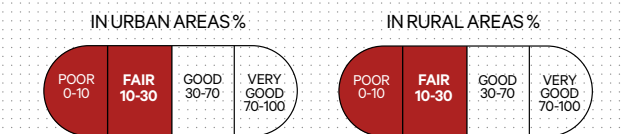
### Ghana in the context of African continent



### Overall availability of essential medicines for pain and PC at the primary level



### General availability of immediate-release oral morphine at the primary level



## C Research

### PC-related research articles



### Existence of PC congresses or scientific meetings



National Association: Ghana Palliative Care Association (GPCA).  
Consultants: Edwina Berry Addo, Opare-Lokko, Salid Yakubu Salifu.

Data collected: From December 2023 to March 2024.  
Date validated by consultants: Yes  
Endorsed by National PC Association: Yes  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

## E Education & Training

Medical schools with mandatory PC teaching  
**3/7**

Nursing schools with mandatory PC teaching  
**140/140**

Recognition of PC specialty  
**4**

## B Policies

National PC plan or strategy  
**3**

Responsible authority for PC in the Ministry of Health  
**2**





Inclusion of PC in the basic health package at the primary care level  
**3**

## A Empowerment of people and communities





Groups promoting the rights of PC patients  
**4**

Advanced care planning-related policies  
**1**

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<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).	Ghana's palliative care landscape is characterised by an active national network of professionals and institutions coordinated under the Ghana Palliative Care Association (GPCA). Established in 2002 and formally registered in 2005, GPCA underwent a significant reorganisation between 2019 and 2021, strengthening its governance structures and aligning more closely with national health policies. It now serves as the country's recognised umbrella body for palliative care, working in collaboration with the Ministry of Health and international partners to advance policy development, training, and service provision. GPCA includes numerous institutional members, such as COMPASS-Ghana, which operate regionally within its broader framework. Through regular engagement and sustained advocacy, the association plays a central role in promoting patients' rights and integrating palliative care across Ghana's healthcare system. Its activities in public awareness, professional education, and health policy illustrate a clear commitment to holistic care for individuals experiencing serious health-related suffering.
<b>Ind2</b> Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	Principles related to end-of-life decision-making are embedded within broader national frameworks, most notably the Universal Health Coverage (UHC) 2020–2030 strategy. The GPCA, in collaboration with the Ministry of Health, is currently leading the development of a national palliative care strategy that includes advance care planning (ACP). Although a dedicated national policy or guideline on ACP is not yet in place, these various elements are being consolidated through ongoing strategic efforts.
<b>Ind3</b> 3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, but not actively evaluated or audited.   There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	Ghana has integrated palliative care into several national policy frameworks, including the Universal Health Coverage (UHC) 2020–2030 strategy, the National Cancer Control Plan, and the National Health Policy. A standalone National Palliative Care Strategy has been developed under the leadership of the GPCA, with support from the Ministry of Health and other stakeholders. The strategy was submitted in October 2024 and is currently undergoing finalisation prior to official validation. Although no formal national audit has been conducted, ongoing assessments and evaluations have been carried out through institutional initiatives and stakeholder engagement.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	
<b>Ind4</b> PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Included in the essential list of services recognized by a government decree or law but not in the General Health Law.	In 2020, Ghana formally recognised palliative care as an essential health service under the UHC 2020–2030 framework, highlighting its importance as a priority intervention. However, full integration into primary health care services remains incomplete, as there is no national law or decree mandating its inclusion as a universally available service under the General Health Law. While efforts are underway to strengthen palliative care provision, financing mechanisms and systematic implementation at the community level are still in development.
<b>Ind5</b> 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	 The authority for palliative care is defined but only at political level without coordinating entity defined.   Does not have concrete functions or resources (budget, staff, etc.).	Palliative care was previously assigned to the NCD Programme Office within the Ghana Health Service. Currently, responsibility has been delegated by the Ministry of Health to the Policy, Planning, Monitoring and Evaluation (PPME) Office, under the broader UHC agenda. However, there is no standalone palliative care unit or department within the Ministry with a specific mandate, defined administrative functions, or an allocated budget. While efforts are ongoing to integrate palliative care into national health policies, the absence of a fully resourced national coordinating structure limits effective implementation and oversight. In September 2024, the GPCA formally requested the appointment of a staff member, seconded by the Ghana Health Service, to manage a dedicated palliative care portfolio within the Ministry of Health as part of efforts to establish a national palliative care programme. The request is currently under consideration through ongoing dialogue with the Ministry.

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Ghana

<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div>	<div>Ghana is making progress in establishing national scientific platforms dedicated to palliative care. Since its reorganisation in 2019, the GPCA has hosted annual scientific sessions and thematic events aligned with World Hospice and Palliative Care Day. In 2024, GPCA officially launched October for Palliative Care Excellence in Ghana, a nationwide initiative featuring professional education sessions, stakeholder engagements, and webinars. Various national meetings have included palliative care tracks—such as those held by the Ghana College of Physicians and Surgeons (2022) and the Ghana Christian Medical and Dental Fellowship (2019). <b>GPCA is currently working towards institutionalising an annual national palliative care conference.</b> These initiatives reflect increasing scientific engagement and a growing platform for knowledge exchange, training, and collaboration within the field.</div>
<div>Ind7</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Reflects a limited number of articles published.</div>	<div>A systematic review conducted in March 2023 <b>identified 31 peer-reviewed articles from Ghana focusing on palliative care.</b> Despite growing research interest, the number of publications remains limited due to funding constraints and the absence of a coordinated national palliative care research framework. The GPCA is working to strengthen palliative care research through partnerships with academic institutions, the development of a national research agenda, and the inclusion of research as a key pillar in its five-year National Palliative Care Strategy.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>		<div><div><div><div></div><div>34</div></div><div>S-DDD PER MILLION INHAB /DAY</div></div></div> <div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div></div><div><div>GHANA</div><div>34</div></div><div><div>0</div><div>MINIMUM CONSUMPTION IN THE REGION</div></div><div><div>951</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div>

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Ghana

<div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div>	<div>The availability of essential palliative care medicines at the primary care level in Ghana remains limited. While common analgesics such as paracetamol (74%) and ibuprofen (60%) are widely available, data on other key medicines recommended by the WHO Model List are scarce. Currently, only four out of 23 essential palliative care medications are reported, and there is no national data on critical items such as morphine, dexamethasone, haloperidol, and metoclopramide. Barriers include strict regulatory controls, fragmented supply chains, and limited training among primary care providers. <b>The GPCA, in collaboration with national health authorities, has initiated efforts to improve access through regulatory review, provider education, and procurement planning.</b></div>
<div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div>	
<div>Ind10</div> <div>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div>	<div>Access to immediate-release oral morphine at the primary care level in Ghana remains limited. Although national data suggest an average availability of 25% across facilities, <b>morphine is primarily available in hospitals, polyclinics, and some mission-run centres.</b> Most primary health facilities, particularly in rural areas, do not stock or prescribe morphine due to regulatory restrictions and the requirement for physician-only prescribing. Facilities led by nurses or physician assistants are generally excluded from opioid provision. Some mission hospitals operating in rural areas do provide morphine; however, their reach remains limited. Disaggregated data by facility type or region are not available. Efforts are currently underway to address regulatory and operational barriers through advocacy aimed at improving access to opioids at the primary care level.</div>
<div>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Fair: Between 10% to 30%.</div>	



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Ind11

- 11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching)
- 11.2. The proportion of medical schools with **OPTIONAL** teaching in PC.
- 11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching).
- 11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC.

3/7

4/7

140/140

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In Ghana, palliative care education is fully integrated into the nursing curriculum, with 100% of nursing schools (140 out of 140) including it as a mandatory standalone course, as regulated by the Nursing and Midwifery Council. Medical education is more variable, with 42% (3 out of 7) of medical schools offering compulsory training, and 57% (4 out of 7) including it as an optional component. Other professional training programmes, including pharmacy and allied health sciences, have not yet formally incorporated palliative care into their curricula. The absence of a national policy mandating palliative care education in medical schools has contributed to this gap. The GPCA has been engaged in dialogue with educational and regulatory bodies to support future curriculum development.

Ind12

- Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognized by competent national authorities.

The Medical and Dental Council of Ghana recognises the Fellowship in Palliative Medicine as a subspecialty qualification and accepts equivalent international certifications. The Ghana College of Physicians and Surgeons, through its Faculty of Family Medic.

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Ind13

- 13.1. There is a system of specialised PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.
- 13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.
- 13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).
- 13.4. **HOME CARE** teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.
- 13.5. Total number of specialised PC services or teams in the country.



Isolated provision: Exists but only in some geographic areas.



Ad hoc/ in some parts of the country.



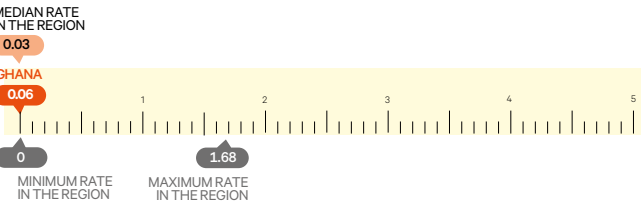
Not at all.



Ad hoc/ in some parts of the country.

As of 2023, Ghana has 18 specialised palliative care services, representing a ratio of 0.05 per 100,000 inhabitants. These services are primarily hospital-based and include both specialist and generalist teams. Specialist teams often comprise physicians, nurses, pharmacists, and psychologists, while generalist teams integrate palliative care into routine clinical practice following basic training. Most services are concentrated in Accra and Cape Coast, leaving many regions underserved. Some hospital-based teams operate without full-time specialists, which limits the scope and continuity of care. Home-based services are available in selected areas but remain unstructured and ad hoc. There are currently no operational standalone hospices, although one facility—Matthew 25 House—is under construction. The two existing inpatient palliative care units, managed by White Valley Care, are located within private primary health care facilities. The GPCA is engaged in efforts to map existing services and support the coordinated expansion of coverage across regions.

RATE OF SPECIALISED PC SERVICES/100,000 INH



18  
← SPECIALISED PALLIATIVE CARE SERVICES

Ind14

- 14.1. There is a system of specialised PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.
- 14.2. Number of pediatric specialised PC services or teams in the country.



No or minimal provision of palliative care specialized services or teams for children exists in country.

2

PPC TEAMS

Two teaching hospitals in Ghana provide structured services for children with life-limiting conditions. At Korle Bu Teaching Hospital in Accra, the Department of Child Health offers inpatient palliative care through a team of trained nurses, integrated with the hospital's General Palliative Care Team. This includes home-based support and symptom management. At Komfo Anokye Teaching Hospital in Kumasi, a dedicated paediatric palliative care physician collaborates with the general team to deliver both inpatient and outpatient care. Since 2023, training and capacity-building initiatives led by the International Children's Palliative Care Network (ICPCN) and World Child Cancer (WCC), in collaboration with the Ghana Palliative Care Association (GPCA), have supported the gradual integration of paediatric palliative care into selected health facilities.