Review Article

The Current State of Ghana's Disability Policy

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ABSTRACT

This article contributes significantly to the practices in Ghana that aim to alleviate the systemic challenges and opportunities for improving the lives of persons with disabilities (PWDs). After an extensive online search (on Google Scholar, ProQuest, etc.) for articles on current disability programmes and policy, more than 76 articles were downloaded. These included 52 journal articles, 6 book chapters, 7 reports, 1 conference paper, 6 web-based papers, and 2 policy documents. After a careful review, some of them were discarded. The criteria used were that the article must be about disability policy, programmes, and activities in Ghana, either by the central government, non-governmental organisation agencies, or civil society groups. During the analyses, the papers were grouped under the headings presented in this paper. The reviewed studies revealed that disability inclusion in Ghana is hindered by structural, cultural and policy barriers, including stigma, inaccessible infrastructure, weak policy enforcement and limited data. Despite the existence of supportive legislation such as the Persons with Disability Act (2006), implementation remains poor and representation of persons with disabilities is inadequate. Nonetheless, community-driven initiatives and non-traditional service providers offer promising approaches by promoting local participation, cultural sensitivity, and grassroots advocacy. Some recommendations are the need for stronger policy enforcement, adequate funding and transparent evaluation to translate the goals of the Persons with Disability Act (2006) into tangible outcomes.

Keywords: Challenges, Disability policy, discrimination, insurance, physical environment

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INTRODUCTION

Ghana's disability policy landscape is anchored by the National Disability Policy (1996), the Persons with Disability Act (2006/2007), and the National Social Protection Policy (2015). Additional relevant policies such as the National Health Insurance Act (Act 650, 2003), with its legislative instrument (LI 1809), provides for free health insurance enrollment for persons with disabilities, though implementation challenges persist. Ghana's disability policy indicates that, while significant legislative frameworks exist, enforcement remains a critical gap, especially concerning accessibility and social inclusion. The current Ghana's *Persons with Disabilities Act* (Act 715) of 2006 was intended to facilitate the rights and participation of PWDs. This has been limited in its effectiveness due to the low enforcement of necessary legislative instruments and consistent monitoring mechanisms (Naami et al., 2023). Calls from stakeholders, including the Ghana Federation of Disability Organisations, emphasised aligning the Act with the *UN Convention on the Rights of Persons with Disabilities* (UNCRPD), highlighting that without such an alignment, PWDs continue to face obstacles in public and social domains (Naami et al., 2023; Ghana Somubi Dwumadie, 2024).

Social protection interventions, including the *Livelihood Empowerment Against Poverty* (LEAP) Program and the *National Health Insurance Scheme* (NHIS), offer targeted support to PWDs. However, the criteria for accessing these programs are often ambiguous, leading to inconsistent eligibility assessments and limitations on actual accessibility (Naami et al., 2023). The *District Assembly Common Fund*, another support mechanism designated for PWDs, is often underfunded, restricting its reach and impact on those who need it most (Naami et al., 2023; Ghana Somubi Dwumadie, 2024).

Ghana Somubi Dwumadie is a disability-focused programme that aims to improve the wellbeing of people with disabilities in Ghana, particularly through supporting disability policy implementation and promoting inclusive practices. The link between Ghana Somubi Dwumadie and disability policy is that the programme acts as a catalyst for policy reform, capacity building, and practical implementation of Ghana's disability laws and social protection initiatives.

Ghana's disability policy framework includes the Persons with Disability Act (Act 715), the National Disability Policy, and targeted social protection schemes like the Disability Fund and free health insurance for persons with disabilities. However, research shows that implementation gaps persist, with barriers such as bureaucratic delays, lack of information, and insufficient funding limiting the effectiveness of these policies (Agbelie, 2023; Karimu et al., 2024; Opoku et al., 2019). Programmes like Ghana Somubi Dwumadie are designed to address these gaps by supporting government and civil society efforts to make disability policies more effective and accessible.

A key component of Ghana Somubi Dwumadie is disability training for health workers and community leaders, which has been shown to improve attitudes, reduce stigma, and empower stakeholders to advocate for the rights of people with disabilities (Rotenberg et al., 2024). These interventions align with policy goals by fostering a more inclusive environment and ensuring that disability rights are respected in practice.

Since 2020, Ghana Somubi Dwumadie has promoted disability-inclusive policies and public awareness. Funded by UK aid, this program focuses on policy advocacy, addressing stigma, and expanding accessible mental health services through collaborations with the Ghanaian government and community organizations. This initiative has demonstrated the importance of user-led advocacy in shifting perspectives on disability and reinforcing the rights and needs of PWDs in Ghana (Ghana Somubi Dwumadie, 2024). Similarly, research on older adults using the Ghana 2021 Population and Housing Census found that 38.4% of those over 60 have at least one disability, with prevalence linked to socioeconomic factors such as gender, education, and rural residency (Agyekum et al., 2024).

Challenges and Barriers

Environment and Transportation

Physical environments, infrustructures, and medical equipment in Ghana are often inaccessible to students with disabilities (SWDs), leading to significant barriers in accessing health care services. Challenges include geographical proximity to facilities, travelling time, and transportation difficulties (Ador, 2019). Bezyak et al. (2017) identify significant obstacles in public transportation systems, emphasising the need for improved services to accommodate individuals with disabilities. The organisation of health care services is highlighted as inadequate, failing to accommodate the specific needs of

SWDs (Vincent & Chiwandire, 2019). There is a lack of supportive logistics and services such as directional signs, tactile or braille materials, and sign language interpreters, which are crucial for facilitating access.

Finance

Financial barriers are noted, particularly relating to health insurance coverage. SWDs often face difficulties in obtaining necessary consultation records and encounter limitations in benefit coverage from existing health insurance schemes (Abodey et al., 2020).

Systemic weaknesses within healthcare frameworks, limited prioritisation of disability issues within health policies, and poor monitoring and evaluation of existing disability policies are factors that contribute to the challenges SWDs face in accessing healthcare (Hamilton et al., 2019).

Employment

Employment also remains an obstacle, as employers generally view PWDs as unproductive, and accessible workplaces are rare (Naami, 2015), which denies them the means of earning incomes to support themselves and their families. Many healthcare facilities lack necessary accommodations, and healthcare providers often display discriminatory attitudes due to limited training on disability care (Dassah et al., 2018; Badu et al., 2016).

PWDs often face exclusion from education, employment, and healthcare, contributing to diminished income levels and reduced quality of life (Asuman et al., 2021). This situation is compounded by what is termed a "conversion handicap," where households with disabled members incur additional costs to maintain a similar standard of living as those without PWDs (Asuman et al., 2021). This contextualises Ghana's experience, showing that international studies support the correlation between disability and poverty, especially in resource-limited settings (Asuman et al., 2021; Mitra et al., 2013).

PWDs globally and in Ghana are among the most marginalised, often facing financial hardship due to limited access to education and employment (Wiredu et al., 2021). PWDs in Ghana experience higher healthcare costs compared to the general population, which can make healthcare less affordable and accessible without social protection measures like National Health Insurance Scheme (NHIS) enrollment. This issue aligns with broader research findings indicating that healthcare utilisation improves when individuals are enrolled in health insurance, especially among vulnerable populations (World Health Organization, 2015; Badu et al., 2016). Factors like gender, income, and education level are significant predictors of NHIS enrollment among PWDs, with female individuals with lower incomes, and those with minimal education levels being more likely to participate in the scheme (Wiredu et al., 2021).

Despite the passage of the *Persons with Disabilities Act, 2006*, and other legislative efforts, barriers to accessibility, stigma, and discrimination persist (Mfoafo-M'Carthy, Grischow et al., 2020 a). For example, traditional beliefs often associate disability with spiritual or moral failures, resulting in discrimination in areas like marriage, employment, and healthcare (Kassah, 1998; Naami et al., 2012). This stigma reinforces exclusion from education, where inadequate resources and negative perceptions discourage many families from supporting the schooling of children with disabilities (Opoku et al., 2017).

Many media organisations view disability issues as unprofitable, which leads to a lack of coverage and support for programs aimed at improving the lives of PWDs (Amoako et al., 2020). This perception is influenced by the overarching goal of profit maximisation in a neo-liberal environment (Amoako et al., 2020). There is a significant underemployment of PWDs in the media sector, which is compounded by societal attitudes and the prioritisation of meritocracy and competition over inclusivity (Abdallah, 2023). Media organisations often cite resource limitations as a reason for not prioritising disability issues. They struggle to cover the costs associated with disability programs, which are seen as less profitable compared to other content (Andrews et al., 2021). The study found that disability issues receive minimal media coverage, which perpetuates the marginalisation of PWDs in society. This lack of coverage is attributed to the media's focus on profitability and competition rather than social responsibility.

Additionally, Darcy and Taylor (2009) analyse disability citizenship in the context of cultural industries, suggesting that societal attitudes and policies significantly impact the experiences of PWDs. A study on the campus shuttle experience and mobility concerns of SWDs at the University of Cape Coast, Ghana, reveals that the floor height of shuttles ranged from 320 to 520 mm, exceeding the recommended maximum of 230 mm for accessibility (Odame et al., 2020). While students with visual impairments could manage boarding using white canes, wheelchair users faced significant difficulties due to the absence of boarding platforms, often needing to fold their wheelchairs or crawl into the shuttles.

Special education initiatives have been in place since 1936, but they have often been inconsistent and poorly coordinated, failing to adequately address the needs of children with disabilities. Infrastructural challenges that hinder access to schools; socio-cultural discrimination and stigmatisation of persons with disabilities (PWDs); and inadequate policy frameworks and funding, with the Special Education Division receiving minimal educational allocations (0.7% in 2010, 0.5% in 2011, and 0.4% in 2012).

There is a strong correlation between educational attainment and employment opportunities for PWDs, with higher education leading to better job prospects (Morgan, 2023).

Nsenkyire et al. (2023) highlight the intersection of energy poverty and functional disabilities, showing that rural and female-headed households experience greater multidimensional energy poverty, which exacerbates disability conditions, suggesting a need for integrative policy approaches.

Education

In education, Duorinaah (2023) demonstrates the role of community-driven initiatives in enrolling children with disabilities in schools, with practices like mapping and sensitisation forums mitigating stigma and increasing participation in inclusive education. Meanwhile, Opoku et al. (2021) critique barriers to inclusive education, identifying insufficient teacher training and systemic issues as impediments, calling for better resources and institutional commitment. Employment studies reveal that while legislation aims to create equal opportunities, disparities persist based on disability type and lack of vocational training, further complicating access to the labour market for PWDs (Equal Opportunity Study, 2023). Together, these findings advocate for holistic policies integrating socioeconomic, educational, and employment considerations for PWDs in Ghana.

METHODS

Systematic Review

A systematic review is a research method used to collect, evaluate, and synthesize existing literature in a structured and transparent manner (Tran et al., 2021). The primary goal of this systematic review was to synthesize the findings of existing research to understand the challenges and opportunities within Ghana's disability policy framework. By reviewing peer-reviewed articles, policy documents, reports, and other scholarly sources, this methodology identifies key themes and barriers that influence the implementation of disability policies while highlighting opportunities for improvement (Naami et al., 2023; Wylie et al., 2020). This review followed several stages, including a literature search, inclusion and exclusion criteria application, quality assessment, and thematic analysis. These steps ensured a rigorous and comprehensive understanding of Ghana's disability policy landscape and its implications for PWDs.

Data Collection Process

The literature collection process involved searching for scholarly articles and other publications from multiple academic databases, including Google Scholar, ProQuest and relevant institutional repositories. These platforms were selected because they host a wide range of studies on social policy, disability rights, and advocacy in Ghana and similar contexts.

Inclusion Criteria

1. The inclusion criteria were carefully defined to ensure the relevance and quality of the selected studies. Articles and publications were included if they:
2. Focused on Ghana's disability policies and programs or related disability initiatives.
3. Explored themes such as accessibility, social inclusion, education, healthcare, or employment of PWDs.
4. Included empirical data, case studies, or theoretical analyses on the effectiveness of disability policies in Ghana.
5. Were peer-reviewed journal articles, book chapters, policy documents, or high-quality reports.

Exclusion Criteria

1. Studies were excluded if they:
2. Focused on disability policies outside the Ghanaian context without relevance to this study.
3. Were non-empirical sources such as opinion pieces or news articles unless they provided critical theoretical insights.
4. Failed to explore policy impacts or the lived experiences of PWDs.

Quality Assessment

Each selected article was assessed for methodological quality using standard quality assessment tools, such as the Critical Appraisal Skills Programme (CASP) checklist for systematic reviews. This ensured that only rigorous and credible evidence informed the conclusions drawn in this review (Johnson & Taylor, 2023).

Thematic Analysis

Once relevant data were extracted, a thematic analysis was conducted to identify recurring patterns and key themes. Thematic analysis is an approach to analyzing qualitative data that involves systematically identifying and interpreting patterns within the data (Braun & Clarke, 2022).

The initial phase involved a thorough review of all selected articles to familiarise the researcher/s with the content. After coding the data, the codes were grouped into themes. Key themes identified included policy enforcement gaps, socio-cultural stigmas, barriers in healthcare and education, and the role of community engagement in advancing disability rights. The findings from the thematic analysis provide actionable insights into the systemic barriers faced by PWDs in Ghana and potential strategies to improve the inclusiveness and effectiveness of disability policies (Naami et al., 2023; Wylie et al., 2020).

Stigma, Infrastructure Gaps, and Policy Enforcement

Empirical evidence from Ghana demonstrates that stigma, infrastructural limitations, and weak policy enforcement continue to undermine disability inclusion. Tetteh et al. (2023) highlight that "there is a paucity of empirical data on the outcomes of Ghana's disability policy," noting that despite ratification of international frameworks, implementation remains fragmented. Agbenyega (2003) observed that labelling within schools and communities "constructs negative identities around disability," reinforcing societal stigma and policy ineffectiveness.

Barriers in Education

In the education sector, Anthony (2010) and Nketsia (2018) found that cultural beliefs about disability significantly shaped how inclusive policies were applied, leading to what Nketsia (2018) calls "a mismatch between policy rhetoric and classroom realities." Similarly, Owusu-Ansah and Agyei-Baffour (2012) report that SWDs in tertiary institutions face "unmet needs in learning environments," despite the mandates of the Persons with Disability Act (Act 715). Tudzi et al. (2017) quantify this problem, revealing that "less than 30% of university buildings in Ghana are accessible to wheelchair users."

Barriers in Healthcare

Healthcare also reflects these inequalities: Badu et al. (2016) documented that "physical access and staff attitudes remain the two biggest barriers to healthcare in Kumasi," while Ganle et al. (2016) showed that women with disabilities face "double discrimination" in maternal healthcare. Opoku et al. (2019) emphasise that though progress has been made, "resource constraints and poor monitoring systems continue to hinder success." Collectively, these findings confirm Mantey's (2014) and Vanderpuye et al.'s (2020) assertion that evidence-based frameworks are essential to scale up disability-inclusive practices nationwide.

The Need for Comprehensive, Inclusive, and Effectively Implemented Policies

Despite significant legal frameworks, including the Persons with Disabilities Act (2006), implementation gaps persist. Dziwornu (2023) observed that "policies are beautifully written but poorly executed," leaving most PWDs without tangible benefits (p. 152). The study advocates for "enforcement of disability rights, employment quotas, and anti-stigma initiatives" (p. 153). Odoi (2022) links these efforts to the UN Sustainable Development Goals, urging Ghana to "use SDG 10 and SDG 16 as leverage points" for enhancing inclusivity and democratic participation. Asuman et al. (2020) estimate that "households with disabled members incur additional costs equivalent to 26% of total annual consumption," pushing them deeper into poverty. Seidu et al. (2021) reviewed 15 national health policies and found that "only 53% incorporated any disability-specific considerations," a figure corroborated by Gyimah et al. (2024), who noted that adolescents with disabilities still face "systemic exclusion in healthcare access." Naami et al. (2023) critique Ghana's National Social Protection Policy, recommending "a twin-track approach and representation of PWDs in all decision-making bodies." Likewise, Opoku and Nketsia (2021) found that less than 10% of disability fund managers are persons with disabilities, revealing governance inequities.

The London School of Hygiene & Tropical Medicine (2024) similarly reported that "PWDs in Ghana experience poorer educational and economic outcomes," aligning with Grischow's (2021) claim that weak activism and political inertia contribute to the "non-enforcement" of disability laws. With the Ghana Statistical Service (2021) estimating that 8% of the population live with PWDs mostly in rural areas, these studies underscore the pressing need for comprehensive, inclusive, and enforceable disability policies.

Community-Driven Approaches in Enhancing Policy Implementation

Community participation has proven to be a powerful mechanism for improving disability inclusion in Ghana. Wickenden et al. (2012) demonstrated how "community-based rehabilitation (CBR) guidelines co-designed with local actors produced contextually relevant interventions." Such participatory methods ensured that "global disability frameworks were adapted to local cultural realities." Similarly, Wylie et al. (2020) highlight the contribution of "pastors, herbalists, and local doctors" who "fill critical gaps in rehabilitation services," providing psychosocial and spiritual support that complements formal systems.

In education, Nketsia et al. (2016) found that "teacher advocacy and community engagement increased classroom inclusivity," while Mensah et al. (2022) reported that community awareness around Universal Design "significantly enhanced accessibility for students with disabilities in higher education." Conversely, Babik and Gardener (2021) reveal that "some communities reject PWDs from mainstream schools," demonstrating how social exclusion undermines inclusion. Masse et al. (2012) noted that such rejection "lowers self-esteem and increases suicidal ideation among affected individuals." Abodey et al. (2020) add that many communities still "exclude PWDs from local decision-making processes," resulting in low representation and alienation. Altogether, these findings affirm that community-driven and culturally sensitive initiatives are key to advancing inclusive development.

Role of Non-Traditional Service Providers in Disability Support Systems

Beyond formal healthcare and education systems, non-traditional service providers have become central actors in disability support. Wylie et al. (2020) documented how "faith healers, herbalists and community doctors offer pluralistic care that blends physical, psychosocial and spiritual dimensions." Their work reveals how "collaboration between formal and informal systems can create culturally resonant disability care." Dassah et al. (2022) provide complementary evidence from northern Ghana, showing that local health practitioners "navigate poor infrastructure and limited resources to improve primary healthcare for PWDs." Their recommendations include "making services more affordable and physically accessible."

Similarly, Yekple (2014) investigated traditional beliefs about intellectual disabilities, revealing that "when teachers and parents work with community leaders to challenge stigma, enrolment rates of children with disabilities rise." This suggests that traditional actors not only influence community beliefs but also contribute to advocacy and inclusive reform. Collectively, these studies affirm that non-traditional service providers play dual roles as caregivers and as advocates for social inclusion bridging cultural norms with formal disability policy efforts.

CONCLUSIONS

Across the reviewed studies, disability inclusion in Ghana is constrained by intersecting structural, cultural and policy challenges. Persistent stigma and infrastructural inaccessibility intersect with weak policy enforcement and limited data for informed decision-making. Although Ghana's legislative and policy landscape such as the Persons with Disability Act (2006) demonstrates formal commitment, poor implementation and insufficient representation of PWDs continue to impede progress. However, community-driven initiatives and the contributions of non-traditional service providers reveal pathways toward sustainable inclusion by integrating local participation, cultural sensitivity and grassroots advocacy. Together, these findings underscore that achieving disability equity in Ghana requires not only stronger policy enforcement but also the empowerment of communities and traditional actors as co-creators of inclusive systems.

Implications of the Study

The findings of the study underscore the urgent need for strengthened policy enforcement mechanisms to ensure that the objectives of the Persons with Disability Act (2006) and related frameworks are translated into measurable outcomes. This requires consistent government monitoring, adequate funding allocations and transparent evaluation systems to bridge the gap between legislative intent and lived experiences of PWDs.

The study highlights the importance of mainstreaming disability issues across all sectors, including education, health, employment, and infrastructure development. Policymakers should adopt an intersectional and rights-based approach that addresses the compounded effects of stigma, poverty and gender disparities among PWDs. Integrating disability considerations into national development plans and the Sustainable Development Goals (SDGs) will help promote inclusivity and equity.

The findings suggest that community participation and cultural sensitivity are essential for the success of disability policies. Engaging local leaders, traditional healers, faith-based institutions and community-based organisations in awareness campaigns and service delivery can foster positive social attitudes and improve accessibility. Strengthening partnerships between formal and non-traditional service providers would enhance culturally relevant interventions that reflect local realities.

Contributions of this paper

This paper contributes significantly to education and practice by highlighting the systemic challenges and opportunities for improving the inclusion of persons with disabilities (PWDs) in Ghana. It provides a comprehensive analysis of the barriers faced by PWDs in accessing education, emphasising the impact of infrastructure gaps, socio-cultural stigmas, and insufficient policy implementation.

The findings stress the need for inclusive education practices, such as adaptive teaching methods and specialised support systems, to accommodate the diverse needs of students with disabilities. By addressing these gaps, the study advocates for more equitable access to education, which is vital for the personal and professional development of PWDs and for fostering their full participation in society. Furthermore, the study underscores the critical role of teacher training and curriculum development in building an inclusive educational environment, encouraging the integration of disability-focused modules into training programs for educators.

In terms of practice, the paper contributes by identifying the importance of aligning disability policies with international frameworks like the UN Convention on the Rights of Persons with Disabilities (UNCRPD). It calls for stronger enforcement mechanisms and monitoring systems to ensure compliance with these standards. The study also highlights the role of community-driven initiatives, such as Ghana Somubi Dwumadie, which promote disability advocacy and public awareness. These initiatives demonstrate the transformative potential of involving local organisations and stakeholders in addressing stigma and providing culturally sensitive support for PWDs.

Additionally, the study's insights into healthcare accessibility for PWDs inform practice by advocating for the integration of disability-friendly infrastructure, equipment, and services in healthcare systems. It also calls for tailored social protection measures, such as expanded health insurance coverage and financial support, to mitigate the economic burden on PWDs. Together, these contributions provide a roadmap for policymakers, educators, and practitioners to create a more inclusive society that values and supports the rights and needs of persons with disabilities.

Suggestions for Future Research

Future research on disability inclusion in Ghana should focus on longitudinal studies that assess the long-term impact of the Persons with Disability Act (2006) and related social protection programmes. Such studies would provide insight into whether legislative commitments have translated into measurable improvements in education, healthcare and employment outcomes for persons with disabilities (PWDs).

Researchers should explore regional and intersectional disparities in disability experiences. Comparative studies between urban and rural areas or among different gender and age groups would help uncover the unique challenges faced by subpopulations, especially women and children with disabilities, who often face multiple layers of exclusion.

Future studies should examine the effectiveness of intersectoral collaborations between government institutions, NGOs, and traditional actors in implementing disability policies. Evaluating these partnerships can reveal best practices for scaling up community-driven and culturally sensitive interventions.

There is a need for quantitative data collection and impact evaluation studies to fill existing empirical gaps identified. Generating reliable national data on accessibility, resource allocation, and policy outcomes would be vital for evidence-based decision-making and monitoring Ghana's progress toward disability equity and inclusion.

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