Supplementary Material 1: Summary of Key Health Workforce Policies

S/N	Policy Document	Strategic Intent	Assessment of Extent of Implementation and Potential Impact
1	Ghana Health Service and Teaching Hospitals Act of 1996 (Act 525)	▪ Decentralise the provision of health services to agencies – GHS for primary to secondary level, TH for tertiary services – and separate policy development function to remain with the MOH. ▪ Training function, to remain with the MOH and Priority setting for determining the need for recruitment (demand creation).	▪ Act provided for greater implementation autonomy in recruitment decisions of agencies but subject to the availability of resources as prioritised by the Ministries of Health and Finance. ▪ Management authority for core human resource functions such as recruitment, remuneration, personnel training, and development, however, remained centralised at the national units.
2	National Health Policy: Creating Wealth Through Health (2007)	▪ Increase the production, recruitment, and retention of health workers, focusing on middle-level health professionals. ▪ Improve retention, equitable distribution and increased productivity and responsiveness of human resources by (i) strengthening the systems for supervision, performance appraisal, accountability, and overall human resource management and (ii) continuously refining the systems for compensation and incentives, and implementation of sanctions and (iii) promoting effective legislation and regulation.	The policy had an overarching impact on production, recruitment, and retention, attracting significant government prioritisation for health within the health workforce, e.g., the health sector received 10.6% of GGE as compared to an average of 6% in the preceding years.
3	Human Resource Policy and Strategies for the Health Sector, 2007 - 2011	Ensure sufficient availability, effective management, and efficient utilisation of human resources to achieve service delivery goals.	▪ Expansionary production was achieved, with many of the cadres surpassing the planned targets. ▪ Coordination and management of health training institutions enhanced following the setup of the Health Training Institutions' Secretariat and the postgraduate health colleges, i.e., the Ghana College of Physicians and Surgeons (GCPS), Ghana College of Pharmacists (GCP), and the Ghana College of Nurses and Midwives (GCNM). ▪ Centrally determined staffing norms used to inform the automatic recruitment of trained health workers and their distribution.
4	National Health Policy, 2020	▪ Have an adequate health workforce with requisite knowledge, skills, competencies, and attitude, who are equitably distributed and motivated to provide quality healthcare across sectors and geographical areas. ▪ Streamline and improve the operations of health training institutions, with conscious efforts to recognise and support the training of specialist cadres of all categories of health professionals	
5	National Human Resources for Health Policy and Strategy, 2020	Ensure an adequate, concerted, and multi-sectoral response to strengthening the health workforce to support the effective implementation and achievement of integrated interventions that meet the health and wellness needs of the population	▪ Policy has provided for a strategic shift from centrally determined norms to agency-specific norms peculiar to their needs. ▪ The hitherto expansionary production drive has been streamlined to need-based, albeit there are still instances of overproduction of some mid-level cadres.