



**National Health  
Students' Association  
of Ghana**

**The Unified  
NAHSAG**

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## **PRESS STATEMENT**

### **FOR IMMEDIATE RELEASE**

### **RECRUITMENT WITHOUT EQUITY BREEDS FRUSTRATION: NAHSAG CALLS FOR A MORE TRANSPARENT, FAIR, AND SUSTAINABLE HEALTH SECTOR RECRUITMENT SYSTEM.**

The National Health Students' Association of Ghana (NAHSAG), the foremost representative body for health students and fresh graduates across the length and breadth of the Republic of Ghana, wishes to formally address the growing unease, disappointment, and psychological distress surrounding the ongoing recruitment exercise being undertaken by the Ministry of Health.

At the outset, NAHSAG wishes to state unequivocally that this press release is not intended to vilify, antagonise, or undermine the efforts of Government and the Ministry of Health. We acknowledge the Ministry's attempt to reduce the alarming unemployment burden within the health sector and appreciate the assurances given by the Honourable Minister for Health, Hon. Kwabena Mintah Akandoh, regarding Government's commitment towards the automatic posting of health professionals.

However, as the voice of thousands of qualified but unemployed health graduates, we are duty-bound to speak truth to circumstance and advocate firmly where the welfare and future of our people are concerned. Silence in moments of injustice becomes complicity; and as the old adage goes, "*a hungry man cannot be expected to sing melodies of satisfaction* "

#### **1.BACKLOG OF UNEMPLOYED HEALTH PROFESSIONALS**

The Ministry's own official release acknowledges that Ghana currently has a backlog of over **105,000 unemployed health professionals**, yet the present financial clearance reportedly covers only about **8,000 recruitments** across all categories. Mathematically and administratively, this represents less than **8%** of the total affected population.

The question therefore remains: What becomes of the remaining thousands of qualified professionals who have patiently waited for years with hopes of serving their nation? How long must trained healthcare professionals continue to sit at home while hospitals and health facilities across the country continue to grapple with workforce shortages?

**NAHSAG, United for Health**



This stark disparity explains the heightened anxiety, desperation, and nationwide scramble associated with the recruitment process.

Regrettably, the solution intended to solve the problem has itself become problematic.

## **2.. FAILURE OF THE RECRUITMENT PORTAL**

Across the country, qualified applicants reported persistent technical failures, inaccessible recruitment slots, abrupt portal shutdowns, and system congestion moments after the portal was opened. Many applicants remained awake through sleepless nights only to discover that opportunities had vanished within minutes.

For numerous graduates who have remained at home for four, five, and in some cases over six years after school, this experience was not merely disappointing — it was emotionally devastating. Must the future of a qualified health professional depend on internet speed, geographical location, or technological luck? Should years of sacrifice and academic excellence be reduced to a race against unstable digital systems?

Recruitment into Ghana's health sector must never resemble a digital survival contest where success depends on internet speed, geographical advantage, or technological luck. Such a critical national exercise must be anchored on transparency, predictability, fairness, and human dignity.

When the rules of engagement appear uncertain, confidence in the process begins to erode. Indeed, justice delayed may be painful, but justice perceived to be unequal is even more dangerous.

## **3.CALL FOR A MORE TRANSPARENT AND RELIABLE RECRUITMENT SYSTEM**

NAHSAG therefore respectfully calls for a more credible, transparent, and technologically reliable recruitment architecture capable of accommodating the overwhelming number of applicants without chaos or exclusion. A healthcare recruitment system should heal anxieties, not aggravate them.

We strongly believe that recruitment into the health sector should not become a matter of chance, privilege, or technological advantage, but rather a structured and equitable process that guarantees equal opportunity for every qualified applicant.

After years of academic rigor and professional preparation, is it too much for qualified health professionals to expect a fair, transparent, and functional recruitment system?

## **4. PRIORITISATION OF RECRUITMENT BASED ON YEAR BATCHES**

Furthermore, NAHSAG strongly proposes that future recruitment exercises be conducted based on graduation year batches, beginning with those who have remained unemployed for the longest period. Equity demands that those who have

waited the longest must not stand at the back of the queue while newer graduates move ahead.

A system that ignores chronological fairness risks deepening hopelessness among older batches who have sacrificed years of productivity, endured severe economic hardship, and continued to wait patiently despite fulfilling all professional requirements.

We therefore respectfully call on the Ministry of Health to revert to the previous recruitment system that prioritised applicants according to year batches, as this approach remains fairer, more humane, more predictable, and administratively efficient.

Should graduates who completed school six years ago compete under the same conditions as those who completed only recently? Where then lies the principle of fairness and social justice?

## **5. CONCERNS ABOUT THE COMMUNITY VOLUNTEER ARRANGEMENT**

NAHSAG is further compelled to express its deep dissatisfaction with the proposed community volunteer arrangement being suggested as an alternative for qualified health professionals who may not secure recruitment. While volunteerism may serve humanitarian purposes in certain contexts, it must never become a replacement for decent employment after years of rigorous academic and professional preparation.

It is profoundly disheartening that students spend approximately six (6) years pursuing programmes such as Medical Laboratory Science (MLSD) and Doctor of Pharmacy (PharmD), four (4) years pursuing Physician Assistantship and Degree Nursing programmes, three (3) years pursuing Diploma Nursing programmes, alongside mandatory clinical attachments, intensive practical training, licensure examinations, and national service obligations, only to eventually be reduced to serving as “community volunteers” without guaranteed salaries but merely stipends.

How can a nation invest years in training highly skilled healthcare professionals only to relegate them to poorly compensated volunteer arrangements afterward? How can individuals who have endured years of sleepless nights, academic pressure, clinical rotations, licensure examinations, and financial burdens suddenly be told that their reward is a stipend rather than dignified employment?

Such an arrangement risks reducing highly skilled health professionals to a cheap labour force despite the enormous intellectual, financial, emotional, and physical investments made throughout their professional training. This situation creates the unfortunate impression that the hard-earned expertise and competencies of qualified health workers are being undervalued and exploited at a significantly cheaper cost.

NAHSAG firmly believes that any prolonged dependence on unpaid or poorly compensated professional engagement raises serious ethical, professional, and labour-related concerns. The Association respectfully submits that this emerging arrangement may contradict the spirit of fair labour practices and decent work principles as enshrined within Ghana’s labour framework and international employment standards.

Health professionals are not asking for charity; they are asking for opportunity, dignity, and the chance to serve their nation meaningfully.

## **6. INADEQUATE COMMUNICATION AND LATE CLARIFICATIONS**

Additionally, NAHSAG considers it administratively inappropriate and emotionally unsettling for major clarifications capable of altering applicants' expectations to be released less than 24 hours before the conclusion of a nationwide recruitment exercise that had already generated intense anticipation for weeks.

How can applicants adequately prepare for a process whose critical details continue to change at the final hour? Effective communication is not merely a public relations tool; it is the oxygen of institutional trust.

Timely stakeholder engagement and adequate dissemination of information remain essential ingredients for transparency, confidence, and accountability.

## **7. CALL FOR INCREASED FINANCIAL CLEARANCE AND RECRUITMENT NUMBERS**

NAHSAG therefore respectfully appeals to Government, the Ministry of Finance, and all relevant stakeholders to consider increasing financial clearance and expanding recruitment numbers to absorb more qualified professionals into the public health sector.

Investing in health professionals is not an expenditure; it is a strategic investment in national productivity, public health security, socioeconomic development, and healthcare resilience.

Can a nation truly strengthen its healthcare system while sidelining the very professionals trained to sustain it?

## **8. RISK OF CORRUPTION UNDER THE CURRENT SYSTEM**

NAHSAG further cautions that if the current recruitment system persists without significant reforms, it may inadvertently create fertile grounds for corruption, manipulation, favoritism, and exploitation.

In desperate circumstances, vulnerable applicants may become susceptible to individuals who could demand colossal sums of money under false promises of facilitating recruitment opportunities.

A system clouded by uncertainty inevitably creates room for exploitation — and should recruitment into the health sector become an avenue where desperation is monetised?

This is why fairness, transparency, and accountability must remain the cornerstone of every national recruitment exercise.

## **9.DEMAND FOR THE IMPLEMENTATION OF AUTOMATIC POSTING**

Our position as an Association remains unequivocal, resolute, and incontrovertible. We respectfully reiterate our call for the implementation of the automatic posting policy promised to health professionals in the National Democratic Congress (NDC) manifesto and reaffirmed publicly by the Honourable Minister for Health.

Promises made to the youth and future healthcare workforce of this nation must inspire confidence, hope, and trustworthiness. For if promises made to young professionals are not honoured, what message does that send to the future workforce of this country?

## **10. COMMITMENT TO DIALOGUE AND LASTING SOLUTIONS**

As an Association, we remain committed to constructive engagement rather than confrontation. We are prepared and willing to participate in stakeholder consultations and round-table discussions with the Ministry of Health and allied agencies to help formulate pragmatic, fair, and lasting solutions to the growing unemployment crisis among health professionals.

NAHSAG remains available at all times to collaborate with Government and relevant authorities with urgency and alacrity in addressing these pressing national concerns.

## **11. CONCLUSION**

The future of Ghana's healthcare system cannot be built on uncertainty, frustration, and prolonged neglect of its young workforce. A nation that trains healers but leaves them idle risks weakening the very foundation of its public health architecture.

Ghana's health professionals are not asking for favours; they are demanding fairness, dignity, and the opportunity to contribute meaningfully to national development through the professions for which they have sacrificed years to prepare.

The ultimate question therefore remains: If not now, then when? If not fairness, then what?

NAHSAG shall continue to stand resolutely in defence of the interests, welfare, and aspirations of health students and graduates across Ghana until fairness, transparency, equity, and opportunity become the defining pillars of health sector recruitment.



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