



## NATIONAL POLICY BRIEF – GHANA

# Navigating Human Rights and Risks Online: Young Ghanaians and the Future of Digital Health

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## 01 Introduction: The Digital Health and Rights Project and Participatory Research in Ghana

The [Digital Health and Rights Project](#) consortium brings together international social scientists, human rights lawyers, health advocates, and networks of people living with HIV to conduct research and advocate for rights-based digital governance in Colombia, Ghana, Kenya, Vietnam, and globally. Between June 2024 and January 2025, DHRP engaged 302 young adults aged 18–30 living with HIV and key populations including sex workers and LGBTQ+ individuals through 33 focus group discussions and 14 in-depth interviews across urban, peri-urban and rural areas to explore how digital transformation shapes young people’s access to and sharing of health information online.

The consortium uses a transnational participatory action research approach (PAR), centering the voices and leadership of diverse young adults to define the future of human rights in the digital age. PAR ensures that young people and community members are not just subjects of study but co-creators of knowledge. This approach emphasizes collective inquiry, shared ownership of data, and ongoing engagement from design to dissemination.

In each country of this research, Community Advisory Teams (CATs) were established to provide local insight and shape the research. The research report from these countries shares insights into how marginalised young adults are paying the costs of connecting to health online.

## Key findings from the [Global Report](#):

- Many participants struggled to get online due to the cost of smartphones and data bundles, lack of Wi-Fi, and other barriers, with young women facing greater challenges.
- People living with HIV and members of stigmatised groups feared being outed to family or the community, making them reluctant to seek or share health information online.
- Three-quarters of young adults reported experiencing technology-facilitated abuse against themselves and their peers, often increasingly normalised, with HIV activists and peer outreach workers noting that their online visibility exposed them to virulent abuse and threats.
- Few young adults had success reporting abuse to online platforms or the police; when other systems failed, community-led groups became a key source of support.
- Despite these concerns, participants showed resilience, determination, and strong interest in in-person and online training about their rights, "digital empowerment", with many expressing optimistic visions for the future and calling for greater accountability and transparency online to make this future possible.

**Digital Empowerment refers to the process of enabling individuals and communities to effectively use digital technologies to enhance their knowledge, access opportunities, exercise rights, and participate fully in society and the economy.**

At the national level in Ghana, 81 people participated in the study. This included young adults living with HIV, Sexual Minorities, and Female Sex Workers. Researchers conducted nine focus group discussions, five in-depth interviews, and seven key informant interviews in Accra, Kumasi and Tamale with youth leaders, human rights experts, and digital advisors.

This report, specific to Ghana, reflects on the context of digital health in Ghana and the three main country-specific issues that emerged from the data.

## 02 Digital Health Policy Landscape in Ghana

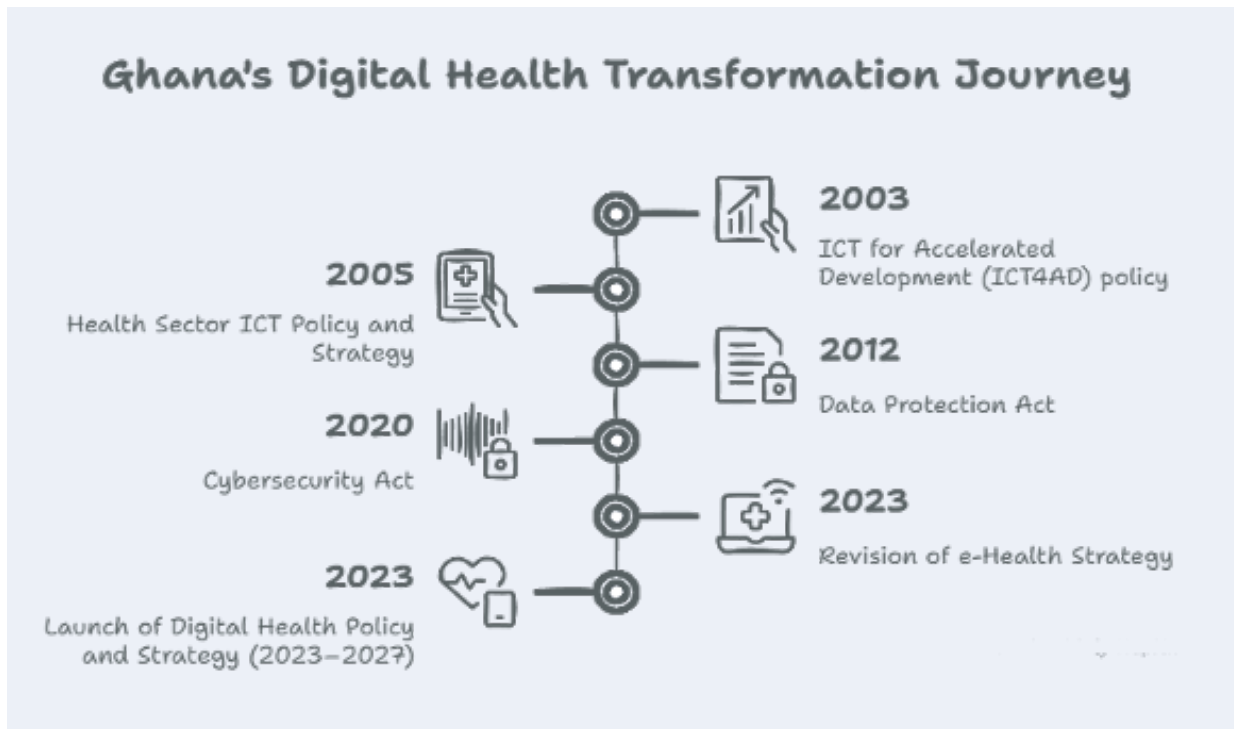
Ghana is undergoing a fast-paced digital transformation that affects access to health services and information. Government-led initiatives such as the National Broadband Strategy and increased internet access have contributed to this shift. According to DataReportal<sup>1</sup>, Ghana's internet penetration rate stood at 69.8 percent of the total population at the start of 2023. This has led to an increase in the use of digital tools for health information and services. This transition accelerated during the COVID-19 pandemic and led to a revision of Ghana's e-Health Strategy in 2023<sup>2</sup>.

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<sup>1</sup>Data Reportal (2023). Digital data report: Ghana.<https://datareportal.com/reports/digital-2024-ghana>

<sup>2</sup>Data Reportal (2023). Digital data report: Ghana.<https://datareportal.com/reports/digital-2024-ghana>

Despite these developments, access remains unequal due to multiple digital divides. *The DHRP Ghana Country Brief (2024): Digitalisation, Health, and Participation: A Brief on Ghana* highlighted these divides, which include the cost of devices and data, lower digital literacy in rural areas, and gender disparities, with more women than men lacking access to smartphones. Language, geography, disability, and social factors also affect access and use of digital health technologies<sup>3</sup>.



Ghana Health Service launched a new Digital Health Policy and Strategy (2023–2027) aimed at improving integration, data security, and governance of digital platforms within the health sector<sup>4</sup>. However, the strategy lacks clear provisions for extending access to underserved groups and does not explicitly address the needs of women, persons with disabilities, or key populations.

## 03

### From Global Patterns to Local Realities: Findings from the Digital Health and Rights Project in Ghana.

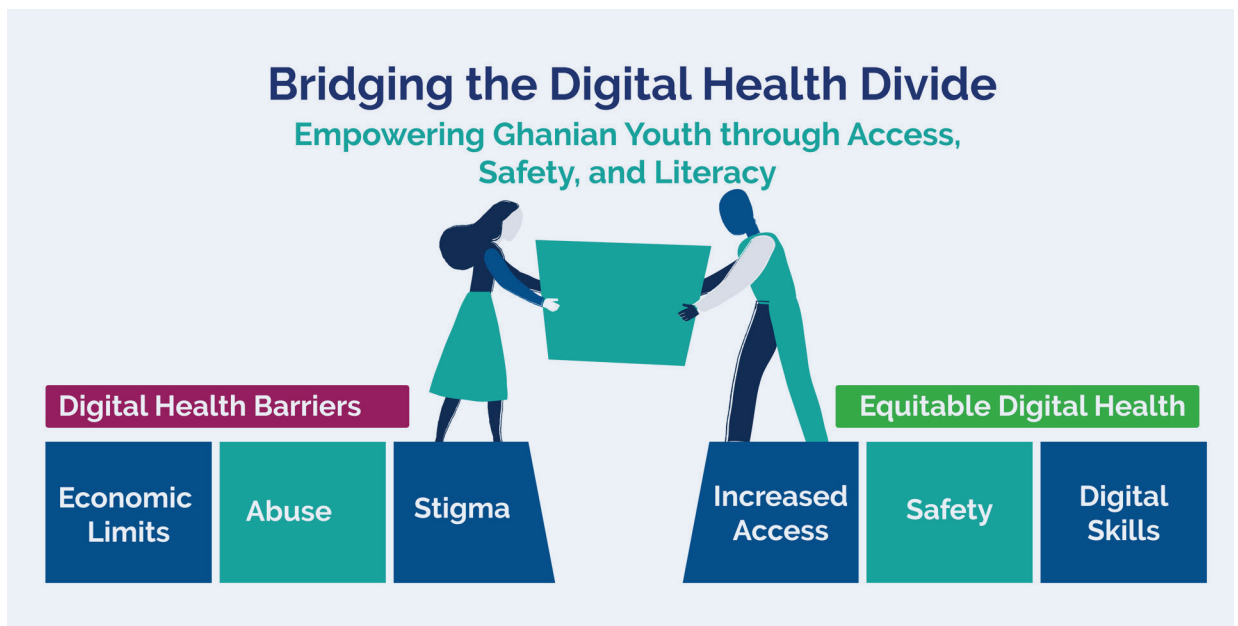
Three main issues emerged from the DHRP's research in Ghana, offering insights into how marginalised young adults are bearing the costs of accessing health information online:

- First, participants identified **economic barriers**, particularly the high cost of mobile devices and internet data, as the most widespread obstacle to accessing digital health information. This challenge affected all groups but disproportionately impacted female participants. With many unable to afford devices or consistent internet access, they were excluded from even beginning their search for health information or online support.

<sup>3</sup>DHRP Ghana Country Brief (2024). Digitalisation, Health, and Participation: A Brief on Ghana.

<sup>4</sup>Ghana Health Service (2023). Policy and Strategy on Digital Health (2023–2027).

- Second, **stigma** related to health status, gender identity, and occupation emerged as a significant barrier to young people's access to health information online. It often intersects with other barriers such as geographical location, gender, culture, and limited digital literacy skills, further deepening exclusion and inequality.
- Third, participants described experiencing **technology-facilitated abuse** and other forms of online harm, often fueled by the very stigma and discrimination that kept them from seeking information in the first place. These risks were made worse by limited digital literacy, as many lacked the skills to safely search for or verify health information online. Sexual minorities and people living with HIV were especially vulnerable to these forms of abuse, making it even harder for them to access reliable information or seek help when harm occurred.



## 04 Economic Barriers: Privacy Risks and Safety Concerns

Economic barriers to digital access are both complex and layered. While some individuals cannot afford a mobile device at all, others who own one still struggle to access health information online due to the high cost of data. Young women, especially female sex workers, are often the most affected but frequently overlooked in these conversations. Many are forced to share or borrow phones because they cannot afford their own, which raises serious concerns about privacy and safety. Sexual minorities face similar risks, as lack of private access to devices can expose them to stigma, discrimination, or even violence based on their identity or the health information they search for.

For young adult key populations, this creates constant risk. Without private access to devices, the simple act of seeking health information can unintentionally expose sensitive details like one's HIV status, leaving many vulnerable to stigma or discrimination.



*I want to get more information about my medication. But I don't have a phone. Yes. So, I come to Sunshine and say, 'Oh, Sister Sunshine, please, can I have your phone?' I may use it to search for something. I will not reveal to her what I'm searching for. But when I'm done, she'll see what I searched for. So, she'll get to know my status, that this girl is positive. Yeah."*

22-year-old female sex worker, Kumasi

This example highlights typical cases in Ghana, where economic barriers are closely linked to privacy and safety concerns faced by young adults living with HIV and key populations, especially when searching for information related to health status or medication. The inability to access health information safely and privately online is a significant barrier to exercising their right to health.

## 05 Stigma: Its Impact on Digital Participation

Participants reported experiencing stigma in various ways. Concerns were particularly pronounced around how it shows up in different ways through health status for people living with HIV, gender identity for sexual minorities, or occupation for female sex workers, leaving many afraid and reluctant to engage online. Many feared that digital traces such as search histories or health-related messages could expose their health status, identity, or occupation, putting them at risk of social exclusion or family rejection.

Sexual minorities, in particular, faced discrimination and expressed growing anxiety about how the ongoing national debate on the Human Sexual Rights and Family Values Bill is deepening stigma, threatening their safety, and making it harder to access health services and information.



*Yes, it'll affect us "papa"(local term referring to severity) because inside the bill, they say anybody... activist and advocates, we are all in trouble. So if the bill becomes passed into a law, meaning I'll stop giving info- information on social media and I can't do any advocacy based on MSM or LGBTQ+ issues on... just to create people awareness on social media. Sometimes that's how we do. So if the bill become a law, it'll be very, very difficult for us"*

30 year old Male, Tamale

## 06 Technology-Facilitated Abuse: Online Harm Turning Physical

Young people shared experiences of technology-facilitated abuse (TFA), ranging from verbal abuse, cyberbullying, blackmail, and deception to more extreme cases of physical violence. Such abuse often begins online but can escalate into real-world harm, particularly for sexual minorities. Participants described being tracked, deceived, or exposed through revenge porn or harmful rumours. In some cases, seeking or sharing health information online triggered these abuses, as others made assumptions about their health status, gender identity, or occupation, exposing them to stigma and harm.

One participant recounted how a six-month conversation on Facebook ended in a violent ambush, highlighting the serious risks young people face and the barriers that prevent victims from seeking help.



*"We chatted on Facebook for about six months... we planned to meet several times, but it didn't happen... he asked me to come to his area and wait at a junction... he came with a motorbike, even though he said he didn't have one... he stopped at a primary school and asked for my phone to make a call... he went inside and came out with four other guys... they came to me with canes and matchets... 'This is the gay guy I've been chatting with for some months now.'"*

24 year old Bisexual, Tamale

This incident is an example of how online platforms can be used to target individuals based on their sexual orientation, leading to real-world violence. The participant did not report the attack. Like others in the study, they feared further exposure, retaliation, or being blamed. Stigma surrounding sexual identity, combined with distrust in reporting channels, means that such cases often go unaddressed.

Other participants also described facing online abuse simply for engaging in public health discussions.






*"...I explained some things in a comment about HIV... people started sending me all sorts of insults."*

25 year old male Living with HIV, Accra

These experiences reveal how stigma, fear, and lack of protective mechanisms online and offline prevent young people living with HIV and key populations, from accessing or safely using digital health spaces. The absence of anonymous and trusted reporting systems deepens the risk and leaves survivors without meaningful recourse.

## 07 Recommendations from Young Ghanaians and Experts

The following recommendations are based on recurring feedback from both youth and expert interviews. They reflect shared priorities for addressing digital barriers in Ghana.

Characteristic	Young Ghanaians	Experts
 <b>Affordability &amp; Accessibility</b>	Targeted data packages for health and education content	Expand public WI-FI and ICT centers
 <b>Reporting Mechanisms</b>	Community-based reporting tools protecting identities	National campaign to promote reporting mechanisms
 <b>Training</b>	Small-group workshops on digital rights and safety	Funding for programs integrated into initiatives

### (a) Make Internet and Digital Tools Safe, Affordable, and Accessible for all.

- The Government of Ghana, through the Ministry of Communications, Digitalisation and Innovation (MoCDI), should work with telecommunication companies and the National Communications Authority (NCA) to introduce youth-focused and zero-rated data packages that provide free or affordable access to verified health and education content.

- The Ghana Health Service (GHS), in partnership with MoCDI and the Universal Access and Service Fund (*The Universal Access and Service Fund (UASF) in Ghana is a government-managed fund designed to promote universal access to telecommunications and ICT services, especially in underserved and unserved areas*), should expand public Wi-Fi access points and invest in ICT centres in underserved communities to bridge the digital divide and improve access to essential services.
- Metropolitan, Municipal, and District Assemblies (MMDAs), in collaboration with local health authorities and youth-led organisations, should install digital kiosks in health facilities, community centres, and youth spaces to enable private, anonymous access to information and services, particularly for young people and marginalised groups.
- The government of Ghana must implement and strengthen data protection and governance laws, especially the Data Protection Act, 2012 (Act 843), and its enforcement, to ensure the responsible use of personal data, protect users, and prohibit privacy breaches.

## **(b) Develop Safe and Anonymous Reporting Mechanisms for Online Abuse**

- The Government of Ghana should design and roll out a national public awareness campaign to educate citizens on how to report violations of their digital rights, including personal data breaches, online abuse, and cybercrime.
  - The campaign must provide clear guidance on where, how, and to whom reports can be made, using accessible formats, plain language, and multiple local languages.
  - It should be implemented in collaboration with civil society organizations and coordinated by the Data Protection Commission (DPC), Cyber Security Authority (CSA), and National Commission for Civic Education (NCCE).
- The Government of Ghana should provide dedicated funding to civil society organizations and youth-led groups that offer support to individuals experiencing gender-based abuse, including abuse occurring online.

## **(c) Provide Community-Led Training on Human Rights, Health Literacy, and Online Safety**

- The Government of Ghana and funding partners should fund and support youth-led groups and civil society organizations in the design and delivery of small-group workshops on human rights, online safety, and health literacy.
  - These trainings should be scenario-based, participatory, and tailored to local languages and contexts.

**These recommendations will not only strengthen Ghana's progress toward SDG 3 (Good Health and Well-being) and SDG 9 (Industry, Innovation and Infrastructure) but also ensure that no one is left behind in the country's digital transformation agenda.**

