

CIVIL SOCIETY STATUS REPORT ON NATIONAL NCD RESPONSE AND LANDSCAPE IN GHANA



GhNCDA
Ghana Non-Communicable Diseases Alliance

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LIST OF ABBREVIATIONS AND ACRONYMS

ABC:	Advanced Breast Cancer	NGOs:	Non-Governmental Organizations
AIDS:	Acquired Immunodeficiency Syndrome	NCDPCP:	Non-Communicable Diseases Prevention and Control Programme
ANAQ:	Ama Nyarko Attafuah Quainoo Foundation	NHIS:	National Health Insurance Scheme
ASO:	Africa Stroke Organization	NHLM:	National High-Level Meetings
AU:	Africa Union	NDPC:	National Development Planning Commission
BCI:	Breast Care International	NCDA:	Non-Communicable Disease Alliance
CSSR:	Civil Society Status Report	ODA:	Official Development Assistance
CSR:	Corporate Social Responsibility	PRSPs:	Poverty Reduction Strategy Papers
CHAG:	Christian Health Association of Ghana	PLWNCs:	people living with NCDs
CHPS:	Community-based Health Planning Services	PHC:	Primary Health Care
COVID-19:	Corona Virus Disease of 2019	SASNET:	Stroke Association Support Network
CSO:	Civil Society Organization	SDK:	Service Delivery Kit
CVD:	Cardiovascular Disease	SDGs:	Sustainable Development Goals
FCTC:	WHO Framework Convention on Tobacco Control	SSBs:	sugar-sweetened beverages
FDA:	Food and Drugs Authority	UHC:	Universal Health Coverage
FGD:	Focus group discussions	UN:	United Nations
GhNCDA:	Ghana Non-Communicable Disease Alliance	UNDAFs:	United Nations Development Assistance Frameworks
GHS:	Ghana Health Service	UNGA:	United Nations General Assembly
GoG:	Government of Ghana	UNIATF:	United Nations Inter-Agency Task Force
HIV:	Human Immunodeficiency Virus	UG:	University of Ghana
ISD:	International Strategic Dialogue	VALD:	Vision for Alternative Development
ISDR:	Integrated Disease Surveillance and Response	WHA:	World Health Assembly
KNUST:	Kwame Nkrumah University of Science and Technology	WHO:	World Health Organization
MoH:	Ministry of Health	WSO:	World Stroke Organization
NDPs:	National Development Plans		

ACKNOWLEDGEMENT

When we set out to tell our side of the story, we knew that the process was going to be demanding, but here we are; we and the many hands and minds made it possible.

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Edited by:

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Design and layout:
Broom MultiMedia

Address:
No. 1 Hamilton Street,
First Floor-Phaza Plaza,
Oyarifa. Off Adenta-Aburi
Road
Greater Accra - Ghana

WWW.
Ghanancdalliance.org

EXECUTIVE SUMMARY

According to the WHO, Non-communicable diseases kill 41 million people annually, which is equivalent to 74% of global mortality. There has been a surge in the burden of NCDs in Sub-Saharan Africa over the past two decades, driven by risk factors such as unhealthy diet, reduced physical activity, harmful use of alcohol, tobacco use and air pollution. NCDs are set to overtake communicable diseases, maternal, neonatal and nutritional diseases combined as the leading cause of mortality in Sub-Saharan Africa by 2030 if effective interventions are not put in place to curb this epidemic. Despite this development, NCDs generally remain under-prioritized in the various national development policy frameworks, including National Development Plans (NDPs), Poverty Reduction Strategy Papers (PRSPs), and UN Development Assistance Frameworks (UNDAFs). In addition, NCDs remain absent or marginalized within aid policies of bilateral and multilateral aid agencies. Less than 3% of the \$22 billion health-related Official Development Assistance (ODA) is allocated to NCDs.

The Government of Ghana has over the years committed resources to design, develop, and support a wide range of interventions to control and prevent the growing epidemic of NCDs in Ghana. To this effect, the National Development Plan has been strategized to hasten the implementation of the UN SDGs target 3.4 which seeks to reduce by one-third premature mortality from NCDs. The government has adopted the WHO Global NCD Action Plan 2013-2020 which called for governments to take up the primary role and responsibility of reducing the NCD burden. The Office of the President of Ghana, the Government of Norway, and the WHO co-hosted the maiden International Strategic Dialogue (ISD) on NCDs and the SDGs to call for concerted efforts towards NCD prevention and control on a global scale..

The ISD brought together national and international actors and partners to exchange knowledge and ideas with important stakeholders from the public and private sectors, the academic and business world, and international development experts. This report was initiated to understand

- **People living with NCDs showed that some of the challenges they experience include the highcost of medications/treatments, inadequate social support, poor access to fruits and vegetables, and limited knowledge on NCD prevention, management and control**
- **The major challenge experienced by the People living with NCDs was financial hardship since many had to pay for their health care throughout-of-pocket payments (OOPs) due to low coverage of NCDs by the NHIS**
- **Provide primary health care service (improving the CHPs compound) by increasing access to affordable, safe and quality medicine and ensure the health facility to closer to the people.**
- **Support community engagement and empowerment in health and NCDs dialogue to increase government understanding and plight of the local people**



and assess the national response to NCDs, from a civil society perspective. It is meant to complement and support government official planning, implementation, surveillance, monitoring and reporting on NCDs. Overall, the findings from this report are to inform a Call to Action to improve the government's and civil society organizations' response to the growing burden of NCDs in Ghana.

Study Approach

This report reviewed previous and current government initiatives including policies, interventions and global commitment that were taken in response to the NCD epidemic. Available government health policy documents identified by key informants and via the internet search were reviewed to identify key policy statements relevant to the prevention and control of NCDs within the country. The most recent national policy documents that incorporate policy statements for the prevention and control of NCDs including the National

Main Report Findings

The findings show that the government of Ghana has prioritised NCDs and increased their importance through international alliances and CSO advocacy efforts, which can be seen via the inclusion of NCDs in important national and international development objectives. The government also improved its capabilities, expanded partnerships with stakeholders, and recognized the role of CSOs and people living with NCDs and the private sector in its activities and policy development, which is a positive step towards inclusivity. However, there are major challenges and gaps identified which need significant attention to win the fight against NCDs and achieve the SDGs targets by 2030. These include:

- Challenges with accurately estimating the burden of NCDs in Ghana
- Limited health benefits packages for essential NCDs services by the National Health Insurance Scheme
- Inadequate preventive/promotional health services for NCDs
- Lack of national budgetary allocation for NCD prevention and control
- Lack of effective tax mechanism on unhealthy products
- Inadequate screening and effective diagnostics systems for NCDs in the country, especially at the PHC facilities
- Lack of efficient and coordinated integration of the NCD within the primary healthcare system
- Low level of prioritization of NCD-related research and interventions

Recommendations for Action

Based on the findings of the report, it is recommended that the following actions be taken to collectively help reduce the growing NCDs epidemic in the country

- Establishment of a comprehensive package of NCD services as a part of Universal Health Coverage
- Leverage domestic innovative financing mechanisms for NCD health services
- Meaningfully involve of CSOs and people living with NCDs in decision-making ,policy development, programme implementation, monitoring and evaluation
- Increase coverage and patronage of the wellness clinics services
- Increase health prevention and promotional health
- Implement and enforce regulation of advertisement of alcohol, emerging tobacco products and unhealthy commodities to the young people
- Monitoring systems on exposure of the youth and minors to tobacco and alcohol use
- Inclusion of basic and vital NCDs services including mental health in the NHIS
- Re-prioritize and focus on the CHPS system and improve it

INTRODUCTION

Even though Ghana has been apt in adopting policies in response to its global and regional commitments against NCDs, we cannot say that the fight is won given that NCDs are continuously damaging our social and economic stability; killing over ninety-four thousand (94,000) people annually and rendering many children neglected. Driven in large part by exposure to key risk factors including tobacco use, physical inactivity, unhealthy diet, alcohol use and air pollution; NCDs entrench poverty within households and communities, increasing inequalities and rendering the Universal Health Coverage agenda limping. The lack of robust NCD policies, implementation and enforcement gaps in existing NCD laws, health financing challenge, diverging NCDs efforts among various stakeholders, rigid curative nature of Ghana's health system and the neglect of people living with NCDs in decision making leaves a lot of room for improvement.

Recognizing that effective feedback is critical to achieving Ghana's global NCD commitments and the understanding that the achievement of the overall targets will be underpinned by successful advocacy across many civil society organizations, thus necessitating this civil society status report. The report presents a reflection of Ghana's NCD civil society watchdog view on the state of Ghana's NCD efforts towards its global NCD commitments.

WHO WE ARE

The Ghana Non-communicable Disease Alliance (Ghana NCD Alliance) is a network of NGOs working in diverse areas of health and development through health promotion, proper coordination, and health system strengthening to improve the health and quality of the population, especially those living with NCDs and with the vision to create a healthy Ghana free from NCDs, by supporting policy-making, raising awareness, and building the capacity of civil societies and persons living with NCDs. Since its inception, the Ghana NCD Alliance (GhNCDA) has been focusing on diverse areas of health and development including advocacy and training, health promotion, meaningful involvement of people living with NCDs, health system strengthening, policy and legislation support, coordination and cross-sectorial engagement as well as community mobilization and monitoring. The GhNCDA encourages and strengthens partnerships between member organizations and government institutions and has partnerships globally, as well as across the country and with key institutions such as the Ministry of Health, Ghana Health Service, WHO-Ghana, Food and Drugs Authority (FDA), Ghana Revenue Authority, Parliament of Ghana etc. Key members of the GhNCDA include Vision for Alternative Development (VALD-Ghana), Alzheimer's Ghana, Stroke Association Support Network (SASNET), Breast Care International (BCI), ANAQ Foundation, Institute of Leadership and Development, Arklifestyle Foundation, Socioserve-Ghana etc.

The Ghana NCD Alliance, through a strategic advocacy campaign together with its network of people living with NCDs, and in collaboration with the WHO-Ghana, FDA advocated for a review of the national alcohol regulation. The GhNCDA is also advocating for health taxes on health-harming products; working with the University of Ghana and Kwame Nkrumah University of Science and Technology (KNUST) on sugar-sweetened beverages (SSBs); and with VALD Ghana, on alcohol. It is also advocating for the expansion of the National Health Insurance Scheme (NHIS) to include/cover comprehensively a wider range of NCDs.

The GhNCDA has undertaken several types of research on NCDs including, “alcohol use in Ghana, a situational analysis”, “Situational Analysis Report on NCDs and UHC in Ghana”, and the Ghana Advocacy Agenda for people living with NCDs”, among others to provide evidence and recommendations to influence policy for the general health and well-being of the Ghanaian population. The GhNCDA supported the development of the current NCD Policy. The GhNCDA is currently serving on the national NCD steering committee which was set up to spearhead the implementation of the National NCD Policy. It has also been awarded and recognized for its outstanding advocacy and multisectoral work to control and prevent NCD in Ghana by the UN Inter-Agency Task Force on Prevention and Control of Noncommunicable Diseases (UNIATF) in 2020.

Since 2018, the GhNCDA has held five successful National High-Level Meetings on NCDs to elevate the pressing NCDs problem to become a national priority using a multisectoral approach. The most recent meeting was held in December 2022 under the theme “investing in NCD service delivery at the primary health care level to achieve universal health coverage”.

The GhNCDA is currently collaborating with the University of Ghana on a project dubbed “Advocacy for health” advocating for taxes on SSBs, and the KNUST on health taxes. As part of its project with the NCD Alliance with support from the Access Accelerator, it is undertaking a community monitoring project using a community scorecard.

Goals of NCD Alliance Global Campaign

1. Raise awareness of the scale, impact and urgency of NCDs as social justice and equity issue and NCD investments as a major opportunity to drive sustainable development.
2. Increase high-level political commitment by governments and multilateral agencies.
3. Establish NCDs as a priority investment for health and development, building support for cost-effective interventions and sustainable funding models to support national NCD responses.
4. Strengthen and mobilize the NCD civil society movement and the voices of youth and people living with NCDs

THE GLOBAL COMMITMENT TO NCDs: The Perspective Of The Ghanaian Government



Tackling the phenomenon of NCDs requires leadership to provide visibility to NCD issues.

I ask my Heads of State colleagues to join hands with me as we establish a Presidential Group (non-binding), and as we find solutions to NCDs with a roadmap of universal health coverage and the Sustainable Development Goals. In our time, this will be our legacy.

H.E. MR NANA ADDO DANKWA AFUKO-ADDO
PRESIDENT OF GHANA



The government of Ghana, in recent times, has set a broad path to commit to effective public health delivery, as well as ensuring that policy formulation and decision-making are based on evidence. It has committed significant resources to design, develop, and support a wide range of interventions to improve the welfare of all persons living in Ghana. The underlying goal of development, as stated in the National Development Goals of the National Development Planning Commission (NDPC), is to focus on a broad range of social development issues including health and health services. The National Development Plan has been strategized to hasten the implementation of the UN SDGs target 3.4 which seeks to reduce by one-third premature mortality from NCDs through prevention and treatment and the promotion of mental health and well-being by 2030' .

In 2012, a strategic development plan was adopted under the theme “Strategy for the Management, Prevention and Control of Chronic Non-Communicable Diseases in Ghana 2012-2016” with the multisectoral response and the health sector playing the lead role. The strategic plan sought to reduce the incidence, prevalence, and exposure of people to NCDs risk, reduce morbidity associated with NCDs, and improve the overall quality of life of persons living with NCDs. Among other things, the plan also sought to address NCDs by targeting these risk factors which include the use of alcohol, tobacco use (smoking and exposure to second-hand smoke), unhealthy diets, lack of physical activity, and air pollution .

The strategic plan aimed to comply with international decisions including the Political declaration on the UN high-level summit on NCDs, 2011, World Health Assembly (WHA) resolutions, and WHO strategy papers and plans of action. Even though the initiative had some successes and achievements, it also suffered significant financial difficulties. Financial limitations made it difficult to implement recommendations and make necessary policy changes, and further made it difficult to create a position for a national coordinating body. An NCD steering committee was formed under this initiative but there has up to date not been any report or analysis on the performance, activity, or setbacks of the committee.

The Government has since recommitted to the tenets and principles to reduce NCD-related morbidity and mortality, like most other nations have done after falling through with the WHO Global NCD Action Plan 2013-2020 which called for the recognition of the primary role and responsibility of governments to reduce NCD burden. The President of Ghana was appointed to serve as co-chair of the UN Secretary-SDG General's Advocates in recognition of the government's significant commitment to the overall SDG Agenda 2030 implementation. Therefore, it was suggested that the Office of the President of Ghana, the Government of Norway, and the WHO hold the International Strategic Dialogue (ISD) on NCDs and the SDGs together. The Dialogue sought to increase awareness of the NCD agenda within the SDGs on a global scale and brought together national and international actors and partners to exchange knowledge and ideas with important stakeholders from the public and private sectors, the academic and business world, and international development experts.

Among the outcomes of the International Strategic Dialogue Meeting were

1. The launch of the International NCD Compact 2022–2030, which takes into account the commitments made in the pertinent resolutions adopted by the United Nations General Assembly (UNGA) and the guidance offered by the pertinent resolutions adopted by the World Health Assembly by the resolutions launched by the UNGA and WHA. The Compact's multi-year goal is to increase knowledge of and motivation for taking action to achieve SDGs 3.4 and 3.8. The Compact 2022–2030 was launched by President Nana Addo Dankwa Akufo-Addo of Ghana, to accelerate progress on the prevention and control of NCDs. The Compact delivered the Implementation roadmap 2023–2030 for the Global Action Plan for the Prevention and Control of NCDs 2013–2030. The roadmap calls on all nations to expedite and enhance their efforts to meet UN Sustainable Development Goals (SDG) objective 3.4, which calls for a reduction in premature NCD mortality by one-third through prevention and treatment as well as the promotion of mental health and well-being by 2030². The Compact inspires action to fulfil five distinct, deadline-bound objectives and close the implementation gap. These pledges, which must be met by 2030, are:
 - Saving the lives of some 50 million people from dying prematurely of NCDs
 - Protect the lives of 1.7 million people living with NCDs during humanitarian emergencies.
 - Covering all people with quality essential health services and quality, safe, effective, affordable, and essential medicines, vaccines, diagnostics and health technology for the prevention and control of NCDs
 - Covering all countries with comprehensive NCD surveillance and monitoring actions
Engaging 1.7 million people living with NCDs and mental health conditions to encourage governments to develop more ambitious national NCD responses.

The goal of the effort is to speed the execution of the pledges made in the UN Political Declarations of the High-Level General Assembly Meetings on the Prevention and Control of NCDs in 2011, 2014, and 2018³.

2. The International Group of Heads of State and Government on the Prevention and Control of NCDs (NCD Presidential Group) was also established as a result of the ISD - Meeting held in Ghana. The NCD Presidential Group's duties include providing strategic leadership for the prevention and management of NCDs as well as accelerating the execution of the commitments outlined in the pertinent UNGA resolutions. Additionally, by involving stakeholders in an appropriate, coordinated, comprehensive, and integrated response, to further policy coherence and coordination through whole-of-government and health-in-all-policies approaches. set to meet every year during the UNGA's important General Debate. The first meeting of the Group was presided over by the President of Ghana during the high-level General Debate of the 77th session of the UN General Assembly. The question now remains as to how this will all tied up into a larger vision to understand accountability, hold governments accountable, and, action beyond the 2018 UN High-Level on NCDs as well as review progress toward achieving the following:

- The 2023 UN HLM on UHC provides countries and all stakeholders an opportunity to reinvigorate progress toward delivering health for all.
- The 4th HLM of the United Nations General Assembly 2025 milestone when the World Health Assembly (WHA) has settled on a deadline for a set of voluntary global targets for the prevention and control of NCDs.



SDG Target 3.8

Achieve UHC, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Status of the National NCD Epidemic

The WHO estimates that 41 million people worldwide die each year from NCDs, representing 71% of all fatalities worldwide. 85% of these "premature" deaths which affect more than 15 million people between the ages of 30 and 69 every year occur in low- and middle-income nations. The majority of non-communicable disease deaths (17.9 million per year) are caused by cardiovascular diseases, followed by cancer (9.3 million), respiratory illnesses (4.1 million), and diabetes (1.5 million). With similar risk factors (tobacco use, physical inactivity, harmful alcohol use, and poor diets), these four disease groups account for more than 80% of all premature NCD fatalities⁴. The tables in the annex give a holistic assessment and statistical data on the current epidemic of NCD in Ghana. Data corresponding to mortality and morbidity associated with the major NCD has been presented in "Table 4.

NCD-related mortality and morbidity in Ghana- 2019". The data associated with the prevalence of obesity, tobacco use and smoking, e-cigarettes and physical inactivity among the youth, children and adolescents is overwhelming; this has been presented in "Table 2: Indicators of the factors that increase the burden of NCD in Ghana". Such data being reported suggests that if effective measures and interventions are not put in place, NCD will overtake and destroy the lives of the coming generations.

Burden of NCD on the Population

The declaration of Universal Health Coverage (UHC) as a policy for all countries comes timely as UHC seeks to ensure all people can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while ensuring that the use of these services does not expose the user to financial hardship. The lack of vital NCD services (including mental health) on the NHIS has promoted out-of-pocket payment for NCD services and bears financial constraints on people and is reducing the culture of people visiting health facilities for screening to ensure early detection of NCD⁵. According to the WHO database, Ghana's health expenditure per capita in 2019 was around \$75.28 million, and the out-of-pocket expenditure as a % of the health expenditure was 36.22%. The increasing burden of NCD, and increasing out-of-pocket payment culture will place an enormous socio-economic burden on the population if the government does not strengthen the NHIS to support NCD-related services and treatment.

A study conducted by to assess the management of NCD in Ghana reported that patients had financial challenges in affording the cost of management, getting transportation fare for review, and acquiring anthropometric equipment for monitoring the conditions at home confirming findings from previous studies that NCDs have serious socio-economic consequences for patients through increased individual and household impoverishment. The NHIS is Ghana's social health insurance policy established in the year 2003 to ease the financial burden of accessing healthcare, particularly for the poor. While the NHIS covers about 95% of the disease burden of the country and most out-patient and in-patient services including surgeries, emergency care, accommodation at the wards of health facilities, and drugs listed on the medicines list of the scheme, the fact that the drugs needed by some of the patients who were engaged in the study were not covered by the NHIS, thus, implies they are not on the medicines list. The plethora of challenges faced in the management of NCDs reflects the systemic lapses inherent in the health system of Ghana and which militate against the possible achievement of the SDG 3.4 target of reducing by one-third, premature mortality from NCDs through prevention and treatment by the year 2030⁵.

“

Universal health coverage is a political choice: today world leaders have signaled their readiness to make that choice.”

Dr Tedros
Adhanom Ghebreyesus,
WHO Director-General,
2019 United Nations High-
Level Meeting on UHC.



Influx of Substandard Drugs, Unhealthy Commodities, and their Effects on NCDs Control

There are fake medicines and medical products that have infiltrated and are easily available in the Ghanaian market. These substandard and falsified medicines are in themselves dangerous, and lead to ineffective treatment, thus complicating and prolonging ill health and disease. There is also the rampant abuse and misuse of medicines and medical products among the population. Products like sugar-sweetened beverages, tobacco, and alcohol are still being smuggled into the country and worsening the exposure and dangers they add up to the already growing epidemic of NCD. To add up to this problem, there is a lack of a monitoring system to monitor minors' exposure to health harming-products⁶. Minors are involved in the commercialization of health-harming products like alcohol and tobacco (especially shisha,) etc with little or no enforcement mechanism to monitor and prevent children and youths from being used in these effects. NCDs are largely developed as a result of inadequate implementation and enforcement of effective regulatory frameworks . Every effort must be made to reduce the NCD burden because if the future generation in the early stages of life is exposed to the same risk factors then effortless action is being made⁷.

The National and Stakeholders' Response to the NCD Epidemic

The Aim of the Study

The study aims to develop a Civil Society Status Report on NCDs that informs a 'Call to Action' to improve the Government's and Civil Society Organisations' response to NCDs in Ghana. This study was conducted to assess the current environment of NCD in Ghana. Various thematic areas were given and adopted from the NCD benchmarking tool and modified to suit the Ghanaian context to understand the various indicators fueling the NCD epidemic in Ghana, what the government is committed and currently doing to address the epidemic, and what CSOs are also contributing to reducing the NCD epidemic. Some of the most crucial areas this status will report on will include the barriers and challenges from the different perspectives of the government, CSOs and private sectors, the practical actions that are needed to address them and help decision-makers make implementation processes more people-centered and inclusive. The data and information needed to understand and assess the current NCD landscape in Ghana and how the government, CSO, and other stakeholders are responding to NCDs were gathered through the exploration of the following research questions:

1. How is the priority of NCDs being raised through international cooperation and advocacy?
2. What is being done to strengthen national capacity, multi-sectoral action, and partnerships for NCDs?
3. How are NCD risk factors, and commercial and social determinants being addressed?
4. How are health systems being strengthened and re-oriented to address NCDs?
5. How are we promoting national capacity for research and development on NCDs?

6. How are we monitoring and evaluating the progress of NCDs in Ghana?
7. What key challenges are obstructing the elimination of NCD in Ghana?
8. What actions and recommendations are needed to address the epidemic of NCD?

Methodological Approach

This study drew its concept and foundation from the NCD benchmarking tool⁸. We modified the questionnaire found in the benchmarking tool to make it comprehensive for the various participants recruited in the study. The questionnaire was made accessible online and the link was sent to various CSOs, private sector entities, academic and research institutions, people living with NCDs, and healthcare providers. The data from the questionnaire was collected and analyzed to understand their perceptions of the various focuses of the study.

We also reviewed the government's previous and current initiatives that were taken in response to the NCD epidemic, policies, interventions, and its global commitment to NCD. Available Government health policy documents identified by key informants and via the internet search were reviewed to identify key policy statements relevant to the prevention and control of NCDs within the country. The most recent national policy documents that incorporate policy statements for the prevention and control of NCDs including the National NCD Policy and Strategy were also reviewed. Other stakeholders working in the NCD space who are currently working in the country to address and undertake interventions and strategies to help in the control and prevention of NCDs were also highlighted in the study. Focus group discussions were conducted among government representatives, CSO/NGO, people living with NCDs and the private sector to address the current challenges of NCD in the country were also included in the study.

WHO's 2021 UHC Monitoring Report shows us that between 2000 and 2019, integrating infectious diseases and Reproductive, Maternal, Newborn, and Child Health within UHC have seen significant progress, but NCDs showed the slowest gains. Fewer data are also available on NCDs than any other index.

And of WHO's flagship three Triple Billion targets, our ambition to see one billion more people benefitting from universal health coverage, is the furthest off-track.

It is crystal clear to Member States around the world there is no hope of achieving without accelerated action on NCDs.

DR BENTE MIKKELSEN, NCD DIRECTOR, WHO



THE GOVERNMENT RESPONSE TO NCD EPIDEMIC



Dr. Matshidiso Moeti, WHO AFRO Regional Director; H.E. Ingrid Mollestad, Norwegian Ambassador to Ghana; Hon. Kwaku Agyeman-Manu MP, Ghanaian Minister of Health; Dr. Bente Mikkelsen, NCD Director, WHO.

According to available data from the NCD Programme of the Ghana Health Service, on average 1 out of every 5 clients who visited the outpatient department was diagnosed with one form of NCD. 16.7% of OPD attendees in 2017 were diagnosed with an NCD, rising to 19.7% in 2021. In response to the growing epidemic of NCDs, Ghana implemented a national policy for the prevention and control of NCDs (Ghana NCD Policy 2014). The policy seeks to reduce the incidence, prevalence, and exposure of people to NCD risk factors, reduce morbidity associated with NCDs, and improve the overall quality of life of persons living with NCDs. It focuses on strategies such as primary prevention and clinical care including early detection, provision of treatment services, health system strengthening involving the training of health workers, and the development of human resource capacity. The policy achieved several successes during the period of implementation. These include the promulgation of the Public Health Act (Act 851) with a section on Tobacco Control Measures and the passage of Tobacco Control Regulations⁹.

It also aided the development of tobacco cessation guidelines and the National Alcohol Policy. It also established the constitution of a Multisectoral NCD Steering Committee and up to date, no information has been made available on its activities and achievements. The 2014 policy also ensured the inclusion of Diabetes, Hypertension, and Road Traffic Injuries in Ghana's Integrated Disease Surveillance and Response (IDSR); and the inclusion of some NCDs in the benefits package of the NHIS (Diabetes, Hypertension, Breast Cancer etc). The policy, however, faced several challenges in the prevention and control of NCD in the country and could not achieve its full intended goals. Several challenges that the policy faced in NCD prevention and control in Ghana identified were weak data collection systems for NCDs and poor funding mechanisms for NCD-related activities and the NCD Prevention and Control Programme (NCDPCP)¹⁰.

Per requirements to align Ghana's NCD prevention and control efforts to the global strategies and goals such as SDGs and the WHO Global Action Plan for NCD Prevention, the Ghana NCD Policy, 2014 was revised by the MoH and diverse group of stakeholders and CSO to ensure the policy buy-in and smooth implementation. Following the International Strategic Dialogue on NCD and SDGs in Accra Ghana to raise the priority of the prevention and control of NCDs in national SDG responses in low and middle-income countries, which united actors and partners to exchange knowledge on how to achieve the SDG 3 targets, particularly SDGs 3.4 (NCDs) and 3.8 (UHC), and raise the political visibility of Heads of State playing a global leadership role in the prevention and control of NCDs, the National NCD Policy was launched. With support from the WHO-Ghana and the NORAD project, the Minister for Health, Hon Kwaku Agyeman Manu launched the national policy and strategy for NCD on the 11th of April, 2022.

The objectives of the National NCD policy are:

1. Reduce exposure to risk factors that contribute to NCDs
2. Strengthen early detection and management to reduce morbidity and mortality from NCDs
3. Strengthen the Health System for NCD Prevention and Control
4. Strengthen multisectoral collaboration for NCD Prevention and Control
5. Ensure sustainable funding and other resources for NCD prevention and control

Scope of the National NCD Policy

This policy focuses on the primary, secondary, and tertiary prevention and management of NCDs including interventions such as health promotion, physical inactivity, alcohol use, tobacco use, diet, nutrition as well as screening and early detection, clinical care, rehabilitation and palliative care. NCDs of special concern' such as cancers, injuries, sickle cell disease, mental health, oral health and eye health shall receive attention under this policy. General health system strengthening particularly financing, research and development shall also be enhanced to support NCD activities. The scope and purpose of the Ghana NCD policy show that the Government of Ghana is scaling up the process to reduce modifiable risk factors including tobacco use, alcohol use, unhealthy diets, and physical inactivity but less priority has been given to air pollution and climate change, a factor increasing the health and NCD burden. Fundamental changes for scaling up the public health system are, however, needed to essentially ensure a continuum of care that provides a comprehensive range of health services, so that care can evolve¹⁰.

The need for a multi-sector approach and response to NCDs has been well established in the National NCD Policy. The challenge is how to continue to recognise the need for such a response, assist all sectors in the appreciation of the role that they can play in the response, build the capacity of sectors to respond, establish mechanisms to allow them to contribute to the response and possibly support the needed resources to facilitate these efforts.

National NCD Policy Context and Framework

This policy derives inspiration from chapter six of the 1992 Constitution of the Republic of Ghana, the Directive Principles of State Policy, which amongst others requires the state to ensure the realization of the right to good healthcare for people living in Ghana. This Policy is aligned with the overarching National Health Policy themed “Ensuring Healthy Lives for All” as well as the Universal Health Coverage (UHC) Roadmap for Ghana (2020-2030). It also recognizes other relevant sector-wide policies such as the Health Promotion Policy, the Wellness Policy, the Alcohol Policy and the National Healthcare Quality Strategy.

The policy also recognizes several global, regional and sub-regional compacts and policy frameworks including the SDGs themed, “Transforming our World: the 2030 Agenda for Sustainable Development”, the Astana Declaration on Primary Health Care (PHC), the Africa Union (AU) “Agenda 2063: The Africa We Want”, WHO Framework Convention on Tobacco Control (FCTC), the African Health Strategy (2016-2030), the Africa Health Transformation Agenda (2015-2020), the WHO Global Action Plan for the Prevention and Control of Non-Communicable Disease 2013, the World Health Assembly Resolution Agenda 64, 2011 and the WHO Global Action Plan for prevention and control of non-communicable diseases 2013-2030¹⁰.

Health Systems Strengthening

The country's health system is being strengthened with the provision of the necessary client-centred infrastructure and logistics. The ambitious Agenda 111 project, which aims to provide 101 districts that do not have a hospital and six regional hospitals for the six newly created regions and an extra-regional hospital for the Western Region, to improve access to care and make Ghana, a centre of medical excellence and a preferred destination for medical tourism is in progress¹¹. The government is also working hard at providing the necessary technologies and assistive systems for convenient access to and delivery of care, adopting innovative and sustainable ways of financing health, strengthening research and evidence generation and empowering regulatory mechanisms to ensure and assure the quality of care for all people living in Ghana.

According to the UHC roadmap, the government is committed to ensuring all facilities receive-standard level renovation and receive a new standardized Service Delivery Kit (SDK) made up of essential primary healthcare equipment and technology as a means to strengthen the primary healthcare facility. All primary health care levels will be re-stocked with essential tracer drugs equivalent to three months of their medicine and non-drug consumables requirement¹².



SDG Target 3.4

By 2030, reduce by one-third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well being.

Technological Approach to Strengthen Health Systems

Data on deaths and births will be strengthened through investment in Civil Registration and Vital Statistics (CRVS) systems. This includes the development of e-registry. The patient/client registers and medical record books will be harmonized, digitalized, and the systems integrated to improve efficiency, reduce cost and impact the environment. Private health sector data will be better integrated into routine information systems. A digital map with health facilities, services and professionals available will be developed, maintained and made easily accessible to the general public. Disruptive health digital innovations aimed at empowering health workers and enriching work content will be adopted. Mobile and portable devices will be integral to this approach. An enterprise architecture for the health sector will be developed and implemented. Software, hardware and information and communication technologies for diagnostics and information processing will be rationalized through standards adoption for consistency and ease of integration ¹².

Ghana, with the support of PATH created the NCD Navigator ¹³, a dynamic mapping of NCD programs to capture the scale of activities across a country with a point in time data and visualizations. The NCD Navigator is a first-of-its-kind, locally managed, NCD digital information system that provides information on NCD programming in a country. Stakeholders can use the NCD Navigator to explore active NCD initiatives in a country, establish a common understanding of gaps, work collectively to avoid duplication, and seize opportunities to better meet the needs of people living with NCDs.

Scaling up the Community-Based Health Planning and Services (CHPS)

CHPS is a national mechanism to deliver essential community-based health services involving planning and service delivery with the communities. Its primary focus is communities in deprived subdistricts and in general bringing health services close to the community. One of the pragmatic strategies for achieving universal health coverage of a basic package of essential primary health services. Led by a Community Health Officer (CHO) and supported by volunteers drawn from the area of service, the CHPS strategy is a breakthrough in enhancing community involvement and ownership of primary healthcare interventions towards achieving UHC. The Ministry of Health since the revision of the CHPS Compound design in 2012 has funded the construction and completion of 16 CHPS compounds with an additional 28 under construction countrywide. The Health sector is developing policies to scale up planning with communities, effective community entry and mobilisation, deployment of CHO supported by volunteers to deliver services, the acquisition of the CHPS compound (which may be donated or constructed), and the provision of essential equipment and supplies are essential components of the CHPS concept ¹¹.

Financing Healthcare

Financing is a major challenge. The strategy is to mobilize the equivalent of at least US\$ 7 billion over 10 years in non-wage-resources including GDP allocation. The government will work towards allocating at least an additional one (1) per cent of GDP to primary health care and seek additional sources of financing. Emphasis will be placed on optimizing the fiscal allocation and use. The NHIS financing framework and management will undergo reforms to improve its efficiency. The NHIS will prioritize ¹²¹ primary health care and allocate at least 50% of its resources to fund primary health care (PHC) expenditure. But the major question is still being asked, what percentage of the finance is being allocated to NCD?

In 2018, the WHO launched a report titled 'Saving lives, spending less: a strategic response to NCDs', and this shows the financing needs and returns on investment of WHO's cost-effective and feasible “best buy” policies to protect people from NCDs¹⁴ .

The report particularly showed that the world's poorest countries can gain US\$350 billion by 2030 by scaling up investments in preventing and treating chronic diseases. Such actions would save more than 8 million lives over the same period. The report further showed that for every US\$1 invested in scaling up actions to address NCDs in low- and lower-middle-income countries, there will be a return to society of at least US\$7 in increased employment, productivity and longer life¹⁴.



Snapshot of the Mental Health Situation in Ghana

Although mental disorders account for around 30% of the burden of non-fatal diseases and 10% of the burden of all diseases worldwide, these have been neglected and permitted to be suppressed by stigma and discrimination for a very long time¹⁵. Both common mental problems (including depression and anxiety disorders) and severe mental illnesses frequently coexist with cardiovascular ailments, diabetes, cancer, and respiratory illnesses

(such as schizophrenia and bipolar disorder). Additionally, patients with mental problems frequently share risk factors for NCDs such as cigarette use, unhealthy diet, inactivity, and alcohol use¹⁸.

The government of Ghana has demonstrated modest support for mental health services through the development of the National Mental Policy, Mental Health Act, and Mental Health Authority Strategic Plan (2019-2022). Strategic plans and innovations for improving mental health services are included in the Ghana National Mental Health Policy 2019–2030. One of the objectives of the policy and the strategic plan is the incorporation of mental health services in primary healthcare and community-based services. Additionally, according to the Mental Health Strategic Plan, the three main public psychiatric institutions that serve the population offer preventative, promotion, curative, and rehabilitative treatments¹⁷. Nevertheless, there are still significant gaps, with only 2% of Ghana's 2.3 million people with mental health disorders obtaining psychiatric care and assistance from medical facilities¹⁹.

The National Health Insurance Scheme (NHIS) covers only the physical conditions (co-morbidities) of insured people with mental problems, however, the psychiatric treatments have to be paid out of pocket. This challenge has become more pronounced when NHIS official served notice it will no longer cover medical bills for mental health cases that take a long time to heal and manage during the World Mental Health Day 2019 commemoration²⁰.

However, a recent publication by the Chief Executive of the NHIA indicated that efforts were underway to include mental health conditions in the insurance package²¹, providing some form of hope to the general public. To strengthen the commitment to this course and to support the government's efforts to achieve Universal Health Coverage (UHC) targets and coverage for all Ghanaians, the NHIA has requested data from the Mental Health Authority and is conducting an actuarial analysis to determine the possibility and impact of adding Mental Health Treatment to the NHIS Benefit Package²².

In addition to other initiatives to address the issue of sustainable funding for mental health services, concerted efforts are required to put into effect and enforce the legislative provision in section 80 of the Act that calls for the creation of the Mental Health Fund.

Furthermore, the government has to leverage CSO and community efforts to support mental health, creative awareness and anti-stigma campaigns to improve help-seeking¹⁷. There is also a major concern about the lack of mental health research in the country, therefore generating empirical evidence will unearth the quantum of challenges that need to be addressed. The literature already in existence identifies some crucial topics for further study that will help guide the creation of focused and efficient treatments for mental health care in Ghana²³.

STATUS OF WHO BEST BUYS IN GHANA

The "best buys" are actions that lessen the frequent risk factors connected to NCDs and offer affordable or low-cost interventions and control to lessen the burdens on people, families, and communities.

Reducing Tobacco use

In Ghana, less than 10% of people smoke¹⁵, but the most recent survey by the United Nations Development Programme-Ghana (UNDP) revealed that more than 6,700 Ghanaians die each year from tobacco use and exposure, making up 3% of all deaths in Ghana (UNDP Unpublished)¹⁶. Also, according to the Global Youth Tobacco Survey (GYTS) from 2017, about 9% of both boys and girls are now smoking any form of tobacco product¹⁷. The most popular tobacco use method¹⁷ is cigarette smoking, although novel tobacco products, such as shisha, are increasingly becoming more popular, particularly among adolescent girls¹⁸. According to a survey, manufactured cigarettes account for more than 90% of the tobacco products consumed in Ghana. In fact, between 2007 and 2015, Ghana saw an average annual cigarette consumption of 2.4 billion (illicit cigarettes excluded)¹⁹. Despite the legal restriction, Ghanaians continue to purchase single sticks of cigarettes for just 10 to 60 pesewas, putting most youngsters at risk²⁰.

Ghana has implemented several WHO Best Buy interventions and strategies, including the addition of clear picture health warnings to all tobacco packages, the adoption and enforcement of comprehensive bans on tobacco advertising, promotion, and sponsorship, the ban on the sale to and by minors, tobacco packaging and labelling and the ban of smoking in all indoor workplaces, public areas, and public transportation except in a designated smoking area. This was done through the passage of the Public Health Act (Act 851) which included the Tobacco Control Measures. The Act revises and consolidates all the laws related to public health disease prevention, promoting, safeguarding, maintaining, and protecting the health of Ghanaians. The increase in excise duties and prices on cigarette products one of the most important interventions has not yet been fully implemented. Ghana currently has eleven (11) different taxes on tobacco products and uses the ad valorem tax system, which increases a product's percentage value, as opposed to the proposed specific excise taxes or a mixed system, which are assessed on a per-unit basis¹⁹.

The last time Ghana imposed an excise tax on tobacco products was in the 2015 budget statement which rose the ad valorem tax from 140 per cent to 175 per cent. Because the current system does not account for inflation the prices of cigarettes remained relatively cheap exposing children and young adolescents and the poor to the deadly product. The GRA is currently implementing a tax stamp on tobacco, alcohol and other sugar-sweetened beverages to help raise revenue and to check illicit products.

Reducing the use of Alcohol

Alcohol consumption is related to a myriad of negative health outcomes including morbidity, mortality, and disability. Research on alcohol-related morbidity and mortality considers the varying effects of overall alcohol consumption and drinking patterns; and most findings indicate that alcohol use increases the risk for many chronic health consequences (e.g., diseases) and acute consequences. The Ghana Public Health Act (Act 851) gives powers to the Minister of Health to develop alcohol regulation against the harmful use of alcohol. The National Alcohol Policy was then developed and launched in 2016 to regulate the marketing, advertisement and use of alcohol. The high level of alcohol use among young people in Ghana is due to its excessive exposure to children and youth within their immediate communities²¹.

Industry advertisements and promotions through public functions (e.g., parties and concerts) also expose young people to alcoholic beverages. Key among the factors driving the exposure of the youth to alcohol are conspicuous sales outlets of alcoholic beverages, advertisement of alcoholic beverages in the media, family members who are engaged in alcohol consumption, and sending of children by the elderly including parents to buy alcoholic beverages and the employment of youth by drinking bars, restaurants and pubs²⁰. Because many people including the poor, children and young people cannot afford expensive bottled alcoholic beverages, manufacturers are using sachets to package alcoholic beverages into as low as 50ml quantities making the product readily available to young people at a low price²⁰. Through the Food and Drugs Authority Guidelines, the Authority has banned celebrities from featuring in alcohol advertisements. It has also restricted alcohol advertisements from 6 am to 8 am. This intervention was aimed to protect children and young adults from exposure to alcohol use. This intervention is however being challenged in court by persons who prioritise personal/economic interest over public health interest²².

Reducing Unhealthy Diet

One in ten fatalities from cardiovascular disease (CVD) is linked to excessive salt intake, which is a well-known primary risk factor for elevated blood pressure. It also leads to cardiovascular-related disability and early death worldwide. A voluntary global goal to reduce salt consumption by 30% by 2025 has been set, and the WHO has selected this as the "best buy" method to lower the long-term risk of stroke, coronary artery disease, and early mortality from NCDs. To prevent and manage high blood pressure, efforts have been made to limit excessive salt consumption at the population level. International best practice policies, recommendations, and treatments have been designed with this goal in mind. But Ghana has not yet implemented such salt reduction policies²³. There is no regulation or policy relating to the implementation of front-of-pack labelling of salt content. Eliminating industrial trans-fats through the development of legislation to ban their use in the food chain is one of the areas advocate actions have been targeted at but there is yet to be a legislative action taken to its effect.

Another unhealthy commodity related to NCDs is SSBs. SSBs industries target the youth and children through catchy advertisements and whitewashing corporate social responsibility (CSR). Due to their cheap retail prices, children fall prey to SSBs which is gradually increasing the rate of childhood obesity in Ghana. Therefore, effective taxation of SSBs is an effective NCD intervention needed to reduce consumption, improve health outcomes and generate revenue for health financing

Increasing Physical Activity

The actions and activities of CSO in the country have contributed to the implementation of community-wide public education and awareness campaigns for physical activities combined with other community-based education, motivational and environmental programmes aimed at supporting behavioural change in physical activity levels. But when it comes to implementing a whole-of-school programme that includes quality physical education, and the availability of adequate facilities and programs to support physical activity for all children, we do fall short. Physical education is one of the educational curricula which has in recent years been seen to be minimising its effects and the government has allocated less priority to it in our educational system. With the trends in childhood obesity in Ghana, we need to bring physical education back into our educational system to avert these situations and save the lives of the children in the country.

WHO INVOLVEMENT IN THE FIGHT AGAINST THE NCD EPIDEMIC IN GHANA

The WHO identified 2022 as the year of global pledges and advancements to enhance NCD outcomes for everybody. In light of this, WHO commitments now more than ever highlight the importance of NCDs for the future sustainability of global health, for building strong economies and for pandemic and humanitarian crisis preparedness worldwide. The WHO also provided both technical and financial support for many countries including Ghana with tools that can raise living standards globally and save lives.

There are ongoing interventions named “NORAD Project” being undertaken by the WHO, Ministry of Health, Ghana Health Service/NCD Programme with support from the Government of Norway to support the NCD prevention and control interventions project in Ghana. The project has clear seven objectives namely;

1. Developing robust governance, advocacy and financing for NCDs
2. To ensure strong collaborative partnerships for NCD prevention and control
3. Strengthen Implementation of services for NCD prevention and management in PHC focusing on screening, clinical care and rehabilitative /palliative care
4. Build an NCD-ready workforce to deliver NCD services
5. Ensure equitably and sustained access to NCD medicines, devices and technology
6. To build robust surveillance systems for NCDs
7. Strengthen research culture and provide an enabling ecosystem for research on NCDs

WHO and the government, civil society, and other stakeholders developed key strategies, treatment guidelines, policies and a task force to enhance NCD prevention and control in the country:

1. Launched National NCD Policy, a multi-sectoral action plan and the WHO-NORAD-Kente project at the National Strategic Roundtable meeting
2. NCD-validated screening and treatment Guidelines (Diabetes, Childhood, Cancers)
3. Supported the establishment and strengthening of wellness clinics in 3 NORAD implementing districts
4. Developed a community mobilization strategy to raise awareness and create demand for NCD services roll out ongoing in 3 districts
5. Established a multi-sectoral Regional Tobacco Control Task Force to support the implementation of the protocol on the illicit trade of tobacco products at the subnational level.

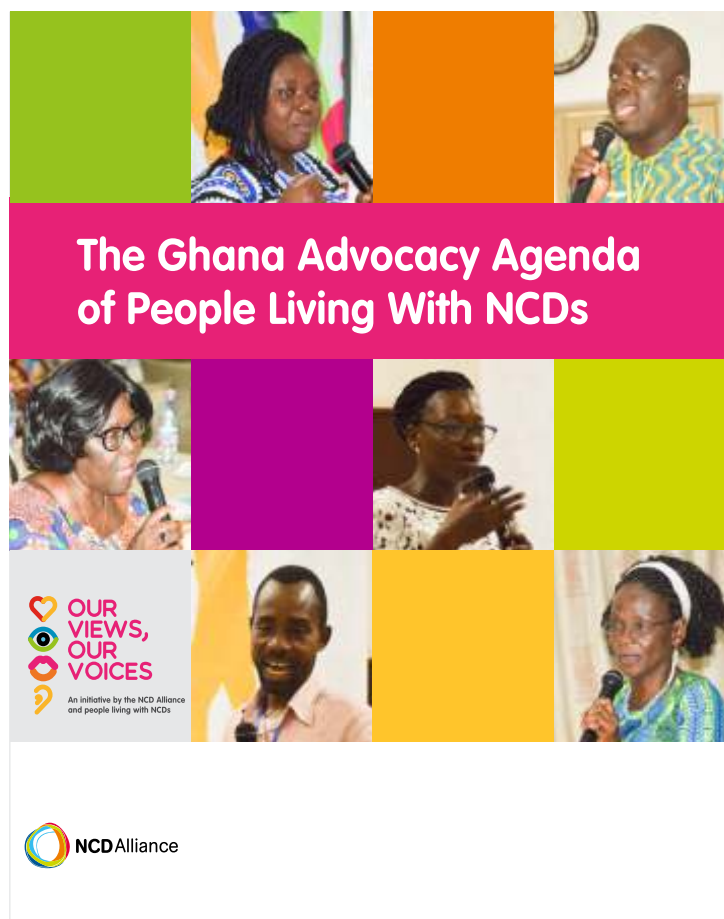
Through the NCD steering committee, the WHO Ghana has coordinated efforts with the National NCD strategy in collaboration with PATH, GIZ, CHAI, Ghana NCD Alliance, VALD, and other partners.

STAKEHOLDERS' RESPONSE TO THE NCD EPIDEMIC IN GHANA

The achievement of Ghana's global and local NCD targets is also dependent on the testament of successful civil society advocacy. With its autonomy from profit-making and its grassroots-centred approaches, the civil society movement in Ghana is rapidly growing in scale and influence and is contributing profoundly towards the NCD response in Ghana. Among others, the following key intervention summarize the contributions of Ghana's NCD Civil Society in the National response to NCDs:

Meaningful Involvement of People Living with NCDs

The concept of meaningful involvement is based on the premise that an NCD response cannot fully meet the needs of people living with NCDs unless the sufferers are deliberately engaged and heard in the process. CSOs are working closely with communities, especially people living with NCDs to help ensure that their voices and needs are considered in the design and development of NCD programs. Ghana's Civil Society led over one hundred Ghanaians living with NCDs to compile the Ghana Advocacy Agenda of People Living with NCDs; a publication calling on the government to prioritize their human rights to ensure social justice while promoting NCDs preventive interventions and rendering efficient and affordable healthcare and support services for people living with NCDs. People living with NCDs in Ghana are mobilized in regional networks and working groups for the implementation of NCD projects and programmes. Despite the lived expertise of people living with NCDs in mobilizing and raising awareness and making recommendations for effective NCD policy implementation, they are not meaningfully involved at the policy decision-making level.



to CSOs. CSOs engage in social media campaigns, radio and television interviews as well as publications, all in an attempt to reach every Ghanaian. CSOs travel across the sixteen regions of Ghana echoing the NCDs prevention message in as many local languages as possible. These outreaches are usually characterized by free screenings and donations of personal protective equipment which have contributed to the early detection and prevention of NCDs. Civil society has also built the capacity of community members, people living with NCDs and health professionals.

Control of NCDs Risk Factors

The effective regulation of NCDs risk factors is a proven approach towards reducing the NCDs burden and protecting children and young people from its effects; hence the regulatory environment for the availability, affordability, accessibility and advertisement of these commodities is of paramount interest to CSOs. Civil

society has been apt in advocating for stringent measures on health-harming commodities such as tobacco, alcohol and sugar-sweetened beverages. Recognizing that the effective control and regulation of the NCD risk factors is a function of adequate and relevant data, civil society collaborates with academia and research institutions to curate local data to support advocacy efforts for policy adoption and implementation.

Multi-Stakeholder Engagement

As prescribed by the SDGs Goal 17 and recognizing that the NCD epidemic is not a government-only agenda, CSOs have been instrumental in mobilizing the collective efforts of government, the private sector and patient groups in an all-inclusive approach towards the prevention and control of NCDs in Ghana. Regular engagement with academia on research and intermittent media engagements has contributed to the gains chalked in response to NCDs. CSOs supported the formation of Media Alliances on Tobacco Control; a cohort of media professionals empowered to lead unbiased evidence-based media campaigns on NCDs. CSOs often convene government officials, private sector professionals, academia, development partners and people living with NCDs in programs that discuss the NCD burden, acknowledge individual contributions and resolve to collaborative solutions.

Drivers of Transparency and Accountability

CSOs in Ghana have shaped the governance of public health in many ways and proven the credibility of a new model of governance where government acknowledges CSOs as accountability partners in the response to NCDs. In developing health policies and in shaping health systems, there is growing pressure for public accountability and increased response to accept and prioritize inputs from civil society. CSOs have also helped the government to scale up health issues from decision-making platforms into political issues for implementation, and vice versa. This Civil Society Status Report is evidence of the civil society “watchdog” responsibility for the government's NCDs response.

Promotion of NCD Services for Universal Health Coverage

CSOs aren't just important partners in UHC. They're essential to ensuring that the vision of access, quality and affordability gets translated into reality; in-country CSO advocacy is at the heart of UHC. Given that both UHC and NCDs are defined on the parameters of prevention, treatment, care and support, the role of CSOs in promoting UHC is crucial to the NCD response. Moreover, understanding the needs of people living with NCDs, CSOs advocate for and provide palliative and rehabilitative care that fits the medical, physical, social, and psychological needs of patients to improve their level of function and comfort. In 2022, Ghana's Akoma Pa initiative for instance delivered free quality health services and medications to 72,000 people living with NCDs. The Life After Stroke Rehabilitation has also supported many stroke patients nationwide.

The case studies of individual civil society organizations have been referenced in the appendix



CHALLENGES AND GAPS IN NCD PREVENTION AND CONTROL IN GHANA

For decades, the burden of NCD has been rising, and despite several attempts and interventions, it has not been much reduced. This is due to obstacles and gaps that must be addressed to effectively and productively reduce NCDs in Ghana. The challenges are broken down in some detail below.

Challenges with Estimating the Burden of NCDs in Ghana

The lack of data on the prevalence of the majority of NCDs in Ghana is a major concern to public health. It is challenging to determine the present burden of NCDs in many Sub-Saharan African nations, including Ghana, due to the dearth of data and statistics on NCD morbidity and mortality. A 2011 systematic study discovered that the prevalence of NCDs and risk factors varied widely among nations worldwide. The majority of the NCD data currently available come from modest institutional research initiatives, and because these data are not being entered into any national registries, it is frequently challenging to calculate the burden of NCDs in the nation. A lack of proper data collection technologies with standardised variables and indicators for monitoring NCDs and concerns about the institutional level data quality are common concerns¹²⁴. If we invest in NCD and raise its priority, we will be able to gather the necessary data and have a holistic view of the financial burden, socioeconomic burden and benefits that the country will achieve by investing and reducing the burden of NCD. This analytical study and analysis can be done through investment case studies. Adopting the investment case as a tool to inform policies in NCD can help us highlight the need to invest greatly in NCD control and prevention.

NCD Policy Formulation and Implementation

At the national, regional, and district levels, the NCDs policies are either poorly developed, implemented or not implemented at all. There are still significant difficulties in implementation and enforcement despite the existence of such policy and control measures for NCDs and several other programmes that have sought to prevent and control NCDs, according to a thorough analysis of Ghana's policy and programmatic response to NCDs. These include poor programme administration, inadequate funding, a lack of political interest, a lack of community awareness, expensive medicine prices, and a lack of formal screening programmes. Policies/laws on health-harming products for instance are very difficult to develop and implement due to industry interference. It took Ghana close to 8 year to domesticate the WHO FCTC into Ghana's national law; to date, Ghana does not have a law to regulate the activities of the alcohol and the SSBs industry etc; taxes for health-harming products remain very affordable and easily accessible despite calls by CSOs to the government to implement/pass these policies. To change the current scenario, it is necessary to increase political will, have the government support a nationwide screening programme, do basic and operational research and use money from well-funded health programmes to boost the entire health system¹²⁴.

Lack of Coordinated NCD Research

Another significant issue was the lack of coordination among the different NCD research initiatives being carried out all around the nation. NCDs research is being done by numerous institutions and individuals, however, it is not well organised. Additionally, there are frequently few academic-health research institution partnerships. To reduce the burden of NCDs in the nation, there is a need for some kind of study harmonisation along with improved data management. With assistance from the Ministry of Health, the Ghana Health Service's Disease Control Unit's NCD programme may perform this crucial role by collaborating with many stakeholders to advance national research into NCDs' .

CONFRONTING THE NCD EPIDEMIC - DISCUSSIONS AMONG STAKEHOLDERS

Focus group discussions (FGD) were conducted among three different groups on NCDs to discuss issues concerning the growing epidemic of NCDs in Ghana, and identify opportunities by disease area that the various stakeholders in health can work to support MoH/GHS to respond to the NCD epidemic. The discussion was held by three major groups, the private sector, the government and the CSOs. These groups were made up of 12 participants.



For this FGDs, two major thematic areas about NCD were discussed. The private sector and the government groups discussed the section on “responding to the NCD problem by disease areas” while the CSOs including people living with NCDs and the academia/research institutions discussed “Key risk factors and barriers to NCDs implementation”.

The majority of the participants from the private sector identified alcohol and tobacco use as risk factors for NCDs. Some participants also mentioned diabetes, nutritional disorders and mental health been associated with NCDs. They also identified key challenges regarding NCD management, information handling, funding, research and technology intervention and integration of the disease within the primary healthcare system. The majority of the participants from the private sector believed there is a weak data collection system regarding NCD, which may be due to the lack of prioritization of NCD-related research and technological interventions. To produce relevant data to comprehend the NCD epidemic in the country, the participants recommended that the government and donor institutions be encouraged to support and promote research into NCDs.

In further analysis, some of the challenges that were identified were: inefficient collaboration with the government regarding data, lack of professional training and inadequate quality of human resources, weak/porous borders allowing in harmful products like (tobacco, alcohol and some drugs), lack of tax increments on unhealthy products like (tobacco, alcohol and sugar drinks), and lack of screening and effective diagnostics system in the country.

Most of the findings presented by the private sector were agreed on by the participants from the government sector as they also identified similar factors in their discussions. The group also proposed solutions to address the above-mentioned disease burden, as follows:

- Increase coverage for NCD screening, diagnosis and treatment.
- Ghanaians should be encouraged to patronize the wellness clinics' services
- Increase access to medical products to cover diagnostics
- Make services affordable
- Intensify surveillance system to track and monitor outcomes for NCD patients
Pharmacy and chemical licensed shops should leverage the wellness clinic services to help detect early cases of NCDs and make appropriate referrals and share data on screening periodically with GHS,
- There should be continued human resource capacity building
- GHS should partner with academia and research to work on local data to inform policies and interventions as well as promote intervention research and rope in healthy living into the basic school's curriculum.

A participant from the government sector during the FGD expressed that *“for improved health outcomes and improved lives, there's the need to accelerate the implementation of the guidelines on physical activity while establishing more rehabilitation facilities”*.

The CSOs, people living with NCDs, academia and research institutions discussed the key risk factors and barriers to NCDs, where the majority identified tobacco, alcohol and SSBs use as the major risk factors of NCDs. Some of the participants addressed how factors like physical inactivity, unhealthy diet, inhalation of polluted air, and road traffic accident have been fuelling the NCD epidemic. One participant highlighted the fact that *“glamorization and subtle advertisement of alcohol and tobacco (shisha) make these products more attractive, especially to children and the youth”*. Another participant also said, *“lack of regulation of the composition of locally brewed alcohols and system to check youth involvement is a major contributing factor to NCDs in the country”*. *“Inclusion of basic and vital NCDs services on the NHIS scheme will help reduce the NCDs burden”* while other participants suggested, *“the FDA need stringent regulations to protect children and the youth against deceptive advertisement and sales”*.

Key recommendations drawn from the FGDs based on the thematic areas are;

1. Re-prioritize and focus on the CHPS system and improve it;
 2. Build capacity of healthcare professionals on NCDs;
 3. Prioritize NCDs as a national development agenda
 4. Increase budget allocation for NCD Prevention and control;
- and Integrate NCDs service delivery to avoid patient seeking healthcare from different health facilities



THE NATIONAL CIVIL SOCIETY NCD BENCHMARKING EXERCISE

Through a civil society lens, the National Civil Society NCD Benchmarking Exercise seeks to evaluate the country's capacity to respond to NCDs. It is designed to support national reporting procedures for NCDs and WHO NCD monitoring (including the 2013 WHO Country Capacity Survey). It contains information about the NCD national response and capacity that is not included in official government or WHO data, such as information about the engagement and capability of civil society organisations.




The benchmarking exercise was organised around the following six (6) fundamental goals, which served as the basis for the activity:

1. Raising the priority of NCDs through international cooperation and advocacy
2. Strengthening national capacity, multisectoral action and partnerships for NCDs
3. Reducing NCD risk factors and social determinants
4. Strengthening and reorienting health systems to address NCDs
5. Promoting national capacity for research and development on NCDs
6. Monitoring and evaluating the progress of NCDs

This benchmarking effort evaluates important facets of the nation's capacity and responsiveness to NCD prevention and control. Legislation, strategies, and policies are among the things being evaluated. Six modules that correspond to the six goals of the WHO Global NCD Action Plan 2013-2020 are the focus of the benchmarking effort. The benchmarking also takes into account the following national and/or regional political commitments. An essential tool supplied by the NCD Alliance in support of global civil society NCD monitoring initiatives served as the foundation for the benchmarking exercise.

CSO, people living with NCDs, the private sector and other stakeholders involved in the NCDs advocacy in the country were recruited into a study using the benchmarking tool to gain their understanding and perspective on the national response to NCDs from afar. From the benchmarking tool, a structured questionnaire was developed using the google form and link (<https://forms.gle/U3ydUe2cRJ4LomcF7>) shared with all the participating groups. The results of the analysed data from the survey are provided in Table 1 below.

Table 1: Results of the Benchmarking Exercise

Legend/Scores	Meaning / Interpretation
	Not in place
	In process/partially implemented
	In place
3/6	3 out of the 6 policies in place
1/2	1 out of the 2 indicators in place
3/4	3 out of the 4 initiatives strengthened

Raising the priority of NCD through international cooperation and advocacy		
	Inclusion of NCDs in the current national development plan	
	Ghana NCD Alliance/network engagement with people living with NCDs	
	Has the Government led, supported or endorsed the national NCD conference/summit/meeting held in the last 2 years with the active participation of NGOs	
	Has the Government led, supported or endorsed public media campaign on NCD awareness, partnering with NGOs and held in the last 2 years	
	Has the Government included NCDs in UN Development Assistance Frameworks (UNDAFs)	
Strengthening national capacity, multisectoral action and partnerships for NCDs		
	Operational NCD Policy (number of elements listed below)	³ / ₄
	National NCD Policy with a 'whole of government' approach ie with areas for action beyond the health sector	
	Functional national multisectoral stakeholders NCD commission/mechanism(including NGOs, Persons Living with NCDs and the private sector)	
	National budgetary allocation for NCDs (treatment, prevention=health promotion, surveillance, monitoring/evaluation, human resources)	
	NGOs and PLWNCDs engaged in National NCD Policy development	
	Number of subnational (Districts) with an NCD plan that meets the full criteria outlined above	0/16
	What number of NCD public-private partnerships supports elements of the National NCD Policy	15'
Reducing NCD risk factors and social determinants		
	Number of tobacco MPOWER policies/interventions in existence	3/6
	Existence of recent nationally representative information on youth and adult prevalence of tobacco use	

National legislation banning smoking in healthcare and educational facilities and all indoor public places including workplaces, restaurants and bars		
Existence of national guidelines for the treatment of tobacco dependencies		
Legislation banning tobacco advertising, promotion and sponsorship OR legislation comprehensively banning all forms of direct tobacco marketing, covering all forms of media and advertising		
Legislation mandating visible and clear warnings covering at least half of principal pack areas		
Tobacco taxation policy of between 2/3 and 3/4 of the retail price		
Current NCD strategies focus on risk factors	4/5	
Tobacco		
Alcohol use		
Unhealthy diet		
Physical Activity		
Air pollution		
Increased taxes on alcohol in the last 5 years		
Are there National policies and regulatory control on marketing to children of foods high in fats, trans fatty acids, free sugars or salts		
National action plan on salt reduction	1/2	
National policies/regulatory controls on salt reduction		
Voluntary private sector commitments/pledges to salt reduction		
Strengthening and reorienting health systems to address NCDs		
Government initiatives ongoing to strengthen the capacity of primary healthcare for NCDs	4/4	
Evidence-based guidelines for cancer prioritized in National Cancer plan		
Cardiovascular diseases		
Diabetes		

Mental Health		
Government initiatives ongoing to strengthen the capacity of primary health care for NCDs	3/4	
NCD health promotion and prevention		
Screening and early detection		
Treatment and referral		
Rehabilitation and palliative care		
Are some NCDs medicines currently on the national essential medicine list?	30-100	
NCDs medicines are made available at low cost to patients with limited resources		
National Essential Medicine List has been updated since the last time the WHO updated the Emergency Medicine List		
NCD medications placed on the essential medicine list		
NCD-related services and treatment are covered by National Health Insurance		
NCD surveillance system	1/2	
Cause-specific mortality related to NCDs included in the national health reporting system		
Population-based NCD mortality data and population-based morbidity data included in the National reporting system		
Promoting national capacity for research and development on NCDs		
National Research Agenda for NCD		
Is there Government funding support for National research on NCDs		
To the best of your knowledge, what is the number of published articles on NCDs in the country in the last 5 years	50'	
Monitoring and Evaluating the progress of NCD		
National NCD targets/ indicators with monitoring mechanisms in place		

DISCUSSION OF THE FINDINGS OF THE BENCHMARKING EXERCISE

The evidence presented demonstrates that the government has prioritised NCDs and increased their importance through international alliances, CSO advocacy efforts, and the inclusion of NCDs in important national and international development objectives. The government has improved its capabilities, expanded partnerships with stakeholders, and started involving CSO and people living with NCDs in its activities and policy development, which is a positive step (Table 1).

However, NCD-related policy still lacks the necessary budgetary support to fully implement the developed policies. The National NCD Policy's integration at the district level and how its execution would be prioritised within its sectors have likewise received less attention.

Although there is a National NCD policy that focuses on the major risk factors of NCDs and particular policies that target tobacco (being the main risk factors linked with NCDs), they have not been effective in lowering that risk.

WHO-FCTC implemented the MPOWER measures in 2008 to further boost global tobacco control initiatives and to aid in the implementation of actions to lower tobacco demand ²⁵. The MPOWER package focuses on six evidence-based strategies that have been shown to have the greatest influence on tobacco use: The 2021 Ghana's MPOWER achievements assessment by WHO is as follows: complete, moderate, minimal, and weak or no policies (from the highest to the lowest): (M) Monitoring the use of tobacco and impact of prevention policies - minimal; (P) Protection of people from tobacco use - moderate (O) Offer support to quit tobacco use - moderate; (W) Health warning policies - complete, and mass media policies - complete; (E) Advertising, promotion or sponsorship - complete with moderate compliance; and (R) Raise taxes on tobacco (31.8%) moderate²⁶. The findings partly agreed with Ghana's implementation of the WHO-MPOWER leaving room for improvement.

It demonstrates that Ghana's efforts to reduce tobacco use as a risk factor for NCDs have a policy-level impact however, needs to step up in implementation and enforcement, especially removing designated smoking areas to make the smoke-free law comprehensive and improve efforts towards the affordability and accessibility of tobacco products.

One of the risk factors for NCDs is air pollution, but it has also been disregarded and is not being addressed. When it comes to decreasing the burden of NCDs, air pollution is not yet taken into account in the country's policies, strategies, or interventions as a key risk factor or viewpoint.

It is necessary to revitalise and improve national regulations and policies regarding the promotion of goods that are harmful to children's and young people's health. It is proof that salt, trans-fatty acid-filled foods, SSBs, and other products are freely accessible to young people and children and promoted to them without any restrictions or other interventions.

One in ten fatalities from cardiovascular disease (CVD) is linked to excessive salt intake, which is a well-known primary risk factor for elevated blood pressure. It also leads to cardiovascular-related disability and early death worldwide. A voluntary global goal to reduce salt consumption by 30% by 2025 has been set, and the WHO has selected this as the "best buy" method to lower the long-term risk of stroke, coronary artery disease, and early mortality from NCDs. To prevent and manage high blood pressure, efforts have been made to limit excessive salt consumption at the population level. International best practice policies, recommendations, and treatments have been designed with this goal in mind. But Ghana has not yet implemented such salt reduction policies .

The government has taken steps to develop and improve our healthcare system to combat the epidemic of NCDs, but it has not yet provided the crucial resources required to assist those who have NCDs in managing their conditions. National Health Insurance still does not fully cover the majority of essential and basic medications and NCDs-related services, which makes it more difficult for people living with NCDs to manage these disorders. Due to the high cost of these treatments and services and the fact that many people choose not to participate in routine NCD screening, it is difficult to detect these conditions before they progress to the chronic phases.

The government has worked hard to create a monitoring system for population-related NCD deaths, but one for cause-specific related deaths has not yet been created. By focusing NCD strategy and policy on the factors that contribute to NCD-related deaths, action plans can be created to address those factors according to priority.

According to the statistics gathered, the government does not provide enough funds for national NCD-related research. As mentioned in the national development plans, research-based policies and initiatives are required to stop the epidemic of NCDs.

However, the government's lack of funding for NCD research may indicate a lack of effectiveness in its promise to use locally derived data rather than rely on foreign statistics to combat the NCD epidemic, which may not accurately reflect the current situations experienced in the country.

Establish a Comprehensive Package of NCD Services As Part of Universal Health Coverage

Many nations have already incorporated NCD packages into their UHC programmes. To aid in the prioritisation, structure, and budgeting of comprehensive NCD packages, the WHO and others have developed several frameworks. According to WHO projections, the expansion of this NCD package to 80% by LMICs by 2025 would prevent 37% of the global burden of diabetes and cardiovascular disease as well as 6% of the global burden of cancer. Although it is commonly known that delivering the entire package would have the biggest impact, scaling up can still be done in stages when resources are scarce. The governments must ensure that NCD services adopt a continuum of care approach and include prevention, treatment, care and support and mental health.

Leverage Domestic Innovative Financing Mechanisms

The response to NCDs has promoted innovative financing mechanisms to support domestic resource mobilization. Taxation on unhealthy products such as tobacco, alcohol, saturated fats, and SSBs is particularly relevant to financing NCDs. These are prioritized in the WHO Global NCD Action Plan 2013–2020, and The Lancet Commission on Investing in Health identified tobacco taxation as “the single most important opportunity for national governments worldwide to curb NCDs”. Taxation on unhealthy products has the dual benefit of improving the health of the population through reduced consumption while raising more funds. We ask the government to adopt these actions in other to increase taxes on health-harming products, a recommendation by the WHO to generate additional revenue to finance healthcare and reduce its consumption. Over the last decade, WHO FCTC has succeeded in keeping tobacco control high on the global agenda, while saving lives and improving global health. Measures outlined in the WHO FCTC emphasize the importance of using an approach that aims to minimize both tobacco demand and supply through a variety of measures.

Meaningfully Involve CSO and People Living with NCD in Decision - Making, Policy Development, Programme Implementation, Monitoring and Evaluation

Civil society has long contributed towards promoting public health from the national to the global and sub-national levels, providing a critical connection to local contexts. NCD civil society's role encompasses access, awareness raising, advocacy, and accountability. With increasing recognition of the need for a whole-of-society approach to tackling health issues in general, and NCDs specifically, civil society is uniquely positioned as a valued stakeholder and enabler. Government and or stakeholders stand to gain a great deal from adopting meaningful involvement of people living with NCDs as a norm. CSOs have a critical role to play in facilitating this engagement between governments and people with lived experiences . Advocacy asks and campaigns particularly on NCDs are far more compelling and incisive when informed by those with first-hand lived experience of the issues being tackled. The activity and collaborative involvement of CSOs with people living

with NCDs and the relevant private sector in policy and decision-making in NCD-related programs needs to be prioritized to ensure that the decision have maximum impact. Meaningful involvement of people living with NCDs means listening to people living with NCDs to understand their views and priorities and inviting them to take active roles in the decision-making process. But unfortunately, this has not been fully achieved in Ghana. The government should adopt the culture of ensuring that all initiatives towards NCDs have the full participation of CSOs and people living with NCDs.

Increase Coverage and Patronage of the Wellness Clinics Services

The wellness clinic initiative has been very keen on providing basic NCD services at the various health facilities which are currently running the programs. Unfortunately, the clinics are not achieving the objectives for which it was established. Many of the clinics are not having basic apparatus such as glucometers, glucometer strips, sphygmomanometers etc for diagnosis and treatment of NCDs cases. We are calling on the government to scale up the wellness clinics to health facilities at all levels of service delivery nationwide and develop a guiding policy document to help in its implementation and operations.

Enforce Regulation of Advertisement of Alcohol, Emerging Tobacco Products and Unhealthy Commodities to Young People

Current tobacco products have evolved; they include electronic cigarettes, shisha, and other unhealthy products aimed at young people. We are urging the government to enforce the laws against unhealthy commodities including alcohol and the contemporary tobacco products that are currently sweeping the nation's streets and primarily appealing to young people. Similarly, we are calling on the government to speed up the process towards the completion and adoption of the National Alcohol Regulations to effectively regulate the alcohol use and activities of the alcohol industry in Ghana.

Inclusion of Basic and Vital NCD Services in the NHIS

The out-of-pocket payment culture for NCD-related services is on the rise and working against ensuring early detection and treatment of NCD due to the financial burden of these services. If the government strengthen the inclusion services especially the testing for blood sugar and mental health services into the NHIS, it will strengthen the government efforts at prevention and reducing the burden of NCD.

Re-Prioritize and Focus on the CHPs System and Improve it

Being the first point of contact between the public and healthcare, the CHPS offers many benefits and can be considered an efficient instrument to slow or stop the epidemic of NCDs. Most CHPS currently lack the personnel and resources necessary to provide the level of healthcare for which they were intended. By providing the CHPS with the necessary resources, the government can use them to concentrate NCD early detection, prevention, and control activities at the community level and lessen the burden.

RECOMMENDATIONS

1. Ensure quality by including NCD prevention and care in the National UHC plans. Government should include essential NCD prevention and care services across the continuum of care and life course (health promotion, prevention, diagnosis, treatment, care, rehabilitation and palliative care); as well as essential and quality NCD medicines, diagnostics and products in NHIS benefit packages to ensure equitable access to quality health services.
2. Development of an information-based platform that provides organisations access to interventions and studies undertaken in relation to NCDs in the country. This will inform the public, government and organizations around the world about ongoing interventions and promote collaborations.
3. The government must on regular basis review the tax structure to conform to the WHO recommendation and ECOWAS protocol. This will effectively increase taxes on all health harming products adjusted to inflation to have real impact and reduce affordability which will ultimately lower consumption among young people and the poor and raise revenue to the government. Deliberate attempts should be made to allocate at least 70% of the revenue realised from the tax earmarked to fund the health sector particularly NCDs, given that major NCDs diseases are not covered by the NHIS.
4. Establish inclusive social accountability mechanisms for all parts of the health system so that everyone including CSOs and private sector is responsible for progress toward NCD
5. Prioritize the NCDs agenda in the national development plans and fully implement and enforce tobacco, alcohol, unhealthy food and physical activity legislations and policies as recommended by the WHO.
6. Government should meaningfully involve people living with NCDs, CSOs and young people in the national response to NCDs particularly governance and decision-making roles for policies, programmes, services, and all aspects of the NCD response that affect them as part of a multi-stakeholder mechanism and in line with a whole-of-society approach.
7. Increase investment in civil society and people living with NCDs to support the implementation of NCDs intervention
8. Strengthen the health insurance schemes and public-private partnerships in supporting healthcare financing as a fulcrum towards achieving UHC
9. Develop or expedite strategy to increase flow of funding by establishing an independent institution responsible for healthcare budgeting and, planning including monitoring and critically examining the level of spending in all sectors.
10. Industry interference impedes action on addressing the commercial determinants of health. Too often, profits and industry interests come at the cost of people's lives. Government must stand firm and resolute when advancing policies that protect people health and guard these policies from industry interferences.
11. The NCD multisectoral steering committee should increase its effectiveness in implementing the National NCD Policy and Strategy. It should also consider to develop a centre of excellence dedicated to defining governance and priorities of the National NCD landscape.

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APPENDIXES

Table 2: Indicators of the factors that increase the burden of NCD in Ghana

Indicators	Both sexes (%)	Males (%)	Females (%)	Year
Prevalence of tobacco use among adolescent	8.8	8.8	8.1	2020
Prevalence of tobacco smoking among adolescent	6.4	6.8	5.3	
Prevalence of cigarette smoking among adolescent	2.8	3.2	2.3	
Prevalence of smokeless tobacco use among adolescent	3.1	2.5	3.7	
Prevalence of e-cigarette use among adolescent	4.9	4.9	5.0	
Raised blood pressure(18+ years)	23.7	24.6	22.8	2015
Raised fasting blood glucose	6.5	6.4	6.6	2014
Prevalence of obesity among children and adolescents (10-19 years)	1.6	0.8	2.5	2016
Prevalence of obesity among children and adolescents (5-19 years)	2.1	1.1	3.2	
Prevalence of obesity among children and adolescents (5-9 years)	3	1.7	4.4	
Prevalence of insufficient physical activity among adults	21.8	18.6	24.84	2016
Prevalence of insufficient physical activity among adolescents	87.46	86.57	88.39	

Table 3: Classification of Participants

CSO/NGO	PLWNCD	Healthcare Provider	Private Sector	Research & Academic Institution	Individual	Caretaker		
44	10	7	9	10	1	1		
Age								
18-29 years			30-45 years		45+ years			
11			40		31			
Participants with a history of NCD								
Hypertension	Chronic Respiratory Diseases	Mental Health Issues	Diabetes	Stroke	Hereditary Motor Sensory Neuropathy	No History	Low Blood Pressure	Sickle Cell Anaemia
16	4	2	10	5	1	18	1	1
Employment status								
Employed				Unemployed				
60				21				
Regions								
Greater Accra	Ashanti	Eastern	Central	Volta	Oti	Bono East	North East	Northern
52	9	4	2	6	2	1	3	3

Table 4. *NCD-related mortality and morbidity in Ghana- 2019*

CONDITIONS	MORTALITY		MORBIDITY	
	% of total deaths	Cumulative figure	% of morbidity	Cumulative figure
Cardiovascular diseases	19.06	36,649.51	8.45	1,036,747
Diabetes	2.97	6,172.84	1.91	234,267.06
Cancer	8.89	18,506	4.68	574,756.78
Chronic respiratory diseases	2.85	5,938.02	1.95	239,465.16
Non-Communicable Diseases	46.02	95,795.49	40.66	4,992,952
Total number of deaths recorded	100	208,132.19	100	12,285,859.27

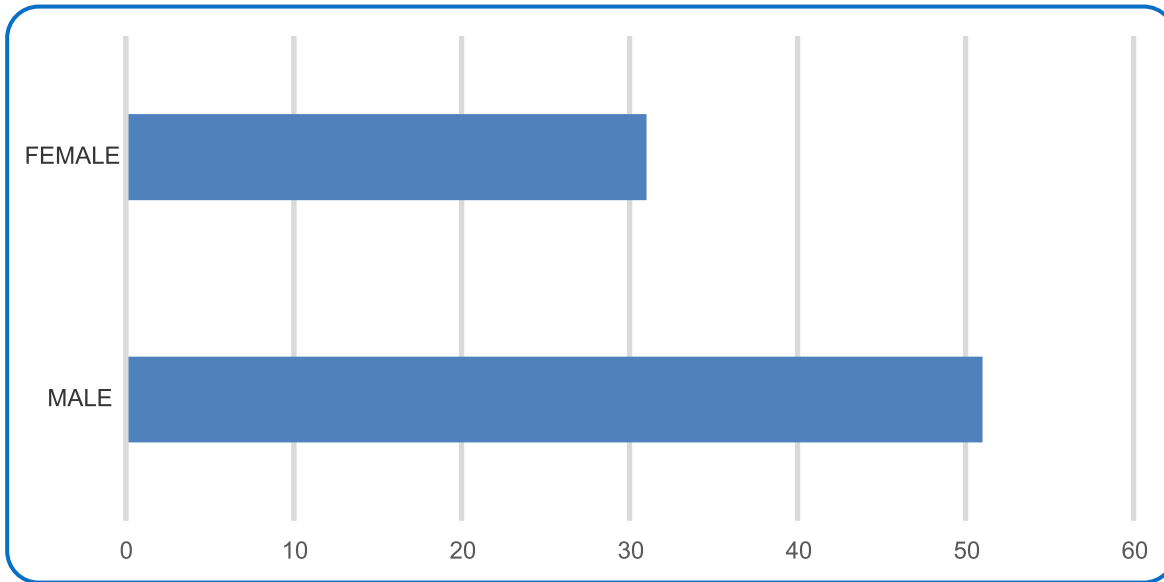


Figure 1: Male and Female respondents

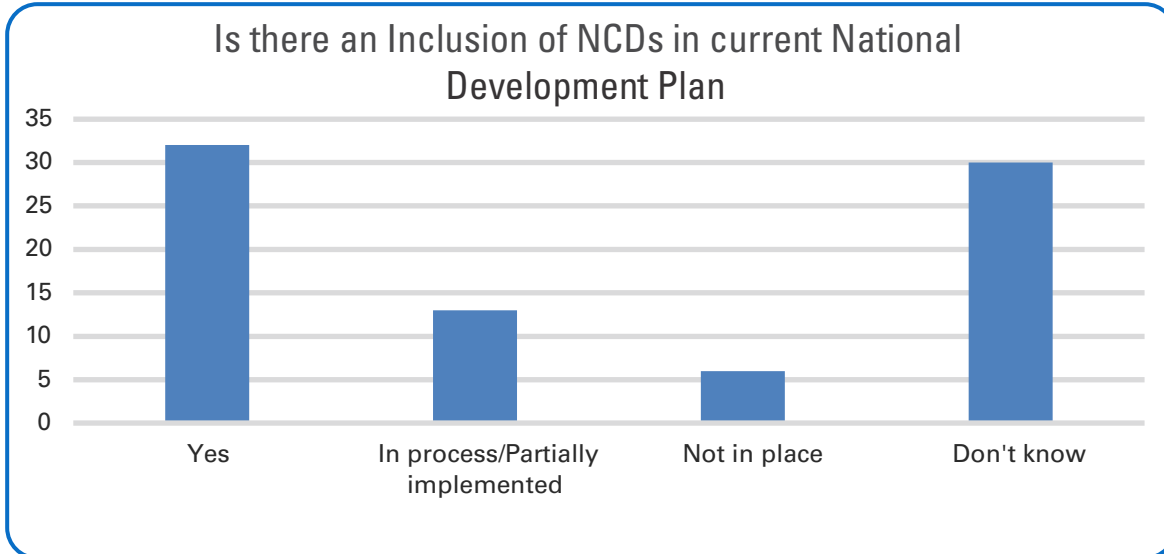


Figure 2: Inclusion of NCDs in National development plan

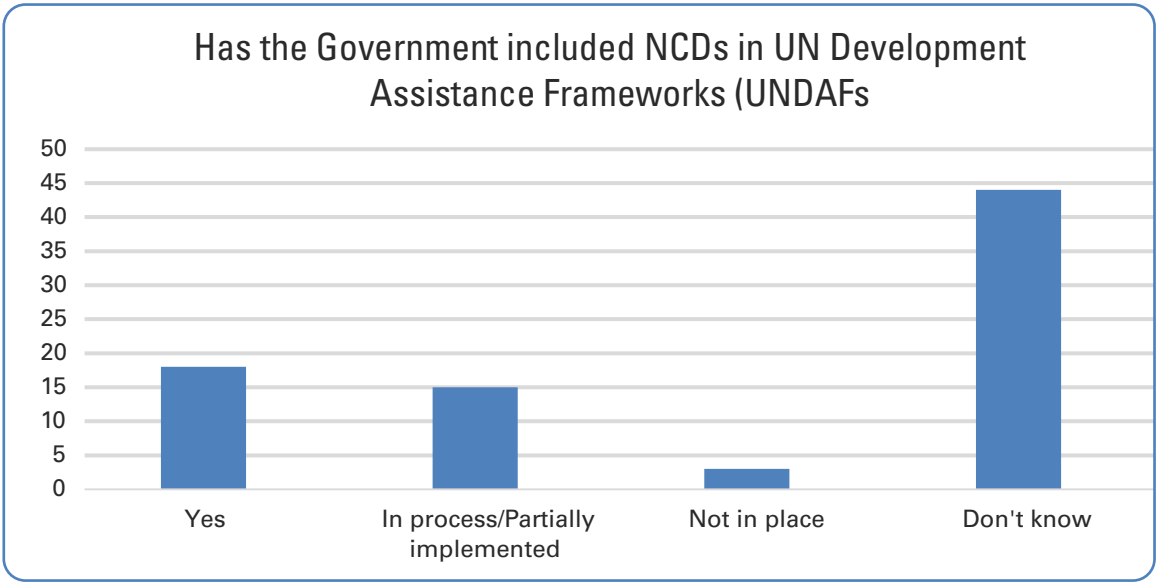


Figure 3; *Government included NCDs in UNDAFs*

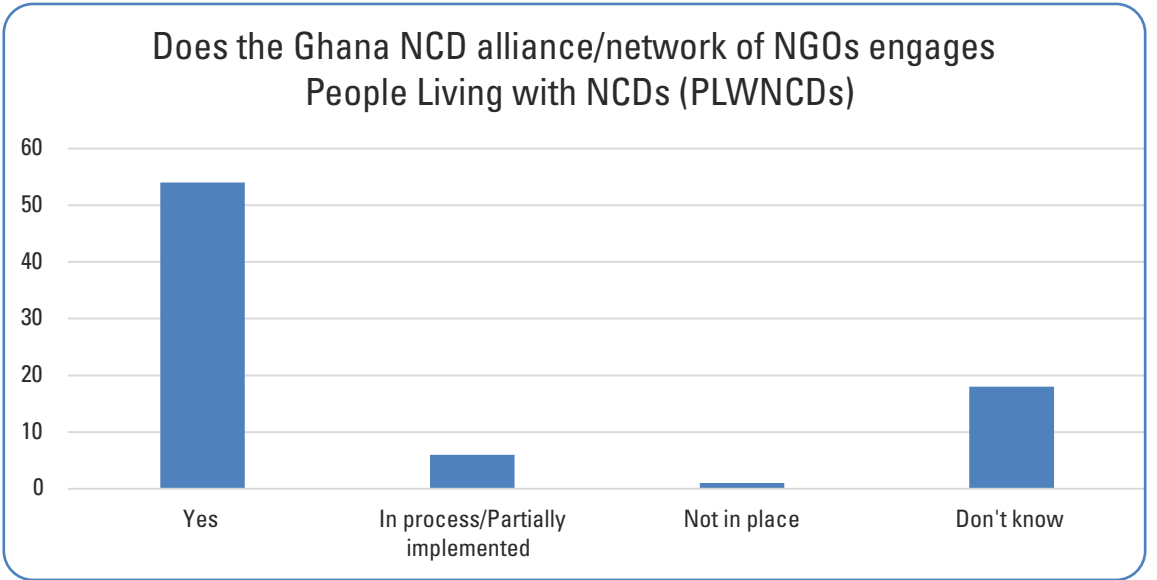


Figure 4: *Ghana NCD Alliance / network of NGOs engaging people living with NCDs*

Has the Government led, supported or endorsed national NCD conference/summit/meeting held in the last 2 years with active participation of NGOs

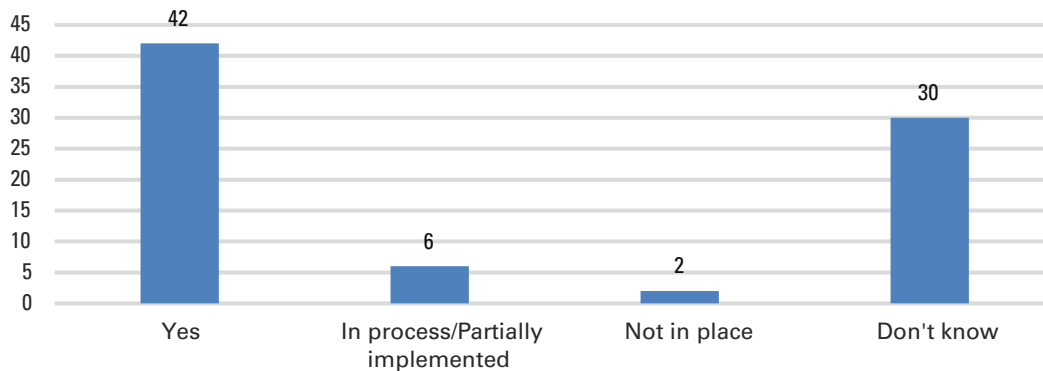


Figure 5: Government led, supported or endorsed national NCD conference/summit/meeting held in the last 2 yrs with active NGOs participaaon

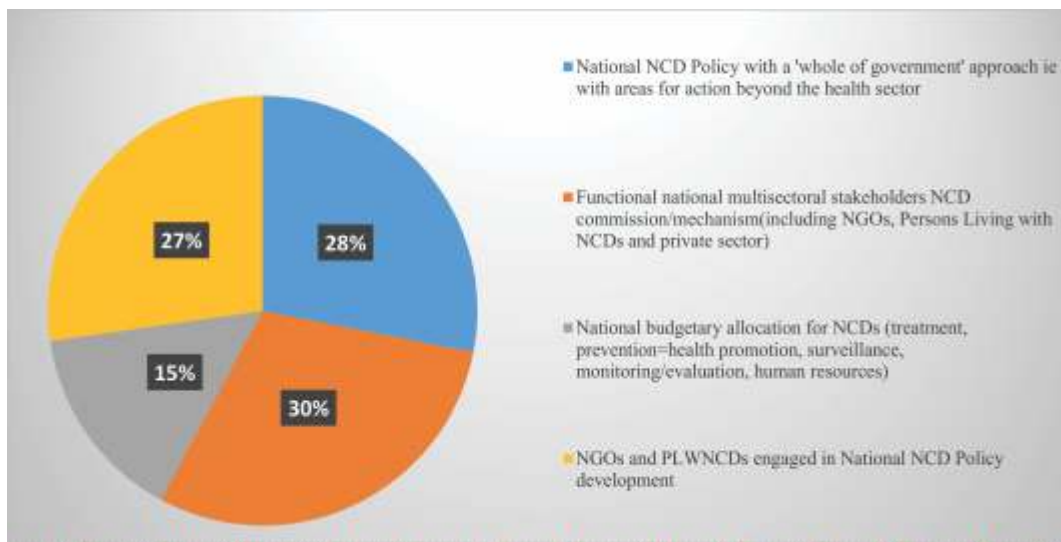


Figure 6: Description of National NCD Policy

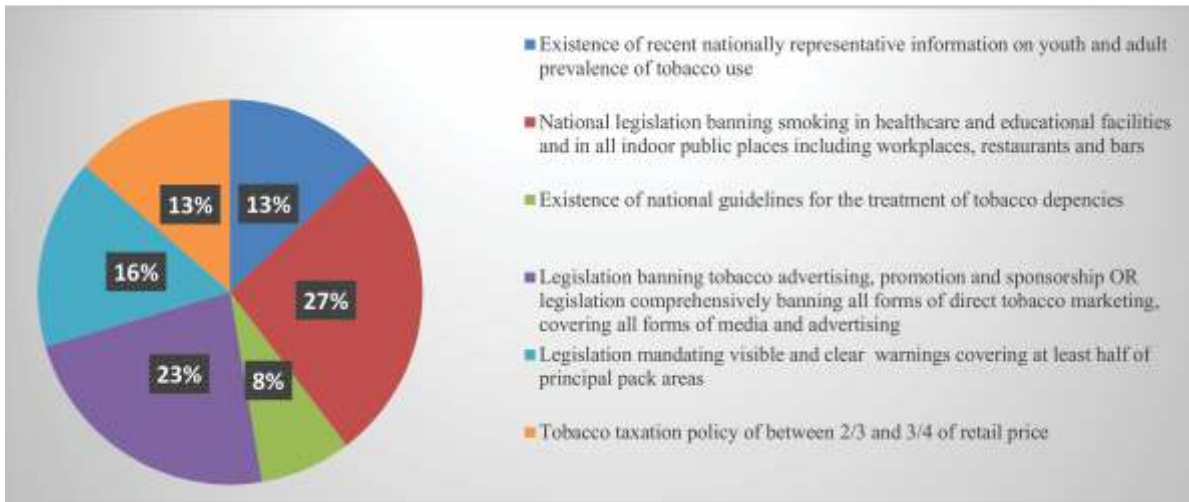


Figure 7: MPOWER Policy Implementation

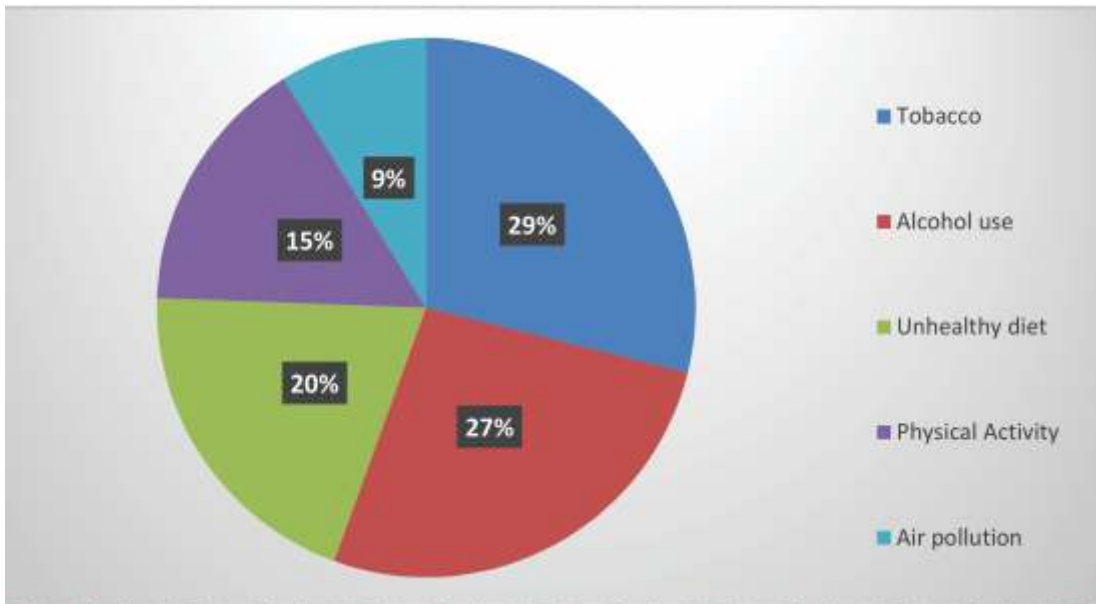


Figure 8: Current NCD Risk factor Strategy focus

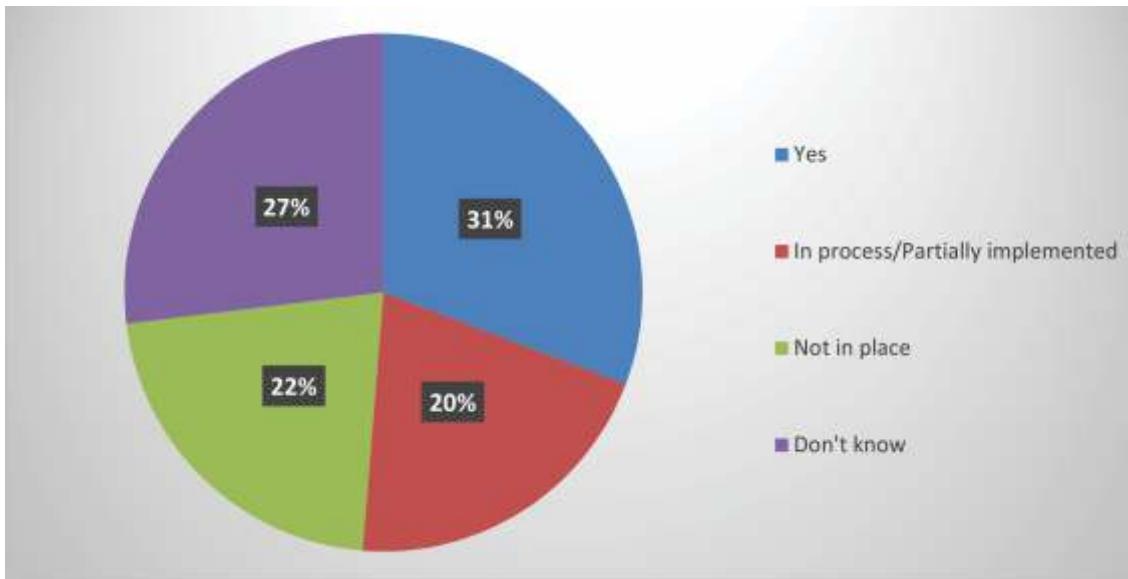


Figure 9: Tax increases on alcohol in the last 5 years

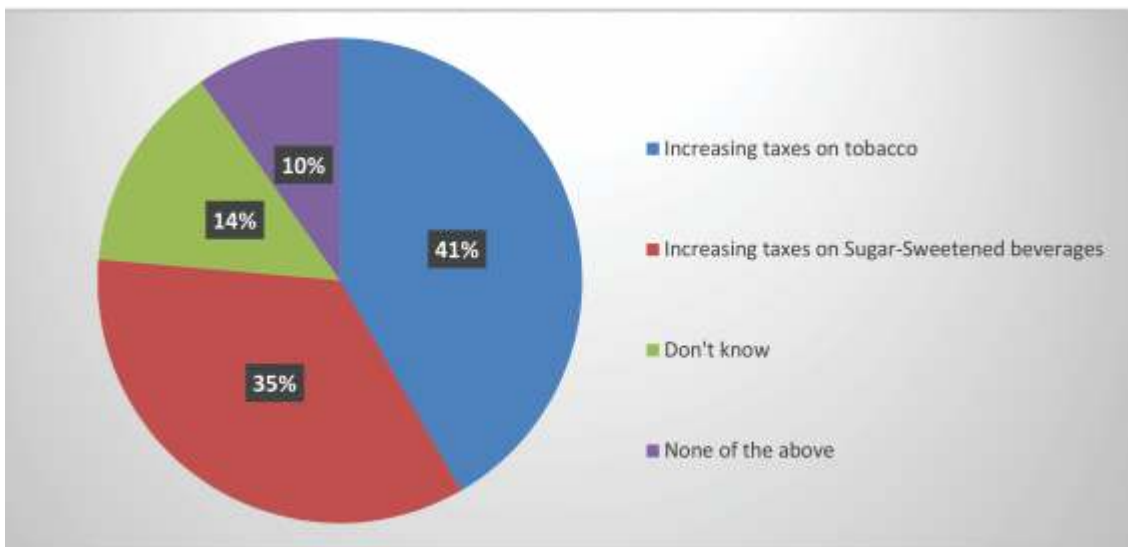


Figure 10: Current NCD Focus for Ghana

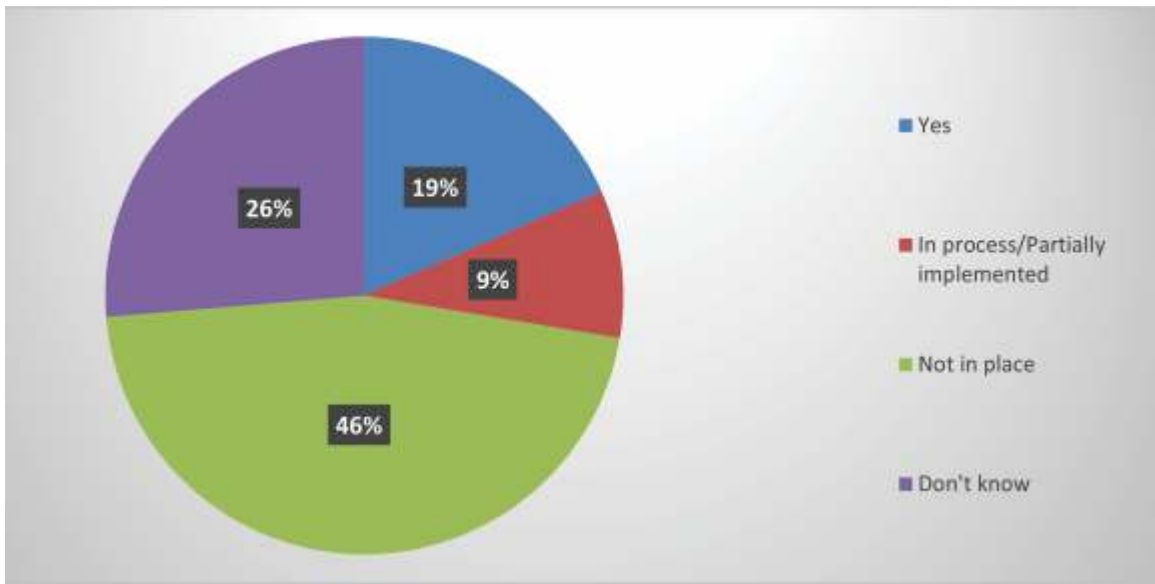


Figure 11: *National policies and regulatory control on marketing to children of foods in fats, trans fatty acid, free sugar or salts*

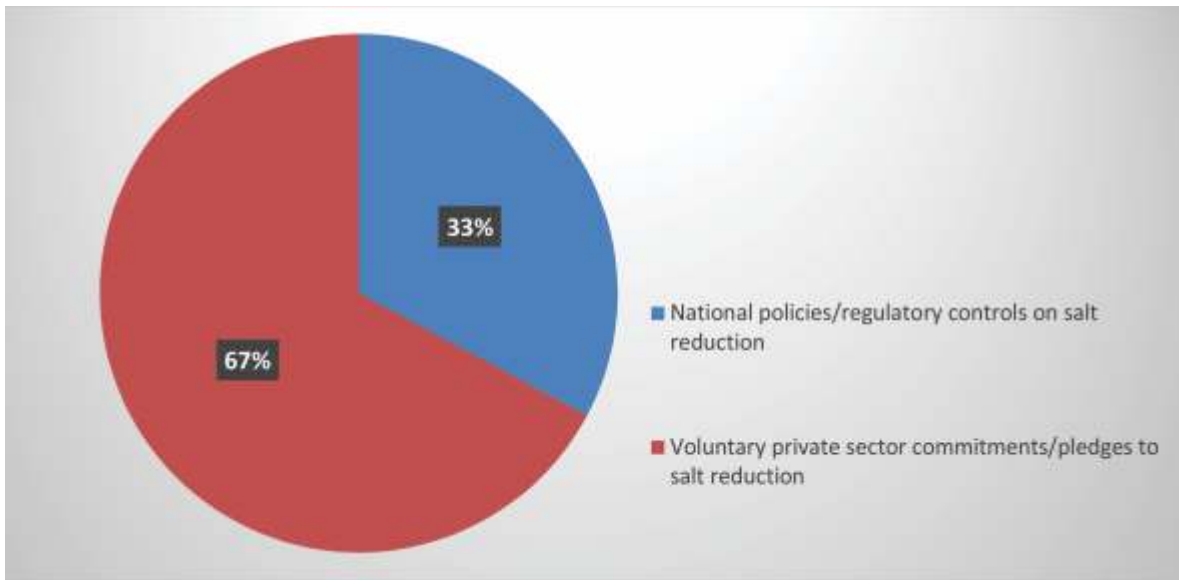


Figure 12: *Presence of National action on salt reduction*

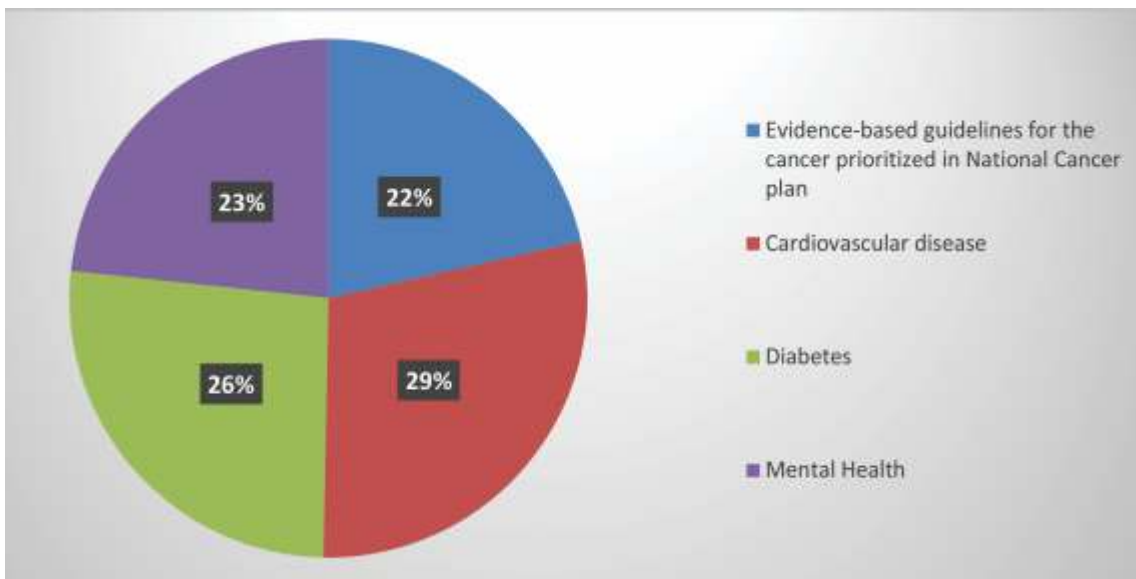


Figure 13: Government initiatives ongoing to strengthen the capacity of primary healthcare for NCDs

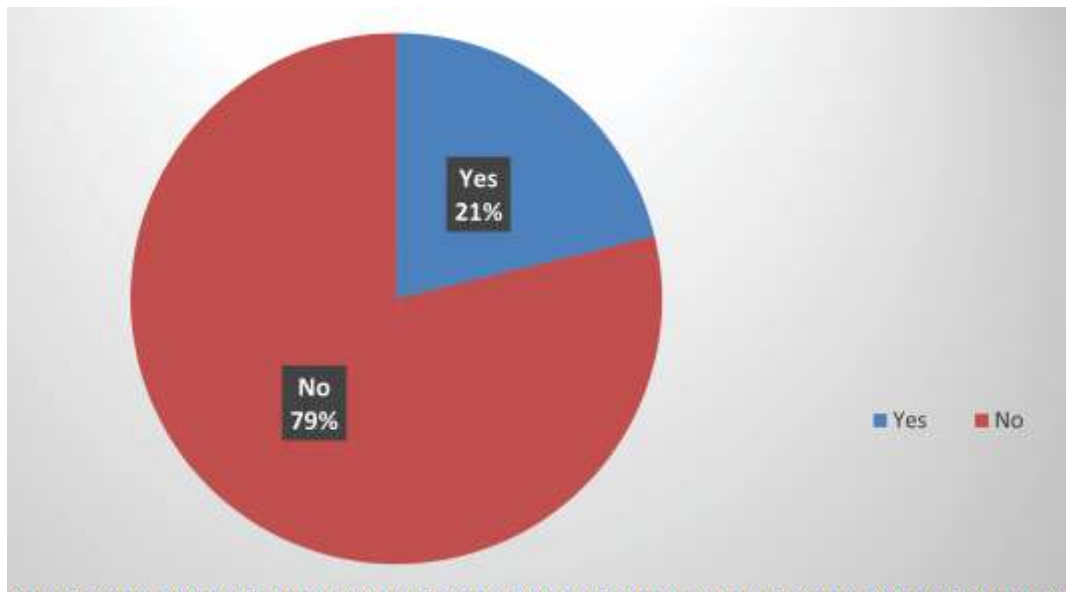


Figure 14: NCD Medicines made available at low cost to patients with limited resources

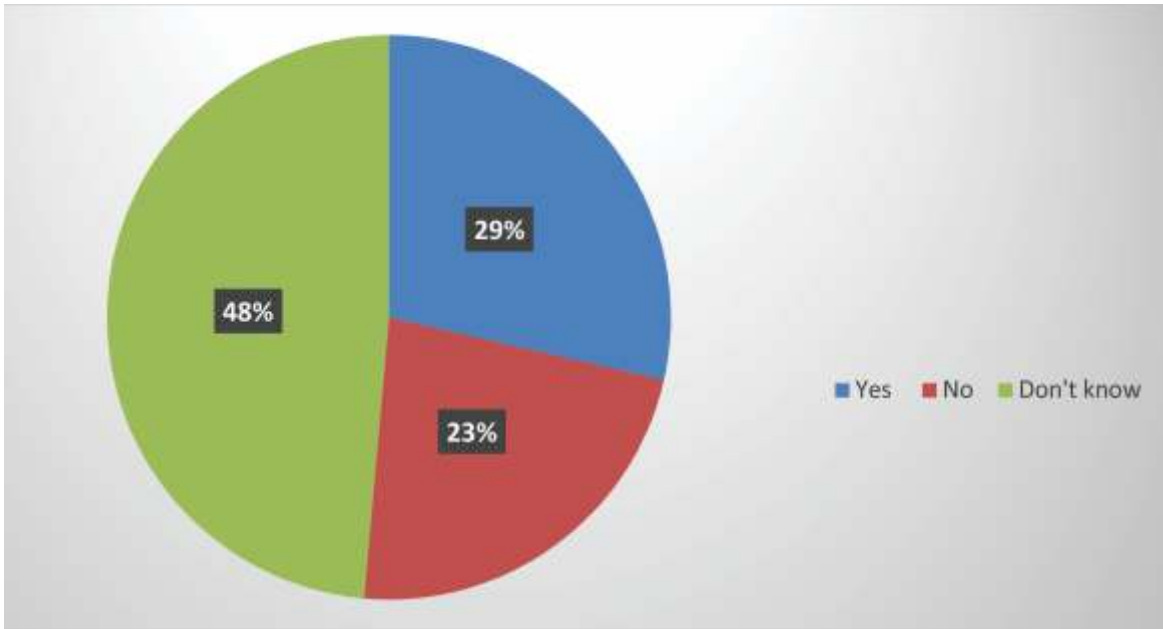


Figure 15: Essential medicine List updated since the last time WHO updated the emergency Medicine List

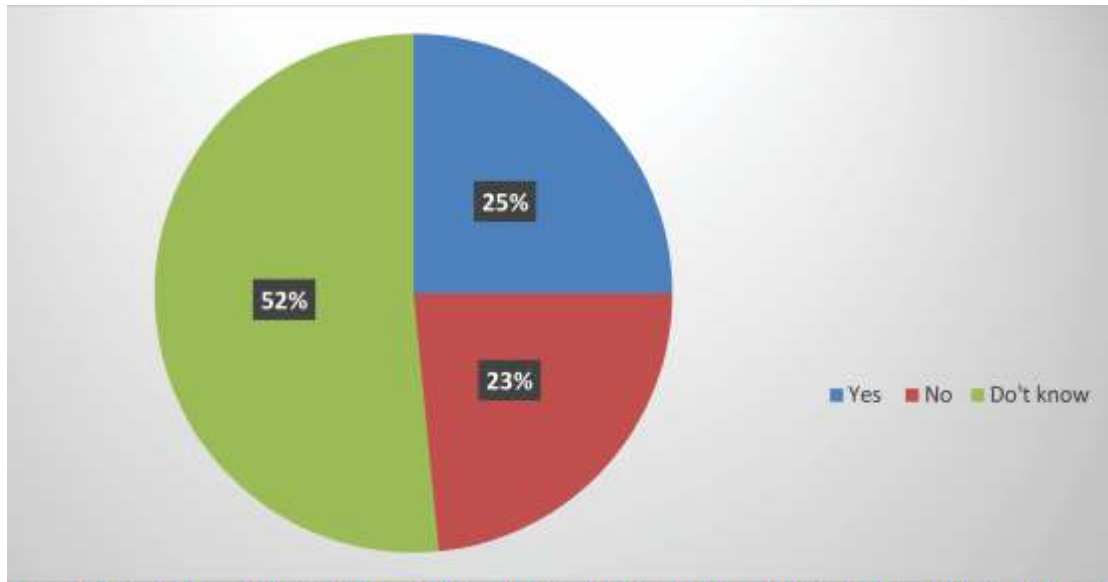


Figure 16: If essential medicine list has been updated, is NCD medication included?

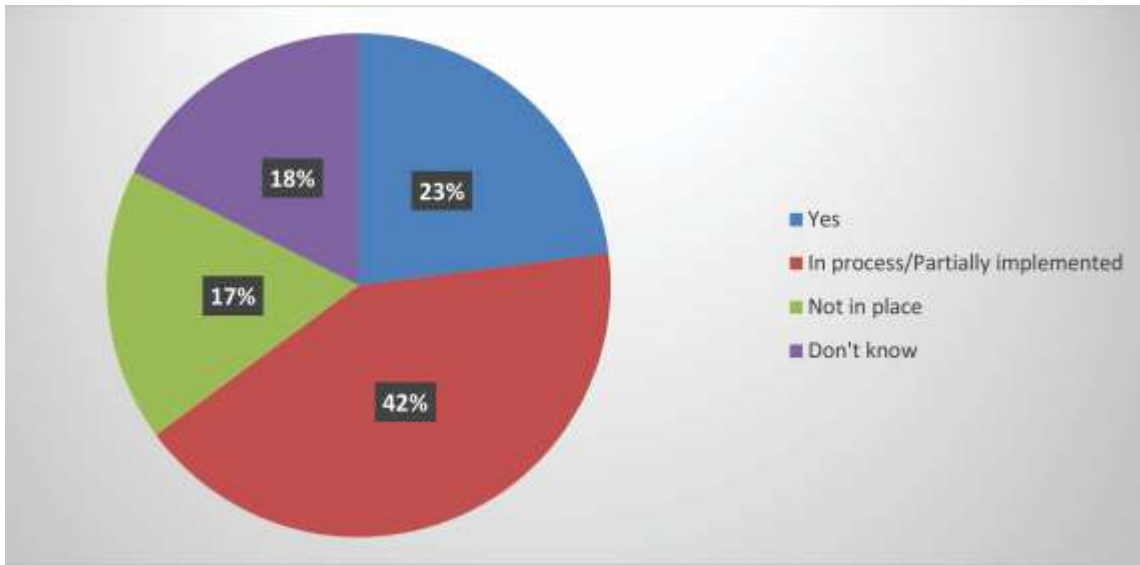


Figure 17: *NCD related services and treatment covered by NHIS*

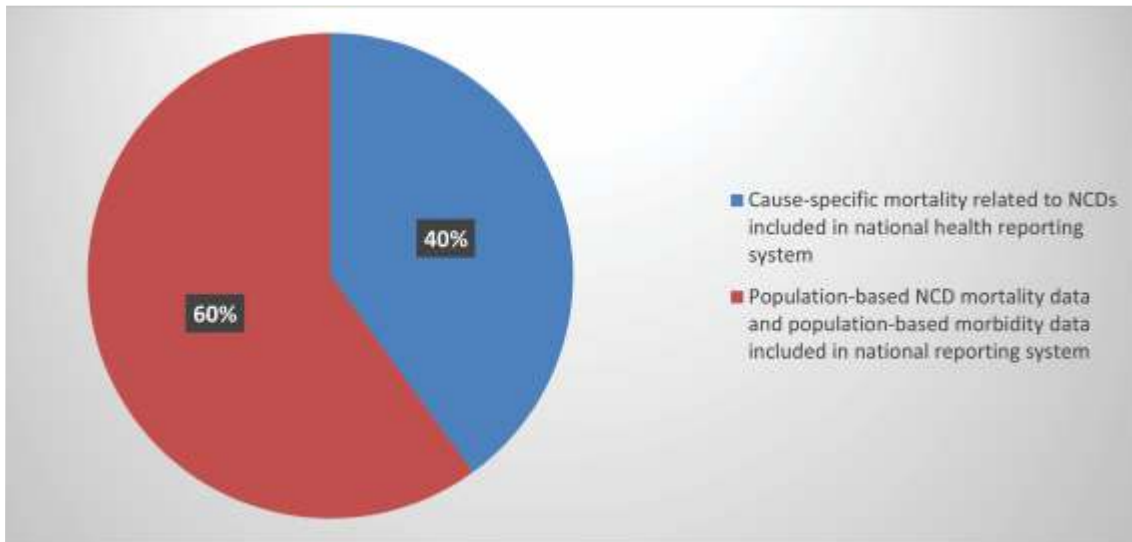


Figure 18: *Indication of NCD surveillance system*

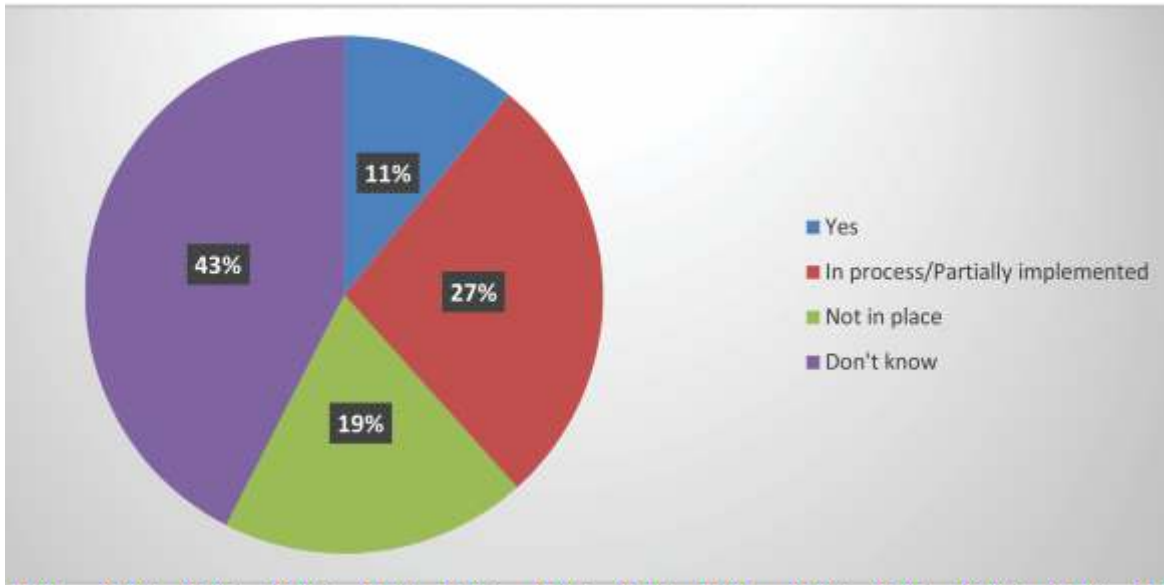


Figure 19: *Is there a national research agenda for NCD?*

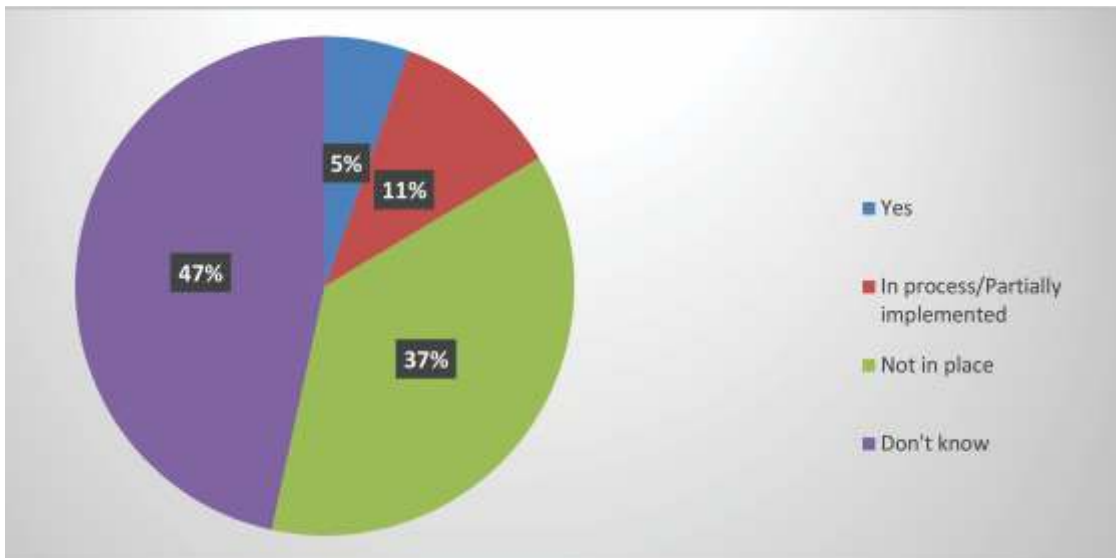


Figure 20: *Is there Government funding support for national research on NCDs?*

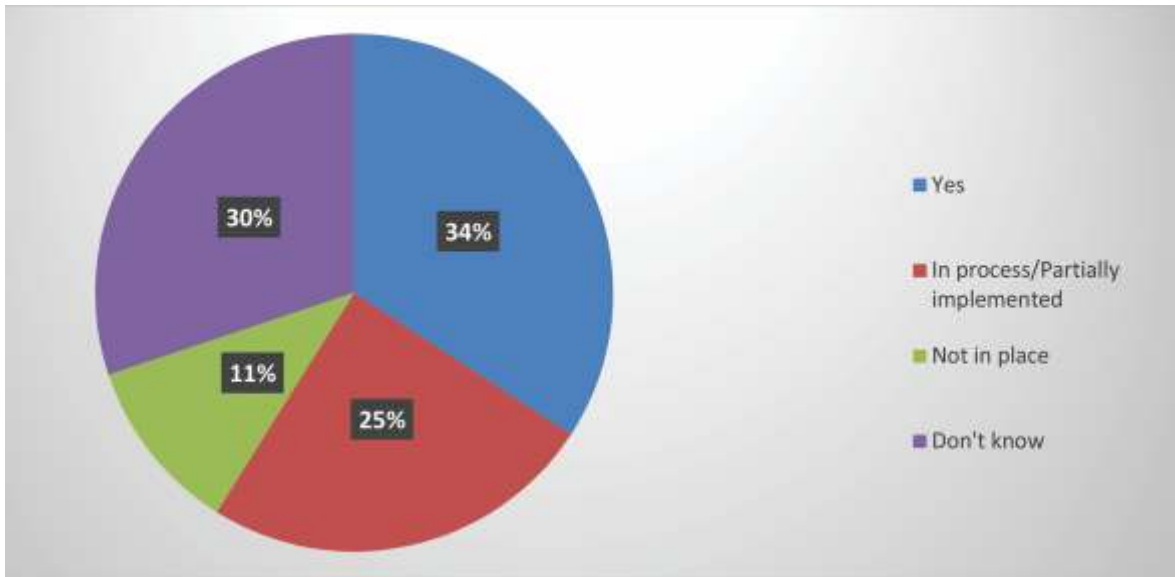


Figure 21: *Are there national NCD targets/indicators with monitoring mechanism in place?*

GHANA NCD ALLIANCE

Ghana NCD Alliance (GhNCDA) is a network of NGOs working in diverse areas of health and development with a common vision of creating a healthy Ghana, free from non-communicable diseases (NCDs). Formed in 2017, the GhNCDA has worked assiduously towards achieving its vision through; advocacy, capacity building, health promotion, policy support, engagement with government officials/agencies, community mobilization and the meaningful involvement of people living with NCDs. The GhNCDA team works each day towards reducing NCD-related deaths and disabilities in Ghana and beyond. The GhNCDA activities are all geared to prevent NCDs, empower people living with NCDs and drive the need for policies that protect Ghanaians, especially children and youth from the risk factors of NCDs. Major interventions include:

- **Our Views Our Voices Initiative**

The Our Views Our Voices initiative is based on the premise that an NCD response cannot fully meet the needs of people living with NCDs unless they, the sufferers are meaningfully involved in the process. A major outcome of the initiative intervention is the Ghana Advocacy Agenda of People living with NCDs; a publication entailing the unanimous voices of over one hundred Ghanaians living with NCDs, calling on the government to prioritize their human rights to ensure social justice while promoting NCDs preventive interventions and rendering efficient and affordable health care and support services for people living with NCDs. Currently ongoing under the initiative is a Community Led Monitoring of NCDs healthcare services delivery using the community scorecard. This CLM seeks to improve healthcare service delivery at the community level by building the capacity of community members and people living with NCDs to understand and demand better health conditions from the government.

- **NCDs Risk Factors Prevention (Alcohol Control)**

The harmful use of alcohol is known to be one of the major risk factors of NCDs hence the regulatory environment for the control of alcohol consumption is of paramount interest to GhNCDA. The GhNCDA is currently working in collaboration with the Ministry of Health, Food and Drugs Authority and other stakeholders to finalize and facilitate the adoption of a more robust alcohol control regulation to protect Ghana's children and youth from the availability, affordability, accessibility and indiscriminate advertisement of alcohol. Understanding that the effective control and regulation of alcohol consumption is a function of adequate and relevant data, GhNCDA in January 2022 launched a study report on the situational analysis of alcohol use in Ghana. The study, among others, provides comprehensive evidence, touching on all the ecosystems of alcohol use in Ghana and reviewing the legal and policy context preventing the harmful use of alcohol.

- **Promoting Universal Health Coverage**

The essence of UHC is well established; to ensure that people have equitable access to comprehensive and quality healthcare services at very affordable rates. The impulse of GhNCDA's UHC activities is to ensure reliable NCDs healthcare service delivery, especially at the community level. This is to reduce the out-of-pocket-payment, particularly among people living with NCDs. Our UHC intervention is popularly known for the GhNCDA's annual flagship event, the National High-Level Meeting on NCDs. As of 2022, the GhNCDA had held five consecutive editions of the NHLM which has over the past five years highlighted NCDs as a national priority and convened key public and private sectors stakeholders in various dialogues that project NCDs intervention as an integral aspect of achieving UHC.

- **External Coalition for NCDs Intervention**

As recommended by the UN SDGs Goal 17, the GhNCDA upholds the spirit of collaborations with like-minded individuals and institutions. Among several other joint activities is the currently ongoing advocacy for SSBs tax; a project being co-implemented by GhNCDA, the University of Ghana, the Ghana Academy of Nutrition and Dietetics and the Ghana Public Health Association. The SSBs tax promises to reduce consumption due to higher retail prices, improve health outcomes and generate revenue for the government for health financing.

The GhNCDA approaches have over the years yielded tangible success in the fight against NCDs including;

- Advocacy and training and health promotion
- Meaningful involvement of people living with NCDs and Community mobilization
- Health system strengthening
- Policy and legislation support
- Cross-sectorial engagement

To ensure that the interventions and initiatives of CSOs are sustainable, we recommend that:

- CSOs avoid working in silos but rather collaborate effectively to achieve common goals
- CSOs should engage in evidence-based advocacy especially using locally generated data
- CSOs must view the government as an accountability partner in the fight against NCDs and thus gear their activities towards complementing the government's efforts
- CSOs must prioritize community mobilizations to ensure that members of Ghanaian society can hold the government accountable
- CSOs should involve patient groups/ people living with NCDs in all NCDs interventions

VISION FOR ALTERNATIVE DEVELOPMENT- GHANA

The VALD Ghana, (WHO 2013 World No Tobacco Day Award winner), since its establishment in 2006, has been at the forefront of an organisation that has been advocating and sensitizing tobacco and alcohol control in Ghana. It has since its inception taken up the mandate to hold government accountable and most importantly, prevent corporations from interfering in public health policies and developmental issues. The leadership of VALD Ghana

advocated for the signing and ratification of the WHO-FCTC in 2003 and 2004 respectively. Advocated for the passage of Tobacco Control Measures and Regulations in 2012 and 2016 respectively and was instrumental in the development of the national Alcohol Policy of 2016

VALD Ghana has identified and trained CSOs and the media on tobacco and alcohol control to support advocacy campaigns, particularly on taxation and industry interference in health policies. Supported the formation of Media Alliances on Tobacco Control and Health and Tax Advocacy Network for Health Promotion. Created a network of media on alcohol and NCDs to support advocacy efforts. VALD Ghana and GhNCDCA have engaged widely with policymakers including MoH, MoF/Tax Policy Unit, GRA, FDA, and Parliament on policies in different public health matters. Through its advocacy activities/campaigns and studies like “The Economic of Tobacco Control” and policy briefs on tobacco taxation and health-harming products”, the government has considered tax policies on tobacco and alcohol in the 2023 national budget proposal.

VALD-Ghana continues to be the leading NGO in Ghana advocating for stringent policies and laws on tobacco, alcohol and SSBs taxes/policies. Its work on climate change evolves around air pollution and making big polluters pay for the harm they cause to humanity and the entire universe. It interns to increase its advocacy actions and stakeholders' engagement to ensure that the tax increment is implemented as per the requirement of the ECOWAS and WHO recommendations.

STROKE ASSOCIATION SUPPORT NETWORK-GHANA

Stroke Association Support network-Ghana (SASNET Ghana) is a non-profit, non-governmental organization founded in March 2012. SASNET Ghana's primary purposes include advocacy, raising awareness, and health education/promotion, aimed at reducing the prevalence and incidence of stroke in Ghana. The association's activities and interventions are centered around World Stroke Day activity, Community-Based Rehabilitation Programmes- Termed: Life After Stroke Rehabilitation and support for persons with stroke and their carers; World Hypertension Day activity; World Heart Day activity, National Stroke Survivors Day; World Obesity Day activity etc

BREAST CARE INTERNATIONAL (BCI)

Breast Care International (BCI) was founded in 2002 and is dedicated to creating breast cancer awareness among Ghanaian women and men (with a special focus on rural areas), educating them about the realities of breast cancer, undertaking clinical screening procedures leading to further diagnosis, counselling, treatment and rehabilitation, as well as research into the various breast pathologies.

The BCI program is based on providing free screenings through clinical breast examination and education on breast cancer wherein participants are trained on how to perform breast self-examination and informed of the symptoms of the disease, its implications for health, and the benefits of early detection in improving the chance of survival.

BCI members travel approximately 3 weekends per month to the various regions of the country to conduct outreach programs in the local languages in communities, and also organize urban programmes and frequent talks in the media, especially on the radio, television and online platforms. Since its inception, BCI has screened over 400,000 women for breast cancer in Ghana. During outreach programmes, lectures are given by experts to create awareness and educate communities, including sharing educational materials and infographics. Breast cancer survivors also participate to share their stories and use their personal experiences to encourage others. The importance of mammography, other diagnostic investigations and breast cancer treatments are discussed during the lecture. BCI also partners with International Non-Profits like Susan G. Komen Race for the Cure, Advanced Breast Cancer (ABC) Global Initiative, Global Health Catalyst Summit and other local Non-Profits like GhNCDA in organizing national events.

BCI has also been using its platform to create awareness and educate the population about other cancers like cervical and prostate cancers, and also the common NCDs like hypertension, stroke, diabetes and sickle cell disease. Overall, BCI programs have had a positive impact in Ghana and the organization has been commended by the government. This success highlights a model where civil society can work in collaboration with stakeholders like the governments, private sector and individual philanthropists in improving cancer awareness and education in an approach that can be scaled up across sub-Saharan Africa in collaboration with other initiatives in other countries.

CHAG AND MEDTRONIC LABS

The program, Akoma Pa (meaning healthy or good heart), is an integrated care model that delivers free quality health services and medications leading to improved patient outcomes. AKOMA PA – Integrated NCD Care for the underserved – Christian Health Association of Ghana (CHAG) & Medtronic LABS, funded by GIZ. Its goal is to improve the diagnosis, control, and treatment of patients with hypertension and/or diabetes to minimize life-threatening complications and increase the quality of life in rural Ghana.

A collaboration between Medtronic LABS, CHAG, and Novartis, Akoma Pa is an integrated NCD care model that supports facilities and communities to screen, diagnose, and manage people living with diabetes and hypertension. By providing facilities and Community Health Workers (CHWs) with point-of-care toolkits with blood pressure monitors and glucometers, we strengthened the diagnostic and screening capabilities at the community and facility levels. Medtronic LABS' end-to-end SPICE digital health platform enabled consistent data collection and longitudinal patient records from the community to the facility level. The platform also enabled risk-based management to encourage follow-up with the highest-risk patients and put clinical outcomes first. Novartis provided medications to patients free of cost. In 2022, the program spanned 85 facilities and enrolled ~72,000 patients in care. Of the enrolled patients with follow-ups in the last 3 months of 2022, 70% were adheren

with prescriptions, 58% of hypertension patients had BP readings within the control range, and 60% of diabetes patients had blood glucose readings within the control range.

CHAG's role as key implementers and owners of the program is an important ingredient for the success of this program. By empowering local facilities and CHW staff to conduct program operations, the capabilities for integrated NCD care have been embedded into the facilities for long-term continuation. Local-level partnership and ownership are necessary components for the success of the program. We are currently in joint discussions to structure both the long-term continuation and expansion of the program and ensure greater access to NCD care for all in Ghana.

SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF GHANA, LEGON

Currently moving from Measurement Evaluation, Accountability and Leadership Support for NCDs prevention in Ghana “M.E.A.L.S”. to a Double Duty Policy Bundle: An Example of Impactful Multi-Stakeholder Engagement and Evidence-Informed Advocacy”. The intervention is to address unhealthy food environments and diet-related non-communicable diseases (NCDs) which are predicted to become the leading cause of death in Ghana by 2030.

The overall goal is to address the problem of NCDs through need-driven research, evidence-informed advocacy, multi-stakeholder engagement, and public health policy measures.

The research involves a coalition of academia (led by the University of Ghana School of Public Health) government (including the MOH, GHS, FDA, MOFA, NDPC)*, and civil society actors (including the Ghana NCD Alliance, CAPHA, GPHA, GAND**) are contributing to three food environments improvement initiatives (MEALS4NCDs, HD4HL and A4H Projects). The Coalition use research and evidence synthesis, evidence-informed advocacy and scholarly activism to valorize and increase demand for the healthy food policy in Ghana.

These initiatives led to a national consensus that enactment and implementation of healthy food policies can make unhealthy diets unattractive while making attractive healthier diets. The healthy food policies being delivered as a bundle include – as part of the HD4HL Project are: “Front of Pack Nutrition Labelling Policy, Public Food Procurement and Service Policy, Marketing Regulations, Sugar-Sweetened Beverage (SSB) Tax and other food-related fiscal policy measures”. A recent policy win is the imposition of excise duty (20 per centum of the ex-factory price) on SSBs MOH (Ministry of Health) GHS (Ghana Health Service) MOFA (Ministry of Food and Agric) FDA (Food and Drugs Authority) NDPC (National Development Planning Commission). Some of the HD4HL Project Collaborators. CAPHA (Coalition of Actors for Public Health Advocacy) comprises several CSOs including Ghana NCD Alliance, Ghana Public Health Association (GPHA), Ghana Academy of Nutrition and Dietetics (GAND), etc. MEALS4NCDs (providing Measurement Evaluation, Accountability and Leadership Support for NCDs prevention in Ghana) HD4HL (Healthier Diets for Healthy Lives Project) A4H (Advocating for Health Project)

To cause sustainable improvement in Ghana’s food environments – through this fit-for-local purpose double-duty policies, continued leadership by government actors, evidence synthesis and scholarly activism by academia and civil society advocacy are required.

The Ghana NCD Alliance Secretariat

P. O. Box AN 12126 Accra North-Ghana.

Location: VALD office, No.1 Hamilton Street,
Phaza Plaza Oyarifa, off Aburi-Adenta road.

Tel: +233 (0) 303 938 058

GhanaNCDalliance@gmail.com

 @GhanaNCD

 @GhanaNCD

 @GhanaNCDalliance

