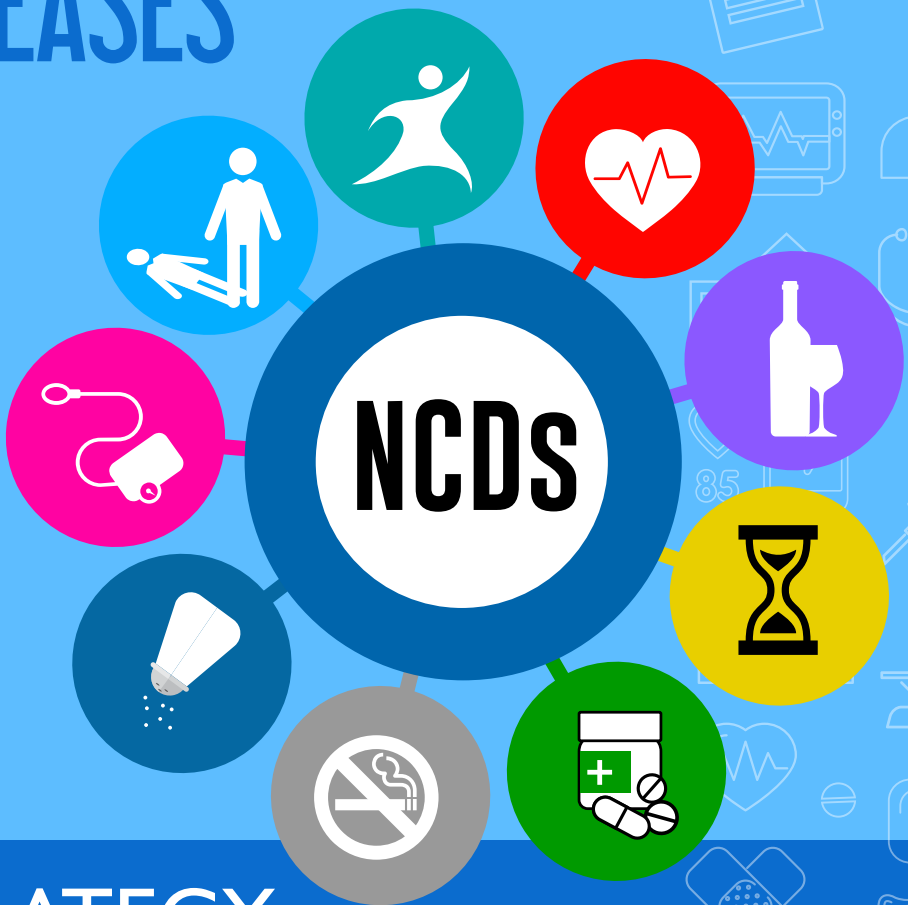
MINISTRY OF HEALTH
REPUBLIC OF GHANA

NATIONAL NON-COMMUNICABLE DISEASES



STRATEGY

For all enquiries,
write to the publishers:

Address:
Technical Coordination Directorate,
Ministry of Health,
P. O. Box MB-44
Accra, Ghana, West Africa

Tel/Fax: +233 302 666366

E-mail: info@moh.gov.gh

Website: www.mohghana.gov.gh

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MINISTRY OF HEALTH
REPUBLIC OF GHANA

STRATEGY PLAN FOR THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES IN GHANA - 2022 - 2026

March, 2022

National Strategy: Non- Communicable Diseases

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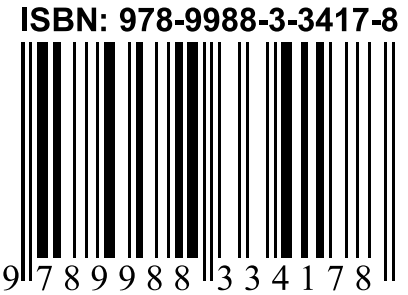

FOREWORD

The increasing burden of NCDs in Low- and Middle-Income Countries calls for the development and implementation of relevant strategies and activities to ensure a reversal of this trend. Ghana's first NCD Policy had a strategic plan detailing strategies and activities to achieve policy objective. Although some major targets such as the establishment of a multisector NCD Steering Committee and the promulgation of Tobacco Control Regulations were achieved, several activities were not implemented. Key among these were the strengthening of the governance system for NCD prevention and control in Ghana and the introduction of Human Papilloma virus vaccine into routine vaccination in Ghana.

With the revision of Ghana's NCD Policy, there is the need to clearly articulate the strategies and activities to implement this in line with policy objectives. This strategic document has been developed to outline broadly the areas of emphasis for the country with respect to NCD prevention and control. Key strategies and corresponding activities have been outlined to address the five (5) broad objectives as defined in the 'Policy for the Prevention and Control of Non-Communicable Diseases in Ghana 2019'. To ensure effective implementation of the proposed strategies in this document, the national NCD Multisectoral Steering Committee will be strengthened with the inclusion of more Government Agencies, Private Sector actors, Civil Society Organizations and patient groups/patient advocacy groups.

The Government of Ghana remains committed to ensuring that the health of its citizens is prioritized. In this regard, the necessary funding needed to successfully implement these strategies and activities would be treated with the utmost urgency it deserves. The Ministry of Health will play its lead role in the implementation of the NCD Policy and this Strategic Plan and will also play a lead role in monitoring and evaluation of the implementation of this strategic plan across all sectors including other Ministries, Departments and Agencies.

Hon. Minister Kwaku Agyeman-Manu (MP)
Minister for Health

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LIST OF ABBREVIATIONS

ABM	Alcohol & Beverage Manufacturers
AGI	Association of Ghana Industries
APS	Association of Private Schools
ANC	Antenatal Care
ARIs	Academic / Research Institutions
AWHC	Adult Wellness Health Card
CG	Corporate Ghana
CHAG	Christian Health Association of Ghana
CSIR	Council for Scientific and Industrial Research
CSOs	Civil Society Organisations
CVD	Cardiovascular Disease
CWC	Child Welfare Clinic
DOFR	Department of Feeder Roads
DOUR	Department of Urban Roads
DUA	Driver Union Associations
EML	Essential Medicines List
FAO	Food and Drugs Authority
FBOs	Faith-Based Organisations
FCDO	Foreign Commonwealth and Development Office
FDA	Food and Drugs Authority
GAQHI	Ghana Association of Quasi-Government Health Institutions
GCNM	Ghana College of Nurses and Midwives
GCP	Ghana College of Pharmacists
GCPS	Ghana College of Physicians and Surgeons
GES	Ghana Education Service
GHS	Ghana Health Service
GIBA	Ghana Independent Broadcasters Association
GIPC	Ghana Investment Promotion Centre
GIS	Ghana Immigration Service
GMA	Ghana Medical Association
GNPC	Ghana National Petroleum Corporation
GPS	Ghana Police Service
GRA	Ghana Revenue Authority
GSFP	Ghana School Feeding Programme
GSS	Ghana Statistical Service
HPV	Human Papilloma Virus
IA	Internal Audit
IC	Internal Control
ISD	Information Services Department
LTL	Local Traditional Leaders
MDAs	Ministries, Departments and Agencies
MGCSP	Ministry of Gender, Children and Social Protection
MHA	Mental Health Authority
MIYCN	Maternal, Infant, Young Child Nutrition

MMDAs	Metropolitan, Municipal and District Assemblies
MOE	Ministry of Education
MOCRA	Ministry of Chieftaincy and Religious Affairs
MOF	Ministry of Finance
MOGCSP	Ministry of Gender Children and Social Protection
MOH	Ministry of Health
MOI	Ministry of Information
MOJAG	Ministry of Justice and Attorney General
MOLGRD	Ministry of Local Government and Rural Development
MORH	Ministry of Roads and Highways
MOT	Ministry of Transport
MOTI	Ministry of Trade and Industry
MOYS	Ministry of Youth and Sport
MTTD	Motor Traffic and Transport Department
NACOB	Narcotics Control Board
NCCE	National Commission for Civic Education
NCD	Non-Communicable Diseases
NDPC	National Development Planning Commission
NGOs	Non-Governmental Organisations
NHC	National House of Chiefs
NPF	Not for Profit Foundations
NRSA	National Road Safety Authority
NSA	National Sports Authority
OHCS	Office of the Head of Civil Service
OPD	Out-Patient Department
PA	Physical Activity
PAs	Professional Associations
PC	Pharmacy Council
PS	Private Sector
PSC	Public Services Commission
PSCH	Parliamentary Select Committee on Health
PEF	Private Enterprises Foundation
PSGh	Pharmaceutical Society of Ghana
PTIs	Physiotherapy Training Institutions
QGF	Quasi Government Facilities
RHC	Regional House of Chiefs
SCD	Sickle Cell Disease
SHEP	School Health Education Programme
SPHs	Schools of Public Health
SPMDP	Society of Private Medical and Dental Practitioners
THs	Teaching Hospitals
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

1. INTRODUCTION

1.1 Background and Situational Analysis

Non-communicable Diseases (NCDs) refer to a broad category of disease conditions characterised by the inability of the affected person to transmit the disease to another person. In contrast to communicable diseases, most NCDs are chronic in nature and are associated with a multiplicity of behavioural risk factors, commonly, physical inactivity, tobacco use, harmful use of alcohol, unhealthy diet and air pollution. Other important risk factors include high blood pressure, high serum lipids, overweight/obesity, raised blood glucose and substance abuse.

Deaths from NCDs globally are very high. The World Health Organisation (WHO) estimates that a total of 41 million deaths or over 71% of global deaths are due to NCDs 1. It is also estimated that over 80% of global deaths from NCDs are due to these four groups of NCDs- Cardiovascular Disease, Cancers, Chronic Respiratory Diseases and Diabetes Mellitus. The high burden of NCDs on the global front has been recognised to be of such importance to be included in the United Nations' Sustainable Development Goals (UN SDGs). Goal 3 of the UN SDGs is focussed on health with target 3.4 aimed at reducing by one-third premature mortality from NCDs through prevention and treatment and promotion of mental health and wellbeing. Other targets of the SDGs (3.6, 3.8, 3.9, 3A, 3B and 3C) have direct implications for NCDs. In addition, the United Nations has placed NCDs further on the international stage with high-level meetings on NCDs further highlighting the importance of NCDs on the global stage.

In the last few decades, NCDs have gained recognition as a significant cause of morbidity and mortality in Ghana. This calls for a concerted response through robust policy formulation and implementation of clearly outlined strategies in a holistic approach to reduce the burden of NCDs. These actions must encompass all relevant sectors and stakeholders including non-health sectors, private sector, development partners and Non-Governmental Organisations (NGOs).

In Ghana, very limited population-based data on NCDs exist. Despite this, available data from research and surveys suggest that NCDs and their associated risk factors are on the ascendancy. Amidst the scarce nationally representative data on NCDs there are pockets of evidence on the growing burden of NCDs in Ghana. This is evident from the assessment of the Global burden of disease study by the Ministry of Health, Ghana in 2016 which shows a surge in the burden of NCDs and the

second leading causes of Disability Adjusted Life Years (DALYs). The Ghana Demographic and Health Survey (GDHS) of 2014 also estimates the prevalence of Hypertension in Ghana at 13% for both sexes among persons 15 to 49 years old However, the prevalence of hypertension in older age groups is estimated to be higher. prevalence of more than 50% among some sections of the Ghanaian population has been reported 3. Similar high prevalence of other NCDs have been reported in Ghana 4,5. Evidence on cancers remain scanty but are assuming public health significance 6–8 as are complications of NCDs such as hypertension and diabetes 9–11.

The WHO estimated that in 2016 there were over 94,000 deaths from NCDs in Ghana 12. The risk of premature death from NCDs among persons aged 30 to 70 years was estimated at 21% 12. The estimated age-standardized prevalence of hypertension of 22 and 28% in rural Ghanaian men and women respectively, with higher prevalence in urban Ghana (34% and 51% for men and women respectively) 13. Nearly half of persons identified with hypertension have target end organ damage suggesting that these persons have had long-standing disease without appropriate treatment 14.

For other NCDs such as Type II Diabetes Mellitus, the association with other co-morbidities such as hypertension and hyperlipidaemia has been found among Ghanaian residents 15. For cancers, evidence of a higher burden among women compared to men has also been found with females accounting for more than two-thirds of cases reported 6–8. Among the women with cancer seen, the commonest cancers were breast (33.9%), cervical (29.4%) and ovarian (11.3%)7. Among males, the commonest reported cancers in Kumasi from the Kumasi Cancer Registry were liver and prostate cancers7,8. For asthma, there is evidence of an increased prevalence among children aged 9–16 years from 3.1% to 5.2% between 1993 and 200316. Although these indicate significant burden of NCDs, there is further evidence of poor awareness on NCDs. For example, a low level of awareness on hypertension and blood pressure control even among known patients 2,17

The burden of NCDs in Ghana is projected to increase due to ageing, rapid urbanization and unhealthy lifestyles. The proportion of children under five years of age who are overweight was less than 1% in 1988 but 3% in 2014. Less than 5% of adults consume adequate amounts of fruits and vegetables2 and about 41% of adults do not engage in any vigorous physical activity 18. Prevalence rates of major risk factors for NCDs – especially poor diets, overweight/obesity, physical inactivity, alcohol consumption and salt intake 19,20 are increasing.

The increasing burden of NCDs and associated risk factors have implications for healthcare delivery in Ghana. In line with the objective of attaining Universal Health Coverage (UHC), in a way that

truly leaves no one behind, access to quality healthcare that ensures financial risk protection for people with NCDs must be assured through the National Health Insurance Scheme (NHIS) and other funding mechanisms.

Ghana's previous strategic plan for Non-Communicable Diseases (NCDs), 'Strategy for the Prevention and Control of Chronic Non-Communicable Diseases' was implemented for the period 2013 to 2017. Following the lapse of the implementation period and the development of a new NCD policy for the country, there was the need to develop a new strategic plan that aligns with national and global agenda for NCDs. As part of the development process, a review of the implementation of the previous strategy provided guidance for the development of the new strategy.

1.2 Vision, Mission and Goal

This Strategic Plan for the prevention and control of NCDs in Ghana reflects the Vision, Mission and Goal of the revised National NCD Policy which are;

1.3 Vision

Attain a healthy population for national development through a reduction in the burden of NCDs.

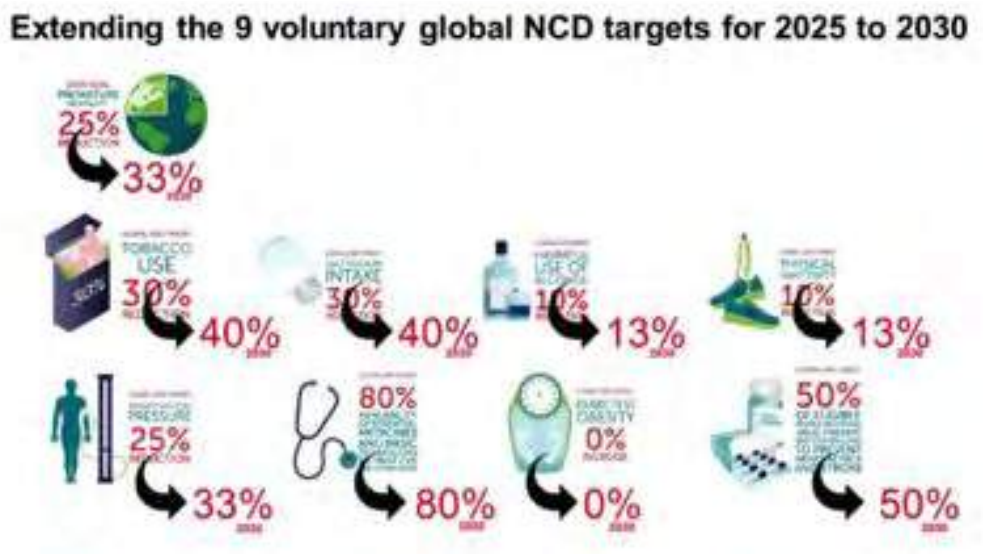
1.4 Mission

Prevent and control avoidable NCD-related morbidity and mortality through health promotion, strengthening of health systems and provision of health resources, partnerships and empowerment of communities.

1.5 Goal

Ensure that the burden of NCDs is reduced to the barest minimum to render it of little or no public health importance and hence not an obstacle to socio-economic development.

The government of Ghana has signed up to the SDG 3.4 Reducing by one third premature mortality due to NCD and the WHO Global NCD voluntary targets by 2025 as below. In extending the global NCD targets to 2030 the following trajectories is established.



Depending on the baseline data to be established by the National NCD STEPS Survey and the intended period of the plan, the target is to help the country achieve the mid-point towards the 2030 target. The figure above summarises the current trajectory for Ghana in relation to achievement of the SDG 3.4 target

In addition, as part of the UHC Roadmap, a service coverage target is set using the existing indicators of treatment coverage and control rates of Hypertension and Diabetes through the National STEPS survey. Preliminary studies suggests a treatment coverage of 20% amongst those diagnosed and as such a target of 200% increase in service coverage is projected subject to the confirmed baseline data to be ascertained from the National STEPS Survey.

2. STRATEGIC OBJECTIVES

This Strategic Plan is based on the five (5) broad objectives for NCD prevention and control as enumerated in the policy. These are:

1. *Reduce exposure to risk factors that contribute to NCDs*
2. *Strengthen early detection and management to reduce morbidity and mortality associated with NCDs*
3. *Strengthen the Health System for NCD Prevention and Control*
4. *Strengthen multi-sectoral collaboration for NCD Prevention and Control*
5. *Ensure sustainable funding and other resources for NCD Prevention and Control*

The strategies and activities to achieve these objectives are discussed in the ensuing sections.

2.1 Objective 1: Reduce exposure to risk factors that contribute to NCDs

Chronic NCDs such as cardiovascular diseases, diabetes and cancers are associated with five (5) major risk factors: unhealthy diets, physical inactivity, tobacco use, harmful use of alcohol and air pollution. Other risk factors include high blood pressure, dyslipidaemia, high blood glucose, overweight/obesity and substance abuse. The following strategies will be implemented to reduce exposure to risk factors that contribute to NCDs:

2.1.1 Strategies:

1. *Public education on risk factors for NCDs*
2. *Public education on mental health, oral health, eye health and injuries including Road Traffic Accidents (RTAs)*
3. *Health education in schools on all NCDs*
4. *Public education on Hepatitis B, Human Papilloma Virus (HPV) and Sickle Cell Disease (SCD)*
5. *Vaccination for HPV as part of the national Expanded Programme for Immunisation (EPI)*
6. *Implementation of Maternal, Infant and Young Child Nutrition (MIYCN) programme*
7. *Provision of safe and enabling environment for physical activities*

Strategy 1: Public education on risk factors for NCDs

There is a general recognition of the critical importance of reducing the level of exposure of populations to the common modifiable risk factors for non-communicable diseases. There is also the need to strengthen the capacity of individuals to make healthier choices and follow lifestyle patterns that foster good health. Public education using appropriate media and the engagement of relevant stakeholders on these major risk factors for NCDs are crucial in implementing this strategy. This will ensure that persons living in Ghana adopt healthy lifestyles from well-structured socio-cultural and context-specific educational programmes. Activities to be implemented under this strategy are shown in Table 1.

Strategy 2: Public education on mental health, oral health, eye health and injuries including RTAs

Mental and Neurological Disorders (MNDs) including depression, anxiety disorders, bipolar disorder, schizophrenia and dementia can be a cause or a consequence of NCDs. Injuries are among the most common and preventable NCDs worldwide. In addition, some NCDs such as diabetes and CVDs result in complications in the eye. Non-Communicable Diseases and oral diseases share similar risk factors such as tobacco use. Empowering individuals and communities with relevant information about these is critical as part of a holistic approach to NCDs prevention and Control. The activities in Table 2 will be carried out in line with this strategy.

Strategy 3: Health education in schools on all NCDs

Children are the foundation of a life-course approach to the prevention of NCDs. The five (5) key shared risk factors commonly associated with adults (tobacco use; diets high in fat, salt and sugar; physical inactivity; air pollution and harmful alcohol intake) can also affect children. In addition, behaviours that foster NCDs are formed in childhood. Integrating education on NCDs into school-based activities is one of the cost-effective interventions which will improve healthy behaviour choices and enable children live long, healthy, productive and fulfilling lives. Activities under this strategy are shown in Table 3:

Strategy 4: Public education on Human Papilloma Virus, Hepatitis B, and Sickle Cell Disease

Individuals have inadequate knowledge about Human Papilloma Virus (HPV) and Hepatitis B and as causes of NCDs. Providing relevant information on these diseases is essential to improve knowledge and reduce the risk of disease. The following activities will be pursued (Table 4).

Strategy 5: Vaccination for HPV as part of national EPI programme

Human Papilloma Virus (HPV) is a cause of cervical cancer and can largely be prevented through vaccination. The activities to achieve this strategy are indicated in Table 5.

Strategy 6: Implementation of Maternal, Infant and Young Child Nutrition Programme

Opportunities to prevent and control non-communicable diseases occur at multiple stages of life; interventions in early life often offer the best chance for primary prevention. Policies, plans and services for the prevention and control of non-communicable diseases need to take into account the health and social needs at all stages of the life course, starting with maternal health and nutrition, and proper infant feeding practices, including promotion of breastfeeding and health promotion for children. The activities to achieve this strategy are indicated in Table 6.

Strategy 7: Provision of safe and enabling environment for physical activity

Regular, moderate intensity physical activity reduces the risk of various NCDs and protects health. Provision of a safe and enabling environment is essential for promoting physical activities in Ghana. Table 7 outlines activities to be implemented under this strategy.

2.2 Objective 2: Strengthen early detection and management to reduce morbidity and mortality associated with NCDs

Most NCDs provide opportunities for better clinical outcomes when detected early. Early detection also has cost implications in terms of treat ment options and duration of treatment. There is therefore the need to institute measures to improve screening and early detection of NCDs. These activities will be linked to care to ensure that persons identified proceed seamlessly towards receiving appropriate treatment. To achieve this objective, the following strategies will be executed:

2.2.1 Strategies;

1. *Promotion of prevention and routine screening for diagnosis of NCDs*
2. *Increase access to care for NCDs at all levels*
3. *Provision of support for counselling and therapy to restore and enable optimum function*

Strategy 1: Promotion of prevention and routine screening for diagnosis of NCDs

To facilitate prevention and routine screening for early detection of NCDs, it is important to have guidelines that spell out what and how the screening will be done at all levels of care. To achieve this, the activities in Table 8 will be pursued.

Strategy 2: Increase access to care for NCDs at all levels

Optimum care of persons with NCDs requires that health care providers at all levels are equipped with technical know-how, the needed tools and resources, including the appropriate devices and medicines, for management and follow up. Management and care guidelines will be developed for the various NCDs and the recommendations of the existing essential medicines list for the various levels will be implemented. Activities to be implemented under this strategy are detailed in Table 9.

Strategy 3: Provision of support for counselling and therapy to restore and enable optimum function

Within the spectrum of NCDs are conditions for which some people will require palliative care and / or rehabilitation services. These may include those who are terminally ill, have disabilities or develop complications from NCDs, have alcohol and substance abuse problems or would like to quit tobacco use. Development and implementation of palliative care guidelines and provision of rehabilitation services for those who need them will be pursued. The activities to achieve Strategy 3 are detailed in Table 10.

2.3 Objective 3: Strengthen the Health System for NCD Prevention and Control

There has been a generally weak response of the health system towards reducing the burden of NCDs in Ghana. To ensure a robust health system that is sufficiently responsive to the growing burden of NCDs, the following strategies will be implemented:

2.3.1 Strategies;

1. *Establish a well-resourced NCD Division under the Ghana Health Service*
2. *Strengthen research on NCDs*
3. *Strengthen surveillance for NCDs*
4. *Build human resource capacity at all levels for NCD prevention and treatment*
5. *Strengthen availability and access to emergency services for injuries*
6. *Institutionalise periodic evaluation of NCD prevention and control activities*

Strategy 1: Establish an NCD Division under the Ghana Health Service

A weak governance system was identified as one of the challenges in the implementation of the 2013- 2017 NCD policy and strategy. The revised NCD Prevention and Control Policy mandates the establishment of an NCD division under Ghana Health Service that will lead the coordination and implementation of NCD-related activities.

Strategy 2: Strengthen research on NCDs

The objective of this strategy is to promote and support national and regional capacity for high-quality research and development for the prevention and control of NCDs. It will ensure active efforts at providing evidence to inform decision making on NCDs. Table 12 details the activities to be implemented under this strategy.

Strategy 3: Strengthen surveillance for NCDs

Continuous, systematic collection, analysis and interpretation of NCD-related data including risk factors will be an essential component of Ghana's efforts at reducing the burden of NCDs. Routine surveys and surveillance of NCDs will be implemented. The activities in Table 13 will be carried out.

Strategy 4: Build human resource capacity at all levels for NCD prevention and treatment

Non-Communicable Diseases require human resources with specific skill sets to manage. Efforts at building the human resource capacity for NCD prevention and control will be strengthened across all levels. The activities to achieve this strategy are detailed in Table 14.

Strategy 5: Strengthen availability and access to emergency services for injuries

Access to time sensitive emergency care services is important in improving outcomes from injuries. This strategy will work to improve availability of emergency services across all levels of healthcare. Activities to be implemented under this strategy are detailed in Table 15.

Strategy 6: Monitoring and evaluation of NCD prevention and control activities

Monitoring and evaluation of NCD control activities will be important in tracking progress of implementation. This will be an integral part of a Monitoring and Evaluation Plan for NCDs. The activities in Table 16 will be executed.

2.4 Objective 4: Strengthen multi-sectoral collaboration for NCD Prevention and Control

A strong health system is essential for NCD prevention and control. How ever, several preventive measures and their implementation lie outside the health sector. Thus, there is the need to identify and harness all potential stakeholders in the prevention and control of NCDs in Ghana. Involving other sectors present an opportunity to implement the WHO recommenda tion of "Health in All Policies". Deliberate efforts will be made at integrat ing NCD prevention and control efforts in the activities of all sectors outside health. The following strategies will be pursued in achieving objective 4 of Ghana's NCD Policy:

2.4.1 Strategies;

1. *Establish a multi-sectoral platform for NCD Prevention and Control*
2. *Formulate, strengthen and enforce legislation, and guidelines to support NCD prevention and control*
3. *Strengthen private sector involvement in NCD prevention and control*
4. *Strengthen partnership with patient advocacy groups for NCDs*
5. *Strengthen partnership with traditional authority to promote NCD prevention and control*

Strategy 1: Establish a multi-sectoral platform for NCD Prevention and Control

A multi-sectoral platform of all major stakeholders for NCD prevention and control in Ghana will be established. The platform will serve as the dissemination, coordination, monitoring and governance structure for NCD prevention and control activities in Ghana. It will provide the opportunity for continuous engagement of all sectors. This platform will be headed by the Minister for Health or his/her representative. Table 17 details activities to be implemented under this strategy.

Strategy 2: Formulate and strengthen legislation and guidelines to support NCD prevention and control

There are several existing legislations on NCD prevention and control. Some of these have challenges with implementation. This strategy will aim at instituting measures to strengthen the implementation of such legal instruments. Beyond these, this strategy will focus on development and enactment of new legislation and guidelines to support NCD prevention and control in Ghana. Table 18 details activities to be implemented under this strategy.

Strategy 3: Strengthen private sector involvement in NCD prevention and control

The private sector has a critical role to play in NCD prevention and control as a significant proportion of clinical care services are provided by private health facilities. This strategy seeks to strengthen collaboration with the private sector including Corporate Ghana to reduce the burden of NCDs. Table 19 details activities to be implemented under this strategy.

Strategy 4: Strengthen partnerships with patient advocacy groups for NCDs

At the heart of implementing NCD prevention and control programmes are persons living with the conditions, whose shared experiences collectively provide a better understanding of the impact of NCDs on human lives. This strategy will aim at engaging patient advocacy groups at all levels of the health care delivery system. The activities in Table 20 will be executed under this strategy.

Strategy 5: Strengthen partnerships with traditional authority to promote NCD prevention and control

Ghana has a strong traditional system that has an important bearing on societal behaviour. This strategy will leverage that authority at national, regional and local levels in the prevention and control of NCDs as detailed in Table 21.

2.5 Objective 5: Ensure sustainable funding and other resources for NCD prevention and control

Adequate and sustainable funding for NCD prevention and control is key to the successful implementation of the plans instituted. One of the biggest challenges faced during the implementation of the 2014 NCD strategic plan for Ghana was the lack of funding. This made it impossible to implement a significant proportion of activities intended in that strategic plan. To ensure the successful implementation of this current plan, the following strategies will be pursued:

2.5.1 Strategies

1. *Increase funding for NCD prevention and management services*
2. *Expand NHIS benefit package to include wellness services, childhood cancers and prostate cancer*
3. *Integrate NCD interventions into all sector planning, budgeting and financial management systems for efficiency and sustainability of services.*

Strategy 1: Increase funding for NCD prevention and management services

This strategy will ensure that there is adequate funding at all levels for NCD prevention and management. Table 22 details the activities to be implemented under this strategy.

Strategy 2: Expand NHIS benefit package to include wellness services, childhood cancers and prostate cancer

This strategy is intended to ensure that some vital preventive and wellness services are available and easily accessible by the population. In addition, prostate cancer and cancers that affect children will be included. The following activities will be executed (Table 23):

Strategy 3: Integrate NCD interventions into all sector planning, budgeting and financial management systems for efficiency and sustainability of services

The strategy will ensure that NCD interventions are integrated into all sector planning, budgeting and financial management systems to ensure efficiency and sustainability in the implementation of cross-sector activities. The details of these activities are indicated in Table 24.

3. IMPLEMENTATION FRAMEWORK AND PLAN

The Strategic Plan for the Prevention and Control of Non-Communicable Diseases in Ghana shall be the means of implementing the strategic interventions in the Policy for the Prevention and Control of Non-Communicable Diseases in Ghana. This edition is for five years (2022-2026) with an implementation cost of thirty-six million, nine hundred and fifty-six thousand, nine hundred and fifty Ghana cedis (Ghc 36,956,950.00) an equivalent of about $5,196,129.3. The breakdown on table below;

3.1 COSTED ACTION PLAN

OBJECTIVES, STRATEGY AND ACTIVITIES	INDICATOR	TOTAL (GHC)
OBJECTIVE 1: Reduce exposure to risk factors that contribute to NCDs		*16,664,250.00*
Strategy 1.1 Public education on risk factors for NCDs		*7,171,500.00*
Activity 1.1.1 Develop Social Behaviour Change Communication (SBCC) strategy on risk factors for NCDs	*SBCC strategy developed*	*524,000.00*
Activity 1.1.2 Roll out SBCC campaign on risk factors for NCDs in print media	*Number of publications /articles in print media*	*70,000.00*
Activity 1.1.3 Roll out SBCC campaign on risk factors for NCDs in electronic media	*Number of radio and TV discussions done*	*700,000.00*
Activity 1.1.4 Establish and publicize social media handles for NCDs	*Social media handles established and publicized*	*30,000.00*
Activity 1.1.5 Manage social media platforms and provide regular updates on NCDs	*Social media platforms managed and regular updates on NCDs provided*	-
Activity 1.1.6 Develop SBCC materials on NCDs and their risk factors	*SBCC materials developed*	*173,500.00*
Activity 1.1.7 Print SBCC materials	*Proportion of SBCC materials printed*	*3,000,000.00*
Activity 1.1.8 Disseminate SBCC materials	*Proportion of SBCC materials disseminated*	*64,000.00*
Activity 1.1.9 NCD education at all contacts with health facilities e.g. at OPDs, ANCs, CWCs etc	*Proportion of health facilities with NCD education as part of health promotion plan*	*1,305,000.00*

OBJECTIVES, STRATEGY AND ACTIVITIES	INDICATOR	TOTAL (GHC)
Activity 1.1.10 Organize NCD champions-led advocacy campaigns	*Number of advocacy campaigns organized*	*1,305,000.00*
Strategy 1.2 Public education on mental health, oral health, eye health and injuries including RTAs		*5,370,000.00*
Activity 1.2.1 Roll out SBCC campaign on mental health, eye health, oral health and injuries in print media	*Number of publication / articles in print media*	-
Activity 1.2.2 Roll out SBCC campaign on mental health, eye health, oral health and injuries in electronic media	*Number of radio and TV discussions done*	
Activity 1.2.3 Develop SBCC materials	*SBCC Materials developed*	
Activity 1.2.4 Print SBCC materials on priority NCDs	*Proportion of priority NCDs with SBCC materials printed*	
Activity 1.2.5 Disseminate SBCC materials	*Proportion of SBCC materials disseminated*	
Activity 1.2.6 Establish and publicize social media handles for NCDs	*Social media handles established and publicized*	
Activity 1.2.7 Manage social medial platforms and provide regular updates on NCDs	*Social media platforms managed and regular updates on NCDs provided*	
Activity 1.2.8 Identify NCD champions/ ambassadors	*Number of NCD champions appointed*	*150,000.00*
Activity 1.2.9 Organize NCD-Champions led advocacy campaigns	*Number of advocacy campaigns organized by NCD champions*	-
Activity 1.2.10 Educate the general public on pre-hospital care and transfer of the injured	*Proportion of district health directorates with pre-hospital care and transfer of the injured included in programme of work*	-
Activity 1.2.11 Educate the general public on Road Safety Issues	*Proportion of Districts undertaking Road Safety campaigns*	*5,220,000.00*
Strategy 1.3 Health education in schools on all NCDs		*3,141,000.00*
Activity 1.3.1 Integrate NCD education into School Health Education Programme	*NCD education integrated into SHEP programme*	*2,479,500.00*
Activity 1.3.2 Implement School Health Education Programmes with NCDs education included	*Proportion of SHEP programmes incorporating NCDs*	*652,500.00*
Activity 1.3.3 Develop age specific NCD modules for use in school curriculum	*Age-specific NCD modules developed*	-
Activity 1.3.4 Integrate NCD education into school lessons (school curriculum)	*Proportion of facilitator -lesson reports with NCDs checked by head teachers and circuit supervisors*	*9,000.00*
Strategy 1.4: Public education on Human Papilloma Virus, Hepatitis B, and Sickle Cell Disease		*195,750.00*
Activity 1.4.1 Roll out SBCC campaign on Hep B, HPV and SCD in electronic media	*Number of radio and TV discussions done*	-
Activity 1.4.2 Roll out SBCC campaign on Hep B, HPV and SCD in print media	*Number of publications /articles in print media*	-

OBJECTIVES, STRATEGY AND ACTIVITIES	INDICATOR	TOTAL (GHC)
Activity 1.4.3 Conduct genetic counselling in SCD for at risk individuals	*Proportion of at risk counselled*	*195,750.00*
Strategy 1.5 Vaccination for HPV as part of the national Expanded Programme for Immunisation (EPI)		*9,000.00*
Activity 1.5.1 Include HPV vaccination as part of Ghana's EPI for eligible girls and boys	*Inclusion of HPV in Ghana's EPI*	-
Activity 1.5.2 Integrate education on HPV into existing SHEP programme	*Education on HPV integrated into SHEP programme*	*9,000.00*
Strategy 1.6 Implementation of Maternal, Infant and Young Child Nutrition (MIYCN) programme		*612,000.00*
Activity 1.6.1 Revise and update the national MIYCN Strategy	*MIYCN Strategy updated*	*165,000.00*
Activity 1.6.2 Scale-up of MIYCN Strategy	*Proportion of facilities implementing MIYCN Strategy*	-
Strategy 1.7: Provision of safe and enabling environment for physical activity		*612,000.00*
Activity 1.7.1 Develop guidelines on Physical Activity (PA)	*Guidelines developed*	-
Activity 1.7.2 Roll out SBCC campaign on physical activity in electronic media	*Number of radio and TV discussions done*	-
Activity 1.7.3 Roll out SBCC campaign on physical activity in print media	*Number of publications/ articles in print media*	-
Activity 1.7.4 Organise corporate and community health walks	*Number of corporate and community walks organized*	*600,000.00*
Activity 1.7.5 Establish designated areas for physical activities in every district	*Proportion of districts with at least one designated area for physical activities created*	
Activity 1.7.6 Department of Urban Roads to re-engineer all new road projects to provide for pedestrian walkways	*Proportion of new roads with pedestrian walkways*	*12,000.00*
OBJECTIVE 2: Strengthen early detection and management to reduce morbidity and mortality associated with NCDs		*7,076,750.00*
Strategy 2.1: Promotion of NCD prevention and routine screening of NCDs		*2,829,500.00*
Activity 2.1.1 Develop national screening guidelines for NCDs	*Screening guidelines developed*	-
Activity 2.1.2 Implement national screening guidelines for NCDs	*Proportion of health facilities implementing screening guidelines*	*2,479,500.00*
Activity 2.1.3 Develop new-born SCD screening guidelines	*New-born SCD screening guidelines developed*	*175,000.00*
Activity 2.1.4 Establish national screening programme for sickle cell in at-risk new-borns	*Proportion of health facilities offering new-born screening services for sickle cell*	
	Proportion of at-risk new-borns screened	-
Activity 2.1.5 Conduct routine and opportunistic BP, blood sugar and urine dipstick checks at all health facilities for persons ≥ 30 year	*Proportion of health facilities offering routine and opportunistic BP, blood sugar and urine dipstick checks*	-

OBJECTIVES, STRATEGY AND ACTIVITIES	INDICATOR	TOTAL (GHC)
Activity 2.1.6 Develop guidelines on wellness clinics and Adult Wellness Health Card (AWHC)	*AWHC guidelines developed* *Proportion of health facilities with health and wellness clinics established*	*175,000.00*
Activity 2.1.7 Establish wellness clinics across the country	*Proportion of at-risk new-borns screened*	-
Activity 2.1.8 Orient health workers to provide services related to AWHC	*Proportion of health facilities with staff trained on wellness clinic and AWHC guidelines*	-
Strategy 2.2: Increase access to care for NCDs at all levels	*NCD management guidelines for specific NCDs developed*	*1,589,750.00*
Activity 2.2.1 Develop management guidelines and referral protocols for specific NCDs	*Proportion of facilities with no stock outs of essential NCD medicines (use targets in EML)*	*175,000.00*
Activity 2.2.2 Implement Essential Medicine List (EML) for NCDs	*Proportion of facilities with no stock outs of essential Mental*	-
Activity 2.2.3 Implement Essential Medicine List (EML) for mental health	*Health Medicines (use targets in EML)*	-
Activity 2.2.4 Develop guidelines on medical devices required to manage NCDs at various levels of care	*Medical device guidelines developed*	*175,000.00*
Activity 2.2.5 Implement guidelines for medical devices for NCDs	*Proportion of facilities with appropriate medical devices to monitor NCDs (use targets in medical device guideline)*	*1,239,750.00*
Strategy 2.3: Provision of support for counselling and therapy to restore and enable optimum function		*2,657,500.00*
Activity 2.3.1 Develop national guidelines for palliative care	*Guidelines developed*	*175,000.00*
Activity 2.3.2 Implement national guidelines for palliative care	*Proportion of Health facilities with trained staff on palliative care*	*1,239,750.00*
Activity 2.3.3 Monitor use of narcotics in palliative care	*Per capita consumption of morphine*	-
Activity 2.3.4 Integrate rehabilitation and palliative care services into existing health system	*Proportion of regional and teaching hospitals offering rehabilitation services*	
	Proportion of regional and teaching health facilities offering palliative care services	
	Proportion of district hospitals with physiotherapists	
	Proportion of regional and teaching hospitals with health personnel trained in palliative care	-

OBJECTIVES, STRATEGY AND ACTIVITIES	INDICATOR	TOTAL (GHC)
Activity 2.3.5 Implement tobacco clinical cessation guidelines	*Proportion of regional and teaching hospitals with health personnel trained in tobacco clinical cessation services*	*1,239,750.00*
Activity 2.3.6 Encourage establishment of rehabilitation facilities by the private sector (Recreational centres, Old people's homes, Extended hospital stay facilities)	*Number of engagements with private sector*	-
Activity 2.3.7 Establish rehabilitation centres for alcohol and other substance abuse	*Proportion of regional level facilities with alcohol and other substance abuse rehabilitation services*	-
Activity 2.3.8 Include breast reconstruction in the benefits package for breast cancer treatment	*Breast reconstruction included in the benefits package*	*3,000.00*
Activity 2.3.9 Establish stroke rehabilitation centres in all regional and Teaching Hospitals	*Stroke rehabilitation centres established*	-
OBJECTIVE 3: Strengthen the Health System for NCD Prevention and Control		*5,310,450.00*
Strategy 3.1: Establish a well resourced NCD Division under the Ghana Health Service		*33,500.00*
Activity 3.1.1 Develop a proposal to establish NCD Division	*Proposal developed*	*18,500.00*
Activity 3.1.2 Submit proposal for creation of NCD Division to GHS Council	*Proposal submitted to Public Services Commission*	-
Activity 3.1.3 Launch NCD Division	*NCD Division Launched*	*15,000.00*
Strategy 3.2: Strengthen research on NCDs		*1,347,850.00*
Activity 3.2.1 Establish a network of researchers on NCD	*NCD Research network established*	*3,000.00*
Activity 3.2.2 Convene NCD Research network meetings	*Number of meetings held*	*60,000.00*
Activity 3.2.3 Synthesise research on different NCDs in Ghana	*Systematic review on different NCDs completed*	-
Activity 3.2.4 Build capacity for NCD research at the National level	*Number of capacity building workshops organized*	*156,000.00*
Activity 3.2.5 Build capacity for NCD research at the regional and district	*Number of regions with capacity building workshop organized.*	
	Number of districts with capacity building workshop organized	*743,850.00*

OBJECTIVES, STRATEGY AND ACTIVITIES	INDICATOR	TOTAL (GHC)
Activity 3.2.6 Hold a national NCD Research conference	*National NCD Research conference held*	*385,000.00*
Strategy 3.3: Strengthen surveillance for NCDs		*1,148,800.00*
Activity 3.3.1 Conduct WHO STEPS Survey	*STEPS Survey conducted*	*85,000.00*
Activity 3.3.2 Review existing data collection instruments on NCDs for DHIMS	*Data collection instruments reviewed*	*85,000.00*
Activity 3.3.3 Train all districts on updated NCD Data collection instruments	*Proportion of Districts trained on updated NCD data collection instruments*	*861,300.00*
Activity 3.3.4 Establish five (5) additional Cancer Registries	*Five (5) Cancer registries established*	*58,750.00*
Activity 3.3.5 Establish Sentinel sites for different NCDs	*Number of Sentinel sites established*	*58,750.00*
Activity 3.3.6 Include NCD indicators in Ghana demographic and health survey (GDHS)	*NCD indicators included in GDHS*	-
Activity 3.3.7 Include NCD indicators in Multiple Indicator Cluster Survey (MICS)	*NCD indicators included in MICS*	-
Strategy 3.4: Build human resource capacity at all levels for NCD prevention and treatment		*2,300,300.00*
Activity 3.4.1 Disseminate NCD policy and strategy	*% of regions with NCD policy and strategy disseminated*	
	% of districts with NCD policy and strategy disseminated.	-
Activity 3.4.2 Train front-line staff at all levels to implement the NCD screening guidelines	*% of districts hospitals with front-line staff trained to carry out NCD screening guidelines*	
	% of Health Centres with front-line staff trained to carry out NCD screening guidelines	
	% of CHPS staff trained to carry out NCD screening guidelines	-

OBJECTIVES, STRATEGY AND ACTIVITIES	INDICATOR	TOTAL (GHC)
Activity 3.4.3 Train front-line staff at all levels including private facilities, to carry out screening for cervical and breast cancer	*% of regions with front-line staff trained to carry out cervical and breast cancer screening*	
	% of districts with front-line staff trained to carry out cervical and breast cancer screening	
	% of health centres with front-line staff trained to carry out cervical and breast cancer screening	
	% of CHPS staff trained to carry out cervical and breast cancer screening	
	% of Private facilities with front-line staff trained to carry out cervical and breast cancer screening	*237,500.00*
Activity 3.4.4 Train front-line staff at the all levels to provide basic mental health services	*% of districts with front-line staff trained to provide mental health services*	
	% of health centres with front-line staff trained to provide mental health services	
	% of CHPS staff trained to provide mental health services	-
Activity 3.4.5 Train front-line staff at the district level to provide palliative care services	*% of districts with front-line staff trained to provide palliative care services*	-
Activity 3.4.6 Provide Physiotherapy services at the district level facilities	*% of districts level facilities with Physiotherapy services*	*1,239,750.00*
Activity 3.4.7 Train front-line staff at the district and sub-districts level to carry out screening for diabetic retinopathy	*% of district hospitals with front-line staff trained to screen for diabetic retinopathy*	*743,850.00*
	% of health centres with front-line staff trained to screen for diabetic retinopathy	-
Activity 3.4.8 Establish regional centres for glaucoma screening	*% of regions with glaucoma screening centres* *Number of regional cervical cancer screening centres*	
Activity 3.4.9 Establish regional training centres for cervical and breast cancer screening	*% of Teaching Hospital facilities with multidisciplinary mental health teams*	
Activity 3.4.10 Establish multidisciplinary teams (psychiatrist, psychologist, occupational therapist, social workers) to provide mental health services	*% of regional hospitals with multidisci-plinary mental health teams*	*79,200.00*
	% of health facilities with emergency units	-
Strategy 3.5: Strengthen availability and access to emergency services for injuries	*% of Ministries with first aid facilities*	*480,000.00*
Activity 3.5.1 Establish emergency units in all health facilities	*% of Ministries with evacuation plan*	-
Activity 3.5.2 Establish first aid units in all Ministries	*Number of Accident and*	-
Activity 3.5.3 Develop evacuation plans for all Ministries	*Emergency centres established along major highways*	-
Activity 3.5.4 Establish accident and emergency centres at vantage points along major highways	*Number of commercial driver unions with members trained*	-
Activity 3.5.5 Train commercial driver unions, on pre-hospital care for the injured	*Baseline (B), Midterm(M) and*	*480,000.00*
Strategy 3.6: Institutionalise periodic evaluation of NCD prevention and control activities		-
Activity 3.6.1 Conduct baseline, Midterm and End-line evaluation of the NCD prevention and control activities	*End-line (E) evaluation activities*	-

OBJECTIVES, STRATEGY AND ACTIVITIES	INDICATOR	TOTAL (GHC)
Activity 3.6.2 Incorporate annual review of NCD prevention and control activities into the Annual Health Sector Review	*Review of NCD prevention and control activities incorporated into Annual Health Sector Review reports*	-
Activity 3.6.3 Review indicators and targets of the NCD prevention and control activities based on the periodic evaluation findings	*Relevant indicators and targets revised*	-
OBJECTIVE 4: Strengthen multi-sectoral collaboration for NCD Prevention and Control		*7,172,000.00*
Strategy 4.1: Establish a multi-sectoral platform for NCD Prevention and Control		*1,530,000.00*
Activity 4.1.1 Establish a Multi-sectoral NCD Steering committee	*Steering Committee established*	-
Activity 4.1.2 Institute quarterly meetings for the Multi-sectoral NCD Steering Committee	*Number of meetings held*	*1,530,000.00*
Strategy 4.2: Formulate and strengthen legislation and guidelines to support NCD prevention and control		*3,695,000.00*
Activity 4.2.1 Ratify the protocol on Illicit Trade of Tobacco products	*Protocol Ratified*	*85,000.00*
Activity 4.2.2 Develop guidelines for the implementation of the Protocol on Illicit Trade in Tobacco	*Guidelines developed*	*100,000.00*
Activity 4.2.3 Implement new tax system on Tobacco products	*Taxation reviewed*	-
Activity 4.2.4 Develop and pass LI on Alcohol control in Ghana in line with the Public Health Act 851	*LI developed and passed by parliament*	*495,000.00*
Activity 4.2.5 Develop and pass legislation on reduced taxation on medicines and devices for NCDs	*Legislation developed and passed*	-
Activity 4.2.6 Monitor compliance with the Alcohol Policy	*Survey Report on labelling of alcoholic products in Ghana*	-
Activity 4.2.7 Conduct survey on compliance with tobacco control regulations	*Proportion of public places with "no smoking" signs clearly displayed*	*672,000.00*
Activity 4.2.8 Conduct routine surveillance on alcohol use among drivers	*Number of Surveys conducted*	*1,436,000.00*
Activity 4.2.9 Enact legislation to regulate marketing of sugar-sweetened beverages and foods high	*Legislation enacted*	*437,000.00*
in trans-fatty acids and salt for children and adults	*NCD Prevention activities included in Community Scorecard*	-
Activity 4.2.10 Adapt the Community Scorecard to include NCD prevention activities	*Standards developed and enforced*	*235,000.00*
Activity 4.2.11 Develop and enforce food safety standards related to NCDs	*Number of engagements with food industry players*	
	Percentage reduction in salt content of processed food	-
Activity 4.2.12 Engage food industry to systematically reduce salt content in processed foods	*Guidelines developed*	*235,000.00*
Activity 4.2.13 Develop guidelines for Nutrition-friendly schools	*Proportion of schools implementing Nutrition friendly guidelines*	-
Activity 4.2.14 Implement Nutrition Friendly Guidelines in schools	*Published league tables for Nutrition-friendly schools at the national, regional and district levels*	-
Activity 4.2.15 Develop league tables for Nutrition-friendly schools	*Number of engagements with corporate bodies on NCD prevention and control*	*396,000.00*
Strategy 4.3: Strengthen private sector involvement in NCD prevention and control		*99,000.00*
Activity 4.3.1 Engage and support Corporate Ghana (private sector) to implement NCD prevention and control policy	*Number of engagements undertaken*	*99,000.00*
Activity 4.3.2 Engage Private Medical and Dental Practitioners on NCD Policy and Strategy	*Number of regions with PPPs for comprehensive NCD care established*	*99,000.00*
Activity 4.3.3 Establish Public Private Partnerships for the provision of comprehensive services for NCDs in all regions	*Number of rehabilitation centres established*	*99,000.00*
Activity 4.3.4 Support Private sector to establish rehabilitation centres	*Mapping of patient supportgroups conducted*	*1,056,000.00*
Strategy 4.4: Strengthen partnerships with patient advocacy groups for NCDs		*528,000.00*

OBJECTIVES, STRATEGY AND ACTIVITIES	INDICATOR	TOTAL (GH₵)
Activity 4.4.1 Conduct mapping of existing NCD patient support groups	*Mapping of patient support groups conducted*	*528,000.00*
Activity 4.4.2 Support the creation of patient support groups for various NCDs	*Number of patient support groups for specific NCDs created*	*528,000.00*
Activity 4.4.3 Conduct education sessions on specific NCDs	*Number of meetings held*	-
Activity 4.4.4 Support Patient advocacy groups to raise funds for their activities	*Number of fundraising activities carried out*	-
Strategy 4.5: Strengthen partnerships with traditional authority to promote NCD prevention and control		*495,000.00*
Activity 4.5.1 Conduct sensitization sessions on NCDs with National House of Chiefs	*Number of Sensitisation sessions held*	*495,000.00*
Activity 4.5.2 Conduct sensitisation sessions on NCDs with regional houses of chiefs	*Number of regions with sensitisation sessions on NCDs held*	-
Activity 4.5.3 District Health Directorates to engage local traditional leaders to promote NCD prevention and control	*Proportion of districts with community engagement activities implemented*	-
Activity 4.5.4 Identify traditional authorities to lead in advocacy for NCD prevention and control	*Number of traditional rulers designated as NCD advocates*	-
Activity 4.5.5 Traditional authorities to conduct advocacy sessions on NCDs	*Number of advocacy sessions organised by designated traditional advocates*	-
OBJECTIVE 5: Ensure sustainable funding and other resources for NCD Prevention and Control		*733,500.00*
Strategy 5.1: Increase funding for NCD prevention and management services		*301,500.00*
Activity 5.1.1 Develop a Resource Mobilisation Plan (RMP) for NCDs	*RMP in placed*	*159,000.00*
Activity 5.1.2 Conduct NCD Donor Mapping	*Donor Mapping in place*	-
Activity 5.1.3 Organize resource mobilization conference for potential partners (donor partners, corporate Ghana, churches)	*Number of resource mobilization conferences organized*	*142,500.00*
	% of funding target achieved per RM plan	-
Activity 5.1.4 Establish a national NCD Fund	*NCD Fund established*	-
Activity 5.1.5 Ensure disbursement of allocated funds for NCD related activities	*% of budgeted funds for NCD related activities disbursed*	-
Activity 5.1.6 Include budget lines for NCD related activities in all ministries	*Proportion of Ministries with budget lines for NCDs*	-
Activity 5.1.7 Expand NHIS benefit package to include services provided at Wellness clinics	*Wellness services included in NHIS benefit package*	-
Activity 5.1.8 Include childhood cancers and prostate cancer in the NHIS benefit package	*Childhood cancers and prostate cancer included in the benefit package*	-
Strategy 5.2: Expand NHIS benefit package to include wellness services, childhood cancers and prostate cancer		-
Activity 5.2.1 Expand NHIS benefit package to include services provided at Wellness clinics	*Wellness services included in NHIS benefit package*	-
Activity 5.2.2 Include childhood cancers and prostate cancer in the NHIS benefit package	*Childhood cancers and prostate cancer included in the benefit package*	-
Strategy 5.3: Integrate NCD interventions into all sector planning, budgeting and financial management systems for efficiency and sustainability of services		*432,000.00*
Activity 5.3.1 Integrate NCD interventions into planning and budget processes for Ministries	*NCD interventions integrated into planning and budgeting processes for Ministries*	-
Activity 5.3.2 Strengthen Internal Audit and Control Systems at National, Regional and District Levels to include NCD activities	*Financial management of NCD interventions integrated into internal audit and control systems*	*432,000.00*
GRAND TOTAL		*36,956,950.00*

3.2 Resource Mobilisation and Financing

Mobilising the requisite resources including financial, capital, and human resources is key to the successful implementation of the Strategic Plan. The Ministry of Health in collaboration with relevant stakeholders and partners shall mobilize the needed resources for the implementation of the framework and plan.

Financing options will include, but not limited to:

- *GoG Budgetary Support*
- *Internally Generated Funds*
- *Development Partners*
- *Corporate Bodies*
- *Civil Society/ Non-Governmental Organisations*
- *Public-Private Partnerships*
- *National Health Insurance Scheme*

3.3 Institutional Arrangements for Implementation

The implementation of the Strategic Plan shall be a collective action by all stakeholders and partners led by the MoH through the Common Management Arrangement (CMA) of the health sector. The Ministry shall continue to play its role in leading the development of policies/strategies in planning, regulating, coordinating, monitoring, and evaluating the sector. The Minister for Health shall provide the overall political direction in the execution and implementation of the Plan. The MoH shall work with and through frontline agencies, MDAs, and other stakeholders whose mandate covers respective areas of the Policy using existing systems and structures including:

1. *High Level Inter-ministerial Committees*
2. *The NCD Steering Committee*
3. *The Inter-Agency Leadership Committee (IALC)*
4. *The Health Sector Working Group (HSWG)*
5. *Inter-Agency Committees and Standing Committees*
6. *Business Meetings*
7. *Annual Health Summit*
8. *Decentralised Level Dialogue*
9. *Annual Policy Dialogue*

The Minister for Health shall designate a directorate(s) to coordinate the implementation of the Plan.

3.4 Roles and Responsibilities

3.4.1 Objective 1: Reduce exposure to risk factors that contribute to NCDs

Table 1: Planned activities for public education on risk factors for NCDs

	Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
			2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
1	Develop Social Behaviour Change Communication (SBCC) strategy on risk factors for NCDs	SBCC strategy developed	X					GH	WHO, EPA, MoH (FDA), GBC, GES, GIBA, GJA, ISD, MOI, NCCE, NRSA, NGOs in Health
2	Roll out SBCC campaign on risk factors for NCDs in print media	Number of publications/ articles in print media	2	5	5	5	5	GH	WHO, EPA, GES, GIBA, GJA, ISD, MOI, NCCE, Media, NRSA, NGOs in Health, GNA, MMDAs, MoH and its agencies
3	Roll out SBCC campaign on risk factors for NCDs in electronic media	Number of radio and TV discussions done	10	20	20	30	20	GH	WHO, EPA, FDA, GBC GES, GIBA, GJA, ISD, MOI, NCCE, NRSA, NGOs in Health, MMDAs, MoH and its agencies
4	Establish and publicize social media handles for NCDs	Social media handles established and publicized	X					GH	WHO, FCDO (DFID), NGOs in Health, MoI
5	Manage social media platforms and provide regular updates on NCDs	Social media platforms managed and regular updates on NCDs provided	X	X	X	X	X	GH	WHO, FCDO (DFID), MoH and Its agencies
6	Develop SBCC materials on NCDs and their risk factors	SBCC materials developed	X					GH	WHO, Media, GES, GIBA, NCCE, NGOs in Health, NRSA, MoH and its Agencies

	Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
			2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
7	Print SBCC materials	Proportion of SBCC materials printed		25%	50%	75%	100%	GH	WHO, FDA, Media, GES, GIBA, NGOs in Health, NRSA, UNICEF, MoH and its Agencies
8	Disseminate SBCC materials	Proportion of SBCC materials disseminated		25%	50%	75%	100%	GH	WHO, EPA, Media, GES, GIBA, GJA, ISD, MOI, NCCE NGOs in Health, NRSA, MoH and its Agencies
9	NCD education at all contacts with health facilities e.g. at OPDs, ANCs, CWCs etc	Proportion of health facilities with NCD education as part of health promotion plan		25%	50%	75%	100%	GH	WHO, CHAG/FBOs, THs, SPMDP, Quasi-government
10	Organize NCD champions-led advocacy campaigns	Number of advocacy campaigns organized		2	2	2	2	GH	WHO, NGOs in Health, MoH and its Agencies

Table 2: Planned activities for public education on mental health, oral health, eye health and injuries including RTAs

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Roll out SBCC campaign on mental health, eye health, oral health and injuries in print media	Number of publication / articles in print media	2	5	5	5	5	GHS	WHO, MoH (MHA, FDA), Media, GES, GIBA, ISD, NCCE, NGOs in Health, NRSA, FCDO (DFID),
Roll out SBCC campaign on mental health, eye health, oral health and injuries in electronic media	Number of radio and TV	10	20	20	20	20	GHS	WHO, FCDO (DFID), Media, GES, GIBA, ISD, NCCE, NGOs in Health, NRSA, MoH (MHA, FDA)
Develop SBCC materials	SBCC Materials developed	X						WHO, FCDO (DFID), MoH (MHA, FDA), GNA, GES, GIBA, ISD, NCCE, NGOs in Health, NRSA
Print SBCC materials on priority NCDs	Proportion of priority NCDs with SBCC materials printed		50%	100%			GHS	WHO, FCDO (DFID), MoH (MHA, FDA), Media, GES, GIBA, ISD, NCCE, NGOs in Health, NRSA
Disseminate SBCC materials	Proportion of SBCC materials disseminated		25%	50%	75%	100%	GHS	WHO, FCDO (DFID), MoH (MHA, FDA), Media, GES, GIBA, ISD, MOI, NCCE, NGOs in Health, NRSA, media
Establish and publicize social media handles for NCDs	Social media handles established and publicized	X					GHS	WHO, DFID, NGOs in Health
Manage social medial platforms and provide regular updates on NCDs	Social media platforms managed and regular updates on NCDs provided	X	X	X	X	X	GHS	WHO, FCDO (DFID), NGOs in Health, MoH and its Agencies
Identify NCD champions/ ambassadors	Number of NCD champions appointed		2	5	5	5	GHS	WHO, FCDO (DFID), NGOs in Health, MoH and its Agencies
Organize NCD-Champions led advocacy campaigns	Number of advocacy campaigns organized by NCD champions		4	10	10	10	GHS	WHO, FCDO (DFID), NGOs in Health, MoH and its Agencies, NGOs in Health
Educate the general public on pre-hospital care and transfer of the injured	Proportion of district health directorates with pre-hospital care and transfer of the injured included in programme of work	20	40	80	10	10	NAS	WHO, MoH (Training Institutions, GHS) GIBA, GJA, Media, GNFS, GPRTU, GPS, NADMO, NRSA, Red Cross
Educate the general public on Road Safety Issues	Proportion of Districts undertaking Road Safety campaigns	100%	100%	100%	100%	100%	NRSA	WHO, MoH (GHS, FDA) GIBA, GJA, Media, GPRTU, ISD, MTTD, MLGRD, UNICEF

Table 3: Planned activities for Health education on NCDs in schools

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Integrate NCD education into School Health Education Programme	NCD education integrated into SHEP programme	X	X	X	X	X	GES	WHO, GHS, UNICEF,
Implement School Health Education Programmes with NCDs education included	Proportion of SHEP programmes incorporating NCDs	10%	20%	40%	80%	100%	GES	WHO, GHS, UNICEF,
Develop age specific NCD modules for use in school curriculum	Age-specific NCD modules developed	X					GES	WHO, GHS, MOE, UNICEF
Integrate NCD education into school lessons (school curriculum)	Proportion of facilitator -lesson reports with NCDs checked by head teachers and circuit supervisors	10%	20%	40%	80%	100%	GES	WHO, GHS, MOE, UNICEF

Table 4: Planned activities for public education on Human Papilloma Virus, Hepatitis B and Sickle Cell Disease

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Roll out SBCC campaign on Hep B, HPV and SCD in electronic media	Number of radio and TV discussions done	10	20	20	20	20	GHS	WHO, Media, GIBA, NCCE, NGOs in Health
Roll out SBCC campaign on Hep B, HPV and SCD in print media	Number of publications / articles in print media	2	5	5	5	5	GHS	WHO, Media, GIBA, GJA, NCCE, NGOs in Health, PRINPAG
Conduct genetic counselling on SCD for at risk individuals	Proportion of at risk counselled		20%	40%	80%	100%	GHS	WHO

Table 5: Activities on vaccination for HPV as part of national EPI programme

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Include HPV vaccination as part of Ghana's EPI for eligible girls and boys	Inclusion of HPV in Ghana's EPI	X					MoH	WHO, FDA, GHS, UNICEF,
Integrate education on HPV into existing SHEP programme	Education on HPV integrated into SHEP programme	X					GES	WHO, GHS, UNICEF

Table 6: Planned activities for the implementation of Maternal, Infant and Young Child Nutrition Programme

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Revise and update the national MIYCN Strategy	MIYCN Strategy updated	X					GHS	WHO, FAO, FDA, GSFP, MOE, MOGCSP, NDPC, UNICEF,
Scale-up of MIYCN Strategy	Proportion of facilities implementing MIYCN Strategy		25%	50%	75%	100%	GHS	WHO, FDA, NDPC, UNICEF

Table 7: Activities on provision of safe and enabling environment for physical activities

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Develop guidelines on Physical Activity (PA)	Guidelines developed	X					MOYS	WHO, GHS, NGOs, NSA
Roll out SBCC campaign on physical activity in electronic media	Number of radio and TV discussions done	10	20	20	20	20	MOYS	WHO, GHS, NGOs, NSA
Roll out SBCC campaign on physical activity in print media	Number of publications/ articles in print media	2	5	5	5	5	MOYS	WHO, GBC, GHS, GIBA, GJA, NCCE, NGOs, PRINPAG,
Organise corporate and community health walks.	Number of corporate and community walks organized	2	4	4	2	2	MOYS	WHO, CG, GBC, GHS, GIBA, NCCE, NGOs, NRHC
Establish designated areas for physical activities in every district	Proportion of districts with at least one designated area for physical activities created		25%	50%	75%	100%	MLG RD	WHO, GHS, MOYS, NGOs
Department of Urban Roads to re-engineer all new road projects to provide for pedestrian walkways	Proportion of new roads with pedestrian walkways		10%	20%	40%	80%	MRH	GHS, GHA, NRSA, DOUR, DOFR

3.4.2 Objective: 2 Strengthen early detection and management to reduce morbidity and mortality associated with NCDs

Table 8: Planned activities for health promotion and routine screening for NCDs

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Develop national screening guidelines for NCDs	Screening guidelines developed	X					GHS	WHO, CHAG, GMA, GRNMA, MoH, PSGh, SPMDP, THs
Implement national screening guidelines for NCDs	Proportion of health facilities implementing screening guidelines	X					GHS	WHO, CHAG FBO, GAQHI, MoH, SPMDP, THs
Develop new-born SCD screening guidelines	New-born SCD screening guidelines developed	X					GHS	WHO, CHAG FBO, GAQHI, MoH, SPMDP, THs
Establish national screening programme for sickle cell in at-risk new-borns	Proportion of health facilities offering new-born screening services for sickle cell			10%	20%	50%	GHS/ MoH	WHO, CHAG FBO, GAQHI, SPMDP, THs
	Proportion of at-risk new-borns screened						GHS/ MoH	WHO, CHAG FBO, GAQHI, SPMDP, THs

3.4.2 Objective: 2 Strengthen early detection and management to reduce morbidity and mortality associated with NCDs

Table 8: Planned activities for health promotion and routine screening for NCDs

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Conduct routine and opportunistic BP, blood sugar and urine dipstick checks at all health facilities for persons ≥ 30 years	Proportion of health facilities offering routine and opportunistic BP, blood sugar and urine dipstick checks			10%	20%	50%	GHS	WHO, CHAG/FBO, MoH, SPMDP, THs
Develop guidelines on wellness clinics and Adult Wellness Health Card (AWHC)	AWHC guidelines developed	X					GHS	WHO, CHAG FBO, MoH, SPMDP, THs
Establish wellness clinics across the country	Proportion of health facilities with health and wellness clinics established	5%	10%	15%	30%	50%	GHS	WHO, CHAG FBO, MoH, SPMDP, THs
Orient health workers to provide services related to AWHC	Proportion of health facilities with staff trained on wellness clinic and AWHC guidelines	5%	10%	20%	40%	60%	GHS	WHO, CHAG FBO, MoH, SPMDP, THs

Table 9: Planned activities to increase access to care for NCDs at all levels

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Develop management guidelines and referral protocols for specific NCDs	NCD management guidelines for specific NCDs developed	X	X	X			GHS	WHO, CHAG, FBO, MOH, SPMDP, THs
Implement Essential Medicine List (EML) for NCDs	Proportion of facilities with no stock outs of essential NCD medicines (use targets in EML)	< 5%	< 5%	< 5%	< 5%	< 5%	MOH	WHO, CHAG, FBO,GNDP, PSGh, SPMDP
Implement Essential Medicine List (EML) for mental health	Proportion of facilities with no stock outs of essential Mental Health Medicines (use targets in EML)	< 5%	< 5%	< 5%	< 5%	< 5%	MOH	WHO, CHAG, DFID, FBO, GHS, MHA, SPMDP, THs
Develop guidelines on medical devices required to manage NCDs at various levels of care	Medical device guidelines developed	X					GHS	WHO, CHAG FBO, FDA, GSA, MOH, SPMDP, THs
Implement guidelines for medical devices for NCDs	Proportion of facilities with appropriate medical devices to monitor NCDs (use targets in medical device guideline)	10%	20%	50%	80%	100%	GHS	WHO, CHAG FBO, FDA, GSA, MOH, SPMDP, THs

Table 10: Planned activities to provide support for counselling and therapy to restore and enable optimum function

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Develop national guidelines for palliative care	Guidelines developed	X					GHS	WHO, CHAG FBO, GCNM, GCP, GCPS, MOH, SPMDP
Implement national guidelines for palliative care	Proportion of Health facilities with trained staff on palliative care		10%	20%	40%	60%	GHS	WHO, CHAG, FBO, FDA, MOH, PC, SPMDP, THs
Monitor use of narcotics in palliative care	Per capita consumption of morphine		5%	10%	20%	40%	FDA	WHO, CHAG, FBO, FDA, PC, SPMDP
Integrate rehabilitation and palliative care services into existing health system	Proportion of regional, teaching hospitals and primary health care offering rehabilitation services		10%	20%	40%	60%	GHS	WHO, CHAG, FBO, MOH SPMDP, THs
	Proportion of regional and teaching health facilities offering palliative care services		20%	40%	60%	80%	GHS	WHO, CHAG, FBO, MOH SPMDP, THs
	Proportion of district hospitals with physiotherapists		20%	40%	60%	80%	GHS	WHO, CHAG, FBO, MOH SPMDP

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
	Proportion of regional and teaching hospitals with health personnel trained in palliative care		20%	40%	60%	80%	GHS	WHO, CHAG, FBO, MOH, SPMDP
Implement tobacco clinical cessation guidelines	Proportion of regional and teaching hospitals with health personnel trained in tobacco clinical cessation services		40%	60%	80%	100%	GHS	WHO, CHAG, FBO, MOH, SPMDP
Encourage establishment of rehabilitation facilities by the private sector (Recreational centres, Old people's homes, Extended hospital stay facilities)	Number of engagements with private sector	2	2	2	2	2	MOH	Private sector, CHAG, NGOs, GHS , Local Government
Establish rehabilitation centres for alcohol and other substance abuse	Proportion of regional level facilities with alcohol and other substance abuse rehabilitation services	5%	10%	20%	35%	50%	MHA	WHO, CHAG, FDA, GHS, MOH, NACOB NGOs, PS
Include breast reconstruction in the benefits package for breast cancer treatment	Breast reconstruction included in the benefits package		X				MOH	NHIA, CHAG, GHS, WHO, THs
Establish stroke rehabilitation centres in all regional and Teaching Hospitals	Stroke rehabilitation centres established	10%	20%	50%	70%	100%	MOH	NHIA, CHAG, GHS, WHO, THs

3.4.3 Objective 3: Strengthen the Health System for NCD Prevention and Control

Table 11: Planned activities to establish an NCD Division under the Ghana Health Service

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Develop a proposal to establish NCD Division	Proposal developed	X					GHS	WHO, MOH, PSC
Submit proposal for creation of NCD Division to GHS Council	Proposal submitted to Public Services Commission	X					MOH	WHO, GHS, PSC
Launch NCD Division	NCD Division Launched	X					GHS	WHO, MOH

Table 12: Planned activities to strengthen research on NCDs

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Establish a network of researchers on NCD	NCD Research network established	X					GHS	WHO, ARIs, PAs, THs, MDAs
Convene NCD Research network meetings	Number of meetings held	1	2	2	2	2	GHS	WHO, ARIs, THs, SPHs, FBOs, PRIVATE-MPAG, MDAs
Synthesise research on different NCDs in Ghana	Systematic review on different NCDs completed		X	X	X	X	GCPS	WHO, ARIs, MDAs
Build capacity for NCD research at the National level	Number of capacity building workshops organized	1		1		1	GCPS	WHO, ARIs, GHS, MDAs
Build capacity for NCD research at the regional and district levels	Number of regions with capacity building workshop organized	2	4	8	16		GHS	WHO, ARIs, GHS, MDAs
	Number of districts with capacity building workshop organized	5%	10%	10%	15%	15%	GHS	WHO, ARIs, GHS, MDAs
Institute a national NCD Research conference	National NCD Research conference held			X			GHS	WHO, UG-SPH, MDAs
Establish national cancer registry	National Cancer registry established		X				MoH	WHO, UG-SPH, MDAs, GHS, THs, Private sector, Quasi-government

Table 13: Planned activities to strengthen surveillance for NCDs

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Conduct WHO STEPS Survey	STEPS Survey conducted	X					WHO	NCD-TWG, GHS, GSS
Review existing data collection instruments on NCDs for DHIMS	Data collection instruments reviewed	X					GHS	WHO, CHAG, GAQHI, HEFRA, MOH, SPMDP, THs
Train all districts on updated NCD Data collection instruments	Proportion of Districts trained on updated NCD data collection instruments	50%	100%				GHS	WHO, CHAG, GAQHI, HEFRA, MOH, SPMDP, THs
Establish five (5) additional Cancer Registries	Five (5) Cancer registries established		3				GHS	WHO, 37 Military Hospital, Police Hospital, THs
Establish Sentinel sites for different NCDs	Number of Sentinel sites established	1	2	2	2	2	GHS	WHO, CHAG, GSS, 37 Military Hospital, Police Hospital, THs
Include NCD indicators in Ghana demographic and health survey (GDHS)	NCD indicators included in GDHS	X					MOH	GSS, GHS
Include NCD indicators in Multiple Indicator Cluster Survey (MICS)	NCD indicators included in MICS				X		GSS	GHS MOH

Table 14: Planned activities to build human resource capacity at all levels for NCD prevention and treatment

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Disseminate NCD policy and strategy	% of regions with NCD policy and strategy disseminated	100%					GHS	WHO, MOH
	% of districts with NCD policy and strategy disseminated.	50%	50%				GHS	WHO, MOH
Train front-line staff at all levels to implement the NCD screening guidelines	% of districts hospitals with front-line staff trained to carry out NCD screening guidelines	10%	50%	75%	100%		GHS	WHO, 37 Military Hospital, CHAG, CSOs, FBOs, GAQHI THs, MHA, Police Hospital
	% of Health Centres with front-line staff trained to carry out NCD screening guidelines	10%	50%	75%	100%		GHS	WHO, CHAG, CSOs, FBOs, MHA, THs
	% of CHPS staff trained to carry out NCD screening guidelines	10%	50%	75%	100%		GHS	WHO, CHAG, CSOs, FBOs, MHA, THs
Train front-line staff at all levels including private facilities, to carry out screening of cancers	% of regions with front-line staff trained to carry out cancers screening	10%	50%	75%	100%		GHS	WHO, CHAG, CSOs, FBOs, MHA, MOH, THs
	% of districts with front-line staff trained to carry out cancer screening	10%	50%	75%	100%		GHS	WHO, CHAG, CSOs, FBOs, MOH, THs
	% of health centres with front-line staff trained to carry out cancer screening	10%	50%	75%	100%		GHS	WHO, CHAG, CSOs, FBOs, MOH, SPMDP, THs
	% of CHPS staff trained to carry out cancer screening	10%	50%	75%	100%		GHS	WHO, CHAG, CSOs, FBOs, MOH, SPMDP, THs
	% of Private facilities with front-line staff trained to carry out cancer screening	10%	50%	75%	100%		MOH	WHO, THs CHAG, CSOs, FBOs, MOH, SPMDP, THs
Train front-line staff at all levels to provide basic mental health services	% of districts with front-line staff trained to provide mental health services	20%	40%	80%	100%		MHA	GHS, WHO, CHAG, THs, Quasi-government, Private sector,
	% of health centres with front-line staff trained to provide mental health services	20%	40%	80%	100%		MHA	WHO, GHS, CHAG, Quasi-government, Private sector,

Activity	Indicator	Timelines					Agencies Responsible	
		2022	2023	2024	2025	2026	Lead	Collaborating
	% of CHPS staff trained to provide mental health services	20%	40%	80%	100%		MHA	WHO, GHS
Establish multidisciplinary teams (psychiatrist, psychologist, occupational therapist, social workers) to provide mental health services	% of Teaching Hospital with multidisciplinary mental health teams		25%	50%	75%	100%	MHA	WHO, CHAG, DFID, FBOs, GAQHI, GHS, MOH, THs
Train front-line staff at the district level to provide palliative care services	% of districts with front-line staff trained to provide palliative care services	10%	30%	50%	80%	100%	GHS	WHO, GCPS, MOH, GAQHI, CHAG, GCNM
Provide Physiotherapy services at the district level facilities	% of districts level facilities with Physiotherapy services	20%	40%	60%	80%	100%	GHS	WHO, CHAG, GAQHI, MOH, PTIs
Train front-line staff at the district and sub-districts level to carry out screening for diabetic retinopathy	% of district hospitals with front-line staff trained to screen for diabetic retinopathy	20%	40%	60%	80%	100%	GHS	WHO, CHAG FBOs, GAQHI, MOH, THs
	% of health centres with front-line staff trained to screen for diabetic retinopathy	20%	40%	60%	80%	100%	GHS	WHO, CHAG FBOs GAQHI, MOH, THs
Establish regional centres for glaucoma screening	% of regions with glaucoma screening centres	20%	40%	60%	80%	100%	GHS	WHO, CHAG FBOs GAQHI, MOH, THs
Establish regional training centres for cervical and breast cancer screening	Number of regional cervical cancer screening centres	2	4	4	4	4	GHS	WHO, CHAG, FBOs, GAQHI, MOH, PPAG THs, UNICEF

Table 15: Planned activities to strengthen availability and access to emergency services for injuries

Activity	Indicator	Timelines					Agencies Responsible	
		2022	2023	2024	2025	2026	Lead	Collaborating
Establish level specific emergency units/services across the health sector	% of health facilities with emergency units	20%	40%	80%	100%		GHS	WHO, CHAG, GAQHI, MOH
Establish first aid at workplaces	% of workplaces with first aid facilities	20%	40%	80%	100%		MOH	WHO, All workplaces, GHS, NAS, Red Cross
Develop evacuation plans for all workplaces	% of Workplaces with evacuation plan		40%	80%	100%		MOH	WHO, All workplaces, GHS, NAS, Red Cross
Establish accident and emergency centres at vantage points along major highways	Proportion of major high ways with Accident and Emergency centres	5%	10%	20%	30%	40%	MoH	WHO, MORH/MOT, NAS, NRSA, Red Cross, GHS
Train road users on pre-hospital care for the injured	% of road users trained		10%	20%	30%	50%	GHS	WHO, MOT/MORH, DUA, NAS, NRSA, MTT

Table 16: Planned activities to institutionalise period evaluation of NCD prevention and control activities

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Conduct baseline, Midterm and End-line evaluation of the NCD prevention and control activities	Baseline (B), Midterm(M) and End-line (E) evaluation activities conducted	B		M		E	MOH	WHO, ARIS, CHAG/FBOs, GHS, GSS, THs, private health sector
Incorporate annual review of NCD prevention and control activities into the Annual Health Sector Review	Review of NCD prevention and control activities incorporated into Annual Health Sector Review reports	X					MOH	WHO, 37 Military Hospital, CHAG/ FBOs, GAQHI, GHS, Police Hospital, private health sector, THs
Review indicators and targets of the NCD prevention and control activities based on the periodic Monitoring evaluation findings	Relevant indicators and targets revised	X		X		X	MOH	WHO, 37 Military Hospital, CHAG/ FBOs, GAQHI, GHS, Police Hospital, private health sector, THs,

3.4.4 Objective 4: Strengthen multi-sectoral collaboration for NCD Prevention and Control

Table 17: Activities to establish a multi-sectoral platform for NCD Prevention and Control

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Establish a Multi-sectoral NCD Steering committee	Steering Committee established	X					MOH	WHO, All Relevant MDAs and MMDAs, CSOs
Institute quarterly meetings for the Multi-sectoral NCD Steering Committee	Number of meetings held	4	4	4	4	4	MOH	WHO, All Relevant MDAs and MMDAs, CSOs

Table 18: Planned activities on formulation and strengthening legislation and guidelines to support NCD prevention and control

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Ratify the protocol on Illicit Trade of Tobacco products	Protocol Ratified	X					MOH	WHO, FDA, Parliament, GIS, GPS, GRA, MOJAG, NGOs in Tobacco Control
Develop guidelines for the implementation of the Protocol on Illicit Trade in Tobacco	Guidelines developed	X					MOH	WHO, FDA, GHS, GIS, GPS, GRA, NGOs in Tobacco Control
Implement new tax system on Tobacco products	Taxation reviewed			X			MOF	WHO, FDA, GRA, MOH, MOT, Parliament, NGOs in Tobacco Control
Develop and pass LI on Alcohol control in Ghana in line with the Public Health Act 851	LI developed and passed by parliament		X				MOH	WHO, FDA, GPS, GRA, MOT, Parliamentary Select Committee on Health
Develop and pass legislation on reduced taxation on medicines and devices for NCDs	Legislation developed and passed			X			MOF	WHO, AGI, GMA, GRA, MOH, MOTI, MOJAG, PSGh
Monitor compliance with the Alcohol Policy	Survey Report on labelling of alcoholic products in Ghana		X				MOF	WHO, ARIs, GHS, THs
Conduct survey on compliance with tobacco control regulations	Proportion of public places with “no smoking” signs clearly displayed	50%	80%	100%			FDA	WHO, ARIs, GHS, THs
Conduct routine surveillance on alcohol use among drivers	Number of Surveys conducted	2	2	5	5	5	GHS	WHO, ARIs, GPS, MTTD, NRSA
Enact legislation to regulate marketing of sugar-sweetened beverages and foods high in trans-fatty acids and salt for children and adults	Legislation enacted		X				MoH	WHO, FDA, GPS, GRA, Parliament, MOJAG, MOF, MOTI
Adapt the Community Scorecard to include NCD prevention activities	NCD Prevention activities included in Community Scorecard		X				GHS	WHO, MoH, GHS, UNDP, CSOs, MMDAs, RHC, UNICEF,
Develop and enforce food safety standards related to NCDs	Standards developed and enforced			X			MoH	WHO, ABM, AGI, FAO, FDA, GHS, GRA, MOJAG, MOFA, MOT, MOTI, Parliament
Engage food industry to systematically reduce salt content in processed foods	Number of engagements with food industry players	6	6	6	6	6	MoH	WHO, AGI, CSIR, FDA, GSA, MOTI, WHO
	Percentage reduction in salt content of processed food		5%	10%	15%		MOH	WHO, AGI, FDA, MOTI
Develop guidelines for Nutrition-friendly schools	Guidelines developed		X				MOE	WHO, APS, GES, GSFP, MGCSP, MOH, UNICEF
Implement Nutrition Friendly Guidelines in schools	Proportion of schools implementing Nutrition friendly guidelines		10%	30%	50%	70%	MOE	WHO, APS, GSFP, MOH, SHEP, UNICEF
Develop league tables for Nutrition-friendly schools	Published league tables for Nutrition-friendly schools at the national, regional and district levels		X	X	X	X	MOE	WHO, GES, GHS, MGCSP, UNICEF

Table 19: Planned activities to strengthen private sector involvement in NCD prevention and control

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Engage and support Corporate Ghana (private sector) to implement NCD prevention and control policy	Number of engagements with corporate bodies on NCD prevention and control	10	10	10	10	10	MOH	WHO, CG, GHS, Trade Unions,
Engage Private health sector practitioners on NCD Policy and Strategy	Number of engagements undertaken	2	2	2	2	2	GSP MDP	WHO, MOH, QGF
Establish Public Private Partnerships for the provision of comprehensive services for NCDs in all regions	Number of regions with PPPs for comprehensive NCD care established	2	4	8	16	-	MOH	WHO, Ghana Club 100, GHS, GIPC, MOF, PEF, Various foundations, AGI
Support Private sector to establish rehabilitation centres	Number of rehabilitation centres established	1	2	2	2	2	MOH	WHO, Ghana Club 100, GHS, GIPC, MOF, Not for Profit foundations, PEF

Table 20: Planned activities to strengthen partnerships with patient advocacy groups for NCDs

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Conduct mapping of existing NCD patient support groups	Mapping of patient support groups conducted	X					GHS	WHO, CSOs, FBOs, NGOs, PSGs
Support the creation of patient support groups for various NCDs	Number of patient support groups for specific NCDs created		2	2	2	2	GHS	WHO, CSOs, FBOs, NGOs, PSGs
Conduct education sessions on specific NCDs	Number of meetings held		2	2	2	2	GHS	WHO, CSOs, FBOs, NGOs, PSGs
Support Patient advocacy groups to raise funds for their activities	Number of fundraising activities carried out		2	2	2	2	MOH	WHO, CG, CSOs, FBOs, GHS, NGOs, NPF, PSGs

Table 21: Planned activities to strengthen partnerships with traditional authority to promote NCD prevention and control

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Conduct sensitization sessions on NCDs with National House of Chiefs	Number of Sensitisation sessions held	1	1	1	1	1	GHS	WHO, NHC
Conduct sensitisation sessions on NCDs with regional houses of chiefs	Number of regions with sensitisation sessions on NCDs held	5	10	16	16	16	GHS	WHO, CSOs, MOCRA, RHC
District Health Directorates to engage local traditional leaders to promote NCD prevention and control	Proportion of districts with community engagement activities implemented	10%	20%	30%	40%	50%	GHS	WHO, CSOs, LTL, MOCRA, NHC, RHC
Identify traditional authorities to lead in advocacy for NCD prevention and control	Number of traditional rulers designated as NCD advocates	2	2	5	5	5	GHS	WHO, MOCRA, NHC, RHC
Traditional authorities to conduct advocacy sessions on NCDs	Number of advocacy sessions organised by designated traditional advocates	10	10	10	10	10	NHC	WHO, GHS, MOCRA, RHC

3.4.5 Objective 5: Ensure sustainable funding and other resources for NCD Prevention and Control

Table 22: Planned activities to increase funding for NCD prevention and control

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Develop a Resource Mobilisation Plan (RMP) for NCDs	RMP in placed	x					MOH	WHO, Donor Partners, GHS
Conduct NCD Donor Mapping	Donor Mapping in place	x					MOH	WHO, Donor Partners, GHS
Organize resource mobilization conference for potential partners (donor partners, corporate Ghana, churches)	Number of resource mobilization conferences organized	1	1	1	1	1	MOH	WHO, CG, DPs, GHS, GNPC Foundation, MOF, NPF, OMCs, OPCs, Telcos
	% of funding target achieved per RM plan	30%	50%	70%	90%	100%	MOH	WHO, CG, DPs, GHS, GNPC Foundation, MOF, NPF, OMCs, OPCs, Telcos
Establish a national NCD Fund	NCD Fund established		X				MOH	WHO, CSOs, EHO, MOF, MOJAG, PSCH, MoTI
Ensure disbursement of allocated funds for NCD related activities	% of budgeted funds for NCD related activities disbursed	100%	100%	100%	100%	100%	MOH	MOF
Include budget lines for NCD related activities in all ministries	Proportion of Ministries with budget lines for NCDs		40%	60%	80%	100%	MOF	All Ministries, CSOs, MOH, NDPC, OHCS

Table 23: Activity plan to expand NHIS benefit package to include childhood cancers, prostate cancer and NCDs screening

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Expand NHIS benefit package to include NCDs screening	Wellness services included in NHIS benefit package	x					MOH	WHO, GHS, NHIA
Include childhood cancers and prostate cancer in the NHIS benefit package	Childhood cancers and prostate cancer included in the benefit package	x					MOH	WHO, GHS, NHIA

Table 24: Planned activities to integrate NCD interventions into all sector planning, budgeting and financial management systems for efficiency and sustainability of services

Activity	*Indicator*	*Timelines*					*Agencies Responsible*	
		2022	*2023*	*2024*	*2025*	*2026*	*Lead*	*Collaborating*
Integrate NCD interventions into planning and budget processes for the Ministries	NCD interventions integrated into planning and budgeting processes for the Ministries		x				MOH	WHO, All MDAs, MOF
Strengthen Internal Audit and Control Systems at National, Regional and District Levels to include NCD activities	Financial management of NCD interventions integrated into internal audit and control systems		x				MOH	WHO, All MDAs, MOF

4. Monitoring and Evaluation

For prudent management and accountability practices, this strategic plan will be aligned to the tenets of the Health Sector Monitoring and Evaluation Framework that sets outs the modus operandi for Monitoring and Evaluation. This would help to avoid fragmentation and duplications. The Monitoring and Evaluation of the NCD strategic plan will rely on 5 main pillars namely

- *Stakeholder collaboration and accountability*
- *Timely, Reliable and accurate data*
- *Comprehensive data repositories*
- *Timely analysis and use of information*
- *Feedback, supportive Monitoring and Evaluation*

The MOH in collaboration with its agencies and partners shall undertake periodic Monitoring and evaluation of implementation of the Plan using the MoH M&E Framework and agreed Indicators of the Policy. This is to ensure adherence to the demands of the policy and facilitate review when necessary (Refer to Action Plan Matrix).

There will be regular information sharing and feedback among all stakeholders regarding the progress of implementation of the Plan. Reporting will be from the various levels of service delivery and will not depart from the routine monitoring systems. Below are the outlined reporting periods for the NCD strategic plan.

No.	TYPE OF REPORT	DUE DATE
1	Monthly	End of the ensuing month
2	Quarterly	End of ensuing month at the end of the quarter
3	Mid-year	End of August
4	Annual	End of March of the ensuing year

Appendix

1.0 Performance Indicators

Indicator	Indicator Level	Definition	Target	Source
Objective 1: Reduce exposure to risk factors that contribute to NCDs **Planned activities for public education on risk factors for NCDs**				
SBCC strategy developed				
Number of publications /articles in print media				
Number of radio and TV discussions done				
Social media handles established and publicized				
Social media platforms managed and regular updates on NCDs provided				
SBCC materials developed				
Proportion of SBCC materials printed				
Proportion of SBCC materials disseminated				
Proportion of health facilities with NCD education as part of health promotion plan				
Number of advocacy campaigns organized				
Planned activities for public education on mental health, oral health, eye health and injuries including RTAs				
Number of publication / articles in print media				
Number of radio and TV discussions done				
SBCC Materials developed				
Proportion of priority NCDs with SBCC materials printed				
Proportion of SBCC materials disseminated				
Social media handles established and publicized				
Social media platforms managed and regular updates on NCDs provided				
Number of NCD champions appointed				
Number of advocacy campaigns organized by NCD champions				
Proportion of district health directorates with pre-hospital care and transfer of the injured included in programme of work				
Proportion of Districts undertaking Road Safety campaigns				
Planned activities for Health education on NCDs in schools				
NCD education integrated into SHEP programme				
Proportion of SHEP programmes incorporating NCDs				
Age-specific NCD modules developed				
Proportion of facilitator -lesson reports with NCDs checked by head teachers and circuit supervisors				

Indicator	Indicator Level	Definition	Target	Source
Planned activities for public education on Human Papilloma Virus, Hepatitis B and Sickle Cell Disease				
Number of radio and TV discussions done				
Number of publications /articles in print media				
Proportion of at risk counselled				
Activities on vaccination for HPV as part of national EPI programme				
Inclusion of HPV in Ghana's EPI				
Education on HPV integrated into SHEP programme				
Planned activities for the implementation of Maternal, Infant and Young Child Nutrition Programme				
MIYCN Strategy updated				
Proportion of facilities implementing MIYCN Strategy				
Activities on provision of safe and enabling environment for physical activities				
Guidelines developed				
Number of radio and TV discussions done				
Number of publications/ articles in print media				
Number of corporate and community walks organized				
Proportion of districts with at least one designated area for physical activities created				
Proportion of new roads with pedestrian walkways				
Objective: 2 Strengthen early detection and management to reduce morbidity and mortality associated with NCDs **Planned activities for health promotion and routine screening for NCDs**				
Screening guidelines developed				
Proportion of health facilities implementing screening guidelines				
New-born SCD screening guidelines developed				
Proportion of health facilities offering new-born screening services for sickle cell				
Proportion of at-risk new-borns screened				
Proportion of health facilities offering routine and opportunistic BP, blood sugar and urine dipstick checks				
AWHC guidelines developed				
Proportion of health facilities with health and wellness clinics established				
Proportion of health facilities with staff trained on wellness clinic and AWHC guidelines				
Planned activities to increase access to care for NCDs at all levels				
NCD management guidelines for specific NCDs developed				
Proportion of facilities with no stock outs of essential NCD medicines (use targets in EML)				
Proportion of facilities with no stock outs of essential Mental Health Medicines (use targets in EML)				

Indicator	Indicator Level	Definition	Target	Source
Medical device guidelines developed				
Proportion of facilities with appropriate medical devices to monitor NCDs (use targets in medical device guideline)				
Planned activities to provide support for counselling and therapy to restore and enable optimum function				
Guidelines developed				
Proportion of Health facilities with trained staff on palliative care				
Per capita consumption of morphine				
Proportion of regional and teaching hospitals offering rehabilitation services				
Proportion of regional and teaching health facilities offering palliative care services				
Proportion of district hospitals with physiotherapists				
Proportion of regional and teaching hospitals with health personnel trained in palliative care				
Proportion of regional and teaching hospitals with health personnel trained in tobacco clinical cessation services				
Number of engagements with private sector				
Proportion of regional level facilities with alcohol and other substance abuse rehabilitation services				
Breast reconstruction included in the benefits package				
Stroke rehabilitation centres established				
Objective 3: Strengthen the Health System for NCD Prevention and Control **Planned activities to establish an NCD Division under the Ghana Health Service**				
Proposal developed				
Proposal submitted to Public Services Commission				
NCD Division Launched				
Planned activities to strengthen research on NCDs				
NCD Research network established				
Number of meetings held				
Systematic review on different NCDs completed				
Number of capacity building workshops organized				
Number of regions with capacity building workshop organized.				
Number of districts with capacity building workshop organized				
National NCD Research conference held				
Planned activities to strengthen surveillance for NCDs				
STEPS Survey conducted				
Data collection instruments reviewed				
Proportion of Districts trained on updated NCD data collection instruments				
Five (5) Cancer registries established				
Number of Sentinel sites established				
NCD indicators included in GDHS				
NCD indicators included in MICS				

Indicator	Indicator Level	Definition	Target	Source
Planned activities to build human resource capacity at all levels for NCD prevention and treatment				
% of regions with NCD policy and strategy disseminated				
% of districts with NCD policy and strategy disseminated.				
% of districts hospitals with front-line staff trained to carry out NCD screening guidelines				
% of Health Centres with front-line staff trained to carry out NCD screening guidelines				
% of CHPS staff trained to carry out NCD screening guidelines				
% of regions with front-line staff trained to carry out cervical and breast cancer screening				
% of districts with front-line staff trained to carry out cervical and breast cancer screening				
% of health centres with front-line staff trained to carry out cervical and breast cancer screening				
% of CHPS staff trained to carry out cervical and breast cancer screening				
% of Private facilities with front-line staff trained to carry out cervical and breast cancer screening				
% of districts with front-line staff trained to provide mental health services				
% of health centres with front-line staff trained to provide mental health services				
% of CHPS staff trained to provide mental health services				
% of districts with front-line staff trained to provide palliative care services				
% of districts level facilities with Physiotherapy services				
% of district hospitals with front-line staff trained to screen for diabetic retinopathy				
% of health centres with front-line staff trained to screen for diabetic retinopathy				
% of regions with glaucoma screening centres				
Number of regional cervical cancer screening centres				
% of Teaching Hospital facilities with multidisciplinary mental health teams				
% of regional hospitals with multidisciplinary mental health teams				
Planned activities to strengthen availability and access to emergency services for injuries				
% of health facilities with emergency units				
% of Ministries with first aid facilities				
% of Ministries with evacuation plan				
Number of Accident and Emergency centres established along major highways				
Number of commercial driver unions with members trained				

Indicator	Indicator Level	Definition	Target	Source
Planned activities to institutionalise periodic evaluation of NCD prevention and control activities				
Baseline (B), Midterm(M) and End-line (E) evaluation activities conducted				
Review of NCD prevention and control activities incorporated into Annual Health Sector Review reports				
Relevant indicators and targets revised				
Objective 4: Strengthen multi-sectoral collaboration for NCD Prevention and Control Activities to establish a multi-sectoral platform for NCD Prevention and Control				
Steering Committee established				
Number of meetings held				
Planned activities on formulation and strengthening legislation and guidelines to support NCD prevention and control				
Protocol Ratified				
Guidelines developed				
Taxation reviewed				
LI developed and passed by parliament				
Legislation developed and passed				
Survey Report on labelling of alcoholic products in Ghana				
Proportion of public places with “no smoking” signs clearly displayed				
Number of Surveys conducted				
Legislation enacted				
NCD Prevention activities included in Community Scorecard				
Standards developed and enforced				
Number of engagements with food industry players				
Percentage reduction in salt content of processed food				
Guidelines developed				
Proportion of schools implementing Nutrition friendly guidelines				
Published league tables for Nutrition-friendly schools at the national, regional and district levels				
Planned activities to strengthen private sector involvement in NCD prevention and control				
Number of engagements with corporate bodies on NCD prevention and control				
Number of engagements undertaken				
Number of regions with PPPs for comprehensive NCD care established				
Number of rehabilitation centres established				

Indicator	Indicator Level	Definition	Target	Source
Planned activities to strengthen partnerships with patient advocacy groups for NCDs				
Mapping of patient support groups conducted				
Number of patient support groups for specific NCDs created				
Number of meetings held				
Number of fundraising activities carried out				
Planned activities to strengthen partnerships with traditional authority to promote NCD prevention and control				
Number of Sensitisation sessions held				
Number of regions with sensitisation sessions on NCDs held				
Proportion of districts with community engagement activities implemented				
Number of traditional rulers designated as NCD advocates				
Number of advocacy sessions organised by designated traditional advocates				
Objective 5: Ensure sustainable funding and other resources for NCD Prevention and Control **Planned activities to increase funding for NCD prevention and control**				
RMP in placed				
Donor Mapping in place				
Number of resource mobilization conferences organized				
% of funding target achieved per RM plan				
NCD Fund established				
% of budgeted funds for NCD related activities disbursed				
Proportion of Ministries with budget lines for NCDs				
Activity plan to expand NHIS benefit package to include wellness services, childhood cancers and prostate cancer				
Wellness services included in NHIS benefit package				
Childhood cancers and prostate cancer included in the benefit package				
Activity plan to expand NHIS benefit package to include wellness services, childhood cancers and prostate cancer				
NCD interventions integrated into planning and budgeting processes for Ministries				
Financial management of NCD interventions integrated into internal audit and control systems				

2.0 List of Technical Working Group Members

Prof Jacob Plange-Rhule	Chair, NCD Steering Committee	Chairman
Dr. (Mrs) Martha Gyansa-Lutterodt	Director, Technical Coordination	Directorate
Dr Dennis Odai Laryea	NCD Control Programme, GHS	Technical Lead
Dr Baffour Awuah	Special Advisor to Minister, MOH	Member
Mrs Joana Ansong	WHO Country Office, Ghana	Member
Dr Mary Efua Commeh	NCD Control Programme, GHS	Member
Dr SallyAnne Ohene	WHO Country Office, Ghana	Member
Mr Benjamin Nyakutsey	PPME Directorate, MOH	Member
Mr Daniel Degbotse	PPME Directorate, MOH	Member
Dr Badu Sarkodie	Public Health Division, GHS	Member
Dr Kyei Faried	Disease Control Department, GHS	Member
Mr Kwadwo Asante	Health Promotion Division, GHS	Member
Dr Joel Yarney	Korle Bu Teaching Hospital	Member
Dr Caroline Amissah	Mental Health Authority	Member
Dr Prince Pambo	Civil Service Clinic, OHCS	Member
Mrs Gifty Ampah	Family Health Division, GHS	Member
Mr Ernest Amoah Ampah	Ghana Education Service	Member
Dr Mary Amoakoh-Coleman	NMIMR, University of Ghana	Member
Ms Edith Gavor	GNDP, Ministry of Health	Member
Mrs Rahilu Haruna	PPME Directorate, MOH	Member
Dr Philip Tanbong	Independent Consultant	Member

3,0 List of Contributors/Reviewers

Prof Ama DeGraft-Aikins	University of Ghana, Legon
Dr Amos Laar	University of Ghana, Legon
Dr Kwesi Amissah	Arthur- Korle Bu Teaching Hospital
Dr Yaw Ampem Amoako	Komfo Anokye Teaching Hospital
Mr Percy Agyekum	Food and Drugs Authority
Mrs Olivia Boateng	Food and Drugs Authority
Dr James Addy	Eye Unit, GHS
Dr Maxwell Adjei Kudzo	Oral Health Unit, GHS
Mr Ad Adams Ebenezer	Stroke Support Network Ghana
Mrs Mary Mpereh	National Development Planning Commission