

POLICY BRIEF

**Situational analysis on the status of NCDs
within the context of UHC in Ghana**

What is the problem

The past decades have witnessed a remarkable increase in the burden of non-communicable diseases (NCDs) and this is disproportionately represented in low middle-income countries (LMICs). As a result, this has come under the international policy spotlight because NCDs are now a major health threat, spurring high mortality and morbidity rates in both (LMICs) and high-income countries (HICs). To date, 56 million NCDs related deaths occur annually.¹ NCDs now cause more deaths in LMICs compared to (HICs). The underlying drivers of this burden are attributed to poor dietary patterns, lack of physical activity, air pollution, excessive use of tobacco and harmful use of alcohol. Without adequate measures to forestall this growing burden, it is predicted that by 2030, the annual number of deaths from NCDs will witness a major rise.¹

In Ghana, the NCDs burden is on the rise and studies have reported that about 6% of adults are living with diabetes, and prevalence is increasing, resulting in poor mental and physical health, premature mortality, and increased costs for individuals, families, and healthcare services. Evidence indicates that there is also high out of pocket (OOP) payment for health among people living with NCDs, due to a lack of social health insurance policies or policies to promote universal health coverage (UHC), exacerbating the plight of people living with NCDs. Opportunities to create an affordable, integrated, and people centred healthcare system, that responds to our 'real needs' exist and must be harnessed. Evidence of high out of pocket payment is also a major concern. Yet, it remains unclear the extent to which health policy reforms towards the UHC agenda for Ghana have considered the needs of people living with NCDs. There is also a lack of a comprehensive review of scholarship to unravel these topical public health issues from key stakeholders including health care providers, people living with NCDs, CSOs, policymakers, researchers and community

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Objectives of the study

The objectives of the situational analysis report were to understand the health care needs, priorities, and concerns of people living with NCDs within the context of UHC; explore the views of health care providers on their experiences of providing care to people living with NCDs; explore the perspectives of CSOs, researchers, and policy makers on Ghana's UHCs policy framework and the context of NCDs and make recommendations for policy action.

Key findings

Experiences, needs and concerns of people living with NCDs Participants enumerated challenges they face due to their NCD conditions which included high cost of NCDs drugs and treatment, lack of NCD knowledge, negative attitude of health workers, stigma and discrimination and lack of family support

Financial hardship

The results showed that most of the participants were registered with the NHIS but indicated that buying drugs was an immense challenge to them because the drugs not covered by the NHIS resulting in OOp. The lack of finances causes them to delay in going to the hospital to seek care. As a result, some get to the hospital at the aggravated stage of the condition with dire consequences.

“Most people living with difficult conditions or sicknesses are unable to visit the hospital for treatment at a time they are due owing to financial constraints. Finance is a major challenge to these people as most of them are not working or do not have decent job due to their condition.”

Discussant at Danfa FGD

Stigma and discrimination

Some participants expressed that they have been stigmatized and discriminated during visits to health facilities and at the community level by their family and non-family members including children, adults and elderly people at home, work, health facilities, and in school

“There was a time I went to a new school and my parents told the headmaster, assistant headmaster, teachers and colleagues about my condition and that I will need extra care. Afterwards, no student wanted to be my friend nor sit by me. They were wondering why a child should be sick like that. Some taught it was spiritual. It was a very terrible moment for me because doctors could not find any solutions for my condition.”

Endometriosis Patient

Limited access to information on NCDs treatment services and its risk factors

The lack of awareness and education about the NCD condition and its management by people living with NCDs came up strongly as a major challenge.

“I don't get any information and I have not been to school before. What I understand is that they are making you aware of what this type of disease is... I don't know anything about how to prevent the sickness and this makes it difficult for us to manage our situation owing to limited education on our condition. As a result, we are often indoors and we don't know what is going on.”

Discussant at Danfa FGD

Family Neglect

Lack of family support is one of the challenges faced by people living with NCDs. Family members neglect them because they spend a lot on them. They explained that family members were of the view that a lot of family resources have already been committed to caring for them, and yet there were not fully recovered thus the neglect of lack of continuous support.

“Another problem is the issue of apathy and less concern by family members. There are times you need someone to do something for you and you will not get anybody at home to help and at times not a single person will be at home and you are left in the house all alone. Our condition demands that we get caregivers support as often as we can, but this is not the case.”

Discussant at Mangeano FGD

Negligence and negative attitude of health workers

A recurrent opinion during the focus group discussion by people living with NCDs was the poor interaction with healthcare providers which included the lack of respect, lack of care, and lack of attention.

“I remember when my mother had an attack, and she was taken to 37 Military hospital. My mother was taken there early in the morning around 9am and I closed at work around 3pm and when I got to 37 around 5pm, my mother was still seated in the wheelchair, she could not talk, she could not lie down, she could not even sit well, and my sister told me she was in that state since morning. And I went there, and I had to shout and talk before she was attended to.”

Discussant in Oyarifa FGD

¹ Jan, S., Laba, T. L., Essue, B. M., Gheorghe, A., Muhunthan, J., Engelgau, M., ... & Atun, R. (2018). Action to address the household economic burden of non-communicable diseases. *The Lancet*, 391(10134), 2047-2058.

² Schraufnagel, D. E., Balmes, J. R., Cowl, C. T., De Matteis, S., Jung, S. H., Mortimer, K., ... & Wuebbles, D. J. (2019). Air pollution and noncommunicable diseases: A review by the Forum of International Respiratory Societies' Environmental Committee, Part 2: Air pollution and organ systems. *Chest*, 155(2), 417-426.

³ Asamoah-Boaheng, M., Sarfo-Kantanka, O., Tuffour, A. B., Eghan, B., & Mbanya, J. C. (2019). Prevalence and risk factors for diabetes mellitus among adults in Ghana: a systematic review and meta-analysis. *International health*, 11(2), 83-92.

⁴ <https://ncdalliance.org/resources/ghana-advocacy-agenda-of-people-living-with-ncds>

Healthcare providers' views on the challenges experienced by people living with NCDs in accessing care and treatment

Healthcare providers shared their perspectives regarding how people living with NCDs experience challenges in accessing care.

Difficulty in seeking appropriate treatment

The major challenges experienced by people living with NCDs include inadequate finance, inadequate treatment support from health professionals, and lack of support and love from family members. From the healthcare providers' narratives, many of the people living with NCDs have trouble in maintaining consistent adherence to medication, and this is partly because they may not be on regular medications prior to their diagnosis.

“ We have challenges in the area of drug in-take because some of them are illiterates. They do not know how to read and some of them end up taking the drugs overdose ”

Female, Deputy Physician Assistant

Stigmatization and discrimination

Healthcare providers mentioned that people living with NCDs go through mental torture and become depressed when they are stigmatized. People living with NCDs sometimes feel inferior and hurt themselves because, they are often avoided by people most especially their friends and this is due to the associated disabilities.

“ With this COVID-19 season, some of them are afraid to go to the facilities. Even the caregivers are afraid to accompany them to the facility. Somebody suggested that health-seeking will improve if we could organize a mobile treatment ”

Female, Deputy Physician Assistant

Inadequate finance/cost of accessing care

Many people living with NCDs pay OOP, and this exposes them to catastrophic health expenditure (CHE). Particularly, the healthcare providers mentioned that the NHIS does not cover all NCD treatment, and the coverage sometimes depends on the health facility. They indicated that NHIS covers access to the patient folder, consultation, some medications, and some lab tests. The NHIS payment depends on the type of facility you visit; some facilities accept it, while others do not.

“ It depends on what condition you came to the hospital with. The folder, consultation, some medication, and some lab tests are covered by the NHIS whilst some are not; it depends on what the doctor has asked you to do. And if what the doctor has asked you to do is not covered by the NHIS then you will have to pay for it ”

Female, Community Health Nurse 2

CSOs and researchers views on people living with NCDs within the context of UHC

CSOs have played an essential role in delivering universal and inclusive health system through involvement in the formulation of Ghana's UHC, in the design and implementation of UHC, UHC Policy and provision of equity-focus for quality care centred on People living with NCDs.

Creation of an inclusive health system as part of the UHC agenda

Primarily, participants indicated that their involvement in UHC relates to advocacy, influencing government policy, and providing support to government, shaping policies to create an inclusive health system as part of the UHC agenda. CSOs mentioned that they are involved and make an impact on the universal and inclusive health system through education and advocacy for equitable distribution of health resources.

Lack of integration of the concerns of people living with NCDs into the UHC policy framework

Some CSOs were of the view that people living with NCDs were often left out from health policy development and implementation. A participant mentioned that UHC policy is based on WHO standards and has little reflections of the local needs, including people living with NCDs. Another participant indicated that people living with NCDs were not fully integrated into the policy which does not lead to equity-focus for quality care. People living with NCDs have been side-lined and their voices are often overlooked.

Limited budgetary allocation to support people living with NCDs

Two basic themes emerged, the current health policy budget allocation and priority benefits of people living with NCDs. The first relates to insufficient budget allocation for NCDs prevention and treatment, making life very difficult for people living with NCDs. Another is that there are not enough funds allocated due to the neglect and no attention is paid to people living with NCDs.

“ The budget is not the problem because the allocations are done very well on paper but investing the funds into these allocations is the main problem. So, if anyone suffers from health care accessibility problems, then the government is to be blamed because they did not invest in it ”

Discussant in Mangeano FGD

Government's role in improving NCDs access to among People living with NCDs within the context of UHC

A government official was interviewed to solicit views on Ghana's UHC Roadmap and the extent to which this accounts for the needs of People living with NCDs.

Development of a UHC Roadmap

It was revealed that there exists a strong political will to support people living with NCDs and this has been demonstrated by the development of a UHC roadmap for the country, with specific actionable points. This view epitomizes a high-level commitment to achieving UHC goals.

“ Government commitment to attaining the UHC goal is evident in the development of a National Roadmap for UHC ”

MOH Official

Revision of the NCDs policy to ensure more support to NCDs and people living with NCDs

The revision of the NCDs Policy was done to ensure it was relevant and in sync with the current NCDs situation in the country and above all, well placed to tackle the needs of people living with NCDs.

Prescription of medicines not listed on the NHIS package

Another major issue was the prescription of NCDs medicines outside the NHIS list of medicines. Accordingly, this is as a result of physicians' or medical doctors' penchant for prescribing medicines to their clients which are often outside the list of medicines approved by the NHIS. In other words, the incident of high out of pocket payment by patients could be attributed to this practice by the physicians.

“ No. it is not about the efficacy of the drugs. The issue is that doctors often fail to prescribe drugs that the patient can afford over his/her lifetime given the chronic nature of the illness. ”

MOH Official

Policy and advocacy recommendations

- Financial assistance should be provided for people living with NCDs by both state and non-state actors (e.g., NGOs) to reduce OOP and CHE. Government should pay NHIS claims on time for NCD patients to access free health care.
- People living with NCDs should be treated with respect and dignity and supported to be meaningfully involved in all decision-making processes concerning them.
- We recommend that, people living with NCDs and local communities have a 'seat at the policy and decision-making table' to inform and hold institutions/government accountable.
- Awareness campaign and education on NCD as a strategy to reducing stigmatization and discrimination among people living with NCDs
- Formulate and or implement policies to effectively regulate all harmful products (tobacco, alcohol, sugar drinks).
- Establish NCD groups as a way of empowering and providing peer support to overcome some of the shared challenges to improve access to healthcare.
- Putting in place mechanisms for early diagnosis, appropriate and efficient referral, and long-term care for NCDs would better prepare health systems in Ghana to deal with the burden of NCDs and other chronic and acute conditions.
- For the SDGs and UHC to be truly transformative for healthcare access in Ghana, NCDs must be recognized as a priority and UHC must be articulated as a means to achieve improved health outcomes.

Conclusion

Non-communicable diseases are a major public health concern. The findings from the interviews conducted with different stakeholders showed that Ghana has a long way to go in enhancing UHC within the context of NCDs. Many of the people living with NCDs in Ghana experience financial hardship due to OOP payments and low coverage of NHIS. This has consequently led to poor access to health care services and pluralistic health-seeking behaviour with serious consequences on NCD management and control.