



CAPSTONE
Non-Communicable Diseases
Collaboration in West Africa



STAKEHOLDER REPORT

CAPacity Strengthening of Transdisciplinary education for noN-communicable disease care in West Africa' (CAPSTONE) project.

April 25, 2024

ACKNOWLEDGEMENT

The successful completion of this report would not be possible without the invaluable contributions of all our stakeholders and CAPSTONE team members. We want to express our gratitude for your insights and contributions to our project.

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1.0 BACKGROUND

The CAPacity Strengthening of Transdisciplinary education for nON-communicable disease care (CAPSTONE) project addresses the urgent need to educate and develop a health workforce that can respond to the steady increase in non-communicable diseases (NCDs) in sub-Saharan African countries, particularly Ghana and The Gambia. While policies to tackle the disease burden of NCDs are in place, the corresponding workforce to carry them out is limited. Predictions show that the NCD burden will continue to grow, so sub-Saharan African countries need to be prepared not just for now but for the future. This new workforce should include doctors, nurses, allied health professionals, and community health workers who specialize in screening, treating, and referring patients with NCDs at all healthcare system levels (community, regional, and national). Traditionally, higher education (HE) for these healthcare professionals has been focused on infectious diseases and takes place in silos with little to no interaction between the different healthcare workers during their education. The CAPSTONE project will build capacity at the participating higher education institutions (HEIs) to collaboratively develop and implement a transdisciplinary postgraduate and continuous professional development (CPD) programs. These programs will focus on training the next generation of healthcare workers across different levels of healthcare and from different disciplines that can tackle new challenges in the care system, providing improved access to treatment of a wide array of NCDs including cancer, cardiovascular disease and diabetes in Ghana and the Gambia.

The goal of this stakeholder engagement is to solicit feedback and opinions from stakeholders on the transdisciplinary postgraduate and continuous professional development (CPD) programs. Additionally, to create awareness and get buy-in for the CAPSTONE project as well as build relationships and trust among stakeholders.

This report provides details of the feedback from stakeholders on the needs assessment identified and their reaction to the CAPSTONE project in general. Consultations were held with representatives from academic institutions, research institutions, Ministry of Health, CSOs, and patient groups. It is expected that the outcome from this engagement will confirm the needs identified as well as give some ideas on how to implement this project.

2.0 METHODOLOGY

The planned stakeholder engagement was held on Thursday April 25, 2024 at the West Africa Centre for GeoHealth Conference room, School of Public Health, University of Ghana. Prior to the engagement, invitation letters were sent to stakeholders (see annex 1 for the list of stakeholders) via email and also delivered to some at their offices. Follow-ups were done through phone calls, whatsapp and emails. A day before the meeting, stakeholders who would be attending virtually were sent the ZOOM meeting link.

On the day of the stakeholders meeting, a brief background of our project was presented and identified needs were presented to stakeholders for their confirmation. Stakeholder discussions were held, and participants were invited to complete questionnaires in mentimeter by scanning QR codes. The stakeholders meeting was to offer stakeholders with some background and insight into the CAPSTONE project, stimulate discussion among participants, confirm the needs

assessment, identify gaps, and discuss and make recommendations on the CAPSTONE project. Below are some pictures from the stakeholder engagement meeting:



Prof. Bonsaffoh giving the welcome address



Dr. Boateng giving an overview of the CAPSTONE project.



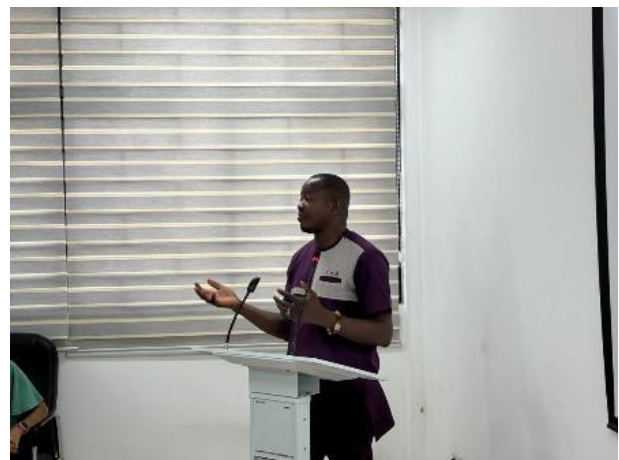
Dr. Arti's presentation on the needs assessment



A section of our stakeholders



Prof. Amuna facilitating the discussion session.



Prof. Beyuo leading the stakeholders to answer questionnaires.

3.0 FINDINGS FROM THE STAKEHOLDERS MEETING

3.1 Stakeholders Discussion

Throughout the engagement process, stakeholders provided diverse feedback. The findings will be presented under the following headings: support for the CAPSTONE project, support for training health workforce, support for short courses and CPD, ideas for curriculum development, Support for transdisciplinary and competency-based approach / Courses delivery and ideas for sustainability.

1. Support for the CAPSTONE project.

Almost everyone who attended the meeting was in support of the CAPSTONE project. They stated it was a great initiative that was worth supporting because noncommunicable diseases are on the rise in Ghana. Some others believed that, while the project was timely, it was long overdue. Regarding stakeholder support for the CAPSTONE project, the following responses were provided:

- This is a very good initiative and project. It falls in line with what our team is doing with the University of Manchester (representative, Medical and Dental Council)
- I support the program (representative, Allied Health Council)
- This is a good initiative (representative, Ghana Pharmacy Council)
- This is coming at the right time but long overdue (representative, Ghana College of Nurses and Midwives)
- I am happy to come along ((representative, Ghana College of Nurses and Midwives)

2. Support for training of health workforce.

While the majority of stakeholders agreed on the importance of training health professionals, a few suggested that we look into ways to globalize the training and establish global standards for local needs. Others believed that teaching health professionals on NCDs might benefit patients in rural areas. For example, nurses are the first point of contact at the district and sub-district levels, thus training like this will help them in identifying warning signs.

Additionally, when NCD patients visit the pharmacy, a trained NCD-pharmacist will be able to better counsel and give the medication and assistance they require. A few stakeholders also highlighted that, healthcare workers' lack of understanding of NCDs such as stroke is increasing, hence, NCD training for health professionals is necessary. The responses below provide more information on stakeholders' support for training health professionals:

- Need for practitioners to have adequate knowledge in NCDS (representative, Medical and Dental Council)
- Ways of globalising the training - get global standards for local needs (representative, Medical and Dental Council)

- Training pharmacists on NCDs will help support patients (representative, Ghana Pharmacy Council)
- Nurses are the first point of call at the district and sub-district - they need insight into identifying the warning signs (representative, Ghana College of Nurses and Midwives)
- Lack of knowledge of healthcare workers on stroke e.g. and who to connect the patients to (representative, Stroke group-CSO)
- Not enough Faculty across Africa (representative, STOP NCD)

3.Support for Short Courses and CPD

Almost all stakeholders agreed with the concept of providing short courses for our health professionals. Some believed that the short courses would fill an important gap, particularly given the exodus of many health workers. Others found the idea of short courses as laudable, nevertheless, they stated that the thought of a Masters' program in NCD is a concern, and as such, we should conduct a thorough analysis to determine the break-even point. Below are some viewpoints from stakeholders:

- exodus of professionals leads a gap (representative, Allied health council)
- short courses to fill the gap (representative, Allied Health Council)
- CPDs are very critical and run for those underserved areas (representative, Ghana College of Nurses and Midwives)
- Idea of short courses is laudable (representative, SPH- Legon)
- Masters programme in NCDs is a concern - programme limp along the way; especially for sustainable (representative, SPH- Legon)
- Do proper analysis and know break-even point (representative, SPH- Legon)
- Short courses can be made available to all other groups of health workers, integrated into things that already exist e.g e-platform, CPD from regulatory bodies, medical school curricula.

4.Ideas for curriculum development

Some stakeholders shared their thoughts on the curriculum development. Below, we detailed some of their contributions:

- Have a synchronized, standardised curricula (representative, Ghana College of Nurses and Midwives)
- Think about how the curriculum will be delivered rather than just the curriculum, find a way to look at things in entirety E.g. looking at HTN in its entirety - curative, prevention etc. (representative, Ghana College of Physicians and Surgeons)

- Look at open access curricula with case studies that can be used across all programmes (Representative, STOP NCDs)
- NCD discussions more on the screening and linking to care.
- Screening at the community or household level
- can we develop courses for the lower cadre?
- It will be appropriate to have programmes for specialist nurses - look at postgraduate courses
- Are we focusing on specific NCDs, how are we aligned with the policy in Ghana?

5. Support for transdisciplinary and competency-based approach / Courses delivery.

Most stakeholders supported the CAPSTONE project's transdisciplinary and competency-based approach. According to one stakeholder, instead of focusing solely on the curriculum being developed, we should consider the approach to the curriculum.

We should consider the whole context when applying it to teaching and training, which can also be employed at the postgraduate level. In addition, others proposed that we consider offering both in-person and virtual classes for these short courses. Some advised we look into a massive open online course (MOOC) option. Below are feedback from participants on the course delivery and approach:

- I am excited about these two operational words - transdisciplinary and competency based, it would certainly be a game changer; there should be a challenge-based approach; we should have a more collaborative approach (representative, SPH-Legon).
- Hybrid could be a way to open up to ensure there is participation always (representative, SPH-Legon).
- Merge NCDs with global health under master card; hopefully the message goes round and interest will be sustained; Input —> Demand can be created from the service point of view; E.g. The Ministry could create the need for health staff to bring the cert (representative SPH-KNUST)
- Another example - Family Physicians should have a course component of NCDs (representative SPH-KNUST)
- Ask those who are taking the programme to have expertise in specific diseases (representative, stroke association-CSOs)
- Can we look at a MOOC option?
- GHS - has elearning platform.
- - Bringing students together to address the problem (representative, Ghana College of Physicians and Surgeons)
- Have case studies

6. Ideas for Sustainability

Some stakeholders raised concerns on sustainability. According to a respondent, when you first start, the numbers go up, but after two or three years, they go down, therefore we should look into ways to address this. Some stakeholders suggested we make these courses institutionalized with the accreditation bodies. Others also advised we take a close look at the exit strategy to see how it affects the program. A few stakeholders suggested that we look into the funding of these short courses for health professionals. The following are some of the stakeholders' perspectives on the sustainability of the short courses:

- Make these courses institutionalised with the accreditation bodies for the sake of sustainability.
- Exit strategy.
- Corporate Ghana - scholarship secretariat,
- How students could network with CSOs
- How can we use the funding to better address the needs we have.
- Need to engage the patients as well as well as advocates.
- Partner with people who can say certain things hard to say.

3.2 Views of Stakeholders on Needs Assessment

Table 1 shows the socio-demographic characteristics of the respondents. In total, 19 stakeholders responded to the questionnaire, with the majority being males (57.9%). More than half (64%) of the respondents are from academic institutions, followed by research institutions (10.5%), the Ministry of Health (10.5%), Healthcare institutions (5.3%) and patient group (5.3). More than half of the respondents had a PhD (57.9%) followed by a Masters' degree (26.3%) and a Bachelors' degree (15.8%).

Table 1: Socio-demographic Characteristics of Respondents (n=19)

Variables	n(%)
Sex	
Male	11 (57.9)
Female	8 (42.1)
Place of work	
Academic Institution	13(68.4)
Research Institution	2(10.5)
Ministry of Health	2 (10.5)
Healthcare Institution	1 (5.3)
Patient Group	1 (5.3)

Duration in service (Years)

Less than 5	3 (15.8)
6-10	3 (15.8)
11-15	3 (15.8)
16-20	4 (21.1)
21-25	2 (10.5)
Above 25	4 (21.1)
Educational level	
HND	0 (0)
BSc degree	3 (15.8)
MSc degree	5 (26.3)
PhD.	11 (57.9)

Table 2 shows stakeholders' views on the needs assessment identified. About 78% of respondents strongly agreed that there is an urgent need for capacity to conduct high-quality research to inform effective, evidence-based and people-centered approaches to NCD control, adapted to West African settings. More than 80% strongly supported the need for high-quality evidence-based data to deliver comprehensive NCD care, inform priority setting to advance and prevent NCDs, and align strategy implementation.

Table 2: Needs Assessment (n=19)

Variables	n(%)
Non-communicable diseases are the main cause of mortality in SSA	
Strongly Agree	12(63.2)
Agree	7(36.8)
Undecided	0
Disagree	0
Strongly Disagree	0
NCDs are the leading cause of disability and mortality in SSA	
Strongly Agree	12(63.2)
Agree	7(36.8)
Undecided	0
Disagree	0
Strongly Disagree	0
NCDs are a major barrier to attaining SDGs 1, 2 and 3	
Strongly Agree	10 (52.6)
Agree	9 (47.4)
Undecided	0
Disagree	0
Strongly Disagree	0
NCD Policy equity in Africa is inadequately addressed.	

	Strongly Agree	10 (52.6)
	Agree	7 (36.8)
	Undecided	1 (5.3)
	Disagree	0
	Strongly Disagree	0
There is an urgent need for capacity to conduct high-quality research to inform effective, evidence-based and people-centered approaches to NCD control, adapted to West African settings.		
	Strongly Agree	15 (78.9)
	Agree	3 (15.8)
	Undecided	0
	Disagree	0
	Strongly Disagree	0
NCDs account for 43% all cause mortality in Ghana		
	Strongly Agree	8 (42.1)
	Agree	8 (42.1)
	Undecided	1 (5.3)
	Disagree	0
	Strongly disagree	0
NCDs such as heart disease, stroke, diabetes, cancer and respiratory disease are becoming common in health facilities.		
	Strongly Agree	17 (89.5)
	Agree	0
	Undecided	0
	Disagree	0
	Strongly Disagree	0
The likelihood of premature death due to NCDs in Ghana is higher than the global average.		
	Strongly Agree	12 (63.2)
	Agree	4 (21.1)
	Undecided	1 (5.3)
	Disagree	0
	Strongly Disagree	0
There is a significant unmet need for diagnoses and treatment of NCDs		
	Strongly Agree	15 (78.9)
	Agree	2 (10.5)
	Undecided	0
	Disagree	0
	Strongly Disagree	0
A need for high-quality evidence-based data to deliver comprehensive NCD care, inform priority setting to advance and prevent NCDs, and align strategy implementation		
	Very important	16 (84.2)
	Important	0
	Moderately important	0
	Slightly Important	0
	Not important	0

A need for a quick response to the growing burden by partners working in the NCD space

Very important	9 (47.4)
Important	7 (37.8)
Moderately important	0
Slightly Important	0
Not important	0

Adequate funding and human resources to fully monitor and coordinate activities being undertaken by stakeholders and partners in the country.

Very important	12 (63.2)
Important	4 (21.1)
Moderately important	0
Slightly Important	0
Not important	0

A structured screening program to detect early and treat and wellness.

Very important	13 (68.4)
Important	3 (15.8)
Moderately important	0
Slightly Important	0
Not important	0

Need for formal training of health care workers or knowledge of taking care of people living with NCDs.

Very important	13 (68.4)
Important	3 (15.8)
Moderately important	0
Slightly Important	0
Not important	0

Adequate training and capacity building services for NCD care

Very important	14 (73.7)
Important	2 (10.5)
Moderately important	0
Slightly Important	0
Not important	0

It is important to build capacity for NCD care at the primary health care level.

Very important	14 (73.7)
Important	2 (10.5)
Moderately important	0
Slightly Important	0
Not important	0

What level should the strengthening of research capacity start from?		
Undergraduate		11 (57.9)
Postgraduate		5 (26.3)
The University curriculum should:		
a. Match up with the NCD burden of the country		
b. Must emphasize on applied practical research projects.		
A only		2 (10.5)
B only		1 (5.3)
Both A and B		13 (68.4)

3.3 Additional Insights from Stakeholders on Needs Assessment

The following were some additional insights from the stakeholders on the needs assessment we identified:

1. NCDs are not prioritized in Ghana. It's time to do the needful
2. Great initiative. There's a need, however, to look at sustainability beyond the project lifespan.
3. Link training to strengthening national NCD program.
4. Ensuring that the diverse cadre of health care providers see themselves as one in maintaining the health of the population should encouraged by the program.
5. I think it should be run in the Colleges too.
6. I think the needs assessment is okay.
7. A special effort must go into raising fund from GETFund, Scholarship Secretariat, Cooperate Ghana plus earmarking a special amount for NCDs from the revenue accrued from the Exis taxes collected.
8. Need for interprofessional and multi-sectoral approach to provide preventative, curative and rehabilitative care.

4.0 CONCLUSIONS

In conclusion, nearly all stakeholders indicated that there is an urgent need for capacity building in the area of NCD in Ghana. Most of them agreed with the idea of providing short courses for health professionals, however they raised concerns on sustainability.

Annexes

A-1 List of Stakeholders

No.	Full Name	Job title / role	Organization
1	Gloria Obeng	Regulatory Pharmacist	Pharmacy Council
2	Abafari Vanessa	Internship	GHS
3	Nichollitta Attiogbe	Health Information	GHS
4	Sharifa Mahmud	Pharmacist	Pharmacist Council
5	Arti Singh	Researcher	KNUST
6	Faith Agbozo	Researcher	UHAS
7	Daniel Boateng	Researcher	KNUST
8	Yeetey Enuameh	Senior Lecturer	KNUST
9	Farouk Alhassan	Allied Health Professional Council	AHPC
10	Richard Adanu	Rector	GCPS
11	Francis Anto	Epid. SPH	SPH
12	Kwasi Torpey	Dean, UG-SPH	UG-SPH
13	Titus Beyuo	Project Team Member	UGMS
14	Alex Peasah-Koduah	Deputy Registrar, MDC	MDC
15	Labram Musah	National Coordinator	VALD Ghana, Ghana NCD Alliance
16	Dr. Alberta Amu	Deputy Director	GHS-RDD
17	Hannah Acquah	Rector	GCNM
18	Ad Adams Ebenezer	Executive Director	SASNET.GH
19	Paul Amuna	Prof./ CAPSTONE team	UHAS
20	Dr. Susana Somuah	Director Academics	GCNM
21	Geoffrey Kabutey Ocansey	Executive Director	RMA/VALD
22	Irene A. Agyepong		GCPS/STOP NCD

23	Dr. Yacoba Atiase	Senior Lecturer, Director-NDMRC	UGMS NDMRC
24	Betty Nartey	Project Team Member	CAPSTONE KBTH
25	Prof. Julius Fobil	Provost	College of Health Sciences, UG
26	Dr. Kwame Adu-Bonsaffoh	CAPSTONE Team Member	UGMS
27	Prof. Samuel Kofi Tekyi (online)	Dean	KNUST, SPH
28	Prof. Stephen Sarfo (online)	Vice Dean,	KNUST – SMS
29	Prof. Frank Ekow Baiden (online)	Dean	UHAS-SPH
30	Prof. Frank Edwin (online)	Dean	UHAS- SOM
31	Christopher (online)		Share Care

A-2 Program Agenda

Agenda

Time	Subject	Facilitated by
9:00 – 9:30 am	Arrival & Registration	Betty Nartey
9:30 – 9:35 am	Opening Prayer	Dr. Faith Agbozo
9:35 – 9:40 am	Introduction of Chairperson	Prof. Bonsaffoh
9:40 – 9:45 am	Chairpersons' response	
9:45– 10:00 am	Introductions / Purpose of the meeting	Prof. Bonsaffoh
10:00 – 10:30 am	Overview of the CAPSTONE project	Dr. Daniel Boateng
10:30 – 11:00 am	Presentation of the needs assessment report	Prof. Beyuo/ Dr. Arti Singh
11:00 am – 12:30 pm	Moderation of Stakeholders Discussions	Prof. Amuna/ Dr. Yeetey Enuameh
	Rem	
12:30 – 12:40 pm	Remarks from Provost	Prof. Julius Fobil
12:40 -12:40 pm	Closing Remarks	Chairman
12:50– 12:55 pm	Closing Prayer	Dr. Faith Agbozo
	Photography	

A-3 Group Photos



Group Photo with all Stakeholders.



CAPSTONE Team Members (Ghana)