The NCD Navigator

2020 findings from data collection in Ghana and Kenya

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Contents

ABBREVIATIONS **1**

EXECUTIVE SUMMARY **2**

Key findings 3

Recommendations 4

THE NCD NAVIGATOR **6**

Kenya **6**

Updates to the NCD Navigator 6

2020 Findings 6

Disease areas of opportunity 7

Continuum of care opportunities 8

Source of funding for the NCD work in Kenya 8

Usage of the NCD Navigator 9

Recommendations 9

Ghana **10**

Introducing the Navigator in Ghana 10

2020 findings 10

Disease areas of opportunity 11

Continuum of care opportunities 13

Recommendations 15

APPENDICES **17**

Abbreviations

CoG	Council of Governors
COPD	chronic obstructive pulmonary disease
GHS	Ghana Health Service
MOH	ministry of health
NCD	noncommunicable disease
PHC	primary health care
UHC	universal health coverage
WHO	World Health Organization

Executive summary

Key highlights

- The NCD Navigator identified gaps in programming in Kenya and Ghana related to burden and continuum of care, which will improve NCD response coordination.
- The NCD Navigator is being used to develop the new Kenya NCD Strategy 2021-2025 by providing key insights into gaps.
- As of March 2021, the NCD Navigator has expanded to six new regions in Ghana and is being enthusiastically adopted by stakeholders.
- The Navigator is now publicly available on the Kenya NCD-Intersectoral Coordinating Committee website and, per the request of the Council of Governors during the midterm review of the Kenya national health strategy, also links to the Council's website.
- Kenya's National Cancer Control Program used Navigator data to provide visibility on highly vulnerable areas to prioritize support during the COVID-19 lockdowns.

Governments and stakeholders struggle with the lack of quality local noncommunicable disease (NCD) information to inform priority setting, coordination, and resource allocation. Recognizing the need for these data to drive decision making and resource allocation, PATH developed the NCD Navigator in 2018 in collaboration with the Kenya Ministry of Health (MOH) and Access Accelerated.

The NCD Navigator is a first-of-its-kind, locally managed, NCD digital information system that provides information on NCD programming in a country. Stakeholders can use the NCD Navigator to explore active NCD initiatives in a country, establish a common understanding of gaps, work collectively to avoid duplication, and seize opportunities to better meet the needs of people living with NCDs. Knowledge of the scale of NCD programming is critical for data-driven decision making. It allows government leadership to target financial resources to amplify the impact of investment in NCDs. The NCD Navigator is designed to be globally relevant and easily adaptable to different country contexts.

In 2020, the Kenyan Ministry of Health took ownership of the NCD Navigator with PATH's ongoing technical support. As the NCD Navigator was scaled to reach the entire country, 86 percent of Kenyan counties submitted data, providing essential clarity for national and county leadership who are now using the tool for strategic planning.

The Navigator is now publicly available on the Kenya NCD-Intersectoral Coordinating Committee website and is already having an impact in the country:

- Kenya's National Cancer Control Program was able to provide visibility on highly vulnerable areas allowing for prioritization for support during the COVID-19 lockdowns.
- PATH presented the NCD Navigator to the Council of Governors (CoG) during the midterm review of the Kenya national health strategy. The CoG requested that PATH expand the use of the NCD Navigator into the reproductive health space. The Council of Governors' website now links to the NCD Navigator as well.
- The Navigator has been at the heart of the development of the new Kenya NCD strategy 2021-2025 by providing key insights into underachieving areas and gaps. It was also used in the end-term review of the old NCD 2015-2020 strategy. In the new NCD strategy 2021 –

2025, the NCD Navigator was highlighted as a collaboration tool for various stakeholders working together to achieve the laid down objectives under the new strategy. It was also listed as a key source of information for tracking implementation of the strategy.

- The NCD Navigator is also being used by the various NCD-ICC technical working groups.

Learnings from the launch of the NCD Navigator in Kenya were integrated and adapted for Ghana's needs. The NCD Navigator was introduced in three regions of Ghana in 2020, with the intent to expand to seven more regions in 2021 and full country implementation in 2022. As of November 2020, more than 89 percent of stakeholders have submitted data, giving the MOH and Ghana Health Service (GHS) visibility on NCD resource allocation for the first time. Both countries have enthusiastically adopted use of the Navigator and are actively using the data to inform their national NCD strategies.

The World Health Organization (WHO) requested workshops on the NCD Navigator as a valuable tool for prioritizing NCD resource allocation and tracking strategy implementation. PATH held two of these workshops in 2020 and the conversation for potentially integrating the NCD Navigator with WHO data collection platforms will continue in 2021.

Key findings

Across both Kenya and Ghana, 2020 NCD Navigator data collected and analyzed provided key insights into NCD programming. Gaps were identified across geographies, the continuum of care, and disease areas. The findings summarized below will shape the direction of NCD policy, resource allocation, and planning in Ghana and Kenya.

- Most programs focus on early stages in the continuum of care. People living with NCDs may encounter insufficient access to rehabilitation and palliative care.
- Across both countries. most NCD-related activities were focused on the capital cities of Nairobi and the Greater Accra region. There are counties in Kenya that reported no NCD-related activities.
- Mental health, childhood cancers, prostate cancer, and hypertension were the primary focus of NCD activities in the three regions in Ghana. However, this varied greatly between the three regions and each region identified gaps in interventions. COPD, sickle cell disease, injury, cervical and breast cancer, and cardiovascular disease and stroke require attention from stakeholders across the three regions.
- Diabetes and hypertension activities received the most attention in Kenya, but activities are not focused on counties with the highest burden.
- Ghana identified major access issues to NCD products, devices, and diagnostic tools in all three regions.
- There was insufficient access to screening for breast, cervical, and childhood cancers identified in Ghana.
- In Kenya, along the continuum of care, most of the project activities reported addressing care and treatment (19 percent), followed by primary prevention (17 percent) with rehabilitation and palliative care reporting the lowest reported projects. Similarly, in Ghana, most activities focused on health promotion with limited focus on treatment support, rehabilitation, and palliative care. These data indicate that current initiatives focus on the early part of the continuum of NCD care but that people living with NCDs may encounter insufficient access to rehabilitation and palliative care.

Recommendations

Data collection in Kenya and Ghana provided clarity on NCD programming in both countries. There is great variation among the activities carried out in regions of both countries, leaving gaps in coverage for people living with NCDs. The findings provide an opportunity for prioritization, planning, and resource allocation. Based on the findings from the 2020 data collection in all of Kenya and three regions in Ghana, the following recommendations have been made:

Overarching recommendations for next steps include:

- Continue improving the NCD Navigator tool to meet MOH and stakeholder needs on an ongoing basis by factoring user feedback into the new versions of the tool.
- Address gaps in NCD implementation vis-à-vis burden (needs), continuum of care, and improved coordination of the NCD response.
- Drive uptake by of the NCD Navigator by presenting on the tool in new forums and integrating it into technical working group meetings across the country.
- Leverage the NCD data to conduct needs assessments and situation analyses to inform design of new programs and align efforts with national NCD strategies and needs of people at risk for or living with NCDs.

Recommendations for Kenya:

- Utilize the NCD Navigator to track and monitor implementation of the new national NCD strategy 2021-2025.
- Align NCD program implementation with NCD burden using Navigator evidence in coordination with the MOH. Also consider adding a development index in determining support.
    - For example, data found that the three counties in Kenya with the highest burden of diabetes only accounted for four of the diabetes-related activities.
- Identify a MOH staff person to oversee the NCD Navigator to strengthen the Ministry's ownership of the tool.
- Develop interactive content for the NCD-ICC website to drive traffic to the site and increase use of the NCD Navigator.
- Prioritize investments in NCD care throughout the life course, with a focus on greater support for rehabilitation and palliative care.

Recommendations for Ghana:

- Enhance programming in high NCD burden regions which have little NCD programming; offer opportunities for greater engagement. These focus regions include the Ashanti and Northern regions.
    - Access to medicines across all disease areas would benefit from more stakeholder attention in Ghana.
    - Activities supporting mental health are inconsistent across regions in Ghana and would benefit from support.
    - Coverage for all disease areas across the continuum of care is inconsistent across the regions and should be addressed in future strategic planning.

- Support a life course approach to NCDs for children <10 years, adolescents, and the elderly who are the least reached with NCD response interventions, particularly prevention interventions/lifestyle modification for children and adolescents.
- Enhance programming for therapeutic areas that make up less than 10 percent of overall activities, including sickle cell disease, COPD and asthma, cardiovascular disease, and stroke.
- Support ownership and utilization of the NCD navigator by GHS to inform national strategy reviews.
- Scale up the Navigator national to cover all 16 regions to provide comprehensive data for strategic planning moving forward.

The NCD Navigator

Kenya

Since its introduction in 2018, the NCD Navigator has undergone several changes to build upon the initial release that was originally used to map stakeholders. PATH and the Ministry of Health NCD team conducted workshops with county-level representatives, nongovernmental organizations, stakeholders, the NCD Alliance of Kenya, and others. Based on the collected feedback, version 2.0 was developed and validated in 2019, to improve user experience and the quality of data collected. In 2020, for the first time, a web application was developed and used for data collection.

Updates to the NCD Navigator

Based on user experience in the previous data collection, a new platform was developed in 2020 for collecting data and to offer a web-based real time data collection and visualization. The previous forms were very long and not user friendly. Data could not be edited after submission and users had no visibility to their submitted data until it was visualized and made available in the Tableau Public Gallery. In addition, users could not easily find the dashboard in the Tableau public gallery.

To solve the technical challenges, a web platform was proposed. This included the development of a public-facing web application which would act as both the data collection and data visualization platforms in one place. This ensured that users could view and edit their data and see what others have submitted and interact with the tool, anytime, from any location using any device. The web platform is also mobile friendly -- many of the county focal persons who attended cluster meetings submitted data using their mobile smartphones.

> "The website is very user friendly. I can easily see and change what I have entered later." – John Maina, NCD Coordinator, Machakos county

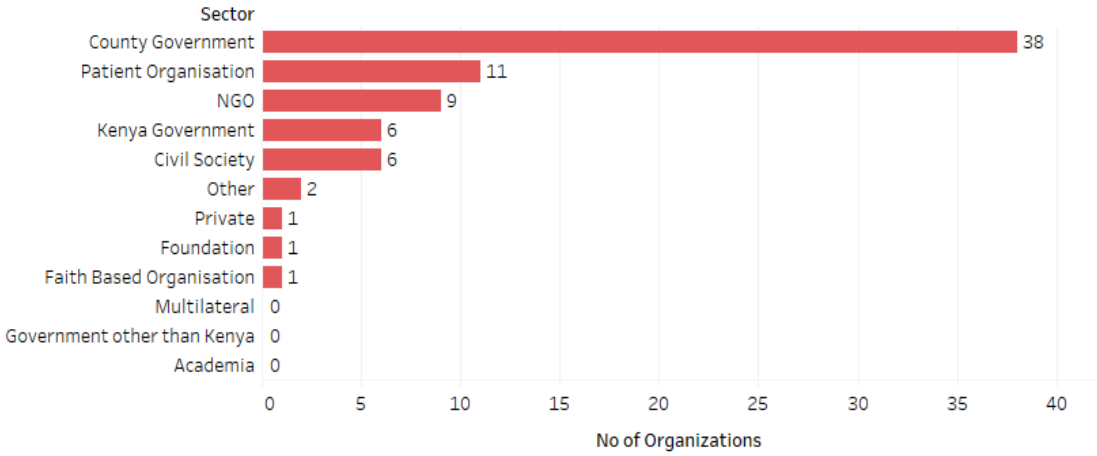
The PATH-Access Accelerated project supported the Department of NCDs to develop a website. After several deliberations, PATH developed a website for the Non-Communicable Disease Interagency Coordinating Committee (NCD-ICC) which is a body that brings together all agencies and actors in NCD prevention and control in Kenya. The NCD Navigator is a key feature of the website, but it has other features including a calendar of events, a documents gallery, and a photo gallery. The calendar of events has received significant praise from stakeholders, particularly pharmaceutical companies.

2020 Findings

Data collection began in mid-November 2020 and closed at the end of January 2021. The data collection started with county cluster meetings and culminated in national level meetings for national stakeholders and NCD Alliance-Kenya members. There was a total of five county cluster meetings that were conducted with adherence to the MOH guidelines on COVID-19 prevention.

As of January 31, 2021, data were collected from 38 of the 47 counties in Kenya and 37 organizations, including the MOH, bringing the total number of contributing organizations to 75.

Figure 1. Organizations by sector

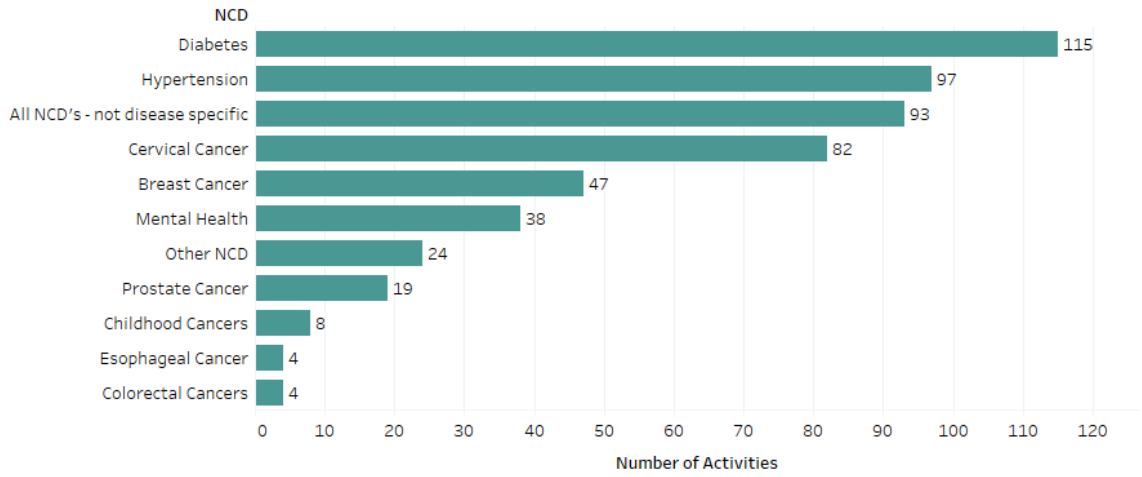


There was a total of 15 projects and 64 programs described as ongoing work. Projects are defined as having specific funding, a start and end data, specific goals, objectives, and deliverables. Ongoing work is defined as those activities with/without specific funding, no defined start and end date, and did not have specific deliverables.

Disease areas of opportunity

A total of 531 distinct activities were reported. A breakdown of the disease domains that the reported activities cover is as shown below.

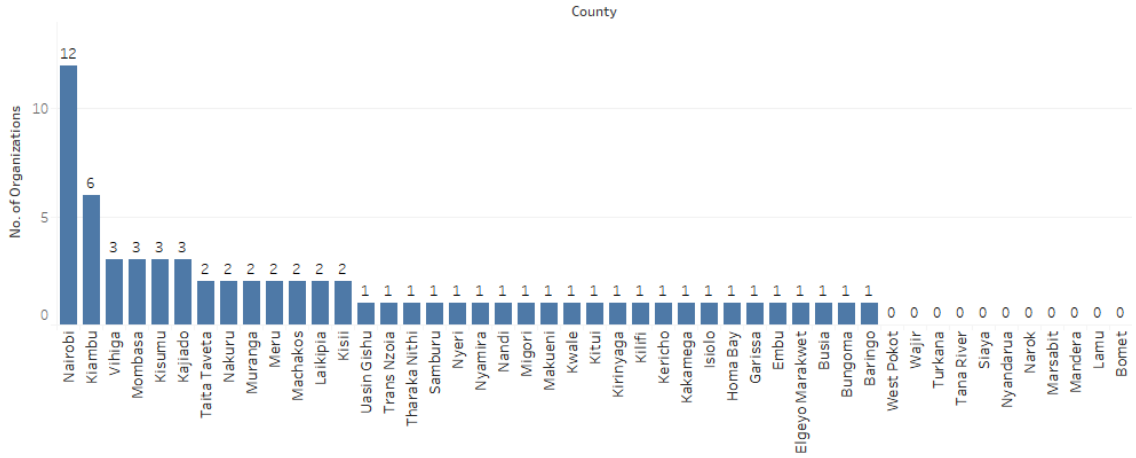
Figure 2. Projects by NCD disease



From the above figure, most activities targeted diabetes (22 percent). This was followed by hypertension with 97 (18 percent) activities. There were 93 activities reported to be generic and cutting across all NCDs and not disease specific. Cervical cancer led the cancer programs with 82 activities. Colorectal and esophageal cancers were the least covered.

The urban cities of Nairobi and Mombasa had the most organizational coverage. There were several counties that were not represented in the county cluster meetings and no organizations reported working there.

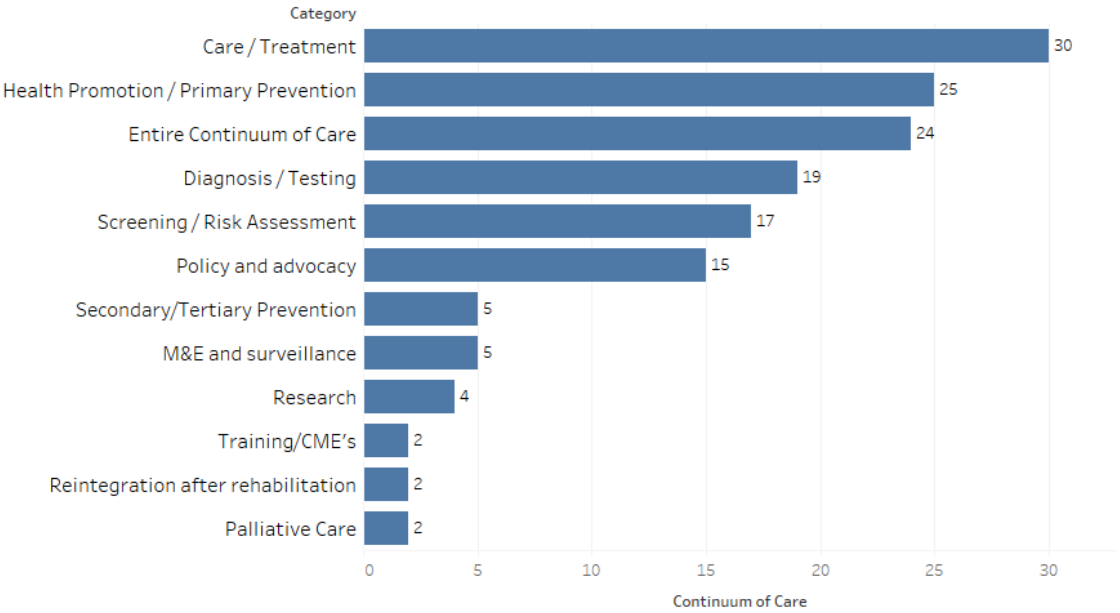
Figure 3. Organizations by geography



Continuum of care opportunities

In reviewing the data reported on activities across the continuum of care, Figure 4 below shows the distribution of activities across the entire continuum of care.

Figure 4. Activities by continuum of care



Along the continuum of care, most of the project activities reported addressing care and treatment (19 percent), followed by primary prevention (17 percent). Activities that cut across the entire continuum of care represented 16 percent of the reported activities. Rehabilitation and palliative care had the lowest reported projects. These data indicate that current initiatives focus on the early part of the continuum of NCD care but that people living with NCDs may encounter insufficient access to rehabilitation and palliative care. An opportunity exists to improve NCD care throughout the life course, with a focus on greater support for rehabilitation and palliative care.

Source of funding for the NCD work in Kenya

The Kenyan government provides most of the funding for NCD work in the country through its direct support to the county health departments, the national level Department of NCDs, as well as other government agencies involved in NCD work. The complete amount of funding from the government

for NCD prevention and care is unclear. NGOs and individual donors follow the government in monetary support.

Usage of the NCD Navigator

There has been increased interest in the NCD Navigator from various sources. PATH presented the NCD Navigator to the Council of Governors (CoG) during the midterm review of the Kenya national health strategy. The CoG requested that PATH expand the use of the NCD Navigator into the reproductive health space. The Council of Governors' website now links to the NCD Navigator as well.

The Navigator has been at the heart of the development of the new Kenya NCD strategy 2021-2025 by providing key insights into underachieving areas and gaps. It was also used in the end-term review of the old NCD 2015-2020 strategy. In the new NCD strategy 2021 – 2025, the NCD Navigator was highlighted as a collaboration tool for various stakeholders working together to achieve the laid down objectives under the new strategy. It was also listed as a key source of information for tracking implementation of the strategy.

The NCD Navigator is also being used by the various NCD-ICC technical working groups focusing on research, monitoring, and evaluation; diabetes; and advocacy.

Recommendations

The scale-up of the NCD Navigator and ownership by the MOH is transforming and coordinating better NCD care in Kenya. Since incorporating the NCD Navigator into the NCD-ICC website and agenda, we have seen an increased uptake of the Navigator.

Recommendations for next steps include:

- Continue improving the NCD Navigator tool to meet MOH and stakeholder needs on an ongoing basis by factoring user feedback into the new versions of the tool.
- Address gaps in NCD implementation vis-à-vis burden (needs), continuum of care, and improved coordination of the NCD response.
- Drive uptake by of the NCD Navigator by presenting on the tool in new forums and integrating it into technical working group meetings across the country.
- Leverage the NCD data to conduct needs assessments and situation analyses to inform design of new programs and align efforts with national NCD strategies and needs of people at risk for or living with NCDs.
- Utilize the NCD Navigator to track and monitor implementation of the new national NCD strategy 2021-2025.
- Align NCD program implementation with NCD burden using Navigator evidence in coordination with the MOH. Also consider adding a development index in determining support.
- Identify a MOH staff person to oversee the NCD Navigator to strengthen the Ministry’s ownership of the tool.
- Develop interactive content for the NCD-ICC website to drive traffic to the site and increase use of the NCD Navigator.

Ghana

NCDs account for 43% of all deaths and over 50% of all illnesses people above 40-years-old in Ghana.[a] The government is committed to reducing premature deaths resulting from NCDs through a multisectoral and collective impact approach and calls on partners to work collectively to execute to achieve the national priorities for NCDs as a critical component of achieving UHC, and to build capacity for NCD care at the primary health care (PHC) level.

A critical challenge in Ghana, as in other low- and middle-income countries, is the lack of available information and data on existing NCD programs, projects, and service delivery. The lack of information has contributed to program fragmentation, duplication of effort in some areas, and weak tracking of progress on NCD strategies. To address this challenge, PATH, in partnership with Access Accelerated and the GHS introduced the NCD Navigator in 2020. To implement the Navigator, PATH engaged a broad range of stakeholders in Ghana including the GHS National NCD Control Program (NCDCP) and other government agencies, nongovernmental organizations, the private sector, civil society, academia, foundations, faith-based organizations, and patient associations.

Introducing the Navigator in Ghana

Greater Accra, Ashanti, and Northern regions were selected to pilot Version 1.0 of the NCD Navigator in 2020. These regions were selected because of the burden of disease and active stakeholders. Initial sensitization and advocacy meetings for regional introductions were done virtually, due to the COVID-19 pandemic, with the three regional health management teams in Greater Accra, Ashanti and Northern regions in April and early May 2020. A focal person (RHIO) was identified in each region to work with PATH and the GHS NCD program and to support the NCD stakeholder mapping in the regions. Fifty-three stakeholders active in the NCD space were identified across the three regions and invited to participate. Stakeholder orientations and training sessions were conducted in July and data collection began in August and concluded in October 2020. More than 86 percent of identified stakeholders completed the survey. Data collection was followed by a stakeholder validation meeting to all data were accurate and complete. Data processing and analysis using MS Excel and Tableau was a collaborative effort between PATH and the GHS NCDCP over a period of four weeks. The completed dashboards and results were validated among all stakeholders that contributed data to the Navigator.

Implementation of version 2.0 of the NCD Navigator will involve the national scale up to seven regions in the country in 2021.

2020 findings

PATH is still working with the GHS Policy Planning, Monitoring and Evaluation Division to include and overlay morbidity data on project activities. Further, PATH is working with the GHS NCDCP to include the NCD Strategic actions in the dashboards. Therefore, this report is preliminary and does not include morbidity data nor the MOH strategic actions. A complete report and accessible link to the dashboards will be available by Q2 2021.

[a] https://www.who.int/nmh/countries/gha_en.pdf?ua=1

Data were collected from 46 out of 53 stakeholders, representing an 86.8% response rate from the three pilot regions – Greater Accra, Ashanti, and Northern Regions (stakeholders listed in Appendix C).

There was a total of 25 projects and 58 instances of ongoing work across all the three regions. Projects are defined as having specific funding, a start and end data, specific goals, objectives, and deliverables. Ongoing work is defined as those activities with/without specific funding, no defined start and end date, and did not have specific deliverables. Key findings from data collected are presented in the following format:

- Disease area of opportunity
- Continuum of care opportunities

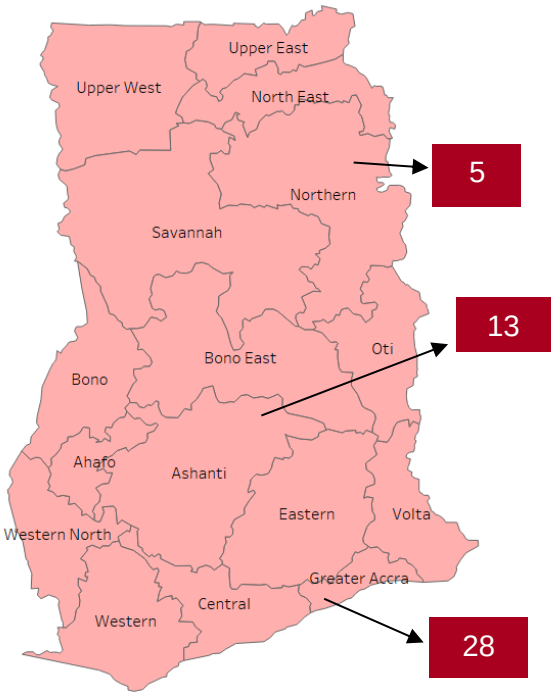
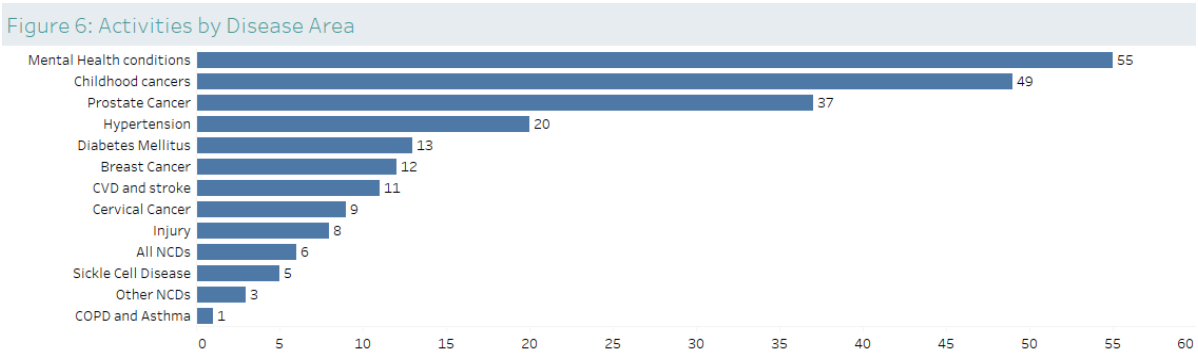


Figure 5: Number of stakeholders providing data to the NCD Navigator by region.

Disease areas of opportunity

For project interventions, the 310 activities focus on the different disease areas across all the three regions. Activities are defined as the daily events that address specific sections on the continuum of care per specific disease area and target population or gender. Most of the activities took place in Greater Accra (184 activities), followed by Ashanti Region (67 activities), and Northern region (59 activities). Figure 6 below shows the disease areas that NCD projects cover.

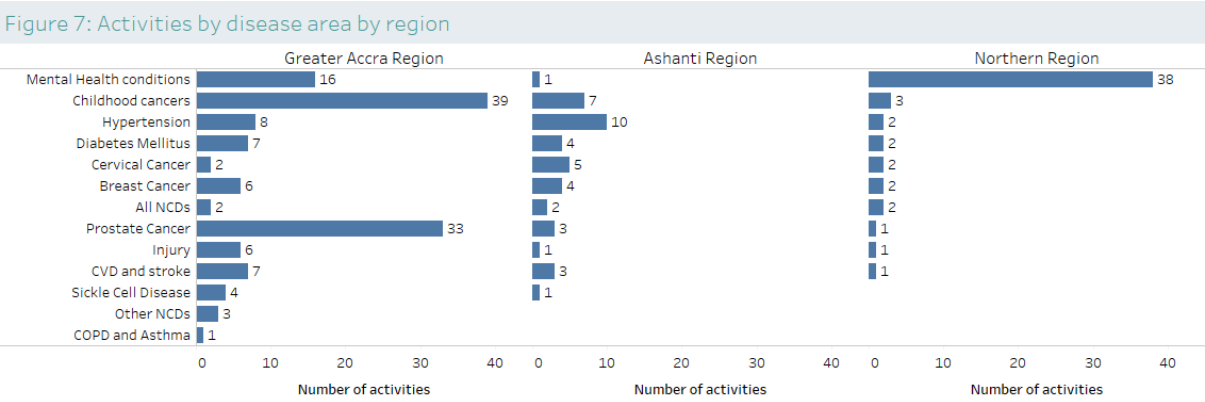
Figure 6. Activities disease area



From Figure 6 above, mental health followed by childhood cancers, prostate cancer, and hypertension are the disease area with most activities (at least 20 activities) while COPD and asthma, sickle Cell disease, injury, and cervical cancer have less than 10 activities. However, there are regional variations in the number of activities per disease area which reveals the gaps in interventions as show in Figures 7.

Clearly, the regional differences present a complex case for NCD programming in Ghana. In Greater Accra, most interventions focus on childhood cancers (29.1 percent) and prostate cancer (24.6 percent).

Figure 7. Activities by disease area and region



Hypertension, diabetes, breast cancer, cervical cancer, cardiovascular disease and stroke, injury, sickle cell disease, and COPD and asthma represent less than 10% of activities in the region.

In the Ashanti Region, 24.2 percent of activities focus on hypertension followed by childhood cancers (17.1 percent) and cervical cancer (12.2 percent). Meanwhile, there are no activities addressing COPD and asthma in the region. Further, all other NCDs account for less than 10 percent of the activities.

The majority (70.4 percent) of activities focus on mental health in the Northern Region. There were no activities on sickle cell disease and COPD and asthma, and all other diseases accounted for less than 6% activities in the region.

Overall, it is evident that there are gaps in interventions across regions. COPD, sickle cell disease, injury, cervical and breast cancer, and cardiovascular disease and stroke require attention from stakeholders across the three regions.

In addition, interventions to support mental health is a gap in the country. Studies have shown that NCDs, including depression and anxiety often go hand in hand. WHO notes that the national and international responses to tackle NCDs and promote mental health and well-being have been “slow, uneven, inadequate, and fragmented.” From the data gathered with the NCD Navigator, it is evident that Ghana’s response fits this description and offers an opportunity to address this gap.

A total of 81 activities were carried out as part of ongoing work by stakeholders. Again, most activities were focused in Greater Accra (61.7 percent). Ashanti region accounted for 32.1 percent of activities and Northern Region for the remaining 6.2 percent. Most activities targeting most diseases are carried out in the Greater Accra Region with Northern Region seeing the least number of activities

Figure 8. Breakdown of the types of organizations providing data for the NCD Navigator

	Number of each organization providing data to the NCD Navigator
Local NGOs	29
International NGOs	5
Civil society organizations	4
Private enterprises	3

Ghanaian government organizations	3
Patient organizations	2
Foundation or foreign government	2
	Total: 46 organizations

Continuum of care opportunities

A total of 709 activities were recorded for the different continuum of care for all NCD disease. Overall, the major (201) activities were on health promotion/primary health care, followed by policy/systems strengthening. The least activities were on vaccination, palliative, care/treatment without follow up, and reintegration/rehabilitation. Figure 9 shows the overall distribution across the different continuum of care. Despite the big picture that shows health promotion/primary care is primary focus of most activities, there were variations across the different disease areas as shown in Figures 9.

Figure 9. Activities by continuum of care

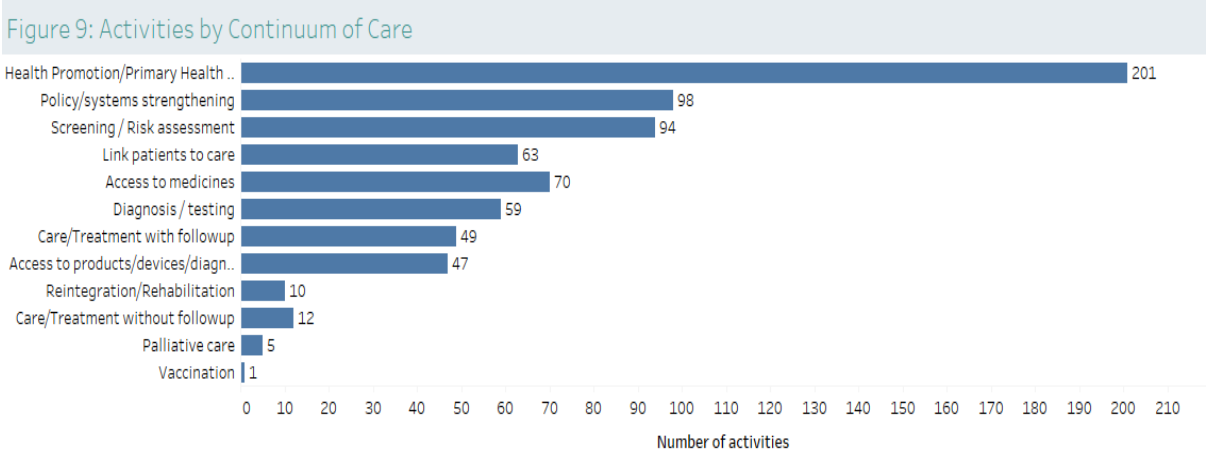


Figure 10. Projects by continuum of care across disease areas

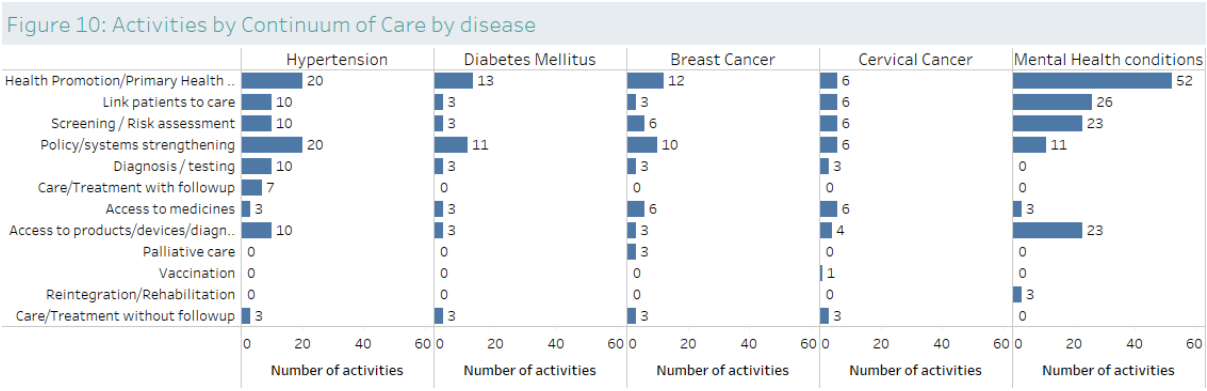
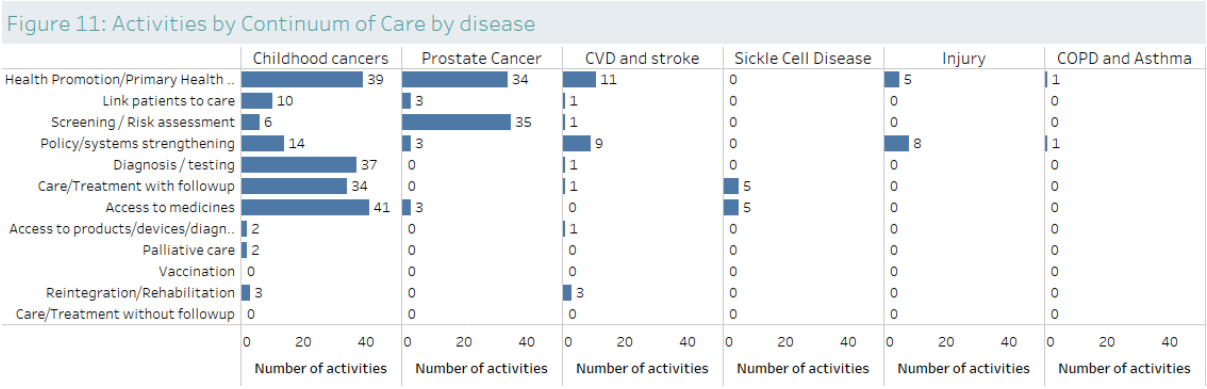


Figure 11. Projects by continuum of care



From Figures 10 and 11 above, access to products, devices, and diagnostics is a major gap across all disease areas where the contributing organizations do not intervene. Further screening for breast, cervical and childhood cancers were among the few activities being carried out by stakeholders. Injury, sickle cell disease, and COPD and asthma were diseases with a few activities targeting only two sections on the continuum of care. Regional variations and gaps were observed in activities targeting the continuum of care.

The data indicates that current initiatives focus on the early part of the continuum of NCD care but that people living with NCDs may face an issue with insufficient access to products, devices, diagnostics, screening for breast, cervical, and childhood cancers, reintegration and rehabilitation, vaccinations, and palliative care. An opportunity exists to improve NCD care throughout the life course, with a focus on greater support targeting these least represented sections on the continuum of care.

For ongoing work, there were a total of 325 activities targeting various sections on the continuum of care. Most activities targeted health promotion or primary health while the least targeted sections were palliative care, vaccinations, reintegration, and rehabilitation, care/treatment without follow-up as shown in Figure 12. Similar to projects, activities targeting the sections on the continuum of care varied across disease areas as shown in Figures 13 and 14.

Figure 12. Ongoing work by continuum of care

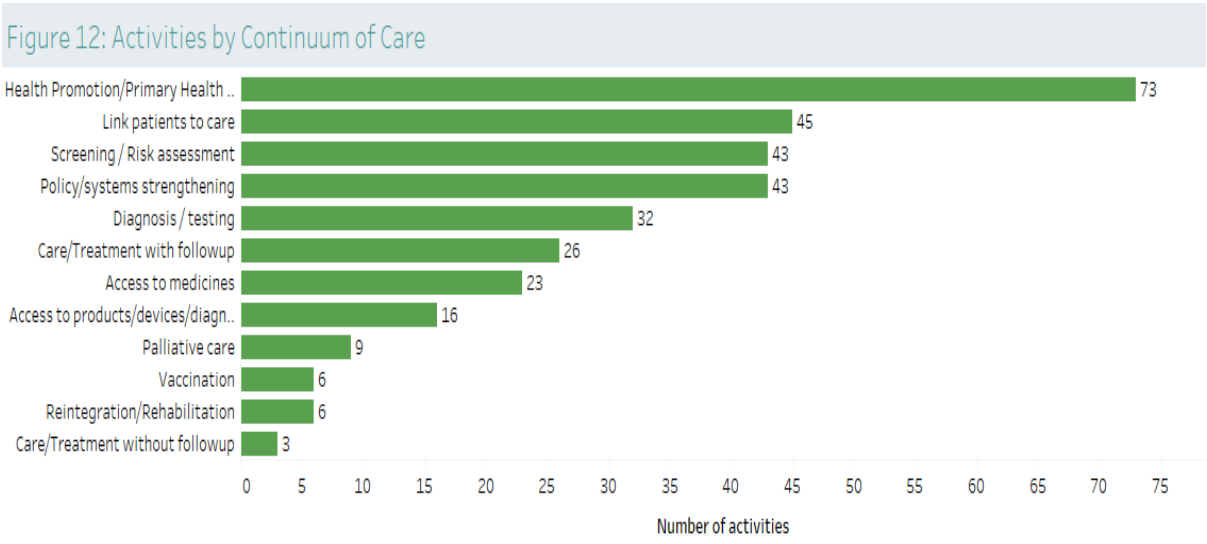


Figure 13. Ongoing work by continuum and disease area

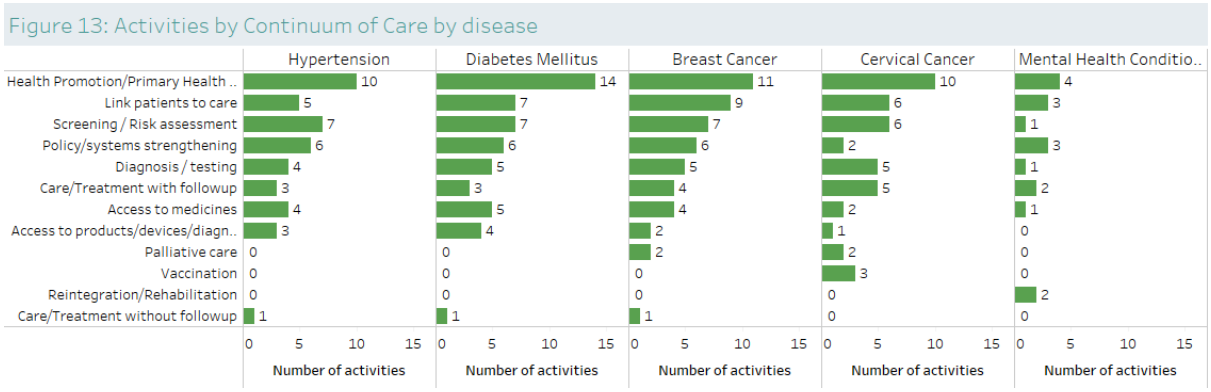
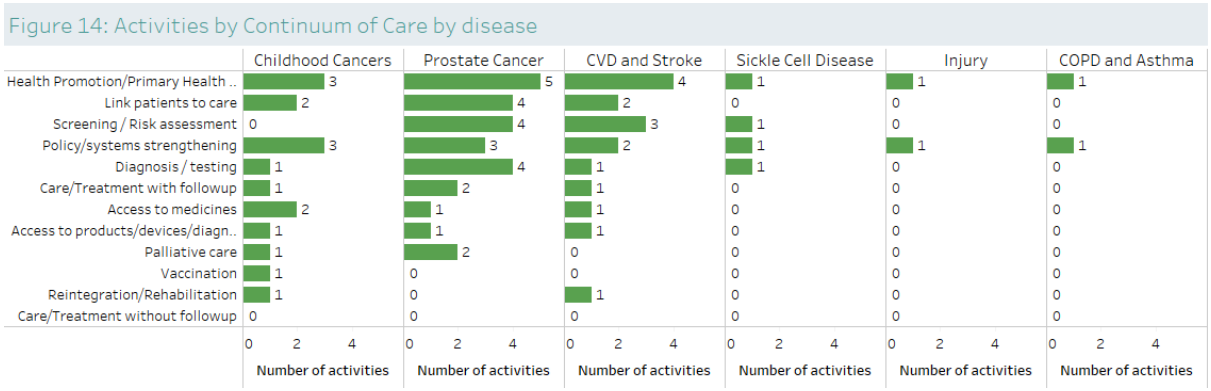


Figure 14. Ongoing work by continuum of care and disease area



Recommendations

The use of the NCD Navigator and ownership by MOH and the GHS provides the opportunity for transforming and coordinating NCD programs and care in Ghana.

Recommendations for next steps include:

- Enhance and expand access to screening services for breast, cervical and childhood cancers across all regions. This effort should be complimented with access to products, devices, and diagnostics.
- Enhance programming in high NCD burden regions which have little NCD programming; offer opportunities for greater engagement. These focus regions include the Ashanti and Northern regions.
    - Access to medicines across all disease areas would benefit from more stakeholder attention in Ghana.
    - Activities supporting mental health are inconsistent across regions in Ghana and would benefit from support.
    - Coverage for all disease areas across the continuum of care is inconsistent across the regions and should be addressed in future strategic planning.

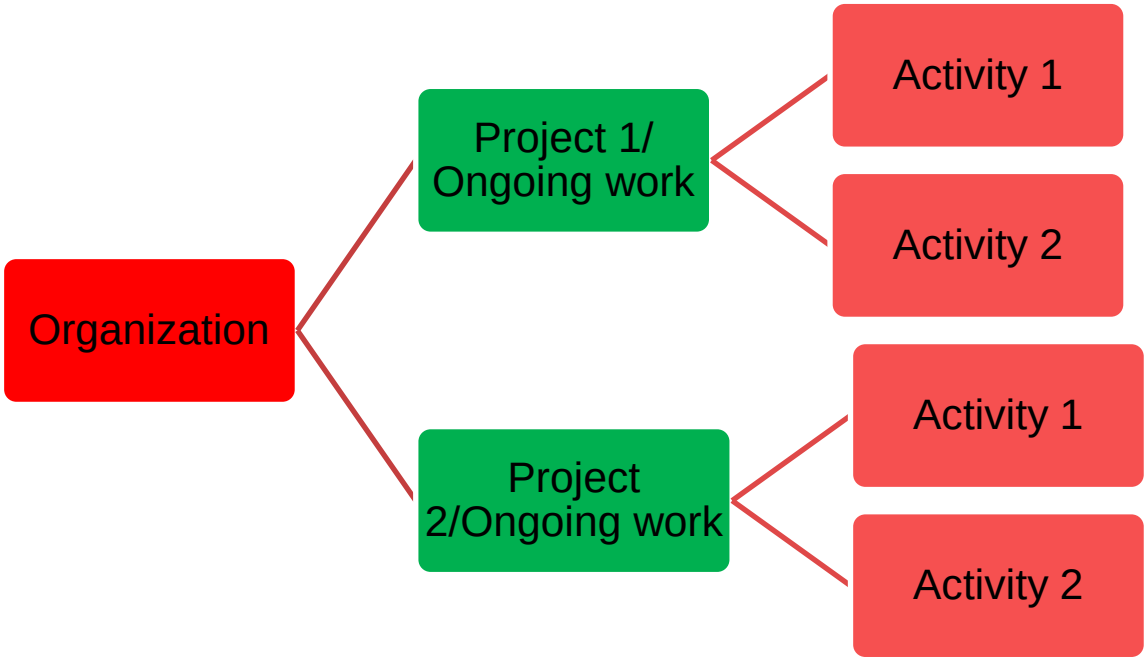
- Enhance programming for therapeutic areas that have less than 10 percent of overall activities for ‘lesser prioritized NCDs’ such as sickle-cell disease, COPD and asthma, CVD, and stroke.
- Support a life course approach to NCDs for children <10 years, adolescents, and the elderly who are the least reached with NCD response interventions particularly prevention interventions/lifestyle modification for children and adolescents.
- Scale up the NCD Navigator nationally to cover all the 16 regions. This will provide comprehensive data for an informed decision-making, prioritization of resources and coordination among government and stakeholders.
- PATH to facilitate stakeholders to use data from the Navigator to identify gaps and work complementarily to address these gaps across the country. This can be achieved through holding annual stakeholder meetings to review NCD interventions in the country.
- Align NCD program activities with NCD burden as per DHIMS using Navigator evidence going forward working with GHS as the coordinating agency.
- Support ownership and utilization of the NCD navigator by GHS to inform national strategy reviews.
- Based on further stakeholder feedback, improve, and iterate the navigator tool to meet GHS and stakeholder needs on an ongoing basis.
- Leverage the NCD data to conduct needs assessments and situation analyses to inform design of new programs and align efforts with national NCD strategies and needs of people at risk or living with NCDs.

Appendices

Appendix A: NCD Navigator taxonomy

Respondent and Organization information	Project information	Activity information	Data/Results
Interviewee name, Interviewee role, Organization Name, Sector, Individual project or ongoing work,	**Project or Ongoing work,** **Project description,** Project start / end, Funding source **Partners**	**Activity name/description** Disease, Target Population, Region/Location, Continuum of care,	Indicator name, Target, Results

NCD Navigator structure



Appendix B: Contributing organizations in Kenya

Below is a list of the 37 civil society, patient organizations, and NGOs that contributed data in 2020.

Organizations contributing to the Navigator in Kenya			
1	African Institute for Health and Development	**20**	National Hospital Insurance Fund (NHIF)
2	Association of Parents of Children Living with Type 1 Diabetes [APACLD]	**21**	NCDAK
3	Bipolar Heroes Kenya	**22**	Online Voices
4	Cancer Awareness Centre of Kenya	**23**	PATH
5	Children Sickle Cell Foundation	**24**	Pharmaccess foundation
6	Division of Mental health, Ministry of Health	**25**	Rare Disorders Kenya
7	DNCD	**26**	Renal Patients Society of Kenya
8	International Institute for Legislative Affairs	**27**	Slopes Cancer Awareness Network (SCAN)
9	Kenya Cardiac Society	**28**	State Department for Gender
10	Kenya Defeat Diabetes Association (KDDA)	**29**	Stowelink LLP
11	Kenya Diabetes Management & Information Centre	**30**	Stroke and Hypertension Association
12	Kenya Diabetes Management and Information Centre	**31**	Stroke Association of Kenya
13	Kenya Mended Hearts Patients™ Association (KMHPA)	**32**	T21 Families Support Organization
14	Medecins Sans Frontieres, Operational Centre of Brussels	**33**	Transplant Education Kenya
15	Medtronic Labs	**34**	TT Ainsley
16	Ministry of Health	**35**	White Ribbon Alliance Kenya
17	Ministry of Health - National Diabetes Prevention and Control Programme	**36**	Women for Dementia Africa
18	Mission for Essential Drugs and Supplies - MEDS	**37**	Youth on the Move
19	Narcolepsy Africa Foundation		

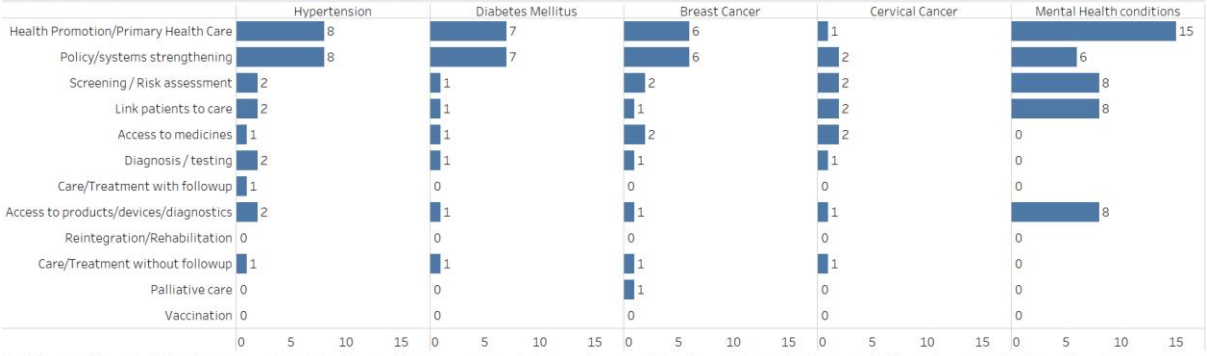
Appendix C: Contributing organizations in Ghana

Stakeholder Details

Region.	Organization Sector	Name
Ashanti	Civil Society Organization	Agency for Health and Food Security
		Light for children
	Ghana Government	Ashanti Regional Health Directorate
	Local NGO	Abak Foundation
		Alliance Against Non-Communicable Diseases in Africa
		Breast Care International
		Cancer Health Foundation
		Empowerment Centre For Woman And Childern
		Global Cervical Charity Foundation
		Network for Health and Relief Foundation (NHRF)
		New Hope Wellness Center (Addiction rehabilitation and Mental Health)
		Resource Link Foundation
	Private	Ghana Registered Midwives Association Ashanti
Greater Accra	Civil Society Organization	Institute of Leadership and Development (INSLA)
		Media Alliance in Tobacco Control and Health
	Foreign Government	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
	Foundation	Ark Lifestyle Foundation
	Ghana Government	Greater Accra Regional Health Directorate
	International NGO	African Cancer Organisation (ACO)
		Clinton Health Access Initiative
		National Diabetes Association, Ghana
		PATH
		Psoriasis Ghana
	Local NGO	Alcohol Policy Allianc- Ghana
		Breast Society of Ghana
		Cancer Support Network of Ghana
		Concern Health Education Project
		Generational Growth Foundation
		Ghana Non-Communicable Diseases Alliance
		Ghana Parents Association for Childhood Cancers (GHAPACC)
		Lifeline for Childhood Cancer Ghana
		Protect Africa Against Evil for Peace
		Sickle Cell Foundation of Ghana
		Stroke Association Supportnetwork-Ghana (SASNET-GHANA)
		The Adepa Factor Foundation
		Vision for Alternative Development (VALD)
		World Child Cancer, Ghana
	Patient Organization	Partnership in Cancer Care Initiative (Cancer Connect GH)
		Sharecare Ghana
	Private	F&G Wellness and Partnerships Ltd
		Premium Diabetes Education and Care Centre
Northern	Ghana Government	Northern Regional Health Directorate
	Local NGO	BasicNeeds-Ghana
		Gub-Katimali Society
		Literacy Bridge Ghana
		NORSAAC

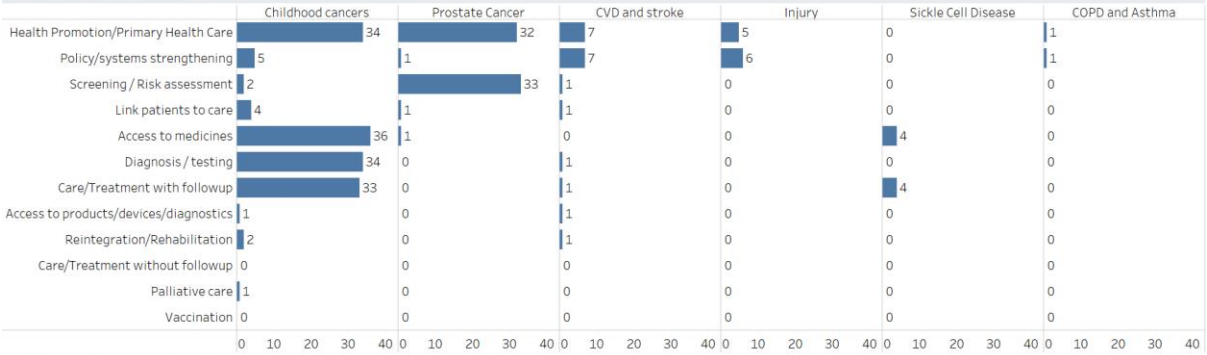
Appendix D: Ghana activities along the continuum of care by region

Figure 7a: Activities by Continuum of Care in Greater Accra Region



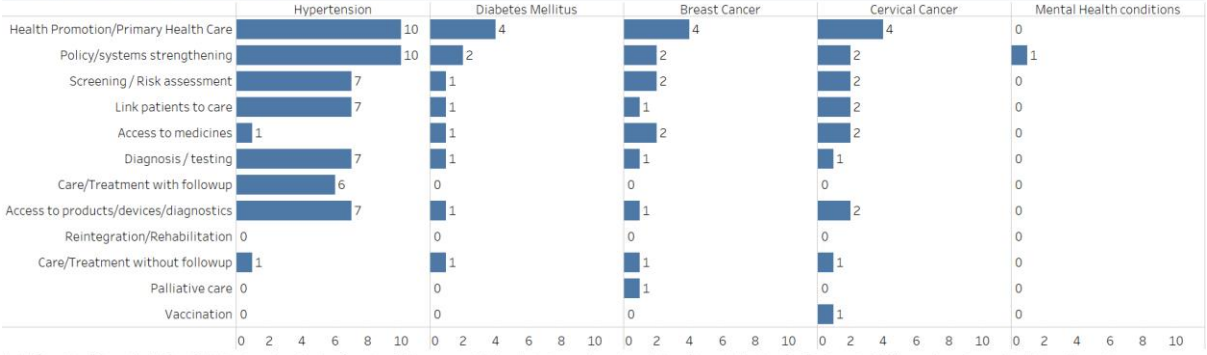
Health Promotion/Primary Health Care, Policy/systems strengthening, Screening / Risk assessment, Link patients to care, Access to medicines, Diagnosis / testing, Care/Treatment with followup, Access to products/devices/diagnostics, Reintegration/Rehabilitation, Care/Treatment without followup, Palliative care and Vaccination broken down by Diseases. Color shows details about Work nature color. The data is filtered on Work Nature, Region, Action (Sector) and Work nature filter. The Work Nature filter keeps On-going work and Project. The Region filter keeps Greater Accra Region. The Action (Sector) filter keeps 8 members. The Work nature filter filter keeps True. The view is filtered on Diseases, which keeps Breast Cancer, Cervical Cancer, Diabetes Mellitus, Hypertension and Mental Health conditions.

Figure 7b: Activities by Continuum of Care in Greater Accra Region



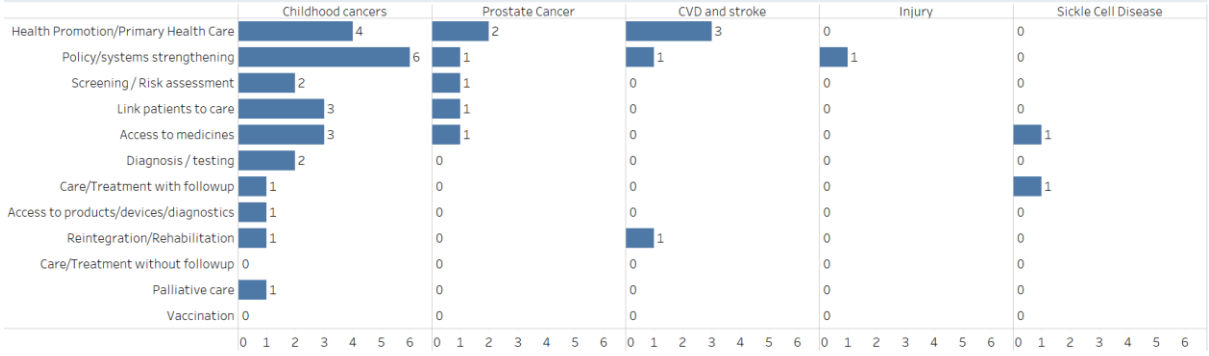
Health Promotion/Primary Health Care, Policy/systems strengthening, Screening / Risk assessment, Link patients to care, Access to medicines, Diagnosis / testing, Care/Treatment with followup, Access to products/devices/diagnostics, Reintegration/Rehabilitation, Care/Treatment without followup, Palliative care and Vaccination broken down by Diseases. Color shows details about Work nature color. The data is filtered on Work Nature, Region, Action (Sector) and Work nature filter. The Work Nature filter keeps On-going work and Project. The Region filter keeps Greater Accra Region. The Action (Sector) filter keeps 8 members. The Work nature filter filter keeps True. The view is filtered on Diseases, which keeps 6 of 13 members.

Figure 9a: Activities by Continuum of Care in Ashanti Region



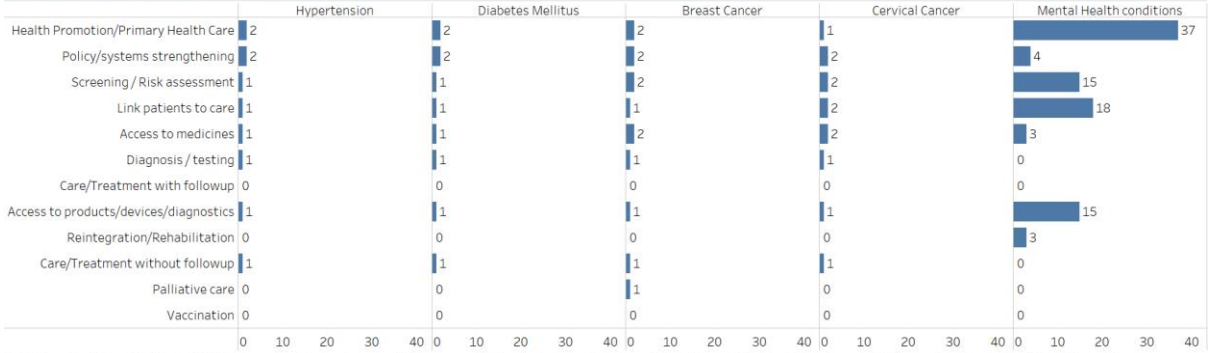
Health Promotion/Primary Health Care, Policy/systems strengthening, Screening / Risk assessment, Link patients to care, Access to medicines, Diagnosis / testing, Care/Treatment with followup, Access to products/devices/diagnostics, Reintegration/Rehabilitation, Care/Treatment without followup, Palliative care and Vaccination broken down by Diseases. Color shows details about Work nature color. The data is filtered on Work Nature, Region, Action (Sector) and Work nature filter. The Work Nature filter keeps On-going work and Project. The Region filter keeps Ashanti Region. The Action (Sector) filter keeps 8 members. The Work nature filter filter keeps True. The view is filtered on Diseases, which keeps Breast Cancer, Cervical Cancer, Diabetes Mellitus, Hypertension and Mental Health conditions.

Figure 8b: Activities by Continuum of Care in Ashanti Region



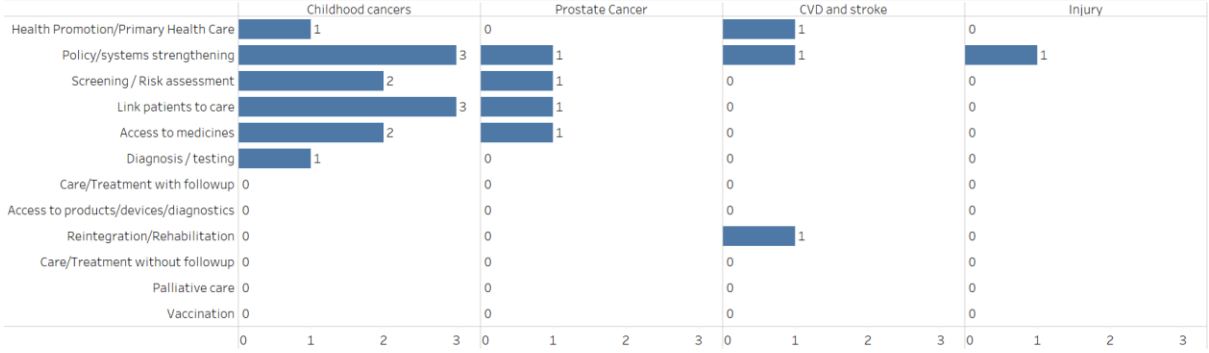
Health Promotion/Primary Health Care, Policy/systems strengthening, Screening / Risk assessment, Link patients to care, Access to medicines, Diagnosis / testing, Care/Treatment with followup, Access to products/devices/diagnostics, Reintegration/Rehabilitation, Care/Treatment without followup, Palliative care and Vaccination broken down by Diseases. Color shows details about Work nature color. The data is filtered on Work Nature, Region, Action (Sector) and Work nature filter. The Work Nature filter keeps On-going work and Project. The Region filter keeps Ashanti Region. The Action (Sector) filter keeps 8 members. The Work nature filter filter keeps True. The view is filtered on Diseases, which keeps 6 of 13 members.

Figure 9a: Activities by Continuum of Care in Northern Region



Health Promotion/Primary Health Care, Policy/systems strengthening, Screening / Risk assessment, Link patients to care, Access to medicines, Diagnosis / testing, Care/Treatment with followup, Access to products/devices/diagnostics, Reintegration/Rehabilitation, Care/Treatment without followup, Palliative care and Vaccination broken down by Diseases. Color shows details about Work nature color. The data is filtered on Work Nature, Region, Action (Sector) and Work nature filter. The Work Nature filter keeps On-going work and Project. The Region filter keeps Northern Region. The Action (Sector) filter keeps 8 members. The Work nature filter filter keeps True. The view is filtered on Diseases, which keeps Breast Cancer, Cervical Cancer, Diabetes Mellitus, Hypertension and Mental Health conditions.

Figure 9b: Activities by Continuum of Care in Northern Region



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