



POLICY BRIEF

EXPERIENCES OF PEOPLE LIVING WITH NCDs IN THE ERA OF COVID-19 IN GHANA

I. Introduction

The COVID-19 pandemic in Ghana has reached catastrophic proportions. With an average of over 400 new cases daily, over 24, 000 cases and 130 deaths so far, Ghana is among the few African countries with exceedingly high cases of COVID-19. The COVID-19 pandemic has gone beyond being a mere health crisis to being a full-blown health, economic and social crisis. Although every facet of society is affected by this pandemic, a worldwide consensus is the increasing concern about the rising cases and mortalities from COVID-19 by persons with underlying health conditions such as NCDs¹. To date, the predominantly reported non-communicable diseases (NCDs) associated with COVID-19 include diabetes mellitus, hypertension, cerebrovascular disease (stroke), coronary artery disease and chronic obstructive pulmonary disease,^{2,3}. Worldwide, it is reported that people living with NCDs experience a multitude of challenges. However, within the Ghanaian context, little information exists on the experiences of people living with NCDs amid the global pandemic of COVID-19. Specific and relevant questions to unravel the situation of people living with NCDs in the era of COVID-19 are how does COVID-19 affect people living with NCDs and to what extent does COVID-19 affect their ability to access healthcare? We believe generating information to answer the following questions is critical and timely in formulating well-tailored and policy relevant interventions to address the needs of people living with NCDs, and to ensure the right environment is created to minimize their risk of getting infected with COVID-19. In this regard, a rapid qualitative study was undertaken by the Ghana NCD Alliance with the following specific objectives:

1. To understand the challenges faced by people living with NCDs in the era of COVID-19 in Ghana through the sharing of their lived experiences

2. Make recommendations to the government on how to improve access to healthcare for PLWNCds in the era of COVID-19.

II. Rationale:

During this COVID-19 period especially during the lockdown, there were many concerns from people living with NCDs from many parts of the country especially from our network of PLWNCds in regards to the challenges they were facing. Among them were disruptions to provision of treatment, access to health facilities, cost of medications etc. As a result of these concerns, the Ghana NCD Alliance initiated an online and a field survey to reach out to PLWNCds and caregivers to share their concerns and challenges and provide recommendations to policy makers. The exercise aimed to understand and appreciate the challenges better and share recommendations to government to inform policy action

III. Data collection approach

We undertook a rapid qualitative study to understand the impact of COVID-19 on people living with NCDs (PLWNCds) within the context of Ghana. To do this, the Ghana NCDs Alliance collected data on the above subject in two separate phases: online data collection and data collection in various communities across Ghana to gather first-hand experiences of COVID-19 among PLWNCds across four regions in Ghana (See distribution of study settings and NCDs in Table 1). Through a purposive and snowball sampling techniques, trained research

purposive and snowball sampling techniques, trained research assistants were deployed into communities to identify and recruit persons identified or known to be living with NCDs aged 18 and beyond to gather information on their lived experiences of COVID-19. All participants verbally consented to participate in the study which lasted averagely about 15-20 minutes. Data was thematically analyzed and where possible quantified into tables for frequencies and for easy comprehension as presented in Table 2.

IV. Results

Participants characteristics according to NCD types and geographical region
Overall, a total of 127 persons with NCDs were recruited.

Although different NCDs categories exist globally, data was collected from persons with stroke, diabetes, hypertension, sickle cell, chronic heart disease, asthma, cancer and breast cancer. Some participants were found to live with NCDs comorbidity that is an individual living with more than one category of NCDs at a time. Hypertension, another category of NCDs was the most predominant in this study. In other words, hypertension was common among all the study participants across the four regions where the study was undertaken. Stroke and diabetes were the next most common NCDs found among the study participants, giving credence to national and global trend of disease burden. Other NCD categories such as sickle cell, chronic heart diseases, cancer, and breast cancer were less predominant among the study participants across the four regions. As shown in Table 1, experiences of persons living with eight categories of NCDs were recruited from communities across four regions in Ghana.

Table 1: Distribution of participants according to the region and NCDs category

Region	NCDs category	Frequency %
Greater Accra	Diabetes	12(22.2)
	Hypertension	20(37.0)
	Breast cancer	1(1.9)
	Cancer	2(3.7)
	Stroke	10(18.5)
	Sickle cell	0(0.00)
	Asthma	7(13.0)
	Chronic heart disease	2(3.7)
	Total	54
	Ashanti region	Diabetes
Hypertension		8(29.6)
Breast cancer		1(3.7)
Cancer		2(7.4)
Stroke		1(3.7)
Sickle cell		4(14.8)
Asthma		6(22.2)
Chronic heart disease		0(0.00)
Total		27
Northern region		Diabetes
	Hypertension	7(21.9)
	Breast cancer	0(0.00)
	Cancer	1(3.1)
	Stroke	12(37.5)
	Sickle cell	0(0.00)
	Asthma	6(18.8)
	Chronic heart disease	0(0.00)
	Total	32
	Eastern region	Diabetes
Hypertension		2(14.3)
Breast cancer		0(0.00)
Cancer		0(0.00)
Stroke		4(28.6)
Sickle cell		0(0.00)
Asthma		1(7.1)
Chronic heart disease		0(0.00)
Total	14	
Overall Total		127

Table 2: Distribution of challenges experienced by participants according to NCDs category

NCDs category	Challenges experienced
Diabetes	<ul style="list-style-type: none"> -Fear of visiting health care facilities due to fear of neglect and discrimination by the public and healthcare providers -Access to their essential medications such as insulin were out of stock /supply in most health facilities -Shortages of basic medicines for people living with diabetes -Most people living with diabetes and other NCDs were considered as a less/low priority case and therefore experienced delays in consultation, or no consultation during visits to health facilities.
Hypertension	<ul style="list-style-type: none"> -Lack of funds to purchase BP medications -Most of the BP medications often prescribed by the medical staff were not covered by the NHIS. -Fear of contracting COVID-19 prevented people living with hypertension from visiting health facilities for OPD consultations or to access care -Experience of stigma and discrimination at the various health facilities due to their NCDs condition
Breast cancer	<ul style="list-style-type: none"> -Inability to undergo scheduled surgery as doctors refused to perform the surgeries due to COVID-19. -Refusal of PLWNCDs to visit hospitals for treatment due to fear and panic posed by the pandemic. -Stigmatization due to lack of education on the pandemic.
Cancer	<ul style="list-style-type: none"> -Fear to visit a health facility to access medical care due to fear of contracting COVID-19 as a high-risk person -The price for cancer medications were on the rise because of the pandemic and this made them less affordable -Experiences of negligence or lack of proper care by families and community members.
Stroke	<ul style="list-style-type: none"> -Participants recommended that physiotherapy centers should be available at all health centers especially in the rural areas and Government should intensify education on NCDs. -There should be increased priority for NCDs care during COVID-19 by building centers for NCDs only. -The LEAP program should consider supporting PLWNCDs. -Treatment for NCDs should be free or fully covered by the NHIS
Sickle cell	<ul style="list-style-type: none"> -There should be a separate area for sickle cell patients so they can have easy access to medications as well as separate centers for NCD conditions. -Intensify public education on the sickle cell condition.
Asthma	<ul style="list-style-type: none"> -Asthma patients should be provided with special nose masks to aid breathing -Government should cover the cost of NCD treatment.
Chronic heart disease	<ul style="list-style-type: none"> -The need for government to pay greater attention through arrangement of special health care services to people living with chronic heart diseases and other NCDs during pandemics such as COVID-19 and government should focus more attention on NCDs.

Recommendations on how to protect people living with NCDs during COVID-19

Following participants expressions of views on the challenges faced as people living with NCDs amidst a global pandemic, several recommendations were put forward to address these challenges as presented in Table 3.

Table 3: Recommendations made by participants according to NCDs category

NCDs category	Recommendations
Diabetes	<ul style="list-style-type: none"> Health systems should be reformed to ensure easy and accessible healthcare services are provided to PLWNCDs Regular screening services, OPD visits and drug and medication supplies should be strengthened. Establish separate health care services in the form of mobile clinics or NCDs/Diabetes clinics to cater for the needs of people with underlying conditions. Provide adequate supply of medication to reduce the frequency of visiting the health facility Government need to absorb the medical bills of such persons. Specifically, the NHIS should be expanded to cover the cost of all diabetes medications and medical services, both at the in-patient and out-patient levels. Public education and awareness activities should be rolled out at the various communities and health facilities about the need to stop existing negative and stigmatizing attitudes towards PLWNCDs. Psychological support from Psychologists should be made available and accessible by all nationally.
Hypertension	<ul style="list-style-type: none"> Government should set up medical centers to take care of the health needs of persons living with hypertension Prioritize health of PLWNCDs through setting aside funds to support PLWNCDs. This should take the form of absorbing the treatment cost for PLWNCD during COVID. Enact laws to protect PLWNCDs. Make laws to protect people living with NCDs against stigmatization and negative public attitudes towards them. Relatedly, public education programme about COVID-19, the need to refrain from stigmatizing PLWNCDs, etc. Counselling units for people with NCDs should be set up by the government, including the provision of psychological services. That is, government should provide psychologists to provide counselling to people living with NCDs
Breast cancer	<ul style="list-style-type: none"> Enforcement of laws to ensure that scheduled surgeries are not postponed without good reason. The need to undertake more education on stigmatization.
Cancer	<ul style="list-style-type: none"> Ensure the safety of PLWNCDs by separating people with NCDs at the hospitals for treatment. Intensify education on COVID-19 and NCDs to reduce stigma, neglect and discrimination
Stroke	<ul style="list-style-type: none"> Participants recommended that physiotherapy centers should be available at all health centers especially in the rural areas and Government should intensify education on NCDs. There should be increased priority for NCDs care during COVID-19 by building centers for NCDs only. The LEAP program should consider supporting PLWNCDs. Treatment for NCDs should be free or fully covered by the NHIS
Sickle cell	<ul style="list-style-type: none"> There should be a separate area for sickle cell patients so they can have easy access to medications as well as separate centers for NCD conditions. Intensify public education on the sickle cell condition.
Asthma	<ul style="list-style-type: none"> Asthma patients should be provided with special nose masks to aid breathing Government should cover the cost of NCD treatment.
Chronic heart disease	<ul style="list-style-type: none"> The need for government to pay greater attention through arrangement of special health care services to people living with chronic heart diseases and other NCDs during pandemics such as COVID-19 and government should focus more attention on NCDs.

V. Summary of findings and recommendations for policy action

The present study drew on a cross-section of people living with NCDs in four regions of Ghana. The study participants comprised people living with diabetes, stroke, hypertension, asthma, sickle cell, cancer, breast cancer and chronic heart disease. Overall, as presented in Table 4, of the 127 participants, hypertension, diabetes, and stroke were the most predominant NCDs, representing 29.1% (37/127), 23.6% (30/127) and 21.3% (27/127) respectively.

Table 4: National summary of NCDs category in the Covid-19 response

NCDs	Frequencies (%)
Diabetes	30(23.6)
Hypertension	37(29.1)
Breast cancer	2(1.6)
Cancer	5(3.9)
Stroke	27(21.3)
Sickle cell	4(3.1)
Asthma	20(15.7)
Chronic heart disease	2(1.6)
Total	127

Key findings

Data was collected from 127 persons living with stroke, diabetes, hypertension, sickle cell, chronic heart disease, asthma cancer and breast cancer from four regions in Ghana namely Greater Accra, Ashanti, Eastern and Northern regions.

The study found that a significant number of persons living with diabetes were hugely affected in different ways following the COVID-19 pandemic.

Challenges and experiences of COVID-19

- Fear of visiting health care facilities during COVID-19 due to fear of neglect and discrimination by the public and healthcare providers
- Limited access to essential NCDs medications in most health facilities.
- Lack of funds to purchase NCDs medications
- Most of the NCDs medications often prescribed by the medical staff were not covered by the NHIS
- High level of stigma and discrimination
- Negligence or lack of proper care by families and community members

Recommendations for policy action

- Reconfiguration of health systems to ensure easy and accessible healthcare services are provided to PLWNCDs during COVID-19
- Regular screening services, OPD visits, and drug supplies should be strengthened
- Government need to absorb medical bills of PLWNCDs under the NHIS
- Psychological support from Psychologists should be made available and accessible by all nationally
- Provide an adequate supply of medication to reduce the frequency of visiting the health facility
- Prioritize health of PLWNCDs through setting aside a special fund
- More education on COVID-19 and NCDs to reduce stigma, neglect, and discrimination
- Asthmatic patients should be provided with special nose masks to aid breathing
- Physiotherapy centers should be available at all health centers to cater for the needs of stroke patients

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- 3) Fang L , Karakiulakis G , Roth M . Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection? *Lancet Respir Med* 2020. doi:doi:10.1016/S2213-2600(20)30116-8.

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