Benchmarking Ghana's Policies for Creating Healthy Food Environments

Compared to international examples and in relation to stage of local policy action.

Ghana Healthy Food Environment Policy Index (Food-EPI) country scorecards and priority recommendations for action

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Laar, A.; Tandoh, A.; Barnes, A.; Bash, K.; Aryeetey, R.; Mensah, K.; Vandevijvere, S. Holdsworth, M.

Collaborating Institutions:

UNIVERSITY OF GHANA · The University Of Sheffield. · UNIVERSITY OF LIVERPOOL · cirad · Loughborough University · INFORMAS Benchmarking food environments

Executive Summary

Background

Ghana is experiencing an increase in obesity and other diet-related non-communicable diseases (NCDs), including Type 2 diabetes, cardiovascular disease and some cancers. Urban dwellers and women are most affected. Overweight/obesity among Ghanaian women increased by about one-third between 2003 and 2014 (to 40%). The overconsumption of unhealthy diets that are energy-dense and nutrient-poor is implicated in the onset of diet-related NCDs. There is growing evidence that unhealthy food environments drive unhealthy diets. Comprehensive and effective government policies and actions are needed to create healthy food environments; to support people to consume healthier diets; and to reduce obesity other diet-related NCDs as well as their related inequalities.

What we did

The extent of implementation of food environment policies in Ghana was assessed and priority actions were identified for the government to implement, with its partners, to create healthier food environments. Methods based on the Healthy Food Environment Policy Index (Food-EPI) by INFORMAS (International Network for Food and Obesity/NCDs Research, Monitoring and Action Support) were used. Between October 2017 and August 2018, a cross-country team of researchers trained by a Food-EPI expert implemented the Ghana Food-EPI exercise. As part of the process, a panel of 19 local experts rated the extent of government action against international best practice ('high', 'medium', 'low' or 'very little') and in relation to stage of local policy action. ('initiation', 'in development', 'implementation' or 'evaluation'). Actions for the government to implement to improve food environments in Ghana were proposed and prioritised.

Extent of implementation of food environment policies and infrastructure support compared with international best practice and in relation to stage of local policy action

Gaps were identified in the implementation of food environment policies, as well as opportunities to create healthier food environments in Ghana. The panel assessed government efforts in relation to the stage of action within local policy cycle. Only the food promotion domain aimed at restricting marketing of breast milk was in the 'evaluation' phase. Twenty one areas of good practice were in an 'implementation' phase, including, for example: the adoption of Codex guidelines for regulating nutrition labelling for packaged foods and a legal framework to prohibit misleading claims on foods. There are questions however, about the extent of enforcement. Various monitoring actions (e.g. use of anthropometry, regular monitoring of NCD risk factors/prevalence) are implemented regularly and coordination platforms exist across government departments and other sectors (NGOs, private sector, academia) (e.g. The Scaling Up Nutrition Cross-Sectoral Planning Group).

No evidence of any government action was documented for 5 policy and 2 infrastructure support areas of good practice (e.g. no food composition standards for out-of-home meals in food service outlets, nutrition information system for consumer-oriented labelling on food packaging or platforms for interaction with the commercial food sector).

In relation to international best practice, three-quarters of all areas of good practice indicators were assessed as 'low' or with 'very little' implementation. All recent government action on food prices (e.g. taxes, subsidies), food retail and food provision were rated as 'low'. Actions relating to political leadership to ensure strong support to create healthy food environments were also rated as 'low', as was the regular monitoring of NCDs risk factors and prevalence, sufficient evaluation of major policies and programmes, and monitoring of food environments. A particular gap was identified in relation to government-funding of research targeted at improving food environments and reducing NCDs (rated as 'very little implementation').

The Government of Ghana was assessed to be performing very well ('high') at the level of international best practice in restricting the marketing of breastmilk substitutes. The government was judged to be performing relatively well ('medium') in policy action to establish nutrient declarations, in particular through setting standards for maximum fat contents in beef, pork, mutton and poultry. The government was also judged to be performing relatively well ('medium') in 6 infrastructure support areas (e.g. access to government information, monitoring progress on reducing health inequalities, platforms for interaction).

Prioritised recommended policy and infrastructure support actions for creating healthy food environments in Ghana

A total of 13 policy actions and 14 infrastructure support actions for creating healthier food environments in Ghana were identified by the expert panel. Of these actions, the panel prioritised 4 policy actions and 6 infrastructure support actions as of "higher importance" and "higher achievability" - taking into account perceptions of their relative importance (i.e. perceived need, likely impact and equity) and achievability (i.e. feasibility, level of acceptability to a wide range of key stakeholders, affordability and cost-effectiveness).

Prioritised actions included the introduction of legislation to regulate the promotion / sponsorship / advertisement and sale of unhealthy food and drinks in school environments and in the media. Adopting a mandatory food labelling scheme and implementing subsidies to increase the affordability of healthy foods were also ranked as important but concerns about feasibility were raised. Improving the funding environment for nutrition was prioritised as the most important and achievable form of action to improve infrastructural support towards creating healthier food environments, preventing obesity and diet-related NCDs.

Domain		Actions prioritised as of higher importance and achievability	Abbreviations
Policy domain			
	Food promotion	The Government should pass legislation to regulate the promotion, sponsorship, advertisement and sale of food and drink with added sugars, and other nutrients of concern (saturated fatty acids/trans fats, salt) in the school environment and other child-laden settings, enforceable with fines.	PROMO-A
	Food promotion	The Government should enforce legislation to regulate the promotion, sponsorship, advertisement and sale of food and drink with added sugar, and other nutrients of concern (saturated fatty acids/trans fats, salt) in print and electronic media, enforceable with fines.	PROMO-B
	Food labelling	The Government should support nutrition advocates (e.g. with financial support, knowledge and research development, capacity planning).	LABEL-B
	Food provision	The Government should implement a requirement for caterers involved in the School Feeding Programme to pass a training course on healthy meal planning.	PROV-A
Infrastructure support domain			
	Funding and resources	The government should ensure that sufficient and transparent funding is allocated to nutrition, particularly promotion of healthy eating.	FUND-A
	Funding and resources	The government should allocate adequate funding for nationally-relevant research on nutrition and NCDs, including obesity and related health and social inequalities.	FUND-B
	Leadership	The government should develop and publish food-based dietary guidelines.	LEAD-B
	Monitoring and evaluation	The government should develop a food composition database.	MONIT-A
	Monitoring and evaluation	The government should establish regular surveillance and monitoring of the food environment, including obesity and overweight in the population across all age groups.	MONIT-C
	Monitoring and evaluation	The government should issue guidelines on recommended daily salt (sodium) guidelines in line with WHO recommendations.	LEAD-A

Comprehensive government action is needed to create healthier food environments, to support people to consume healthier diets and to reduce all forms of malnutrition.

Background

Like other African countries, Ghana is experiencing an increase in obesity and other diet-related non-communicable diseases (NCDs), including Type 2 diabetes, cardiovascular disease and some cancers.[1-9] Urban citizens and women are most affected: overweight / obesity among Ghanaian women has increased by about one-third in a decade (from 25% in 2003 to 40% in 2014).[10] Diet-related NCDs are thus becoming significant contributors to poor health, morbidity and mortality in Ghana.[11, 12] The overconsumption of unhealthy diets that are energy-dense and nutrient-poor is implicated in the onset of diet-related NCDs. Such diets are also associated with lower micronutrient intake, which remains prevalent in Ghana.[10, 13]

There is growing evidence that unhealthy food environments drive unhealthy diets. Food environments are the collective physical, economic, political and socio-cultural surroundings, opportunities and conditions that influence what food people eat.[12] There is expert consensus internationally on the types of policy actions that governments need to take to create healthy food environments.[14] Action to improve food environments will help reduce all forms of malnutrition.

This project assessed the extent to which the Government of Ghana is implementing internationally recommended policies to promote and create healthy food environments and the extent of progress in relation to stage of local policy action. It also identifies and recommends priority actions for the Government to take forward with its partners.

What we did

Methods based on the Healthy Food Environment Policy Index (Food-EPI) by INFORMAS (International Network for Food and Obesity / NCDs Research, Monitoring and Action Support) were used. INFORMAS monitors and benchmarks food environments and policies internationally to increase the accountability of governments and the food industry for actions to reduce diet-related NCDs.[15] The Food EPI in Ghana was conducted between October 2017 and August 2018 by a cross-country team of researchers trained by a Food-EPI expert. The key steps in the Ghana Food-EPI process are shown in Figure 1 and explained below.

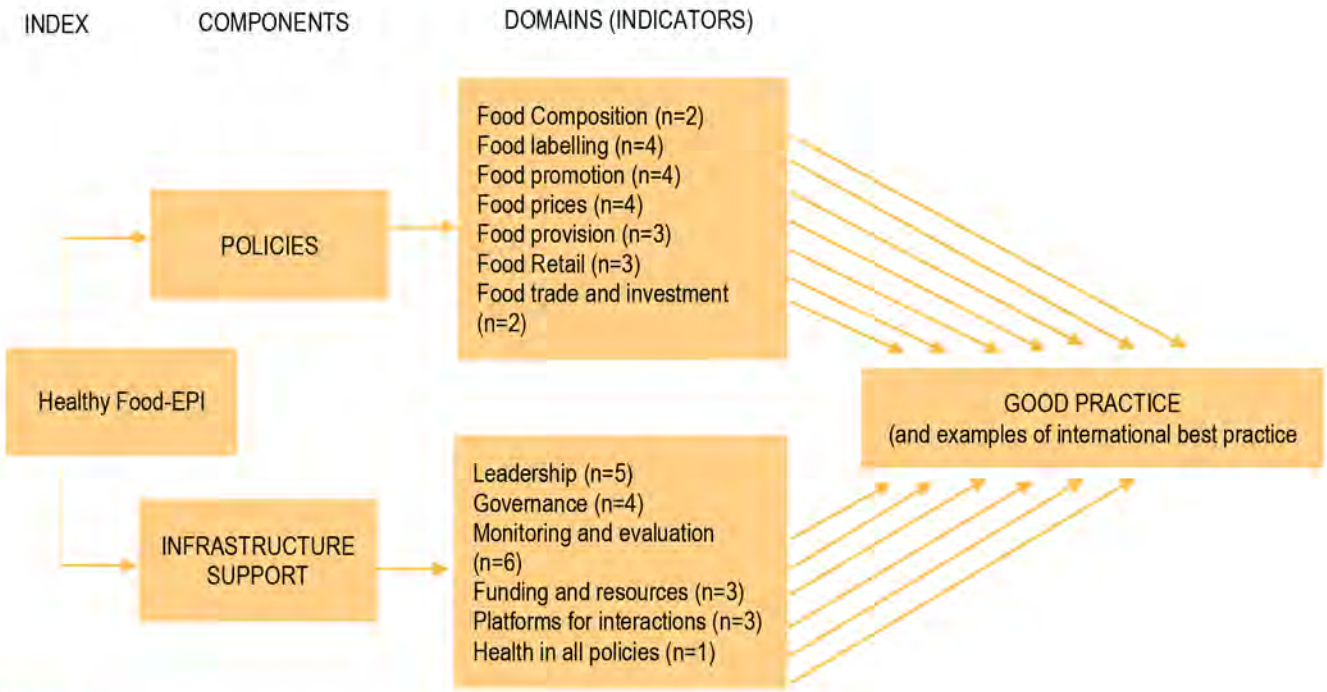
Figure 1. Process for assessing the extent of food environment policy implementation in Ghana

Document and verify

Evidence on the extent of government action to implement food environment policies was collected across 13 policy and infrastructure support domains and 44 related sub-areas (indicators) of good practice (as in Figure 2 and Tables 1 and 2). The domains and indicators of good practice were based on the Food-EPI but were tailored to the Ghanaian context by the research team, in consultation with the INFORMAS team and according to the Food EPI protocol. A broad view of evidence was taken: government policies, workplans, and national strategies were included, as well as evidence of formal/informal activity across the whole policy process (from agenda-setting to implementation/legislation, monitoring and evaluation reports).

Government websites, websites of other institutions (e.g. FAO, WHO, UNICEF) and academic databases (for peer-reviewed journal articles) were systematically searched for evidence of action and requests for information were also submitted to relevant government authorities. Identified evidence was collated and documented in an 'Evidence Paper', which was shared with relevant government officials for validation. In the Evidence Paper, information about action taken by the Government of Ghana to create healthier food environments was presented alongside examples of international best practice, as identified by INFORMAS (examples of these are included in Tables 1 and 2).[15] The evidence collected in Ghana spanned the period 2007-2017.

Figure 2. Components, domains and indicators of the Food-EPI tool used in Ghana



Convene

A panel of 19 experts on food and nutrition issues in Ghana was convened during the process of collecting evidence. Members of the expert panel were from non-government (academia, civil society and charitable) and government sectors.

Assess

The expert panel reviewed the Evidence Paper and used the information within it to rate the extent of government action to implement policies on food environments and infrastructure support against: 1) an in-country policy cycle and 2) international best practice. The ratings covered all 13 of the policy and infrastructure support domains and 43 sub-areas of good practice that are listed in Figure 2 and in Tables 1 and 2. The level of government action in relation to stage of local policy action was categorised as: *'initiation'*, *'in development'*, *'implementation'* or *'evaluation'*. The level of action against international best practice was categorised as: *'high'*, *'medium'*, *'low'* or *'very little'*. This assessment process took place during an expert panel ratings workshop that was held in Accra in September 2018.

Identify and prioritise

At the end of the ratings workshop, the expert panel identified potential policy and infrastructure support actions that the government could take forward with its partners. The identified actions were subsequently prioritised (online) by 19 experts who participated in the ratings and 6 others who were involved in the Ghana Food-EPI process but were unable to attend the workshop - taking account of perceptions of relative *importance* (i.e. need, likely impact, equity) and *achievability* (i.e. level of acceptability, affordability, feasibility, cost-effectiveness).

Table 1. Policy domains, sub-areas (indicators) of good practice and examples of international best practice[15, 16]

Policy domain	Good practice	Examples of international best practice
Food composition	Food composition standards/targets set for processed foods	**Argentina** Mandatory maximum levels of sodium in various food products. **Denmark** Ban on trans fats
	Food composition standards/targets set for out-of-home meals in food service outlets	**USA** Restaurants not allowed to produce foods that contain partially hydrogenated oils (PHOs). **New Zealand** Industry standards set for deep frying oils.
Food labelling	Ingredients lists / nutrient declarations required	**Canada, USA (and others)** require trans fat labelling on packaged food **USA** Requirement for added sugar to be included on packaged food labelling
	Regulatory systems in place for health and nutrition claims	**Indonesia** Regulation establish rules on the use of specified nutrient content claims (i.e. level of fat for a low-fat claim).
	Front-of pack labelling system	**Ecuador** Mandatory traffic light labelling indicating healthiness of food products. **Chile** Warning labels for products high in calories, saturated fat, sugar or sodium.
	Menu board labelling system	**South Korea** Chain restaurants (100+ outlets) must display nutrient information on menus (energy, total sugars, protein, saturated fat, sodium).
Food promotion	Restrict promotion of unhealthy food to children in broadcast media	**Chile** No advertising of unhealthy foods directed to children under 14 (or when audience share is greater than 20% children)
	Restrict promotion of unhealthy food to children in non-broadcast media	**Quebec, Canada** Ban on all commercial advertising directed to children (under 13 years) through any medium
	Restrict promotion of unhealthy food in children's settings	**Spain** Legislation requires that kindergartens and schools are free from all advertising
	Restrict marketing of breast milk substitutes	**Various countries** Legislation / adopted regulations encompass all / nearly all requirements of WHA International Code on this topic.
Food prices	Reduce taxes on healthy foods	**Fiji** Removed excise duty on imported fruits, vegetables and legumes.
	Increase taxes on unhealthy foods	**Mexico** 10% tax on sugary-drinks, 8% tax on unhealthy snack foods. **Hungary** Public health tax on sugary-drinks / various unhealthy foods.
	Existing food subsidies favour healthy foods	**Canada** Retail-based subsidy program in northern isolated communities enables local retailers and registered suppliers to access and lower the cost of perishable healthy foods (e.g. eggs, vegetables)
	Food-related income-support is for healthy foods	**UK** Pregnant women / families with children under 4 who receive certain state benefits receive weekly 'healthy start' food vouchers.
Food provision	Policies in schools/early education promote healthy food choices	**Costa Rica** Schools only permitted to sell food meeting set nutritional standards. **UK** Mandatory nutritional standards for all food served in schools-restrictions on high fat/ sugar/salt/processed foods.
	Policies in public settings promote healthy food choices	**New York City, USA** Mandatory nutritional standards for all food purchased/sold by city agencies (hospitals, prisons, aged care, health facilities)
	Support and training systems in place in public sector settings	**Japan** Mandatory oversight / monitoring by dietitian/nutritionist (e.g. menu development) for all government facilities providing >250 meals/day
Food in retail	Zoning laws on the density/location of healthy/unhealthy food service outlets	**South Korea** 'Green Food Zones' (<200m) around schools ban the sale of foods (fast food, soda) deemed 'unhealthy' by Food and Drug Administration
	In-store availability of healthy/unhealthy foods regulated	**UK** Voluntary agreement with commercial companies to increase availability of fruit/vegetables at convenience stores
	Robust food hygiene policies	NA – new policy area added for Ghana Food-EPI
Food trade and investment	Trade agreement impacts assessed	**European Union** Mandatory environmental impact assessments (potentially including health impacts) for all new trade agreements
	Protect regulatory capacity regarding nutrition	**Ghana** Standards set maximum % fat contents in beef, pork, mutton and poultry.

Table 2. Infrastructure support domains, sub-areas of good practice (indicators) and examples of international best practice [15, 16]

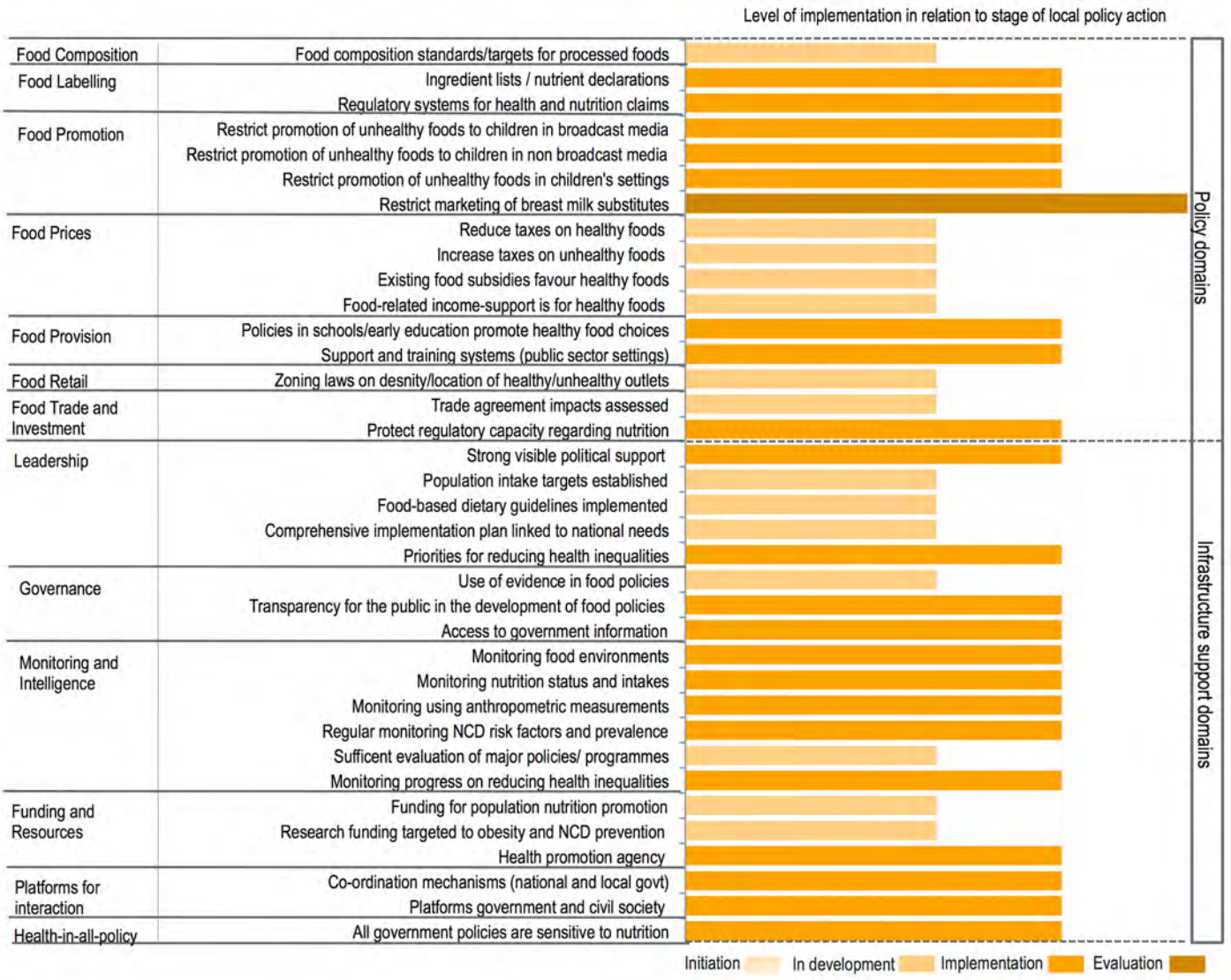
Infrastructure support domain	Sub-area of good practice	Examples of international best practice
Leadership	Strong, visible political support for population nutrition	**New York City, USA** Mayor (M. Bloomberg) showed strong political leadership in introducing 'landmark' food policies, including restrictions on trans-fat and portion size restrictions on sugary-drinks.
	Population intake targets established	**Brazil** 'Strategic Action Plan for Confronting NCDs' specifies targets for fruit and vegetable consumption, and reductions in average salt intake.
	Food-based dietary guidelines implemented	**Brazil** National dietary guidelines address healthy eating from a cultural, ethical and environmental perspective.
	Comprehensive implementation plan linked to national needs/priorities	**EU** European Food and Nutrition Action Plan 2015-20 outlines clear strategic goals, guiding principles, objectives, priorities and tools.
	Priorities for reducing inequalities related to nutrition	**New Zealand** Ministry of Health upholds contracts with NGOs/other institutions to prioritise Maori health and Maori specific needs in service delivery, service development and planning
Governance	Restricting commercial influence on policy development	**Australia** Public Services Commission Values and Code of Conduct includes a number of relevant sections (e.g. conflicts of interest, lobbying)
	Use of evidence in policies related to population nutrition	**Australia** National Health and Medical Research Council requirements to develop evidence-based guidelines
	Transparency in the development of food policies	**Australia** Open access principles across governments, FSANZ processes for extensive stakeholder engagement in the development of new standards
	Publicly available nutrition and policy information	**Various countries** 'Freedom of Information' legislation provides certain rights of public to access documents of government departments/agencies.
Monitoring and Evaluation	Monitoring food environments	**New Zealand** Database of nutrient information for different foods, monitoring of school food environments nationwide
	Monitoring population nutrition status and intakes	**USA** National annual survey provides detailed national information on health status, disease history and nutritional intake of adults and children
	Monitoring population body weight	**UK** National Child Measurement Program for children's BMI, assessing children ages 4-6 and 10-11
	Monitoring of NCD risk factors	**OECD countries** Most have robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors
	Evaluation of major programs and policies	**USA** The National Institutes for Health has dedicated funding for evaluating new policies/programs expected to influence obesity- related behaviours
	Monitoring of inequalities in relation to nutrition	**New Zealand** All annual Ministry of Health surveys estimate by subpopulations
Funding and Resources	Funding for nutrition as a proportion of total health spending	**Thailand** Expenditure report from 2012 showed the government had increased spending on nutrition (excluding food, hygiene control).
	Research funding for obesity and other NCDs	**Thailand** National Research Council funded more projects on obesity and diet-related chronic diseases between 2013 to 2014.
	Statutory health promotion agency with sustainable financing	**Australia** The Victorian Health Promotion Foundation is an autonomous government agency established as a dedicated health promotion agency.
Platforms for interaction	Coordination mechanisms across departments / levels of government	**Malta** Inter-Ministerial Advisory Council on Healthy Lifestyles (cross-sectoral group) advises the Minister on Health with a life-course approach to nutrition.
	Platforms for government and commercial food sector interaction	**UK** 'Responsibility Deal' was an initiative to bring food companies and non-government groups together to address NCDs.
	Platforms for government and civil society interaction	**Brazil** The National Council of Food and Nutrition Security (CONSEA) is made up of civil society and government representatives that advises the President's office on matters involving food and nutrition security.
Health in all policies	All government policies sensitive to nutrition and inequalities	**Slovenia** Undertook a Health Impact Assessment in relation to agricultural policy at national level.

Country scorecard 1: Extent of implementation of food environment policies and infrastructure support in relation to stage of local policy action

Government efforts to restrict the marketing of breast milk substitutes were judged the most advanced in terms of in-country development (i.e. categorised as in an 'evaluation' phase). Twenty-one areas of good practice were judged as in an 'implementation' phase across policy and infrastructure support domains. On labelling, Codex guidelines have been adopted for regulating nutrition labelling for packaged foods and there is a legal framework to prohibit misleading claims on foods. There are questions however, about the extent of enforcement. Various monitoring actions (e.g. use of anthropometry, regular monitoring of NCD risk factors/prevalence) are implemented regularly. Coordination platforms and opportunities for synergy across government departments and other sectors (NGOs, private sector, academia) exist; including The Scaling Up Nutrition Cross-Sectoral Planning Group (SUN CSPG) - in place since 2012 – that is tasked with harmonising planning, implementation and monitoring of nutrition actions.

Fourteen areas were judged to be only 'in development' including limited action to: establish food composition standards for processed foods, use price controls (taxes, subsidies) to promote healthy food choices, or use zoning laws to limit density of 'unhealthy' food retail outlets, although some local bye-laws address zoning. No evidence of any government action was documented for 5 policy and 2 infrastructure support areas of good practice (these do not appear in the scorecard). There has been no action to establish food composition standards for out-of-home meals in food service outlets or a nutrition information system for consumer-oriented labelling on food packaging to enable people to make informed food choices. There was no evidence of action to ensure food service activities in public sector settings (that are not schools) promote healthy food choices or to establish platforms for interaction with the commercial food sector or restrict commercial influence on food policy development.

Figure 3. Implementation of food environment policies and infrastructure support in relation to stage of local policy action.



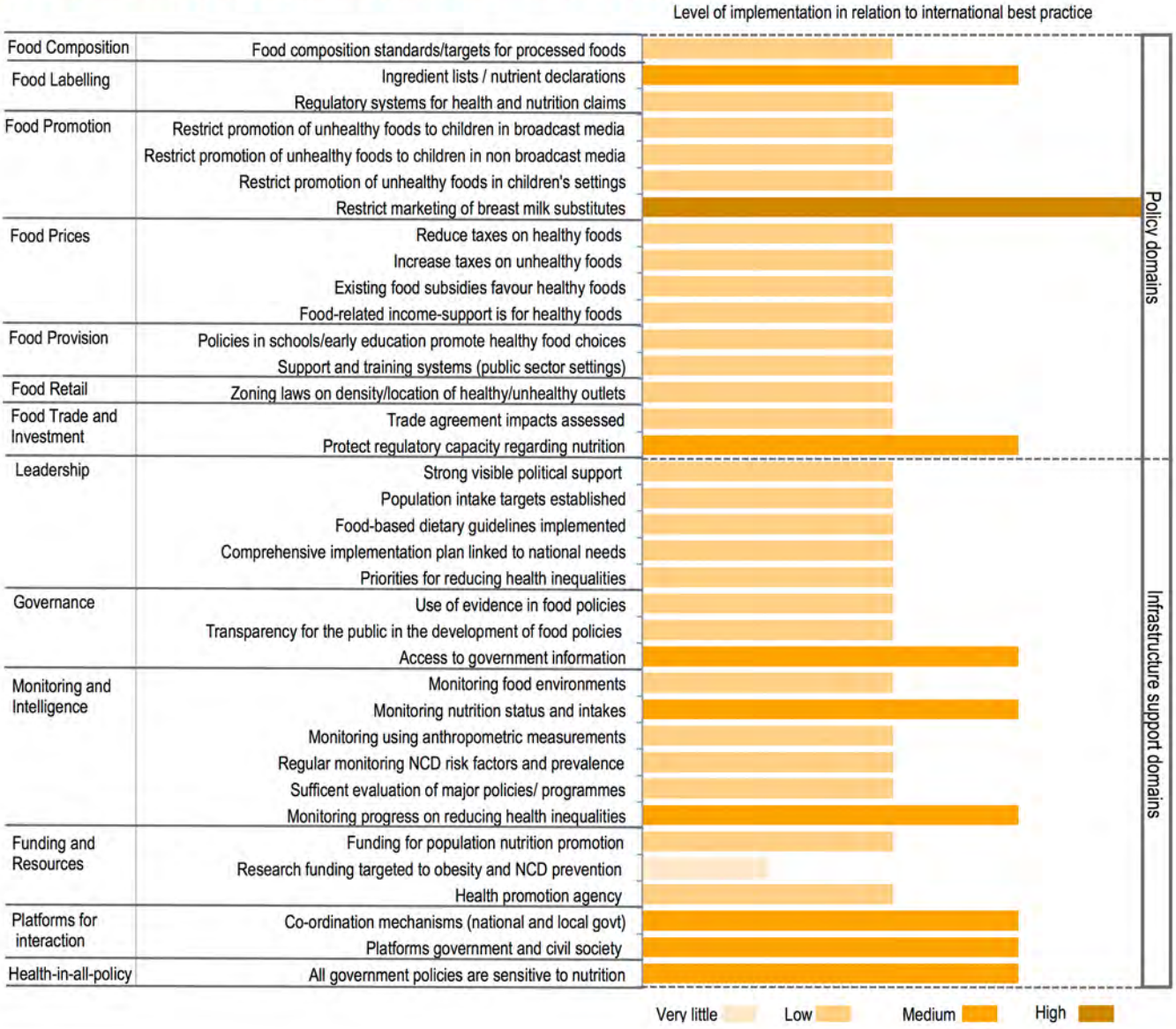
Country scorecard 2: Implementation of food environment policies and infrastructure support as compared with international best practice

The Government of Ghana was assessed to be performing very well ('high') at the level of international best practice in restricting the marketing of breast milk substitutes.

The government was judged to be performing relatively well ('medium') at the level of international best practice in 2 policy areas. Policy action to establish ingredient lists/nutrient declarations was assessed as 'medium', as were the efforts of the government to protect regulatory capacities regarding nutrition, in particular through setting standards for maximum fat contents in beef, pork, mutton and poultry. The government was also judged to be performing relatively well ('medium') at the level of international best practice in 6 infrastructure support areas: access to government information, monitoring progress on reducing health inequalities, platforms for interaction, sensitivity of all government policies to nutrition (Figure 4).

There are major 'implementation gaps': three-quarters of all areas of good practice (that were rated) were assessed as 'low' or with 'very little' implementation. All current government action on food prices (e.g. taxes and subsidies), food retail and food provision was rated as 'low'. Actions relating to political leadership to ensure strong support to create healthy food environments were also rated as 'low', as was the regular monitoring of NCDs risk factors and prevalence, sufficient evaluation of major policies and programmes, and monitoring of food environments (Figure 4). A particular gap was identified in relation to the provision of government-funded research funding targeted at improving food environments and reducing NCDs – the only indicator rated as 'very little'.

Figure 4. Implementation of food environment policies and infrastructure support in relation to international best practice.



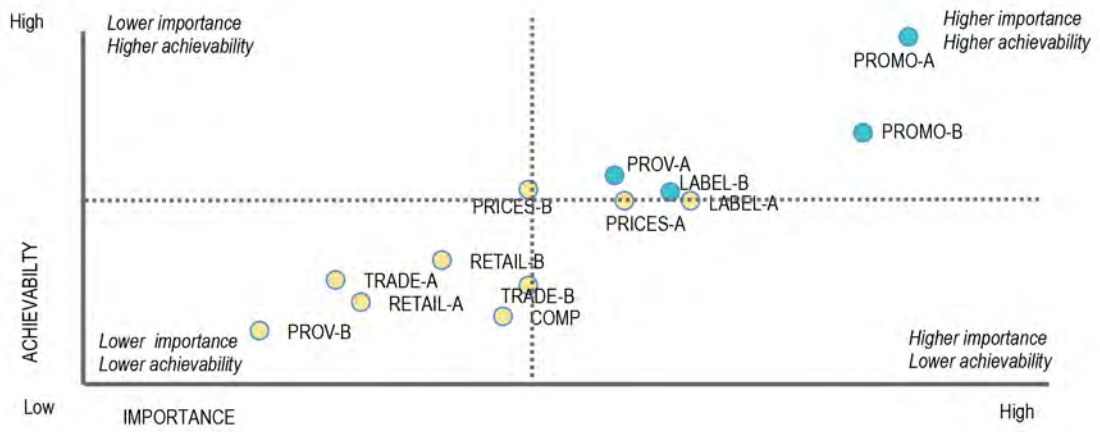
Recommended policy actions for creating healthier food environments in Ghana

A total of 13 policy actions were identified and prioritised taking into account perceptions of their relative importance and achievability. Four actions (PROMO-A, PROMO-B, LABEL-B, PROV-A) were prioritised as of "Higher importance" and "Higher achievability" (Figure 5). The top two priorities relate to food promotion, specifically legislation to regulate the promotion, sponsorship, advertisement and sale of food and drink with added sugars and other nutrients of concern in: 1) the school environment and other children's settings; and 2) print and electronic media.

Table 3. Recommended policy support actions for creating healthier food environments in Ghana

Policy domain		Recommended policy action	
Highest importance and achievability			
	Food promotion	The Government should pass legislation to regulate the promotion, sponsorship, advertisement and sale of food and drink with added sugars, and other nutrients of concern (saturated fatty acids/trans fats, salt) in the school environment and other child-laden settings, enforceable with fines.	PROMO-A
	Food promotion	The Government should enforce legislation to regulate the promotion, sponsorship, advertisement and sale of food and drink with added sugar, and other nutrients of concern (saturated fatty acids/trans fats, salt) in print and electronic media, enforceable with fines.	PROMO-B
	Food labelling	The Government should support nutrition advocates (e.g. with financial support, knowledge and research development, capacity planning).	LABEL-B
	Food provision	The Government should implement a requirement for caterers involved in the School Feeding Programme to pass a training course on healthy meal planning.	PROV-A
High importance but less achievable			
	Food labelling	The Government should adopt a mandatory labelling scheme that ensures that foods manufactured for both local and international markets are appropriately labelled. (e.g. develop mandatory front-of-pack labelling such as the traffic light labelling scheme.	LABEL-A
	Food prices	The government should implement subsidies to increase the affordability of healthy foods.	PRICES-A
Lower importance and achievability			
	Food prices	The government should implement taxes on unhealthy foods that will raise their price.	PRICES-B
	Food trade and investment	The government should develop and implement a strategy to control illegal imports of unhealthy foods.	TRADE-B
	Food composition	The Government through the relevant agency (e.g. Food and Drugs Authority; Ghana Standards Authority) should set food composition standards for out-of-home meals.	COMP
	Food in retail	The Government should institute a requirement for all restaurants to have appropriately qualified nutritionists and dietitians on staff.	RETAIL-B
	Food trade and investment	The Government should ensure that the impact of trade and investment agreements on food environments, population nutrition and health are assessed and monitored.	TRADE-A
	Food provision	The Government should prioritize food transfer over cash transfer when providing support to vulnerable individuals/households.	PROV-B
	Food in retail	The Government should ensure that local authorities are equipped with the requisite resources to monitor unhealthy foods sold in local markets.	RETAIL-A

Figure 5. Prioritised recommended policy actions for creating healthier food environments in Ghana.



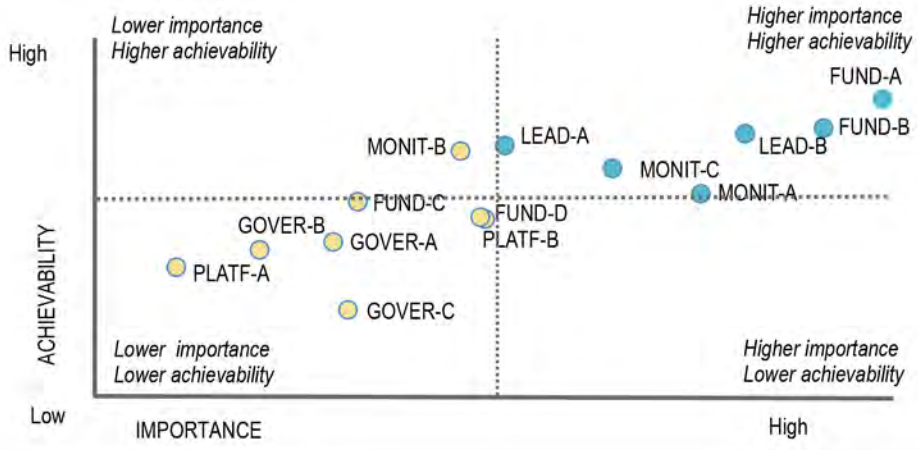
Recommended infrastructure support action for creating healthier food environments

A total of 14 infrastructure support actions were identified and prioritised taking into account perceptions of their relative importance and achievability. Six actions (FUND-A, FUND-B, LEAD-B, MONIT-A, MONIT-C, LEAD-A) were prioritised as of "Higher importance" and "Higher achievability" (Figure 6). Two of the top six priorities related to funding and resources, specifically, ensuring sufficient funding for 1) addressing nutrition issues and 2) nutrition-relevant research. One priority related to leadership: the establishment of food-based dietary guidelines. Three priorities related to monitoring and evaluation, particularly, the development of a food composition database, monitoring of the food environment, and the establishment of guidelines on salt intake in line with WHO recommendations.

Table 4. Recommended infrastructure support actions for creating healthier food environments in Ghana

Infrastructure support domain		Recommended action	
Highest importance and achievability			
	Funding and resources	The government should ensure that sufficient and transparent funding is allocated to nutrition, particularly promotion of healthy eating.	FUND-A
	Funding and resources	The government should allocate adequate funding for nationally-relevant research on nutrition and NCDs, including obesity and related health and social inequalities.	FUND-B
	Leadership	The government should develop and publish food-based dietary guidelines.	LEAD-B
	Monitoring and evaluation	The government should develop a food composition database.	MONIT-A
	Monitoring and evaluation	The government should establish regular surveillance and monitoring of the food environment, including obesity and overweight in the population across all age groups.	MONIT-C
	Monitoring and evaluation	The government should issue guidelines on recommended daily salt (sodium) guidelines in line with WHO recommendations.	LEAD-A
Lower importance and achievability			
	Funding and resources	The government should create a Health Promotion Agency with dedicated funding.	FUND-D
	Platforms for interaction	The government should strengthen cross-sectoral platforms for coordination of nutrition and nutrition-related policies and plans.	PLATF-B
	Monitoring and evaluation	The government should regularly monitor and evaluate indicators of health inequalities with the aim of reducing these and improving the health of vulnerable populations.	MONIT-B
	Funding and resources	The government should earmark all revenues collected from tobacco sales to fund health related research, including nutrition.	FUND-C
	Governance	The government should develop and implement policies to regulate relationships and influence of commercial industry on government.	GOVER-C
	Governance	The government should ensure that comprehensive nutrition-related information is available and accessible within districts.	GOVER-A
	Governance	The Government should ensure that the Access to Information Bill is passed by Parliament.	GOVER-B
	Platforms for interaction	The Government should form a strategic partnership with West African nations to exchange ideas and practices on reporting, surveillance and monitoring and evaluation on population nutrition and NCDs.	PLATF-A

Figure 6. Prioritised recommended infrastructure support actions for creating healthier food environments in Ghana



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Benchmarking Ghana's Policies for Creating Healthy Food Environments

Compared to international examples and in relation to stage of local policy action.

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