

# AFRICAN VOICES

## Using concept mapping to prioritize strategies for hypertension care at the Community Health Planning Services Setup in Ghana: evidence from a task strengthening initiative



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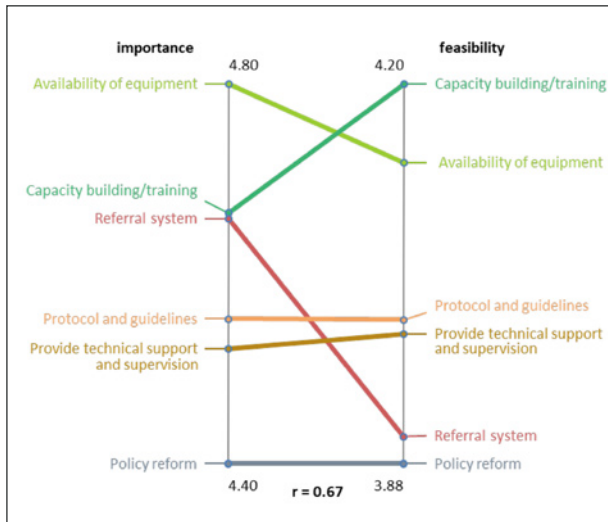
To implement community-based strategies, there is the need to understand context. Evaluation of the Ghanaian context revealed that training on hypertension was low among community health workers, thus there was limited knowledge regarding hypertension management at community level <sup>1</sup>. Studies have demonstrated the effectiveness of using evidence-based task strengthening strategy for the high blood pressure control (TASSH) model tailored to the needs of community health nurses to deliver hypertension care <sup>2,3</sup>. In 2015, our current collaborators established in a cluster RCT in 32 district hospitals and community health centers in Ashanti Region, Ghana, that an evidence-based Task-Shifting Strategy for HTN Control (TASSH) based on the WHO Cardiovascular Risk Package and the provision of health insurance coverage (HIC) to patients, delivered by community health nurses (CHNs) led to a 20.4 mmHg mean reduction in systolic blood pressure (SBP) for TASSH + HIC group and 16.8 mmHg mean reduction in SBP for HIC group at 12 months <sup>3</sup>.

Our efforts to systematically implement an evidence-based task-strengthening strategy for hypertension control (TASSH) in Ghana necessitated that we engage stakeholders to identify strategies for enhancing intervention uptake and sustainability. This study sought to describe national, regional, and district health stakeholders' perspectives and characterize

the array of strategies needed to enhance the uptake of evidence-based TASSH within Ghana's Community-based Health and Planning Services (CHPS) zones. The CHPS initiative is Ghana's flagship strategy for achieving universal health coverage <sup>4,5</sup>.

A mixed-method study was conducted among national, regional, and district health stakeholders within GHS, serving patients who utilize CHPS zones to understand what strategy will be useful to implement across the CHPS zones.

About 68% of participants were male with a mean age of 40 years and mean years of experience providing hypertension-related care within GHS of 9 years. As shown in Figure 1, a conceptual map emerged, consisting of 46 strategies needed for implementing evidence-based TASSH, organized into 6 clusters: 1) Referral Systems; 2) Availability of Equipment; 3) Protocols and Guidelines; 4) Capacity Building/Training; 5) Policy Reform, and 6) Technical Support and Supervision. Availability of equipment was rated as the most important strategy (mean 4.80 out of 5) needed to implement evidence-based TASSH, while Capacity Building/Training was rated as the most feasible strategy (mean 4.20 out of 5) to address. Although important (mean 4.40 out of 5), policy reform was rated as the least important and feasible strategy to address.



**Figure 1:** Pattern matching graph for average cluster ratings between importance and feasibility of each cluster.

There are two key outcomes from this formative phase of activity seeking to design strategies to address hypertension at the peripheral health facilities. To begin with, successful implementation of a community-based hypertension control programme requires multicomponent, multi-stakeholder action and cooperation. Outputs from this study signal 6 broad areas for interventions as well as specific requirements for action across the various level of care. Secondly, our work underscores the importance of incorporating the perspectives of healthcare leadership (different stakeholder groups) in highlighting strategies that will be useful for the implementation processes of community-based task-shifting strategies for hypertension management and control. Encouragingly, some of the identified strategies mimic the Ministry of Health strategies set out to prevent, control and manage non-communicable diseases (NCDs) including hypertension. For example, the policy document as part of its strategic areas of implementation specifies health system strengthening; particularly in terms of capacity building and provision of logistics as a priority for preventing and managing NCDs at community level. These findings demonstrate strategies that can help inform future interventions on the adoption and sustainability of evidence-based

TASSH within Ghana's CHPS zones. Also, national, regional and district health stakeholders can support healthcare workers by facilitating access to equipment and strategies for enhancing capacity and training by implementing evidence-based task-shifting hypertension interventions in Ghana.

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