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NIHR | Global Health Research Centre for Non-communicable Disease Control in West Africa

STOP-NCD

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Overview

STOP-NCD is a five-year National Institute for Health and Care Research (NIHR) Global Health Research Centre which aims to improve the health and wellbeing of populations in West Africa through comprehensive and sustainable capacity strengthening for high-quality applied non-communicable disease (NCD) research.

Funded by the National Institute for Health and Care Research (NIHR) between 2022 and 2027, the NIHR Global Health Research Centre for Non-Communicable Disease Control in West Africa (STOP-NCD) is a partnership between the Ghana College of Physicians and Surgeons (GCPS), the London School of Hygiene & Tropical Medicine (LSHTM), Ashesi University, the Laboratoire d'Etudes et de Recherche sur les Dynamiques Sociales et le Développement Local (LASDEL, Niger), and the Université Catholique de l'Afrique de l'Ouest – Unité Universitaire à Bobo-Dioulasso (UCAO-UUB, Burkina Faso).

The Centre addresses the urgent need to improve control of non-communicable diseases in West Africa, where healthcare has traditionally been neglected and driven by disease-specific programmes, with limited engagement of local communities.

Aims and Objectives

The Centre's goal is to contribute to improved health of West African populations through comprehensive and sustainable capacity strengthening for high-quality applied NCD research, to improve the prevention, diagnosis and management of hypertension, diabetes and related common mental disorders (anxiety, stress and depression).

The Centre's ambition is to leave a legacy of person-centred, integrated (not disease-specific) and system-wide responses to inter-connected NCDs at community and primary care levels, through African-led research by high-calibre scholars embedded within supportive institutions, networks and policy environments — ultimately contributing to reduced premature mortality from NCDs and improved health, wellbeing and socio-economic outcomes.

The Centre uses comprehensive and sustainable approaches to capacity strengthening, improving individual, organisational and system-level capacities of:

1. Researchers, particularly earlier-career staff, for high-quality applied NCD research;

2. Local communities, to engage with and improve behaviours and decisions affecting their health; and
3. Policymakers and practitioners, to implement evidence-based NCD interventions.

To achieve this, STOP-NCD works in three West African countries — Ghana, Burkina Faso and Niger — with varying ethnic, social, cultural and economic environments, to develop, implement and evaluate ways of improving control of hypertension, diabetes and related stress, anxiety and depression. The project:

- Begins by analysing the roles of key stakeholders (patients and communities, health workers, managers, policymakers) in the development, provision and use of NCD policies, programmes and services in each country, using methods such as analysis of available data, observations and interviews;
- Works closely with those stakeholders to co-produce packages of interventions for improving NCD control, including adapting international guidelines to local contexts, supporting healthcare workers to implement these, and establishing community-based prevention, early detection and management of NCDs;
- Implements and rigorously evaluates the intervention packages for their costs and effectiveness, assesses their potential for wide-scale application, and identifies transferable lessons for improving NCD control beyond the three countries.

The Centre's specific objectives are to:

1. Deepen understanding of contextual influences and effective pathways to prevention, diagnosis and management of NCDs in West Africa;
2. Co-produce, with key stakeholders, contextually adapted packages of interventions for prevention, diagnosis and management of NCDs at community and primary care levels, and conduct formative process evaluation;
3. Implement the intervention package through existing health systems in each country, and evaluate its feasibility, acceptability, clinical effects, equitable reach and cost-effectiveness;
4. Comprehensively and sustainably strengthen the capacities of researchers, communities and decision-makers for high-quality applied NCD research and its uptake;
5. Ensure effective research communication and uptake into the policies and practices of patients, communities, service providers and national/West African decision-makers;
6. Continuously engage with key stakeholders at community, sub-national and national levels within each country and within West Africa; and
7. Establish and maintain equitable partnerships between West African and UK applicants, through shared leadership and governance arrangements.

Work Packages

To meet its objectives, STOP-NCD structures its activities across eight work packages (WPs):

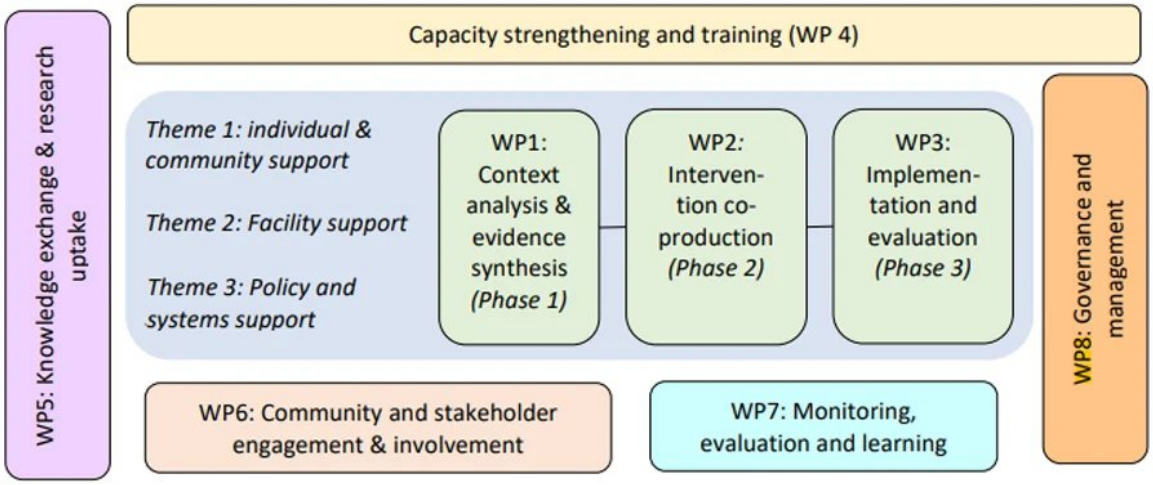

Figure: STOP-NCD work package structure, showing how WP1–WP3 (context analysis, intervention co-production, and implementation and evaluation) are addressed across the three research themes, supported by WP4 (capacity strengthening and training), WP5 (community and stakeholder engagement), WP6 (knowledge exchange and research uptake), WP7 (monitoring, evaluation and learning) and WP8 (governance and management).

WP1 — Context Analysis and Evidence Synthesis

Stakeholder analysis and comprehensive analysis of the socio-political-cultural-economic contexts of NCD service provision and use at system, community, household and individual levels, using secondary data analysis, observations, in-depth interviews and a systematic review.

WP2 — Intervention Co-production

Regular engagement with key stakeholders — patients, communities, service providers, managers and policymakers — to co-produce context-adapted intervention packages through four-step action research cycles, avoiding a 'travelling model' approach where interventions are carried inappropriately across settings.

WP3 — Implementation and Evaluation

Implementation of intervention packages through local structures and processes to ensure sustainability, with evaluation of feasibility, acceptability, clinical effects, equitable reach and cost-effectiveness. Evaluation combines formative methods (observations, interviews, service data and documentary analysis) with a summative quasi-experimental stepped-wedge design (routine service data, household surveys, interviews, focus groups, observations and document reviews).

WP4 — Capacity Strengthening and Training

Targets individual, organisational and system-level capacities of researchers (particularly earlier-career staff) and their organisations, of communities, and of policymakers and practitioners implementing evidence-based NCD interventions.

WP5 — Community and Stakeholder Engagement and Involvement

Regular engagement with communities and stakeholders for co-producing, implementing and evaluating interventions and research uptake, including country-specific multi-stakeholder forums that ensure representation of neglected community voices in NCD research.

WP6 — Knowledge Exchange and Research Uptake

Development and implementation of a knowledge exchange and research uptake strategy, informed by mapping the knowledge preferences and expectations of communities, practitioners and policymakers.

WP7 — Monitoring, Evaluation and Learning

Development and implementation of a comprehensive monitoring, evaluation and learning strategy capturing key milestones across the three research phases, using metrics for equitable partnerships, research, capacity strengthening and overall impact.

WP8 — Governance and Management

Coordination of the Centre through appropriate and equitable governance and management arrangements, supporting continuous communication with partners, the funder and other key stakeholders.

Research Themes

STOP-NCD's three research themes reflect the level of support for person-centred, integrated and system-wide responses to inter-connected NCDs:

1. Individual and community support
2. Primary healthcare facility support
3. Systems and policy support

These themes are interrelated and complementary — for example, individual awareness of the nature and importance of NCD risk factors affects health-seeking behaviours, while facility-based care depends on staff support and an enabling policy environment. Work within each theme is organised according to the Centre's three research work packages (context analysis and evidence synthesis; intervention co-production; and implementation and evaluation), with each theme addressed through country-specific research projects.

Community and Stakeholder Engagement

STOP-NCD's approach to community engagement and involvement is underpinned by a commitment to transformative engagement with individuals and groups through mutually respectful, inclusive and ethical research. This is pursued through participatory co-production using action-reflection cycles, enabling an in-depth understanding of the intersecting experiences of marginalisation and exclusion and allowing communities to identify and articulate their own needs.

In each country, the Centre establishes an in-country multi-stakeholder forum comprising 15–20 decision-makers, health workers, managers, practitioners and civil society organisations. These advisory bodies help represent all voices in NCD research and provide a platform for cross-stakeholder exchange, engagement, advocacy and joint decision-making.

Central to the Centre's plans is engaging and involving people living with NCDs, their families and carers, including those often marginalised, through close partnerships with civil society organisations working in their respective languages and social contexts. The Centre also identifies and adapts creative approaches to

community engagement, such as photovoice, participatory film-making and local theatre, with continued cross-country peer exchange to maximise impact for local people and communities.

Capacity Strengthening

STOP-NCD uses comprehensive and sustainable approaches to capacity strengthening, improving individual, organisational and system-level capacities of researchers (particularly earlier-career staff), local communities, and policymakers and practitioners. This is achieved through a combination of post-graduate training, short courses and workshops, structured mentorship support, cross-organisational exchange and learning, communities of practice, and the co-production process itself.

The Centre is currently supporting a number of doctorate and master's students across its partner institutions, including at LSHTM, Lancaster University, UMC Utrecht, Université de Montréal, Université Nazi Boni and Université Joseph KI-Zerbo, among others.

Who We Are

STOP-NCD's partnership is led by the London School of Hygiene & Tropical Medicine (LSHTM) and the Ghana College of Physicians and Surgeons (GCPS), the Centre's joint lead organisations, and involves Ashesi University (AU), the Laboratoire d'Etudes et de Recherche sur les Dynamiques Sociales et le Développement Local (LASDEL, Niger), and the Université Catholique de l'Afrique de l'Ouest – Unité Universitaire à Bobo-Dioulasso (UCAO-UUB, Burkina Faso). STOP-NCD is hosted by LSHTM and GCPS.

Partner Institutions

- London School of Hygiene & Tropical Medicine (LSHTM), United Kingdom — joint lead organisation
- Ghana College of Physicians and Surgeons (GCPS), Ghana — joint lead organisation
- Ashesi University, Ghana
- Laboratoire d'Etudes et de Recherche sur les Dynamiques Sociales et le Développement Local (LASDEL), Niger
- Université Catholique de l'Afrique de l'Ouest – Unité Universitaire à Bobo-Dioulasso (UCAO-UUB), Burkina Faso

The Centre's work is further guided by an international Advisory Committee chaired by Prof. Kerstin Klipstein-Grobusch (University Medical Center Utrecht, The Netherlands), with members drawn from institutions including York University (Canada), the Public Health Foundation of India, the University of Montreal, Johns Hopkins University (USA), and Université Abdou Moumouni (Niger).

Outputs

The STOP-NCD consortium has produced a growing body of peer-reviewed publications spanning hypertension and diabetes care, primary health system capacity, mental health service access, and the use of artificial intelligence in NCD risk prediction.

Articles in Peer-Reviewed Journals

Can artificial intelligence bridge critical gaps in hypertension prediction and risk assessment in low- and middle-income countries? A scoping review
David Sasu; Tsatsu Agbettor (Corresponding author); Angela Owusu Ansah; William Annoh; Lecia Ackerson; Ayeyi Adjoa Domeyo Ohene-Adu; Roselyn Sackitey-Matey (2026) BMJ Public Health | doi.org/10.1136/bmjph-2025-003435

Institutional capacity for non-communicable disease care in Ghana's primary health care system: a multi-method study
Michel Adurayi Amenah, Nhyira Yaw Adjei-Banuah, Dziedzom Kwesi Awalime, Yasmin Jahan, Nassirou Ibrahim, Ludovic Tapsoba, Naa Barkey Ayiku, Albert Cofie, Paul Lamptey, Mary Pomaa Agyekum, Elizabeth Awini, Edward Antwi, James Akazili, Jacob Novignon, Tolib Mirzoev, Irene Agyepong & Pablo Perel (2026) Springer Nature | doi.org/10.1186/s12875-026-03278-6

Assessing the drivers of non-communicable diseases prevention activities in primary health care facilities in Ghana: a case study of some selected districts
Michel Adurayi Amenah, Dominic Anaseba, Dziedzom Kwesi Awalime, Tolib Mirzoev, Irene Agyepong & James Akazili (2026) Springer Nature | doi.org/10.1186/s12913-026-14032-0

Disparities in the access and provision of mental health services as part of primary health care: a case study of Ga-South district in the Greater Accra region
Abena Boahemaa Adusei, Roberta Naa Barkey Ayiku, Kezia Akosua Naa Amerley Amarteyfio, Nhyira Yaw Adjei-Banuah, Abdul-Basit Abdul-Samed, Tolib Mirzoev, Irene Akua Agyepong (2025) Frontiers in Public Health | doi.org/10.3389/fpubh.2025.1537955

Estimating the prevalence, socioeconomic determinants, and health seeking behavior of individuals with depression in Ghana
Michel Adurayi Amenah, Ama Fenny, James Akazili, Tolib Mirzoev, Irene Akua Agyepong & Thomas Mason (2025) Scientific Reports | doi.org/10.1038/s41598-025-06134-2

Barriers and facilitators of primary care management of type II diabetes mellitus in the West African sub-region: A scoping review
Abdul-Basit Abdul-Samed, Yasmin Jahan, Veronika Reichenberger, Ellen Barnie Peprah, Mary Pomaa Agyekum, Henry Lawson, Dina Balabanova, Tolib Mirzoev, Irene Akua Agyepong (2025) PLOS Global Public Health | doi.org/10.1371/journal.pgph.0003733

Exploring the path to optimal diabetes care by unravelling the contextual factors affecting access, utilisation, and quality of primary health care in West Africa: A scoping review protocol
Abdul-Basit Abdul-Samed, Ellen Barnie Peprah, Yasmin Jahan, Veronika Reichenberger, Dina Balabanova, Tolib Mirzoev, Henry Lawson, Eric Odei, Edward Antwi, Irene Agyepong (2024) PLOS One | doi.org/10.1371/journal.pone.0294917

Factors influencing primary care management for patients living with hypertension in West Africa – A scoping review protocol
Kezia Naa Amerley Akosua Amarteyfio, Eugene Paa Kofi Bondzie, Veronika Reichenberger, Irene Akua Agyepong, Evelyn K Ansah, Aissa Diarra, Tolib Mirzoev, Pablo Perel, Maurice Yaogo, Edward Antwi (2024) BMJ Open | doi: 10.1136/bmjopen-2023-077459

Factors influencing access, quality, and utilization of primary health care for patients living with hypertension in West Africa – A scoping review

Kezia Naa Amerley Akosua Amarteyfio, Eugene Paa Kofi Bondzie, Veronika Reichenberger, Nana Efua Enyimayew Afun, Albert Kofi Mensah Cofie, Mary Pomaa Agyekum, Paul Lamptey, Evelyn K Ansah, Irene Akua Agyepong, Tolib Mirzoev, Pablo Perel (2024) BMJ Open | doi.org/10.1136/bmjopen-2024-088718

Factors influencing primary care access for common mental health conditions among adults in West Africa: protocol for a scoping review
Nhyira Yaw Adjei-Banuah, Veronika Reichenberger, Roberta Naa Barkey Ayiku, Eugene Paa Kofi Bondzie, Kezia Naa Amerley Akosua Amarteyfio, Mary Pomaa Agyekum, Tolib Mirzoev, Adrianna Murphy, Sammy Ohene, Edward Antwi, Irene A. Agyepong (2024) JMIR Publications | doi.org/10.2196/58890

Impact of health systems interventions in primary health settings on type 2 diabetes care and health outcomes among adults in West Africa: A systematic review protocol
Eugene Paa Kofi Bondzie, Kezia Amarteyfio, Yasmin Jahan, Dina Balabanova, Tony Danso-Appiah, Tolib Mirzoev, Edward Antwi, Irene Agyepong (2024) PLOS One | journals.plos.org/plosone/article?id=10.1371/journal.pone.0291474

Impact of health systems interventions in primary health settings on type 2 diabetes care and health outcomes among adults in West Africa: A systematic review
Eugene Paa Kofi Bondzie, Kezia Amarteyfio, Yasmin Jahan, Nana Efua Enyimayew Afun, Mary Pomaa Agyekum, Ludovic Tapsoba, Dina Balabanova, Tolib Mirzoev, Irene Agyepong (2025) PLOS One | doi.org/10.1371/journal.pone.0319478

Incidence, prevalence and risk factors for comorbid mental illness among people with hypertension and type 2 diabetes in West Africa: protocol for a systematic review and meta-analysis
Roberta Naa Barkey Ayiku, Yasmin Jahan, Nhyira Yaw Adjei-Banuah, Edward Antwi, Elizabeth Awini, Sammy Ohene, Irene Akua Agyepong, Tolib Mirzoev, Mary Amoakoh-Coleman (2024) BMJ Open | doi:10.1136/bmjopen-2023-081824

Effectiveness of lifestyle interventions for glycaemic control among adults with type 2 diabetes in West Africa: a systematic review and meta-analysis protocol
Ellen Barnie Peprah, Yasmin Jahan, Anthony Danso-Appiah, Abdul-Basit Abdul-Samed, Tolib Mirzoev, Edward Antwi, Dina Balabanova, Irene Agyepong (2024) Springer Nature | doi.org/10.1186/s13643-024-02555-8

STOP-NCD Newsletter

April 2026 to June 2026 newsletter

January 2026 to March 2026 newsletter

July to December 2025 newsletter

STOP-NCD in the News

The project has featured in national and regional media coverage across Ghana, Burkina Faso and Niger:

Deuxième atelier de coproduction des interventions du programme NIHR-STOP-NCD — LASDEL

Atelier de coproduction des interventions du Programme Stop-Maladies Non Transmissibles au Niger — Le Sahel

Dosso/Santé: Deuxième atelier de co-production des interventions du programme action Stop-NCD — Le Sahel

There is poor funding for the NCD prevention and control programme – Research — Ghana News Agency

Let's use telemedicine to improve medical care in rural communities – Prof. Agyepong — Ghanaian Times

GCPS, partners launch Stop-NCD campaign to strengthen healthcare systems — MyJoyOnline

There is poor funding for the NCD prevention and control programme – Research — MSN

Non-Communicable Diseases (NCDs) awareness and understanding lacking — Prof Agyepong — The Ghana Report

There is poor funding for the NCD prevention and control programme – Research — Graphic Online

There is poor funding for the NCD prevention, control programme — Research Team — Modern Ghana

Let's use telemedicine to improve medical care in rural communities – Prof. Agyepong — Business Ghana

Ghana must do more to raise awareness on Non-Communicable Diseases – Prof Agyepong — Class FM

GCPS, partners launch Stop-NCD campaign to strengthen healthcare systems — Ghanamma

Non-communicable diseases awareness and understanding lacking – Prof Agyepong — 3News

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