Appendix 1: Descriptions of Respective Key Informant Organizations

**World Food Programme (WFP):** “Assisting 86.7 million people in around 83 countries each year, the World Food Programme (WFP) is the leading humanitarian organization saving lives and changing lives, delivering food assistance in emergencies and working with communities to improve nutrition and build resilience.”

1 World Food Programme. Overview. [Available from: https://www.wfp.org/overview

**Food and Agricultural Organization of the UN (FAO):** “The Food and Agriculture Organization (FAO) is a specialized agency of the United Nations that leads international efforts to defeat hunger. Our goal is to achieve food security for all and make sure that people have regular access to enough high-quality food to lead active, healthy lives. With over 194 member states, FAO works in over 130 countries worldwide. We believe that everyone can play a part in ending hunger.”


**Ghana Health Service (GHS):** “The Ghana Health Service (GHS) is an autonomous Executive Agency responsible for implementation of national policies under the control of the Minister for Health through its governing Council - the Ghana Health Service Council.”


**Ghana Ministry of Food and Agriculture (MOFA)** “The Ministry of Food and Agriculture (MOFA) is the lead agency and focal point of the Government of Ghana, responsible for developing and executing policies and strategies for the agriculture sector within the context of a coordinated national socio-economic growth and development agenda. By means of a sector-wide approach, the Ministry’s plans and programmes are developed, coordinated and implemented through policy and strategy frameworks.

Development Partners and the Private sector; develop policies for the practice of Traditional and Alternate Medicine in the country; source funding for service delivery through GOG, Health Insurance and international community; allocate resources to all health care delivery agencies under the Ministry; provide framework for the development and management of the human resources for health; provide a framework for the effective and efficient procurement, distribution, management and use of health sector goods, works and services; make proposals for the review and enactment of health legislation; provide framework for the regulation of food, drugs and health service delivery and practice.\(^5\)

Ghana National Development Planning Commission (NDPC): “Since its formation, the Commission has worked closely with every President under the Fourth Republic to prepare the Coordinated Programme of Economic and Social Development Policies, which the President is required by the Constitution to submit to Parliament within two years of assuming office. The Commission also led the process of preparing the country’s first long-term (25-year) national development plan, Vision 2020, along with its first medium-term plan, Vision 2020: The First Step (1996-2000).”\(^6\)

World Health Organization (WHO): “WHO, as the directing and coordinating authority on international health within the United Nations system, adheres to the UN values of integrity, professionalism and respect for diversity. The values of the WHO workforce furthermore reflect the principles of human rights, universality and equity established in WHO’s Constitution as well as the ethical standards of the Organization. These values are inspired by the WHO vision of a world in which all peoples attain the highest possible level of health, and our mission to promote health, keep the world safe and serve the vulnerable, with measurable impact for people at country level. We are individually and collectively committed to put these values into practice.”\(^7\)

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\(^7\) World Health Organization. Our values. [Available from : https://www.who.int/about/who-we-are/our-values]
Appendix 2: Map of Ghana and its Regions \(^8\)

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Appendix 3: Semi-Structured Interview Guiding Questions

[1] Can you please state your name, position, institution and describe some of the work that you do?
  • Intent: develop understanding of the informant’s perspective; identify entry points for guiding conversation and follow-up questions.

[2] I define the double burden as a coexistence of two issues: undernutrition on one hand and overweight and obesity on the other. Do you generally agree with this definition?
  [2a] Have you come across this phenomenon in your work, and, if so, in what ways?
  • Intent: ensure mutual understanding of terms used in interview; develop understanding of how informant’s work might touch double burden-related issues.

[3] Should addressing the double burden be a health priority? Where does it lie amongst the list of health priorities?
  • Intent: develop understanding how double burden fits among other health priorities.

[4] Who should be primarily responsible for addressing the double burden (in Ghana)?
  • Intent: provoke conversation on governance and the role of different actors in addressing the double burden

[5] What role do you think food aid and assistance, such as that delivered by WFP, should play in addressing the double burden?
  • Intent: focus conversation on role of food aid and assistance in double burden and what role is does play and should play

[6] What challenges do you think WFP and other nutrition actors face in addressing the double burden in Ghana (or in countries such as Ghana)?
  • Intent: provoke extended conversation on challenges facing nutrition actors in addressing the double burden in Ghana and/or in similar contexts

[7] Is there anything that we didn’t discuss that you would still like to raise?
  • Intent: provide informant with opportunity to clarify points, elaborate and summarize main insights; receive feedback that might inform future interviews

[8] Based on the topics of our discussion, who else do you recommend that I speak to who might have expertise in these issues?
## Appendix 4: Quotes for Interview Participants

<table>
<thead>
<tr>
<th>Point</th>
<th>Quote</th>
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<tbody>
<tr>
<td>1</td>
<td>“The presence of overweight can happen and shouldn’t be a reason to stop food aid; it should rather be a reason to target food aid and to shape it differently.” —official from international organization</td>
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<td>2</td>
<td>“You go to the community level, you’ll see that they are building this compound, they are building clinics for treatment purposes. But when you are talking about nutrition, they will tell you, ‘nutrition will not help us win an election.’” —official in Ghana</td>
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<td>3</td>
<td>“If you walk into a children’s ward in any hospital, you’re going to find a number of malnourished children but most of the time their reason for being there is not because they’re malnourished. It’s probably because they had diarrhea, they had malaria… [demonstrating the silent quality of malnutrition].” —official in Ghana</td>
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<tr>
<td>4</td>
<td>“The data element is so critical to be able to assess the vulnerabilities in a country so that these programs can be designed with the best cost-benefit ratios.” —official from international organization</td>
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<td>5</td>
<td>“If we want greater investment and recognition to be able to respond to overweight, obesity and the NCDs along with that, we need to have this well profiled and documented in every country context.” —official from international organization</td>
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<td>6</td>
<td>“You have to prevent undernutrition to be able to prevent overnutrition, and this whole concept might be difficult [to explain] at times.” —official from international organization</td>
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<td>7</td>
<td>“Nutrition cannot be tackled on a linear equation. You cannot put your mind to just the undernutrition aspect of it alone.” —official in Ghana</td>
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<td>8</td>
<td>“What is the point of having a better infrastructure when your people are suffering from chronic diseases? What would be the impact of having GDP growth, but not regulating the way in which people eat” —official in Ghana</td>
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</table>
| Point 9 | “I think [overweight and obesity is at] a concerning level [in Ghana] because it’s not the numbers you see now. You have to look at the trajectory; it’s going up.”
—official from international organization |
|---|---|
| Point 10 | “To be real, WFP, [to] the government, it’s not seen like a counterpart that works in this type of topic [regarding the double burden]. Usually, its’s WHO, for example, or UNICEF [when related to children]...But for us, it’s something that we really have to think [about] because we cannot continually work [on] one side of the problem when we have two...Because in some interventions if you only design your project only taking [into] account undernutrition, you can do harm in the population that you serve [in regard to overweight and obesity].”
—official from international organization |