

# Country progress report - Ghana

Global AIDS Monitoring 2019





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# Overall

## **Fast-track targets**

## **Progress summary**

From the 2018 national estimates, the estimated adult national HIV prevalence is 1.69%. The number of people living with HIV and AIDS was estimated at 334,713 out of which 29,514 (8.8%) of them were children between the ages of 0-14 years. There were 19,931 cases of new HIV infections with 3,317 of them being children. However, the estimated number of annual AIDS deaths was 14,181 out of which 2,769 were children aged 0-14 years.

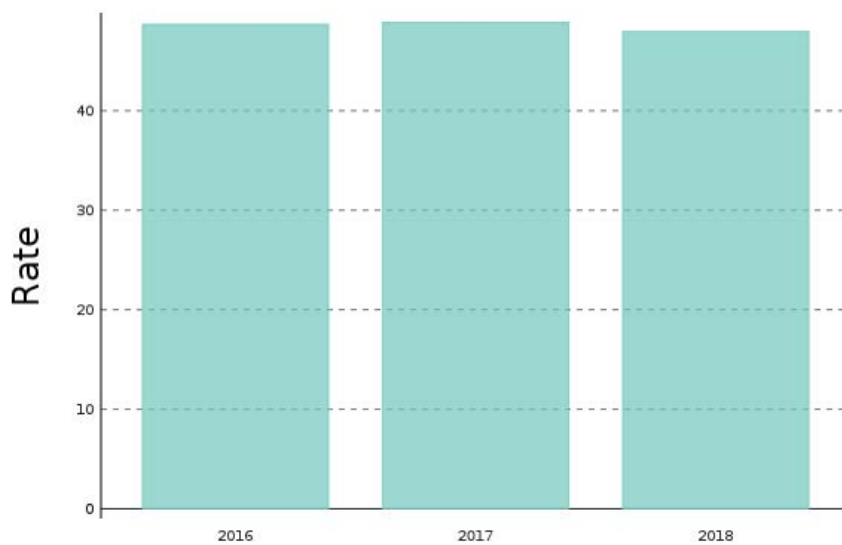
### 3.1 HIV incidence rate per 1000, Ghana (2016-2018)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population



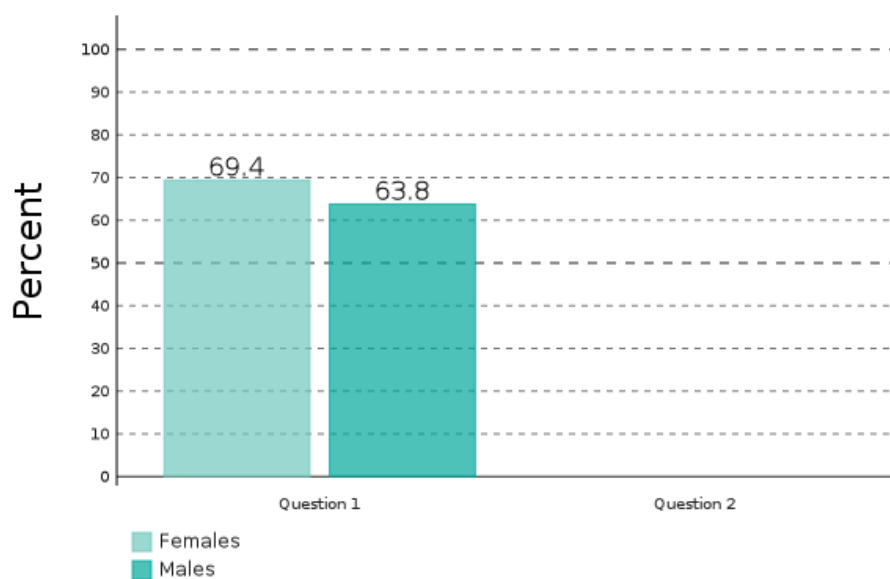
### 1.7 AIDS mortality per 100.000, Ghana (2016-2018)

Total number of people who have died from AIDS-related causes per 100 000 population



## 4.1 Discriminatory attitudes towards people living with HIV, Ghana (2015)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

The strategic direction of Ghana's NSP 2016–2020 is to achieve the 90-90-90 fast track targets. These targets would be realised through a combination of behaviour change interventions including HIV testing targeting the general population, young people (15-24 years) and key populations, prevention of mother-to-child transmission of HIV (PMTCT) and treatment and care for HIV and AIDS. With regards to the UNAIDS 90-90-90 goals, it was estimated that there were 55% of people living with HIV in the year 2018, 34% of people living with HIV were on ART and 48% of people on antiretroviral treatment had a viral load test done out of which 66% were found to have a suppressed viral load.

### 4.1.1 HIV Testing:

The HIV testing approaches being used in the country include Client-initiated testing and counselling, provider-initiated testing and counselling, routine antenatal testing, community-based testing and counselling, assisted partner notification as well as other index case (eg family and social network contacts) based testing. All these testing approaches are free for everyone.

Plans to start Lay provider testing in the country is underway as sixty-four people have been trained recently. Plans to scale up these trainings across the country is currently ongoing and a task sharing policy document has been developed. Self-testing approach has been piloted among men who sleep with men but is yet to be conducted in the general population.

For the first 90 of the UNAIDS 90-90-90 goals, it was estimated that there are 55% of people living with HIV in the year 2018 with 43% of them being males. This is still lower than the expected target of 90% by 2020.

As part of activities to improve achievement of the first 90 of the UNAIDS goals, orientation was conducted for PMTCT sites to provide EID services. A total of 740 health workers from 376 PMTCT sites were trained for EID provision services. In addition to PMTCT settings, HIV

testing in children is carried out on paediatric in-patient wards, nutrition centres, child welfare/immunization clinics and at out-patient clinics.

HIV testing for adults is also now being carried out at entry points in health facilities such as the out-patient clinics, the emergency rooms, family planning units and also on the wards. Orientation of health workers on family-based index client testing was also conducted in 2018.

#### 4.1.2 Antiretroviral therapy:

Ghana as a country adopted the TREAT ALL policy in 2016 in accordance with the 2016 WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection and this is being implemented countrywide. This policy makes every PLHIV eligible for treatment and this is expected to increase PLHIV on ART.

With regards to treatment, TDF/3TC or (FTC)/EFV is the preferred first-line ARV combination for treatment initiation for adults and adolescents in the national guidelines with AZT/3TC (or FTC)/ATV/r (or LPV/r) the preferred second-line ARV combination. The recommended NRTI backbone for treatment initiation in children aged 3–10 years in the national guidelines is AZT + 3TC (or FTC). Ghana is planning to roll out dolutegravir based ART regimen in the second half of 2019. Supplementary revision of the ART guidelines has been conducted as well.

For the second 90 of the UNAIDS 90-90-90 goals, it was estimated that there are 34% of people living with HIV who are on ART in the year 2018 with 20% being children less than 15 years. This is far lower than the expected target of 90% by 2020.

Nurse-initiated antiretroviral therapy is allowed in Ghana under the task shifting policy. Antiretroviral therapy is provided in health facilities but ART provision in community settings for those who are stable on treatment is being piloted in some communities. Decentralization of ART to additional 119 PMTCT sites had been carried out in the current reporting year where a total of 476 health workers were trained. Strategies being employed to enhance adherence support in the country include peer counsellors, fixed-dose combinations and once daily regimens, case management and peer navigation.

The 2018 NACP service data indicates that approximately 61% (113171 / 184955) of people living with HIV who know their HIV status are currently on antiretroviral treatment (ART) with approximately 27% (30410 / 113,171) of them being newly initiated on ART in 2018.

#### 4.1.4 Viral load testing:

Ghana has a current national policy on routine viral load testing for monitoring antiretroviral therapy. The frequency of testing for viral suppression is both annual and episodic. Viral load testing is currently available only at specialized centres only which are the district hospitals and the teaching hospitals. The implementation of viral load testing for monitoring ART countrywide has been partial due to frequent breakdown of some viral load machines as well as episodic unavailability of reagents for testing.

For viral load coverage in the current reporting year, 48% of people on antiretroviral treatment had a viral load test done out of which 66% were found to have a suppressed viral load.



#### 4.1.5 Antiretroviral Medication Stock-out:

In the year 2018, there has been reported stock-out of one or more antiretroviral medicines in all health facilities dispensing antiretroviral medicines at varying times in the year. However, alternative antiretroviral formulations are made available for use at any particular point in time when the desired formulations were unavailable.

#### 4.1.6 AIDS Mortality:

In 2018, a total of 14,181 people died from AIDS-related causes giving a rate of 47.95 deaths per 100,000 population. Almost 51% (7217/14181) of these deaths occurred in males. For children less than 5 years of age, a total of 1962 died from AIDS-related causes during the calendar year giving a rate of 47.53 per 100,000 population.

### **Policy questions (2018)**

**Is there a law, regulation or policy specifying that HIV testing:**

**a) Is mandatory before marriage**

No

**b) Is mandatory to obtain a work or residence permit**

No

**c) Is mandatory for certain groups**

No

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

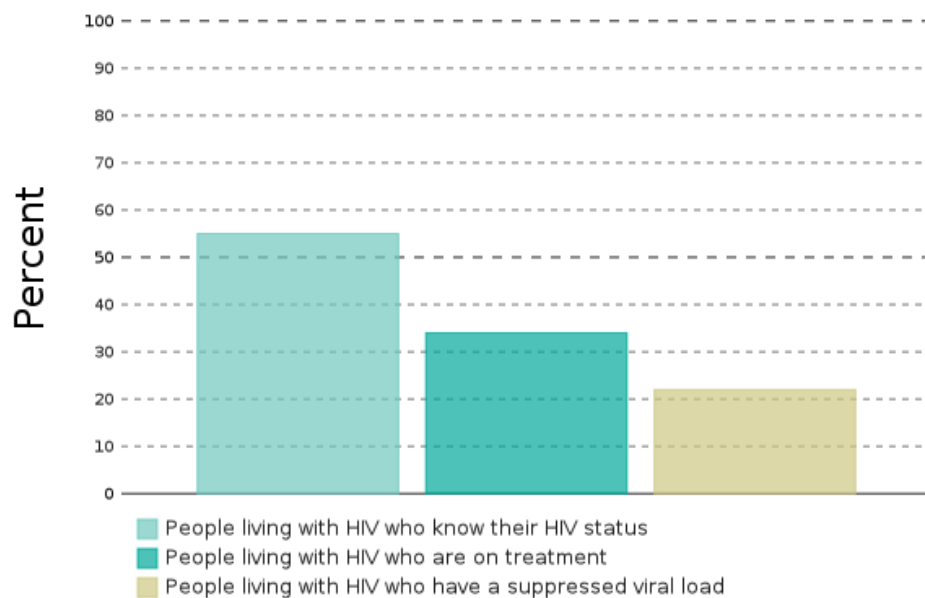
**a) For adults and adolescents**

Yes, fully implemented

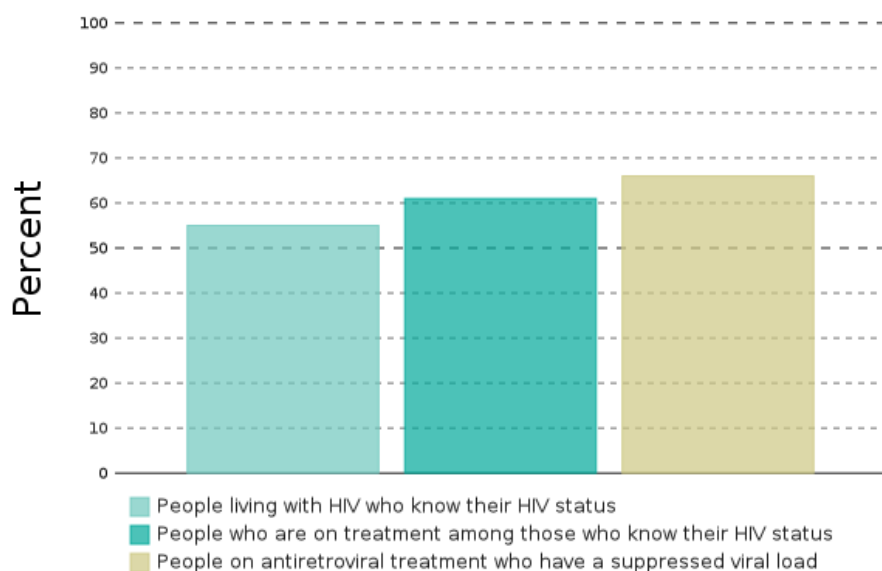
**b) For children**

Yes, fully implemented

## HIV testing and treatment cascade, Ghana (2018)

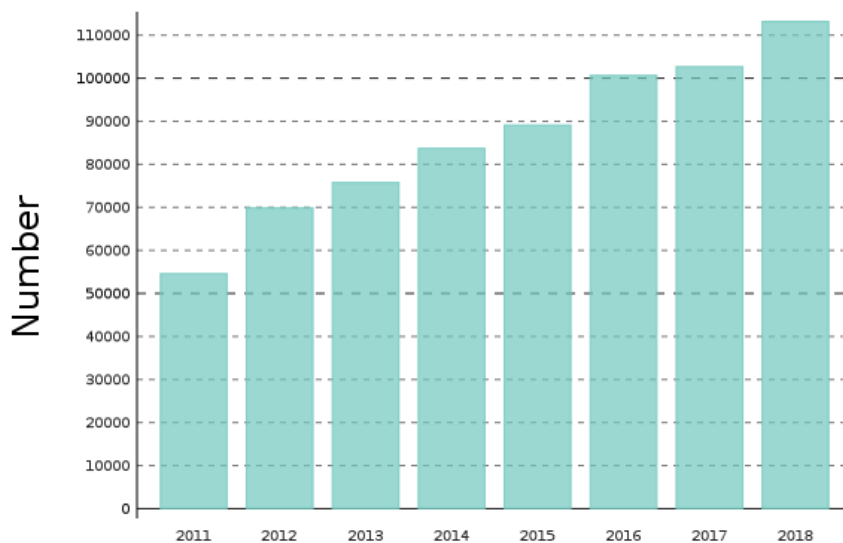


## Progress towards 90-90-90 target, Ghana (2018)



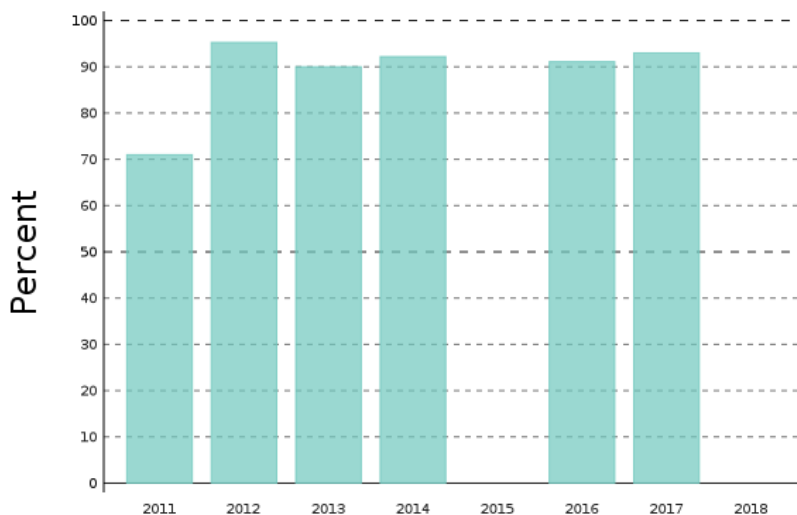
## 1.2 People living with HIV on antiretroviral therapy, Ghana (2011-2018)

Number of people on antiretroviral therapy at the end of the reporting period



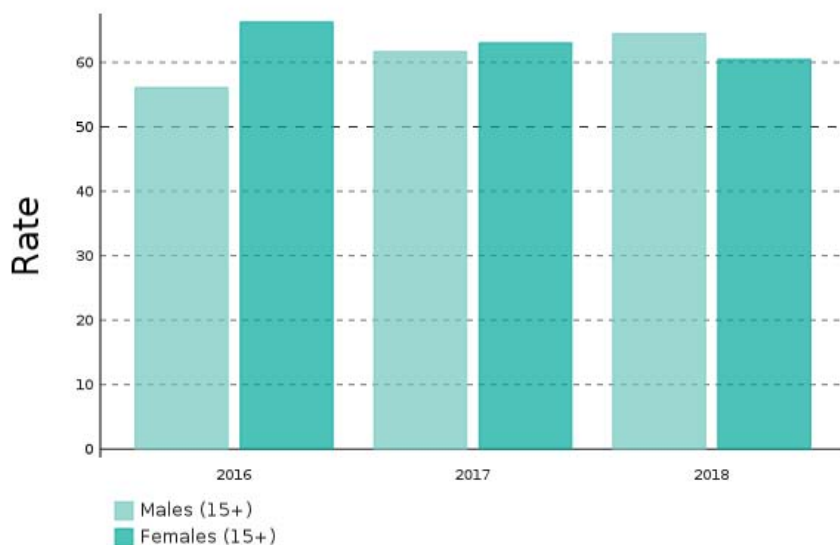
## 1.3 Retention on antiretroviral therapy at 12 months, Ghana (2011-2018)

Percentage of adults and children living with HIV known to be on antiretroviral therapy 12 months after starting



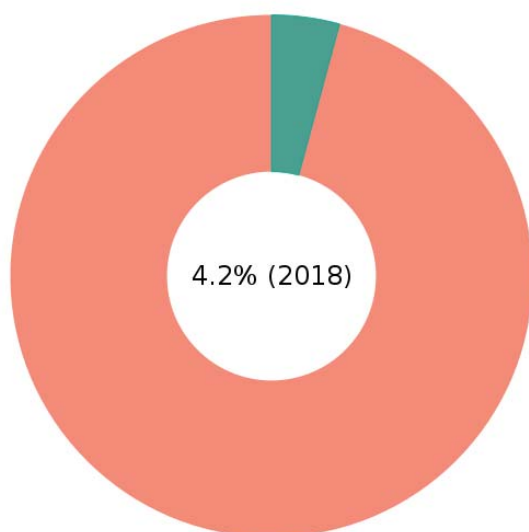
### 1.7 AIDS mortality rate per 100 000, Ghana (2016-2018)

Total number of people who have died from AIDS-related causes per 100 000 population



### 1.8 HIV testing volume and positivity, Ghana

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 1 702 543

# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

### 4.2.1 Early Infant Diagnosis:

Fifty-eight percent of infants born to women living with HIV were tested for HIV within 2 months of birth during the reporting year. This was an improvement compared to 30.6% and 44% of infants tested in 2016 and 2017 respectively (Table 1).

As part of activities to improve achievement of the first 90 of the UNAIDS goals, orientation was conducted for PMTCT sites to provide EID services. A total of 740 health workers from 376 PMTCT sites were trained for EID provision services. These interventions are contributing to a rise in the number of HIV exposed infants who are being tested within 2 months of birth. However, there is still a need to continue capacity building and training of health personnel to create awareness and the need for virological tests to be carried out for all HIV exposed infants.

Table 1: Early Infant Diagnosis in Ghana, 2016-2018

Indicator	Year 2016	Year 2017	Year 2018
Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth	30.6%	44%	58%
Number of infants who received an HIV test within two months of birth	5551	8082	9549
Number that tested positive	693	643	682
Number of pregnant women living with HIV giving birth in the past 12 months	18140	18263	16421

#### 4.2.2 Prevention of Mother to child transmission (PMTCT):

Ghana has increased the number of health facilities providing services for preventing mother-to-child transmission (PMTCT) of HIV by 7.5% from 3750 in 2017 to 4056 in the year 2018. PMTCT is the main strategy to reduce HIV transmission from HIV infected mothers to infants. The strategies being employed currently are generating demand for PMTCT services, provision of HTS to pregnant women and linking HIV positive pregnant women to care and provision of treatment, care and support for HIV-positive mothers and HIV exposed infants (HEIs).

The number of pregnant women living with HIV who delivered and received antiretroviral medicines during year 2018 was 12950 with approximately 87.5% (11360/12950) of them being newly initiated during their current pregnancy. However, the estimated coverage of pregnant women living with HIV who received anti-retroviral for preventing mother-to-child transmission is 78.9% (12950/16421)

#### 4.2.3 Syphilis Coverage:

Approximately 53% (496665 / 938779) of women accessing antenatal care services were tested for syphilis at any visit out of which 2.7% (13668 / 496665) of them had a positive (reactive) syphilis serology. Of those who had a positive syphilis serology, 96.1% (13135 / 13668) of them received adequate treatment

The tests used for syphilis generally used in Ghana to define positivity for syphilis in pregnant women are the rapid syphilis treponemal tests such as those from Bioline, Determine and Chembio.

## **Policy questions (2018)**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

Yes

Target(s) for the mother-to-child transmission rate and year: 5%; 2019

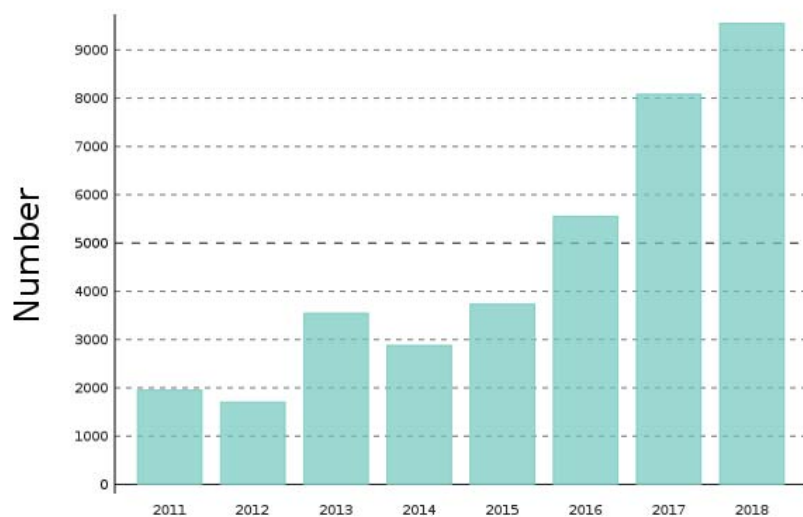
Elimination target(s) (such as the number of cases/population) and year: <5%; 2020

**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Treat all, regardless of age; Implemented nationwide (>95% of treatment sites)

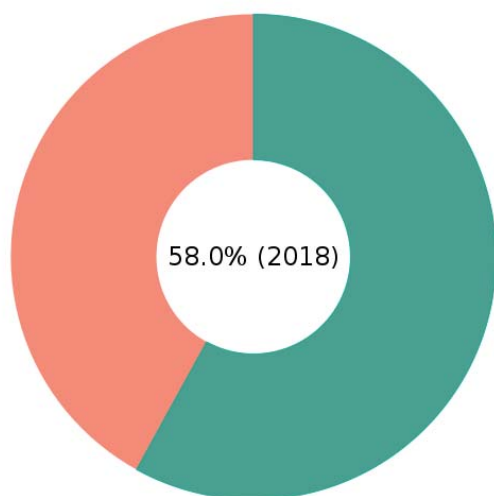
## 2.1 Early infant diagnosis, Ghana (2011-2018)

Number of infants born to women living with HIV receiving a virological test for HIV within two months of birth



## 2.1 Early infant diagnosis, Ghana (2017-2018)

Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth

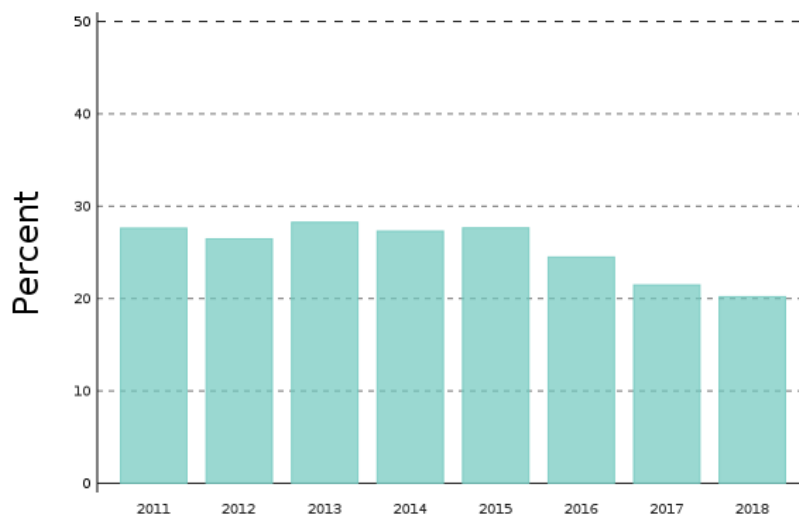


↑ 49.0% (2017)



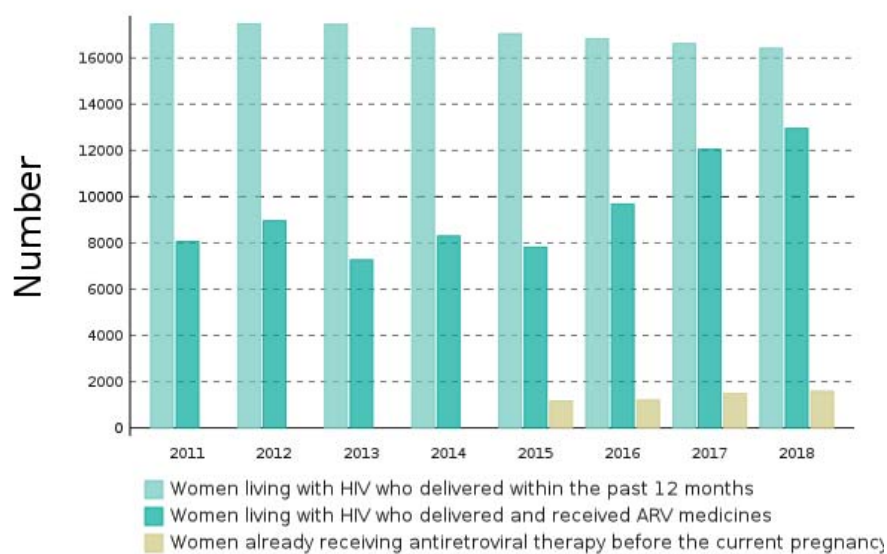
## 2.2 Mother-to-child transmission of HIV, Ghana (2011-2018)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



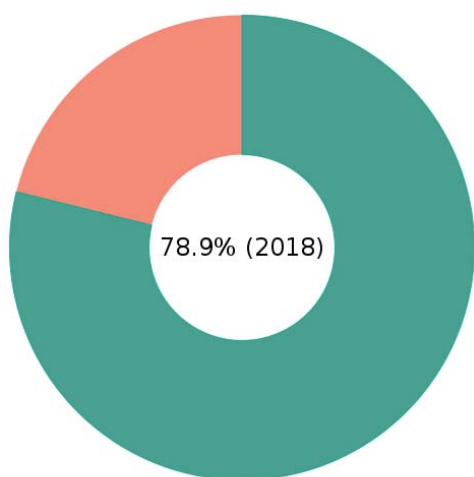
## 2.3 Preventing mother-to-child transmission of HIV, Ghana (2011-2018)

Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



### 2.3 Preventing mother-to-child transmission of HIV, Ghana (2017-2018)

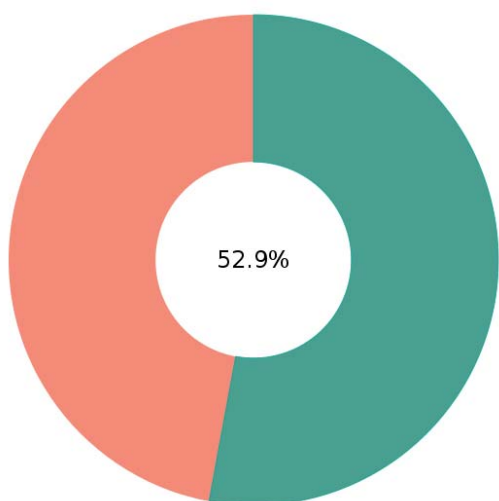
Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



↑ 72.48% (2017)

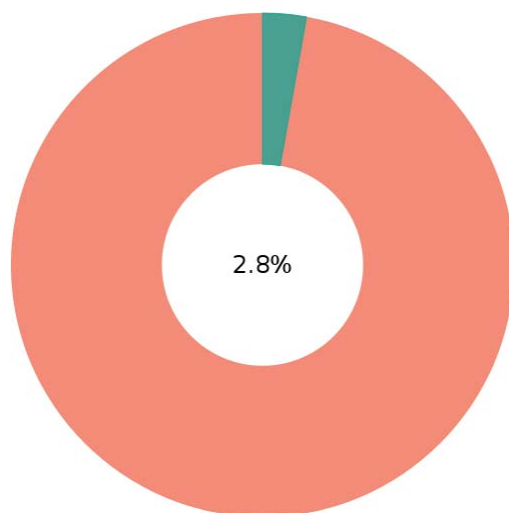
### 2.4 Syphilis among pregnant women, Ghana (2018)

Percentage of pregnant women tested for syphilis



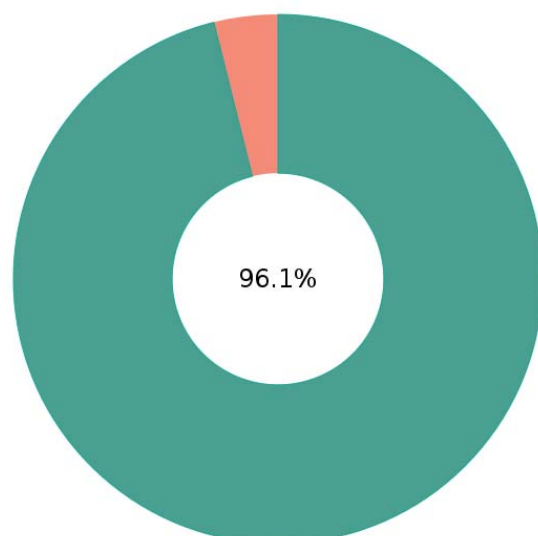
## 2.4 Syphilis among pregnant women, Ghana (2018)

Percentage of pregnant women tested positive for syphilis



## 2.4 Syphilis among pregnant women, Ghana (2018)

Percentage of pregnant women on treatment among those who tested positive



# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

One of the priority areas in the NSP 2016-2020 is accelerating HIV programming for key populations in hotspots and high burden areas nationwide. Key populations are involved in the development of policies, guidelines and strategies relating to their health in the country.

The main mode of HIV transmission among the population including key population groups in the country is sexual transmission. Condom and Lubricant distribution are carried out for key populations through the National condom and lubricant Strategy (NCLS). For the year under review, there were no condom stock-outs at the national level but there were reports of local stock-outs. These were due to operational challenges in the distribution of the condom.

From the 2017 Integrated Bio-Behavioural Surveillance Survey (IBBSS), the national estimated size of men who have sex with men was 54,759. From the IBBSS, the percentage of men who have sex with men who are living with HIV was 18% (698 / 3879). However, only 3.7% (26/698) of men who have sex with men living with HIV reported to have received antiretroviral therapy in the past 12 months.

For coverage of HIV prevention programmes among sex workers, a total of 37553 of them were reached with individual and/or small group-level HIV prevention interventions designed for target population. Condoms totaling 3,930,964 were distributed to sex workers for the current reporting year.

For coverage of HIV prevention programmes among men who have sex with men, a total of 18,017 of them were reached with individual and/or small group-level HIV prevention interventions designed for target population. A total of 521,616 condoms and lubricants were distributed to men who have sex with men for the current reporting year.

A total of 205 prisoners are living with HIV in 2018 and all of them are receiving antiretroviral therapy.

## **Policy questions: Key populations (2018)**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

Neither criminalized nor prosecuted

#### **Sex workers**

Selling sexual services is criminalized, Buying sexual services is criminalized, Ancillary activities associated with selling sexual services are criminalized, Ancillary activities associated with buying sexual services are criminalized, Profiting from organizing and/or managing sexual services is criminalized, Other punitive and/or administrative regulation of sex work

#### **Men who have sex with men**

Yes, imprisonment (up to 14 years)

### **Is drug use or possession for personal use an offence in your country?**

Drug use or consumption is specified as a criminal offence, Possession of drugs for personal use is specified as a criminal offence

**Legal protections for key populations**

**Transgender people**

No

**Sex workers**

No

**Men who have sex with men**

No

**People who inject drugs**

No

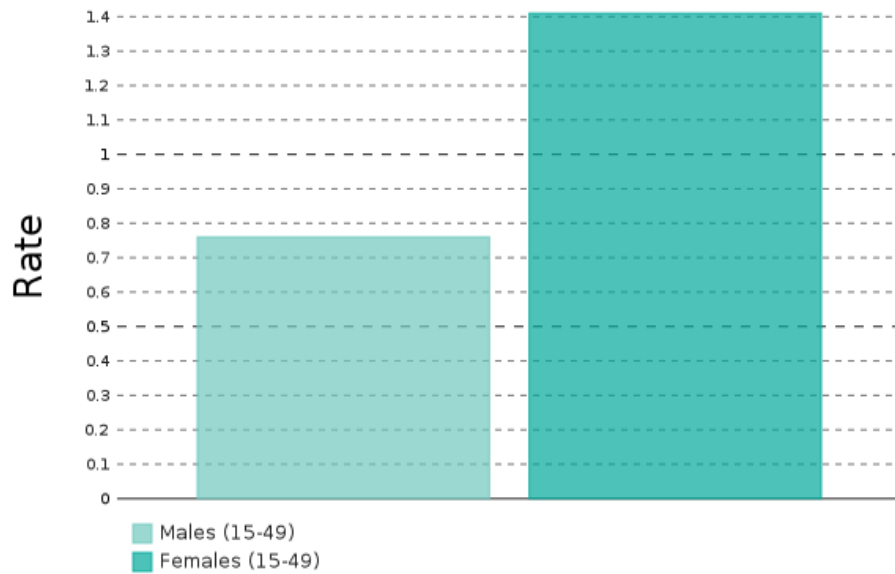
**Policy questions: PrEP (2018)**

**Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

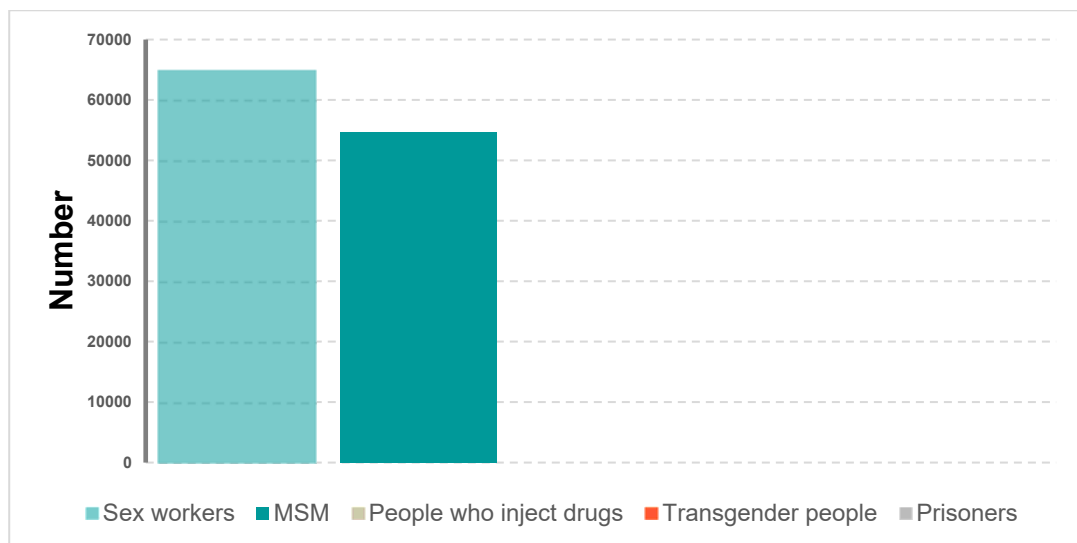
No, guidelines have not been developed

### 3.1 HIV incidence rate per 1000, Ghana (2018)

Number of people newly infected with HIV in the reporting period per 1000 uninfected population

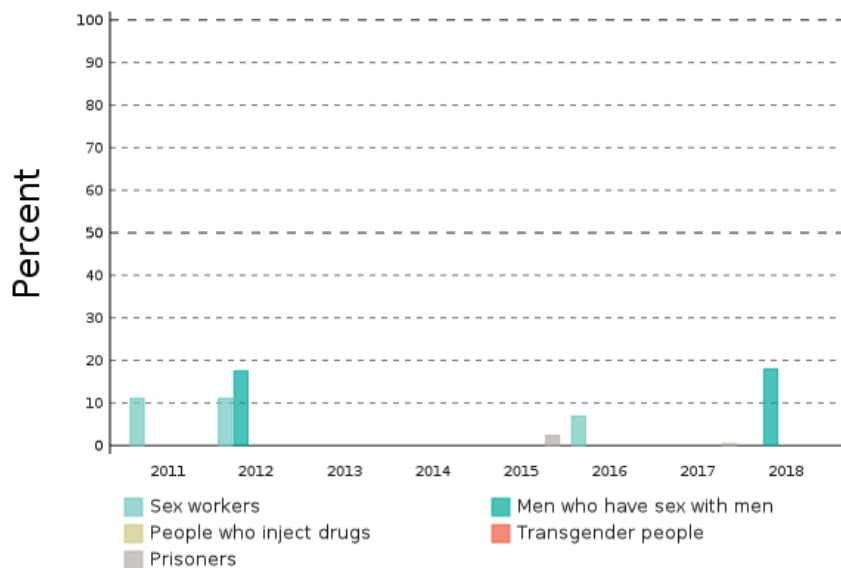


### 3.2 Estimates of the size of key populations, Ghana



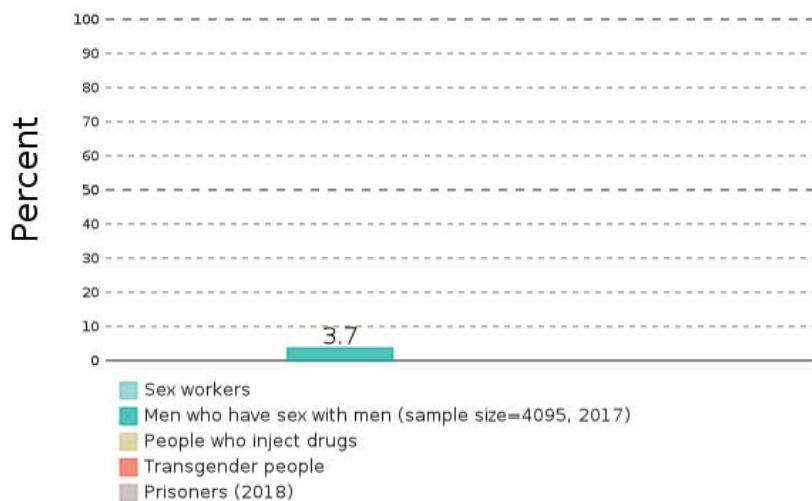
### 3.3 HIV prevalence among key populations, Ghana (2011-2018)

Percentage of specific key populations living with HIV



### 3.5 Antiretroviral therapy coverage among people living with HIV in key populations, Ghana

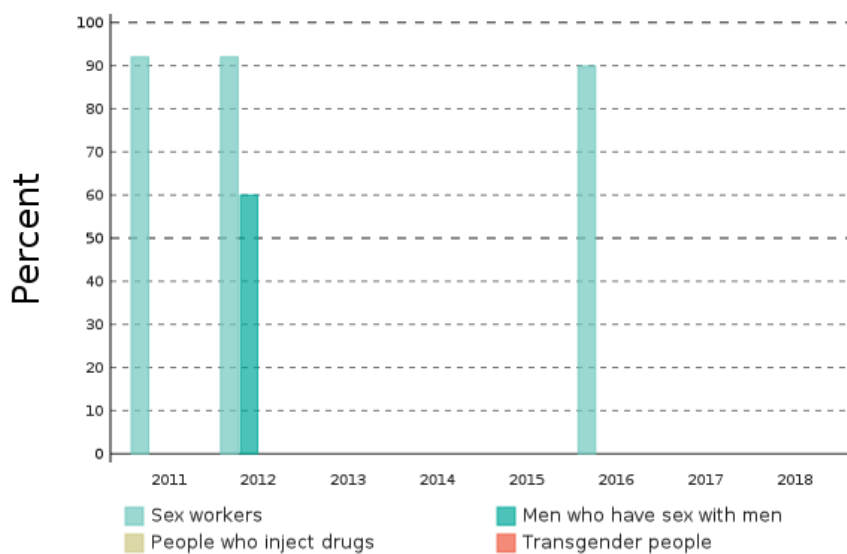
Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months





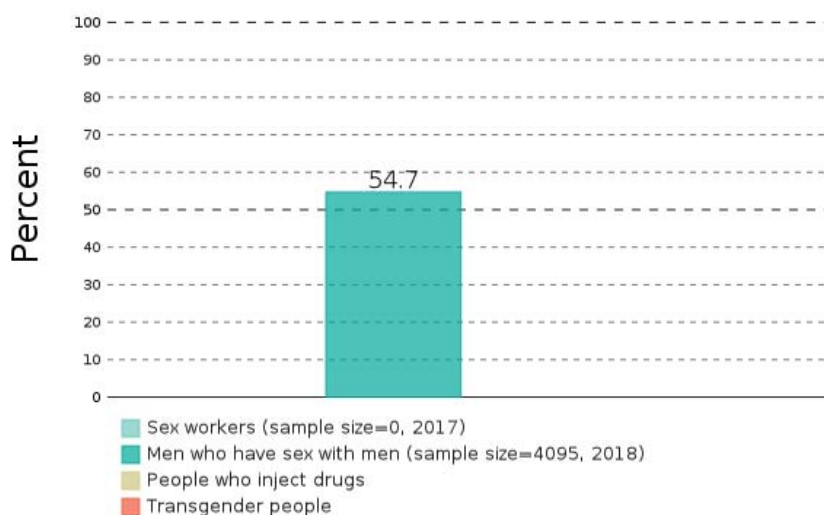
### 3.6 Condom use among key populations, Ghana (2011-2018)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



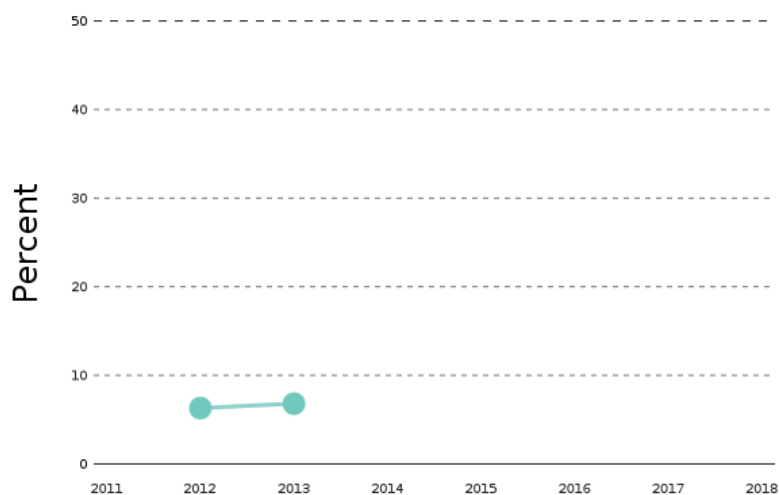
### 3.7 Coverage of HIV prevention programmes among key populations, Ghana

Percentage of people in a key population reporting having received a combined set of HIV prevention interventions



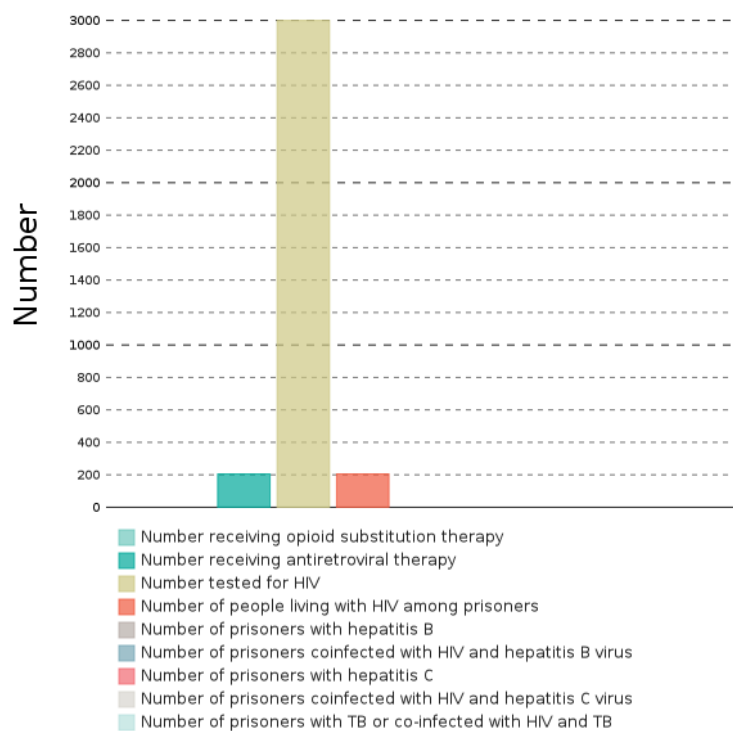
### 3.11 Active syphilis among sex workers, Ghana (2011-2018)

Percentage of sex workers with active syphilis



### 3.13 HIV prevention programmes in prisons, Ghana (2018)

HIV prevention and treatment programmes offered to prisoners while detained



# Gender; Stigma and discrimination

## **Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

### **Progress summary**

Ghana has a national plan that includes HIV to address gender-based violence and violence against women. It also has legislations on domestic violence that cover physical violence, sexual violence, emotional violence and economic violence. The country has the following laws or policies to protect key populations and people living with HIV from violence:

- General criminal laws prohibiting violence
- Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population
- Programmes to address intimate partner violence
- Programmes to address workplace violence
- Interventions to address police abuse
- Interventions to address torture and ill-treatment in prisons

There is no provision in the laws of Ghana that will allow the provision of HIV Testing Services to persons under 18 years of age if the HIV Testing Service is being provided in the interest of public health and safety. However, provisions of section 2 and section 6 of the Children's Act, 1998 (Act 560), section 3.8 of the National HIV and AIDS, STI Policy 2013 as well as provision of section 158 (b) of the Public Health Act, 2012 (Act 851) indicate that the consent of a parent or legal guardian is needed for adolescents or children below 18 years to access HIV testing and treatment services.

Ghana has general criminal laws prohibiting violence. There are specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key

population. There are programmes to address intimate partner violence and workplace violence.

Ghana also has policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds.

## **Policy questions (2018)**

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence\*?**

Yes

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

General criminal laws prohibiting violence

Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population

Programmes to address intimate partner violence\*

Programmes to address workplace violence

Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

Yes, policies exist but are not consistently implemented

# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

There is an approved and implemented social protection policy/ framework and it recognizes people living with HIV, adolescent girls and young women, people affected by HIV (children and families) as key beneficiaries. However, key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, and prisoners) are not recognized as key beneficiaries under the social protection policy.

There is a social protection coordination mechanism or platform and it includes representatives of the National AIDS Control Programme (NACP).

There are cash transfer programmes for the poor and vulnerable being implemented by the Ministry of Gender, Children and Social Protection. However, these cash transfers are made to heads of households of the poor and vulnerable. These heads of households ensure that persons within the households including young women aged 15-24 years who need help benefit from the cash transfer.

## **Policy questions (2018)**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

**a) Primary school**

Yes

**b) Secondary school**

Yes

**c) Teacher training**

Yes

# Social protection

**Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

## **Policy questions (2018)**

**Does the country have an approved social protection strategy, policy or framework?**

Yes, and it is being implemented

**a) Does it refer to HIV?**

Yes

**b) Does it recognize people living with HIV as key beneficiaries?**

Yes

**c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

Yes

**d) Does it recognize adolescent girls and young women as key beneficiaries?**

Yes

**e) Does it recognize children affected by HIV as key beneficiaries?**

Yes

**f) Does it recognize families affected by HIV as key beneficiaries?**

Yes

**g) Does it address the issue of unpaid care work in the context of HIV?**

No

**What barriers, if any, limit access to social protection programmes in your country?**

No



# Community-led service delivery

**Ensure that at least 30% of all service delivery is community-led by 2020**

## **Progress summary**

### 4.7.1 Community led service delivery

Community led service delivery is usually carried out by Civil Society Organizations (CSOs) and community-based organizations (CBOs). Registration of HIV CSOs is possible. Registration of CSOs/CBOs working with key populations is possible in the country. HIV services including those for key populations can be provided by CSOs/CBOs. Reporting requirements for CSOs/CBOs delivering HIV services in Ghana are streamlined and coordinated by the Ghana AIDS Commission (GAC).

There are mechanisms in place such as social contracting among others that allow for funding of service delivery by CSOs/CBOs from domestic funding. There are also regulations or policies that enable CSOs/CBOs access funding from international donors as well.

## **Policy questions (2018)**

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?**

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

**Number of condoms and lubricants distributed by NGOs in the previous year**

**a) Condoms distributed to General Population:**

**6,708,108**

**b) Condoms distributed to Key Population:**

**4,307,794**

**c) Lubricants:**

**443, 561**

# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Progress summary**

Ghana has conducted training and/or capacity building programmes at the national level for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in the last 2 years.

The police and other law enforcement personnel, members of the judiciary, elected officials (lawmakers/parliamentarians) and health care workers have had training programmes organized at scale, at the sub-national level for them on human rights and non-discrimination legal frameworks as applicable to HIV.

Lack of funding is a barrier that hinder the target audience in accessing such trainings or capacity-building activities.

Existing mechanisms to record and address abuse of human right issues including HIV-related discrimination include online reporting systems, legal aid and walk-in services.

Complaints procedure, Mechanisms of redress, Procedures or systems to protect and respect patient privacy or confidentiality are accountability mechanisms the country has in place in relation to discrimination and violations of human rights in healthcare settings.

The following human rights monitoring and enforcement mechanisms are being implemented in the country:

- a) Existence of independent functional national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work
- b) Oversight for implementation of concluding observations and recommendations from treaty monitoring bodies.

To promote access to justice in the country, the mechanisms in place include pro bono legal services provided by private law firms and community paralegals.

## **Policy questions (2018)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at scale at the national level

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

Online reporting systems, walk-in and legal aid.

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

Complaints procedure

Mechanisms of redress

Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**

Awareness or knowledge of how to use such mechanisms is limited

# AIDS out of isolation

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Progress summary**

The country has integrated the following in some health facilities:

- HIV counselling and testing with sexual and reproductive health
- HIV treatment and care with sexual and reproductive health
- Antiretroviral therapy and TB treatment
- Antiretroviral treatment and chronic non-communicable diseases
- Antiretroviral therapy and general out-patient care
- Violence screening and mitigation integrated in HIV services
- HIV testing and counselling integrated in cervical cancer screening and treatment
- HIV treatment and care with nutrition support

However, HIV counselling and testing in TB services, TB screening in HIV services, PMTCT with antenatal care/maternal and child health services have all been fully integrated in all health facilities in the country.

To combat HIV/AIDS, some interventions on co-infection have been implemented and these include

- Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV
- Intensified TB case finding among people living with HIV

- TB infection control in HIV health-care settings
- Co-trimoxazole prophylaxis
- Hepatitis B screening and management in antiretroviral therapy clinics
- Hepatitis C screening and management in antiretroviral therapy clinics

Other guidelines and policy documents developed to combat co-infection include Guidelines for ART, September 2016 and Guidelines for the Clinical Management of TB and HIV co-infection in Ghana, November 2014.

With regards to the health information system, Ghana has a functioning health information system that is both electronic and paper-based. The country uses data from antenatal clinic attendees on the number of women who test positive for HIV. Measures are now being put in place to obtain data on the number of women already known to be HIV-positive in order to understand trends in HIV prevalence. Cascade data on testing, antiretroviral treatment and viral load measurements are collected and analysed at the district and national levels. However, for key populations, cascade data on only testing is currently available and analysed at the district and national levels. Strategies are being developed to capture data on treatment and viral load measurements in key populations. These treatment cascade data are routinely included in the health information system with a dashboard at some district levels.

Currently, Ghana does not have a method (such as linking records using unique identifiers and/or personal identifiable information (including biometrics) to identify and remove duplicate health information for patients within and between clinics.

- Capacity should be built in all sectors including the private sector and civil society to ensure the provision of accurate and quality information.
- Information dissemination and sharing between sectors and the GAC should be intensified. All actors should make it a point to provide GAC with information on their activities for effective coordination.
- There is a need to bring together all key stakeholders involved in the national response to HIV to orient them on the GAM indicators so that their data collection is modified or improved to have data for the GAM indicators.
- Ensure that research is commissioned on all GAM indicators to address data gaps for better monitoring
- Ensure that the data generated is used for evaluation, future planning and implementation purposes.

## **Policy questions (2018)**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

Yes

**b) The national strategic plan governing the AIDS response**

No

**c) National HIV-treatment guidelines**

No

**What coinfection policies are in place in the country for adults, adolescents and children?**

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

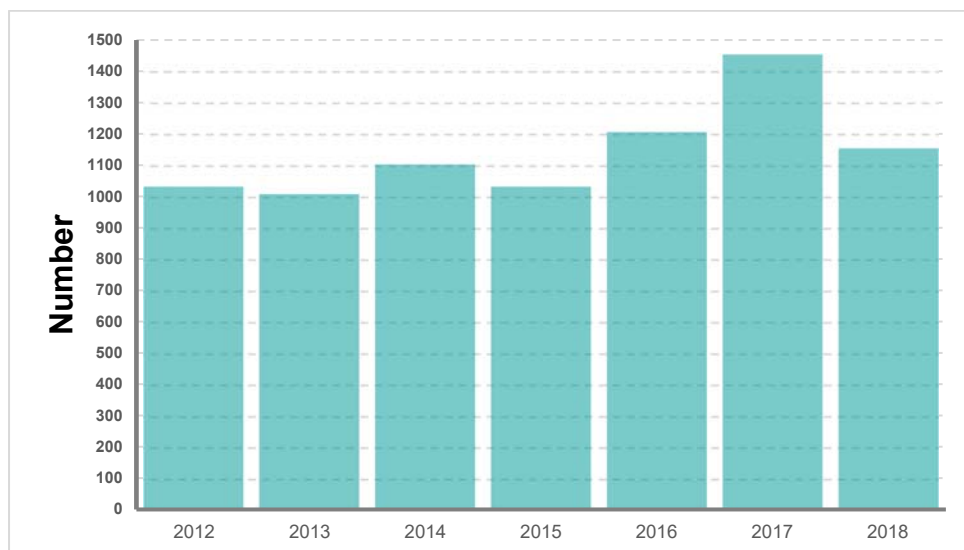
TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

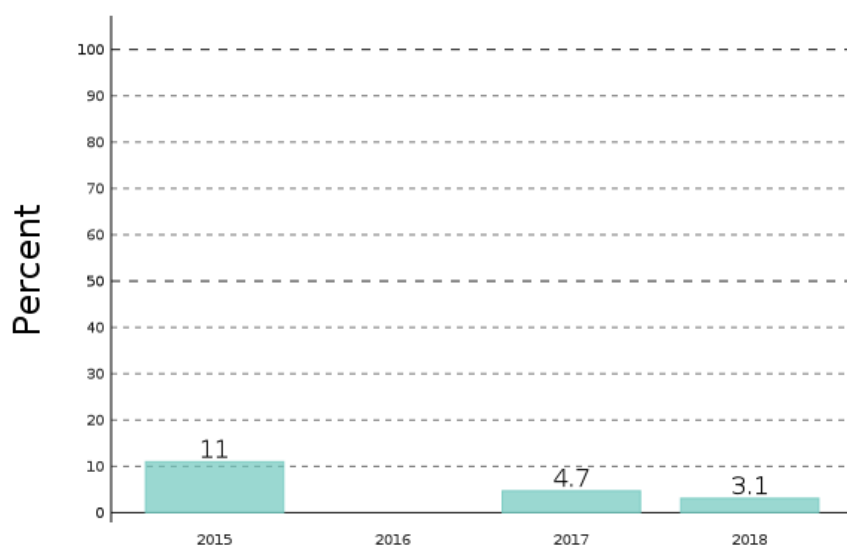
## 10.1 Co-managing TB and HIV treatment, Ghana (2011-2018)

Number of estimated HIV-positive incident tuberculosis (TB) cases (new and relapse TB patients) that received treatment for both TB and HIV



## 10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Ghana (2015-2018)

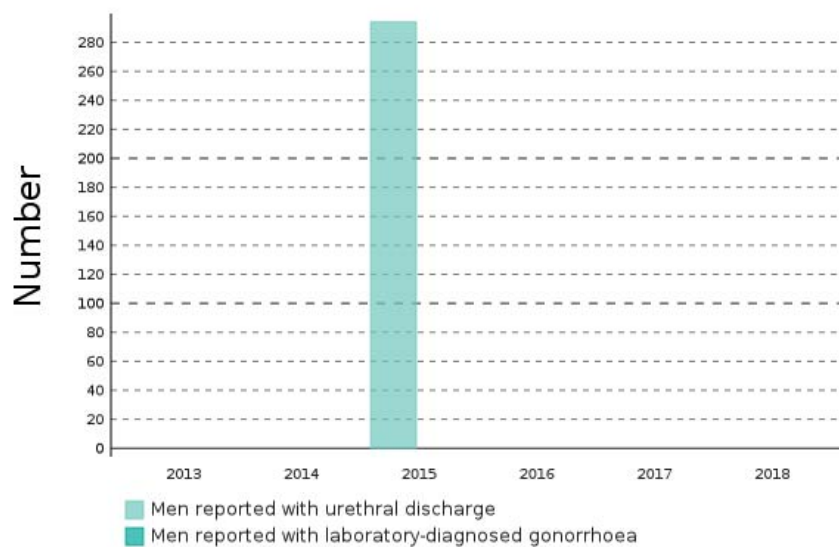
Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period





## 10.4/10.5 Sexually transmitted infections, Ghana (2013-2018)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months



# CONCLUSION

Strategies and activities employed in NSP are currently ongoing and the 90-90-90 set target if only adequate funding is secured to ensure continuity in the implementation of these strategies and activities. Differentiated service delivery trainings and implementation is resulting in an increase in the number of people tested and strategies and activities employed must be sustained and improved upon.

Early infant diagnosis uptake is still low although there is gradual improvement in the uptake. More capacity building training for staff of health facilities as well as continued education of PLHIV on EID will help sustain the achievement chalked so far and improve on it.

The performance of the ART program in Ghana in terms of PLHIV put on ARVs is improving yearly but more efforts are required to achieve the 90% target. Secured funding has to be sought to ensure there are no stock-out of ARVs in order to achieve the set target.

There is a gap between HIV testing and linkage to care which is a setback to achieving the 90-90-90 set target. The ongoing differentiated service delivery strategies being implemented has to be monitored and evaluated to determine their effectiveness in bridging the testing and linkage gaps as well as retention in care and viral load suppression. Also there is the need to find out the proportion of positives on ART who do re-testing in other testing sites without disclosing their status as this will help in achieving the right data for those tested and not linked to care.