1. Demographic and socioeconomic data

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2. HIV indicators

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<tr>
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<td>2003</td>
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<td>DHS*</td>
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3. Situation analysis

Epidemic level and trend and gender data

The first AIDS case in Ghana was reported in 1986. By December 2004, 90 000 AIDS cases had been reported. The number of people currently living with HIV/AIDS is estimated to be around 400 000. Current surveys in Ghana show an increase in the prevalence of HIV infection among adults from 2.3% in 2000 to 3.4% in 2002. The prevalence is highest in the Eastern Region and lowest in the Northern Region. Rates are generally higher in densely populated areas, especially in regional capitals, such as Kumasi, Koforidua and Accra. Women are disproportionately affected. The female-male ratio was 6:1 in 1987 and an estimated 2:1 in 2001. The epidemic is primarily spread through heterosexual transmission, which accounts for up to 80-85% of infections. Mother-to-child transmission accounts for 10-15%, and the remaining 5% are transmitted through unsafe blood.

Major vulnerable and affected groups

According to a sentinel survey conducted in 2004, the most severely affected age group is 25-29 years (4.5%) followed by 30-34 years (4.4%). People 15-24 years old are increasingly vulnerable, with an HIV prevalence rate of 2.0% among people 15-19 years and 2.7% among people 20-24 years. Vulnerable population groups include adolescents, sex workers, mobile populations, miners and kayayei: young female porters who have migrated from rural to urban areas. HIV seroprevalence rates among sex workers increased from 2% in 1986 to nearly 9% in 1991. In 1998, the rate of HIV infection among women attending sexually transmitted infection clinics tested in Adabraka in the Greater Accra Region had reached 27%. In the Southern Region, the HIV prevalence is 24% among people attending sexually transmitted infection clinics and 3% among blood donors.

Policy on HIV testing and treatment

The National HIV/AIDS Policy states that voluntary testing should be provided in a non-stigmatizing environment. It aims to encourage vulnerable groups to undergo regular voluntary testing and seek early diagnosis and treatment for sexually transmitted infections. The Policy states that, except for blood donors and people showing symptoms suggesting AIDS, testing for HIV/AIDS should not be performed routinely or without the knowledge of the individual. Guidelines for managing sexually transmitted infections and opportunistic infections have been developed, and guidelines for the provision of antiretroviral therapy are being developed. On 1 December 2004, the President announced a commitment to provide highly subsidized antiretroviral therapy to everyone in need.

Antiretroviral therapy: first-line drug regimen, cost per person per year

The first-line drug regimen is zidovudine + lamivudine + nevirapine (or efavirenz) or stavudine + lamivudine + nevirapine (or efavirenz). The cost per person per year is about US$ 300 for the first-line regimen. The second-line treatment regimen is abacavir + didanosine + nevirapine or abacavir + didanosine + lopinavir boosted with ritonavir, or stavudine + didanosine + lopinavir boosted with ritonavir. The cost of second-line treatment is about US$ 460 per person per year.

Assessment of overall health sector reponse and capacity

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The Ghana AIDS Commission was established in 2001 under the Office of the President. The national strategy is multisectoral, guided by the National Strategic Framework on HIV/AIDS (2001-2005). The National AIDS Control Programme is in the process of developing an implementation plan to guide the provision of antiretroviral therapy in Ghana, within the framework of the National Strategic Framework and the Health Sector HIV/AIDS strategic plan (2002-2006). The second National Strategic Framework on HIV/AIDS (2006-2010) is being developed. High-level political commitment is evident up to the presidential level. Ghana's health system is highly decentralized, and a sector-wide approach to health sector financing is in place. Every region has an AIDS coordinator, and multisectoral AIDS committees have been established at the regional and district levels. The national response has included the design and implementation of interventions including condom promotion and distribution, school- and workplace-based programmes, and distributing antiretroviral treatment in some areas, prevention of mother-to-child transmission, blood safety and universal precautions to prevent infection. Antiretroviral therapy has been provided since 2003. At the end of September 2005, an estimated 1600 people were receiving antiretroviral therapy in the four pilot sites. Two are teaching sites (Korle-Bu Teaching Hospital and Komfo Anokye Teaching Hospital), which together cater to almost 75% of the people currently receiving antiretroviral therapy, and two are Family Health International sites (St. Martins Hospital and the Atua Government Hospital). Treatment is also being provided at three private facilities in Accra (Holy Trinity Hospital, Aki House and Nyaho Clinic).

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US$ 37.1 and US$ 38.2 million was required for scaling up antiretroviral therapy to reach the '3 by 5' treatment target of 26 000 by 2005.
- Following the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS in 2001, the government directed that 15% of Ghana's health budget will be committed to HIV/AIDS activities and encouraged all ministries to create an HIV/AIDS budget line. In 2003 Ghana also established the National Health Insurance Scheme to provide subsidized health care services to all residents.
- Ghana is a beneficiary of the Treatment Acceleration Project of the World Bank, which awarded an International Development Association grant of US$ 60 million aimed at scaling up access to HIV/AIDS treatment in three African countries: Burkina Faso, Ghana and Mozambique. The Treatment Acceleration Project strategy in Ghana is based on establishing infrastructure for health care delivery and scaling up treatment by leveraging resources in the private sector.
- Ghana’s Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria was approved for voluntary testing and counselling activities as well as treatment at three public hospitals and one mission hospital. Total funding approved was US$ 14.2 million. The proposal focused specifically on accelerating prevention and care for vulnerable groups. As of December 2005, US$ 7.8 million has been disbursed.
- Ghana also submitted a successful proposal to the Global Fund in Round 5 for a total of US$ 97 million over five years, focusing on strengthening the health care delivery system and providing services related to antiretroviral therapy and providing services for managing sexually transmitted infections.
- The Ministry of Health and the private sector are also increasingly involved in prevention activities and in providing care and support services. A limited number of private hospitals, clinics and laboratories provide voluntary counselling and testing services managed by nongovernmental organizations such as the Christian Health Association of Ghana.

5. Treatment and prevention coverage

- In 2003, WHO estimated Ghana’s total antiretroviral therapy need to be 52 000 people, and the WHO “3 by 5” treatment target was calculated at 26 000 by the end of 2005 (based on 50% of estimated need). The government has declared a national antiretroviral therapy target of 30 000 people by the end of 2005. In 2005, WHO/AIDSSP estimated that Ghana’s total treatment need had risen to 61 000 people.
- An estimated 40% of HIV/AIDS services are currently delivered by the government, 30% by nongovernmental partners and 30% by the private sector.
- The provision of antiretroviral therapy in the public sector began in 2003. Currently four pilot sites are providing antiretroviral therapy. Two are teaching sites (Korle-Bu Teaching Hospital and Komfo Anokye Teaching Hospital), which together cater to almost 75% of the people currently receiving antiretroviral therapy, and two are Family Health International sites (St. Martins Hospital and the Atua Government Hospital). Treatment is also being provided at three private facilities in Accra (Holy Trinity Hospital, Aki House and Nyaho Clinic).
- Treatment is provided at the four pilot sites using funding from the Global Fund Round 1 grant, which makes provision for treatment to be provided to up to 2000 people. An additional 11 treatment sites are planned to be opened with support from the World Bank Treatment Acceleration Project funds, aiming to provide access to antiretroviral therapy to 600 people within the three-year project period.
- As of October 2004, an estimated 1600 people were receiving antiretroviral therapy in the four pilot sites. By the end of 2004, 2028 people were receiving antiretroviral therapy. By September 2005, this had increased to 3584 people receiving antiretroviral therapy.
- The number of sites providing services for voluntary counselling and testing increased from 14 at the end of 2003 to 113 by September 2005, when 53% of districts had at least one facility providing voluntary counselling and testing services. Services for preventing mother-to-child transmission are also available in 53% of districts.
- Ghana submitted a Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria to provide antiretroviral therapy to 3 500 people by 2010, adding up to 21 new sites. It also aims to increase the number and percentage of people 14-49 years old accessing voluntary counselling and testing services from 7% to 30% of the population by 2010 and to reduce the rate of transmission from mother-to-child from 30% to 15% by 2010.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

Service delivery
- The Ministry of Health and the Ghana Health Service provide leadership in HIV/AIDS service delivery. They also provide leadership in developing normative guidelines and managing the procurement and supply management of drugs and related supplies. Organizations including WHO, Family Health International and UNICEF provide support. Family Health International, nongovernmental organizations and WHO are providing support to build human resource capacity. IUD ARV Procurement Services BV (a not-for-profit organization that promotes access to quality-assured and quality-controlled antiretroviral medicines) supports drug procurement activities. The private sector and civil society, especially nongovernmental organizations, are increasingly involved in prevention activities and in providing care and support services. A limited number of private hospitals, clinics and laboratories provide voluntary counselling and testing services managed by nongovernmental organizations such as the Christian Health Association of Ghana.

Community mobilization
- The Ghana AIDS Commission, the Ministry of Local Government and Rural Development, WHO, other United Nations agencies, nongovernmental organizations and the central government all contribute to psychosocial support activities and building the capacity of people living with HIV/AIDS. The United Kingdom Department for International Development supports the social marketing of condoms and condom-building efforts. More than 2500 community-based organizations and nongovernmental organizations are implementing HIV/AIDS interventions in Ghana.

Strategic information
- The Ghana AIDS Commission provides leadership in issues of monitoring and evaluation. The Ministry of Local Government and Rural Development, WHO, nongovernmental organizations and universities work alongside the government in developing monitoring systems, information and research systems and systems for tracking the people receiving antiretroviral therapy. The United States Agency for International Development supports national level evaluation activities as well as efforts related to prevention, care and support and institutional development. The Ghana Health Service conducts second-generation surveillance of HIV/AIDS and sexually transmitted infections with financial support from the United Kingdom Department for International Development and technical support from WHO.

7. Staffing input for scaling up HIV treatment and prevention

WHO’s response so far

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KEY AREAS FOR WHO SUPPORT IN THE FUTURE

- Providing support to finalize the National Strategic Framework on HIV/AIDS (2006-2010)
- Providing support to finalize the national HIV/AIDS policy and national implementation plan for scaling up antiretroviral therapy
- Supporting the accreditation of centres providing antiretroviral therapy
- Developing quality assurance mechanisms for drug procurement
- Supporting the development of a national training plan for scaling up antiretroviral therapy at the district level and the training of health workers using the WHO Integrated Management of Adult and Adolescent Illness approach
- Developing a national communication strategy to reduce stigma and to mobilize community-based groups for treatment
- Harmonizing and integrating the monitoring and evaluation system of the World Bank Treatment Acceleration Project into the national monitoring and evaluation framework
- Developing guidelines for monitoring resistance to antiretroviral drugs as part of the international global surveillance system developed by WHO
- Providing support for implementation of the Global Fund Round 5 grant
- Supporting the implementation of the WHO/DPEC Fund Project on Integrating "3 by 5" in Health Systems in Africa, including for health sector strategic planning and programming, surveillance of drug resistance, and drug procurement and management of supplies

STAFFING INPUT FOR SCALING UP HIV TREATMENT AND PREVENTION

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include an international HIV/AIDS Country Officer and a National Programme Officer for HIV/AIDS. An international staff member under the World Bank Treatment Acceleration Project is currently being recruited.