



HEALTH PROFILE: GHANA

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2004)	404,000*
Total Population (2004)	21,377,000**
Adult HIV Prevalence (end 2003)	3.1%**
Estimated Adult HIV Prevalence by HIV Sentinel Survey (end 2003)	3.61%*
Estimated Adult HIV Prevalence by Estimation and Projection Package Software (end 2003)	3.57%*
Number of AIDS-Related Orphans and Vulnerable Children (2004)	132,000*
HIV-I Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking treatment for sexually transmitted infection, or others with known risk factors)	47.0%**
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	3.2%**

Sources: *NACP Bulletin, January 2005
**UNAIDS, U.S. Census Bureau

The HIV/AIDS epidemic in Ghana seems to be progressing slowly. The Government of Ghana estimated the number of adults and children living with HIV as of 2004 at 404,000. The Joint United Nations Program on HIV/AIDS (UNAIDS) estimated the HIV prevalence in adults to be 3.1% at the end of 2003, with an estimated 350,000 people living with HIV/AIDS. Ghana's 2003 Demographic and Health Survey reported prevalence at 2.2% among the 9,000 people who agreed to be tested.

Ghana's system of HIV surveillance for women attending antenatal clinics has functioned well since its establishment in 1994. Sentinel surveys of 21 antenatal clinic sites in 2002 reported a range from 3.2% to 9.1% in prevalence among pregnant women. In 2002, the median HIV prevalence at four of these sites in Accra was 4.1%; elsewhere in Ghana, prevalence in antenatal clinics ranged from 3.2% to 3.4%.

HIV prevalence is highest in the Eastern Region of Ghana and lowest in the northern regions of the country. Prevalence is generally higher in urban areas, in mining and border towns, and along main transportation routes. HIV-I accounts for 92% of HIV cases in Ghana; another 7.4% of reported HIV cases are dual infections with HIV-I and HIV-2. Only 0.5% of HIV cases were exclusively HIV-2. Heterosexual intercourse is the mode of transmission for about 80% of HIV cases, with mother-to-child transmission accounting for another 15%. According to the 2003 Demographic and Health Survey, HIV prevalence is very low among most younger age groups, as relatively few are infected during their youth (with the exceptions of infants infected through their mothers). The infection peaks late, compared to other countries, at 35–39 years for women and 40–45 years for men. The infection levels are highest in middle income and middle educational groups, with the poor and unemployed less affected.

Though evidence is still being gathered for making program decisions, some populations thought to be at risk include sex workers, transport workers, prisoners, sexual partners of people living with HIV/AIDS, and men who have sex with men and their female sexual partners. HIV prevalence among uniformed services is not fully established.

Approximately 9,600 children under age 15 are living with HIV/AIDS, and at the end of 2003, nearly 170,000 children under age 17 had lost one or both parents to AIDS. At that time only a few thousand of these children had received assistance such as food aid, health care, protection services, or educational or psychosocial support.

March 2005



Through USAID, the United States provides \$18 million a year to Ghana for integrated family health activities.

There is widespread knowledge of HIV and modes of transmission—with awareness of AIDS estimated at greater than 95%—although fear and stigmatization of HIV-positive people remain high. Ghanaians are at risk of further HIV spread for a variety of reasons, including engaging in transactional sex, marriage and gender relations that disadvantage women and make them vulnerable to HIV, inaccurate perceptions of personal risk, and stigma and discrimination toward people living with HIV/AIDS.

NATIONAL RESPONSE

The Ghana AIDS Commission is the coordinating body for all HIV/AIDS-related activities in the country; it oversees an expanded response to the epidemic and is responsible for carrying out the National Strategic Framework on HIV/AIDS for the 2001–2005 period. The Ghana AIDS Commission is currently reviewing the National Strategic Framework II, covering 2006–2010, with stakeholders, and bilateral and multilateral partners. The frameworks set targets for reducing new HIV infections, address service delivery issues and individual and societal vulnerability, and promote the establishment of a multisectoral, multidisciplinary approach to HIV/AIDS programs.

Ghana's goal is to prevent new HIV infections as well as to mitigate the socioeconomic and psychological effects of HIV/AIDS on individuals, communities, and the nation. The first national strategic plan focused on five themes: prevention of new infections; care and support for people living with HIV/AIDS; creation of an enabling environment for a national response; decentralization of implementation of HIV/AIDS activities through institutional arrangements; research; and monitoring and evaluation of programs.

The second national strategic plan, currently in process, focuses on: policy, advocacy, and enabling environment; coordination and management of the decentralized response; mitigating the economic, sociocultural, and legal impacts; prevention and behavior change communication; treatment, care, and support; research and surveillance; and monitoring and evaluation.

Multilateral and bilateral partners, nongovernmental organizations (NGOs), and civil society organizations actively participate in the national response, with more than 2,500 community-based organizations and NGOs reportedly implementing HIV/AIDS activities in Ghana. Substantial funding for HIV/AIDS activities is received from the United States, the United Kingdom, the Netherlands, Denmark, Japan, Canada, and United Nations agencies. Activities include the five-country, World-Bank-led HIV/AIDS Abidjan-Lagos Transport Corridor project; the World Bank-funded Treatment Acceleration Program for public-private partnership in HIV/AIDS management; the World Health Organization (WHO) 3X5 initiative; the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Following the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS in 2001, the Government of Ghana earmarked 15% of its health budget for HIV/AIDS activities, and all ministries were asked to create an HIV/AIDS budget line. Available funding to support Ghana's response to the HIV/AIDS epidemic includes about \$6.7 million from GFATM; about \$12 million from multilateral partners, including the World Bank; and about \$8 million from bilateral donors. Based on the level of funding already committed by the national government and its donors, WHO estimates a \$5 to \$12.8 million funding gap for HIV/AIDS activities in Ghana for the period 2004–2005.

USAID SUPPORT

Through the U.S. Agency for International Development (USAID), the United States provides \$18 million a year to Ghana for integrated family health activities. This bilateral support is complemented by USAID development assistance to the

multinational West Africa Regional Program. All assistance from USAID for Ghanaian health services is divided into four interrelated program areas: communication and marketing for health; promotion of better delivery and access of community health services; strengthening of the quality of child survival, reproductive health, family planning, and HIV/AIDS services; and HIV/AIDS interventions.

About \$7 million of USAID annual aid in Ghana is spent for HIV/AIDS activities. Projects that receive support include management and advocacy programs that help ensure a well-coordinated country response; and efforts to strengthen the Ghana AIDS Commission, regional HIV/AIDS committees, the National AIDS Control Program (NACP), and NGOs (including faith- and community-based organizations).

USAID program activity objectives in the fight against HIV/AIDS include:

- Operations research and second-generation surveillance activities
- Effective prevention services in high-prevalence areas and groups
- Ensuring proper logistics, referral, and support systems for distribution of antiretroviral (ARV) drugs and drugs used to treat opportunistic infections
- Ensuring proper diagnostics, treatment, care, and support systems for dealing with opportunistic infections, particularly tuberculosis and sexually transmitted infections (STIs)
- Strengthening support services for people living with HIV/AIDS, and for orphans and vulnerable children affected by HIV/AIDS
- Improvements in quality and management of HIV-prevention services
- Increased public access to HIV/AIDS services and products
- Increased demand for HIV/AIDS services, products, and prevention measures

Prevention

USAID has joined with the United Kingdom's Department for International Development to implement condom social marketing and a behavior change program. Through the Ghana Social Marketing Foundation, HIV/AIDS-prevention programs were established nationwide in Ghana's 24 major transport hubs. USAID contributes about one-fourth of the program funding.

In 2004, USAID awarded four health-related cooperative agreements (CAs), three of which have major HIV/AIDS components. One CA, devoted exclusively to HIV/AIDS, is the Strengthening HIV/AIDS Response Partnerships (SHARP) Project. SHARP focuses on conducting research to identify the most-at-risk groups and working with Ghana AIDS Commission, NACP, and other stakeholders to design capacity-building interventions for treatment, care, support, stigma reduction, and impact mitigation. A second CA, the Ghana Sustainable Change Project, provides behavior change communication and marketing support for HIV/AIDS efforts, as well as in other health-related fields, such as malaria, reproductive health, and child survival. The third CA, Quality Health Partners, focuses on improving the quality of and equitable access to a package of reproductive and child health services, which includes STI-HIV/AIDS services, counseling and testing, and treatment of opportunistic infections such as tuberculosis. The fourth CA provides technical assistance to the 28 Community-based Health and Planning Services districts on all health-related matters, including access to HIV/AIDS-related services.

Although few employers in Ghana have shown interest in the potential effect of AIDS on their business, or in providing HIV/AIDS-prevention and treatment services to their employees, an initiative sponsored jointly by USAID and the Netherlands was successful in creating awareness among more than 30 companies that subsequently initiated HIV-prevention programs for employees and their families.

Treatment

As of June 2004, only 2,000 of an estimated 52,000 adults needing immediate HIV/AIDS treatment were receiving ARV drugs. The World Bank's Treatment Acceleration Program will provide some support for increasing these numbers, using private-public partnerships. To help address this situation, USAID joined with the Royal Netherlands Embassy to develop the capacity of three private-sector clinics in Accra to provide treatment to employees of private corporations under employee benefit plans. Progress is limited because of limited ARV drug availability in the private sector. So far, more than a dozen companies, including Coca-Cola, Ashanti Goldfields, and Ghana Breweries, have signed a letter of intent to provide AIDS-related treatment for employees and their families.

Care and Support

With support from USAID, in 2002 Ghana launched a national compassion campaign for people living with HIV/AIDS. Christian and Muslim groups came together to launch and conduct the program, which is training more than 900 religious leaders nationwide. Through the SHARP Project, in collaboration with Catholic Relief Services and Opportunities Industrialization Centers International, a program of nutritional support, psychosocial counseling, and care and home-based support is providing services to people living with HIV/AIDS and to orphans and vulnerable children.

Children under the age of one year constitute just 4% of Ghana's population but account for 15% of its HIV/AIDS cases. Children aged 5–14 are seen as a window of hope in stemming the epidemic in Ghana, principally because they have generally not begun their sexual lives. Through its support to Ghana's basic education, USAID is working to increase HIV/AIDS awareness and reduce risky behavior by children, out-of-school youth, and students, as well as teachers.

Strategic Information

While currently available data indicate HIV prevalence in Ghana may not be following the trend occurring in East and Southern Africa, there is no empirical basis for understanding the true nature of the epidemic. To address this, USAID is providing technical support for HIV seroprevalence testing in the current Demographic and Health Survey, complemented by data from assessments of the most-at-risk groups through SHARP and other partners. USAID will continue to work with Ghanaian government officials to revise the types of support it offers to fight the epidemic, based on the results of studies such as the 2003 Demographic and Health Survey.

Because family planning is the cornerstone of good maternal and child health, the use of condoms for dual protection against pregnancy and HIV is critical to family planning and reproductive health. Funding is currently not available to supply all contraceptives needed through 2006. USAID is working with other donors to support a contraceptive security planning and action agenda.

IMPORTANT LINKS AND CONTACTS

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<http://www.usaid.gov/missions/gh/>

USAID HIV/AIDS Web site for Ghana: http://www.usaid.gov/our_work/global_health/aids/Countries/africa/ghana.html

Prepared for USAID by Social & Scientific Systems, Inc., under The Synergy Project.

For more information, see http://www.usaid.gov/our_work/global_health/aids