GLOBAL AIDS MONITORING REPORT – GHANA

REPORTING PERIOD:

JANUARY, 1ST – DECEMBER, 31ST 2017

PREPARED BY:

GHANA AIDS COMMISSION

TABLE OF CONTENTS

Contents

Tables and Figures

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-retroviral Therapy
ARVs	Antiretroviral Drugs
BCI	Behavioural Change Intervention
CSOs	Civil Society organizations
CBOs	Community Based Organizations
CCM	Country Coordinating Mechanism
CDC	Centre for Disease Control and Prevention
EID	Early Infant Diagnosis
FSW	Female Sex Workers
GAC	Ghana AIDS Commission
GHS	Ghana Health Service
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Survey
HTC	HIV Testing and Counseling
KPs	Key Populations
M&E	Monitoring and Evaluation
MCH	Maternal and Child health
MSM	Men who have Sex with Men
eMTCT	Elimination of Mother to Child Transmission
NACP	National AIDS and STI Control Program
NCLS	National Condom and Lubricant Strategy
NASA	National AIDS Spending Assessment
NGOs	Non-Governmental Organizations
NSF	National Strategic Framework
NSP	National Strategic Plan
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PWIDs	People who inject drugs
RME	Research, Monitoring, and Evaluation
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infections
TB	Tuberculosis
UN	United Nations
WHO	World Health Organization

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We would like to express our sincere gratitude to members of the GAC team

1. Overview:

Ghana has made significant progress in the elimination of HIV/AIDS. The provision of comprehensive care for Persons Living with HIV (PLHIV) using Antiretroviral Therapy (ART) in Ghana over a decade now has impacted greatly on the lives of the PLHIV. In 2015, there were an estimated 274,562 PLHIV with almost 60% being women and 15% children below 15 years.

This significant progress has been made possible through the implementation of the National HIV & AIDS Strategic Frameworks, 2001-2005 and 2006-2010 (NSF I and NSF II) respectively, and the National HIV and AIDS Strategic Plan (NSP) 2011-2015. The current National Strategic Plan (NSP) 2016-2020 is intended to sustain the progress made in the national HIV response thus far and guide the implementation of the national HIV response over the next five years. The goal of the NSP 2016-2020 is to achieve the 90-90-90 fast-track treatment targets by 2020.

The strategic plan was developed through a highly participatory and multi-sectorial consultative approach that involve a wide cross-section of stakeholders. The NSP 2016-2020 has been developed to guide the country's efforts towards the achievement of the HIV-related Sustainable Development Goals (SDGs). It is aligned to the 90-90-90 fast-track targets aimed at ensuring that 90% of Persons Living with HIV know their HIV status, 90% of PLHIV who know their HIV status are placed on sustained treatment, and 90% of Persons Living with HIV on sustained treatment achieve viral suppression.

The NSP 2016–2020 identifies five (5) High Impact activities with associated strategies and output results. These are evidence-based internationally accepted interventions that contribute to the prevention of new HIV infections and reduction of AIDS-related morbidity and mortality. The High Impact HIV activities are addressed under two broad categories:

(i) Preventing new HIV infections, and

(ii) HIV Treatment and Care.

The sub-section on Preventing New HIV infections includes:

(a) Targeted Behaviour Change Interventions;

(b) Key Populations(KPs) HIV Programme;

(c) Condom Promotion and Distribution, and

(d) Prevention of Mother-to-Child Transmission of HIV.

The sub-section on HIV Treatment and Care comprises

(a) Treatment and Care for HIV and AIDS.

2. Methods:

The methods employed in gathering data for the GAM 2018 report included desk review, data collection using standardized data collection tools, key informant interviews and stakeholder engagements.

2.1 Desk review**:** Background documents on the HIV epidemic and response in Ghana and relevant international documents were reviewed. Documents included:

a. Strategic documents; National Strategic Plan 2016 – 2020.
b. Programmatic Reports: Ghana AIDS Commission's Monitoring and Evaluation Reports, National AIDS Control Programme, Annual reports,
c. Specialized surveys in specific population groups, Programmatic data, National Estimates Report (Draft)

2.2 Key Informant Interviews were conducted with Ghana AIDS Commission (GAC), National AIDS Control Programme (NACP), Key Ministries Departments and Agencies, NGOs, UN agencies, Bilateral Partners, other development partners, CCM, private sector organizations among others.

2.3 Data collection was facilitated using the provided GAM data collection tools.

2.4 Stakeholder consultation**:** A stakeholder workshop was organized with participants from the Key Ministries, UN agencies, bilateral and multilateral development partners and the civil society organizations reviewed the various aspects of the HIV response to validate the draft report. A draft Country Global AIDS Monitoring (GAM) report of data collected was prepared and presented at a stakeholder **validation forum** on 24th April 2018 for validation and consensus building under the leadership of the GAC Research, Monitoring and Evaluation (RM&E) Division. Feedback from the consultative forum was used to finalize the report.

3.0 Status of the HIV Epidemic

The Human Immunodeficiency Virus (HIV) disease in Ghana continues to be a generalized epidemic with a prevalence of more than 1% in the general population. Surveillance on HIV forms a critical component in the national response to the epidemic. Ghana as a country conducts the annual HIV sentinel surveys (HSS) among antenatal clinic attendants. The HSS is initiated based on the premise that prevalence of HIV among pregnant women is a good proxy indicator. The median HIV prevalence (as determined by the HIV Sentinel Survey (HSS)) in 2017 was 2.1% (95% CI 1.9 – 2.3).

HIV prevalence is projected to drop gradually from 1.85% in 2013 to 1.67% in 2017 (Figure 1). It is projected to drop further to 1.51% in 2022.

From the 2017 national estimates, the estimated adult national HIV prevalence is 1.67% (95%CI: 1.36% – 2.00%), with the number of people living with HIV and AIDS estimated at 313,063 (approx., 310,000) persons out of which 28,203 (9%) of them were children between the ages of 0-14 years. There were 19,101 cases of new HIV infections with 3,422 of them being children. The 15 – 24-year group accounted for 5,557 (≈ 5,600) of the new infections. However, the estimated number of annual AIDS deaths was 15,694 out of which 2,902 were children aged 0-14 years.

A summary of the HIV and ART situation in 2017 is given in the tables 1and 2 below according to the latest national estimates.

Table 1: National HIV Prevalence Estimates, 2017

Year 2017	Lower 2.50%	Median 50%	Upper 97.50%
HIV Adults + Children	260,872	313,063	369,604
HIV Population – Adults 15+	237,759	284,860	335,845
HIV Population – Children (0 -14)	20,601	28,203	33,980
HIV prevalence- Adults (15-49)	1.36	1.67	2.00
Number of new HIV infections	14,990	19,101	23,893
New HIV infections- Adults (15+)	12,287	15,678	19,816
New HIV infections- children	1,976	3,422	4,650
HIV incidence- Adults	0.54	0.68	0.86
Total AIDS deaths	12,374	15,694	19,113
Annual AIDS deaths- Adults (15+)	9,918	12,792	15,753
Annual AIDS deaths- Children (0-14)	1,877	2,902	3,698
Annual AIDS deaths- adults (15-24)	465	790	1,280
Annual AIDS deaths:-children (1-4)	822	1,316	1,720
Need for ART- Adults 15+ (Dec 31)	237,759	284,860	335,845
Need for ART- children (0-14) (Dec 31)	20,343	27,737	33,293
Mothers needing PMTCT	10,578	18,263	24,246
AIDS orphans	157,710	186,059	215,170
HIV population (15-49)	196,870	240,963	289,668
HIV 15+ females	160,653	190,179	224,506
New HIV infections- Males 15-24	172	1,175	1,719
New HIV infections- Females 15-24	2,351	4,382	6,306

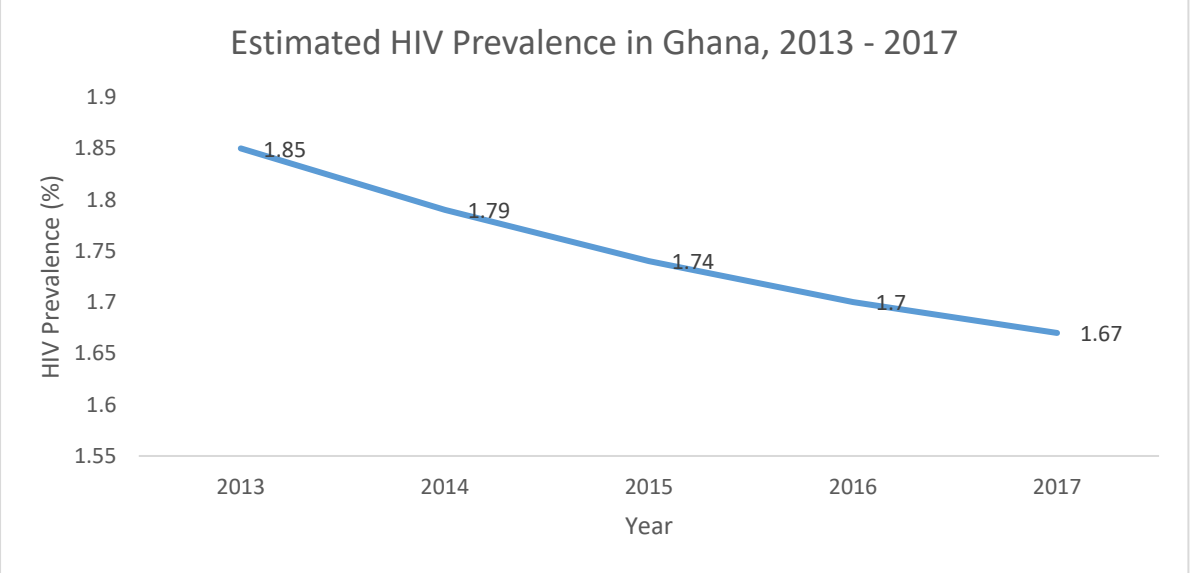
Table 2: Summary of HIV and ART situation in Ghana, 2012-2017

Year	HIV Population		New Infections	Need for ART (15+)	Need for ART (0-14)	Annual AIDS Deaths	
	Total	Children				Total	Children
2012	309,445	30,018	19,013	194,344	16,148	17,345	3,131
2013	309,918	30,061	19,247	198,330	16,484	16,891	3,105
2014	310,118	29,886	19,281	212,827	18,216	17,144	3,602
2015	310,803	29,799	19,568	215,687	24,573	16,889	2,930
2016	311,770	29,234	19,431	219,049	28,872	16,462	2,891
2017	313,063	28,203	19,101	284,860	27,737	15,694	2,902

The HIV population among children show a decline from 30,018 in 2012 to 28,203 in 2017. This is partly due to the expected reduction in new child infections through PMTCT interventions.

Over all HIV population is estimated to increase slowly from 309,445 in 2012 to 313,063 in 2017. This increase of 1.2% over the period is expectedly due to increased survival resulting from widespread use of ART over a decade.

Figure 1: Estimated HIV Prevalence in Ghana, 2013-2017



4.0 COMMITMENTS

4.1 COMMITMENT 1: Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020:

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.

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 have sex with men but is yet to be conducted in the general population. There has been a 33% increase in the number of people tested from 955,674 in 2015 to 1,271,347 in 2017.

Table 3: Number of people tested for HIV, 2015-2017, Ghana

	2015	2016	2017
Total Tested	955,674	1,023,048	**1,271,347**
Male Tested	107,435	146,076	179,677
Female Tested	848,239	876,972	1,091,670
Males positive	11,141	13,518	14,422
Females positive	34,722	43,428	44,838
Total Positive	45,863 **(4.8%)**	56,946 **(5.6%)**	59,260 **(4.7%)**

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). 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. The 2017 NACP Service data indicates that approximately 40% (125,667 / 313,063) people are currently on antiretroviral treatment (ART) with approximately 5% (6502 / 125,667) of them being under 15 years of age. Forty-two percent of these people on ART are in the Greater Accra and Ashanti region with the rest distributed in the other regions in the country. Out of these 125,667 people on ART, 21% of them (26,969) were newly initiated on ART during the current reporting year.

It has been estimated that number of children (0-14) needing ART will rise from 16,484 in 2013 to a peak of 28,872 in 2016 and eventually decline to 21,921 in 2022 (Figure 2). However, it is estimated that there will be a consistent rise in the children receiving ART from 3, 907 in 2013 to 20,825 in 2022. Hence the unmet need is expected to shrink over time.

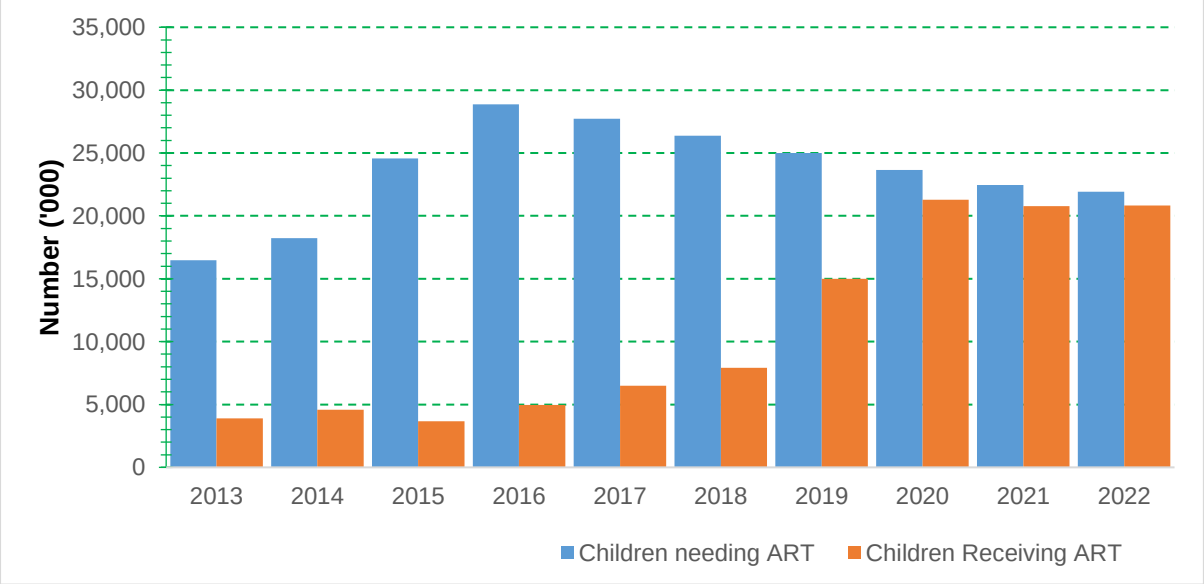


Figure 2: Children 0-14 Needing and Receiving ART

4.1.3 Retention in Care:

A total of 125,667 PLHIV were on ART in 2017. For the year under review, 93% of adults and children living with HIV were retained in care 12 months after start of ART. This was a little improvement compared to the figure of 91% retained in care in 2016 (Figure 3).

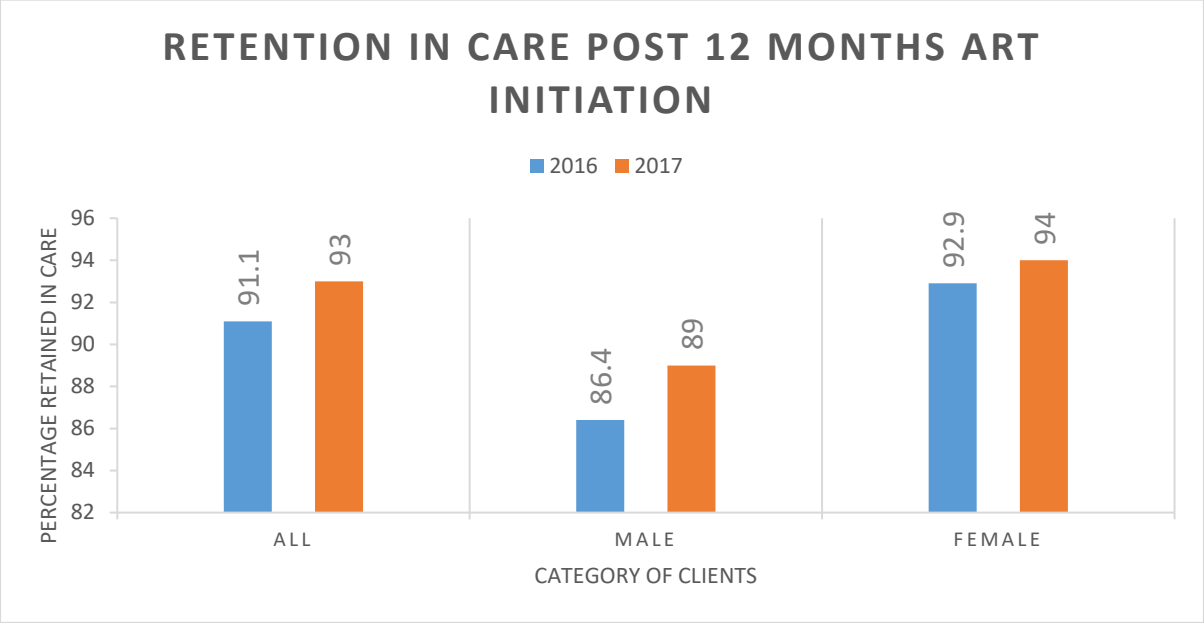


Figure 3: Retention in Care Post Twelve Months ART Initiation, 2016-2017

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. However, for the 2017 reporting period, 36,780 people living with HIV were tested for viral suppression out of which **51%** (18729 / 36,780) had test results indicating they had suppressed viral loads (≤1000 copies/mL). Thus the proportion tested. Data on viral load suppression is currently not disaggregated by sex or age. Due to the adoption of the treat all policy and the use of viral load for monitoring people on ART, CD4 count measurements are no more carried out.

4.1.5 Antiretroviral Medication Stock-out:

In the year 2017, 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. There was no total stockout of ARVs. However, there were shortage of either one type of ARVs (eg Abacavir or Tenofovir). But there were other alternatives available to replace those that were not available)

However, alternative antiretroviral formulations are made available for use at any particular point in time when the desired formulations were unavailable.

For improvement in treatment of HIV and also the access to treatment, there is ongoing scaling up of ART sites as well as accreditation and certification of ART sites. The following strategies are being carried out or strengthened:

1. Initiation of ART for adolescents and adult patients irrespective of CD4 count.
2. Follow up of patients on ART using multi-modal approaches.
3 Improve referrals from HIV testing sites to treatment sites.
4. Improve HIV and AIDS Commodity Security (HACS).
5. Viral load monitoring and resistance testing.
6. Conduct Cohort Studies - 12, 24, 36, 48 and 60 months after initiation of ART.

Ghana also has national policies on retention in antiretroviral therapy as well adherence support. There is a need to strengthen existing interventions such as community-based interventions, adherence clubs, peer support, text messages, use of reminder devices, peer counsellors, use of fixed-dose combinations and once-daily regimens, case management and peer navigation.

Although the country has systems in place to monitor antiretroviral drug resistance, it is yet to carried out HIV drug resistance (HIVDR) surveillance according to the WHO protocols in recent times.

4.1.6 AIDS Mortality:

In 2017, a total of 15,694 people died from AIDS-related causes giving a rate of 54.2 deaths per 100,000 population. Out of these, 9.76 per 100,000 were aged 15-49 years (Figure 4).

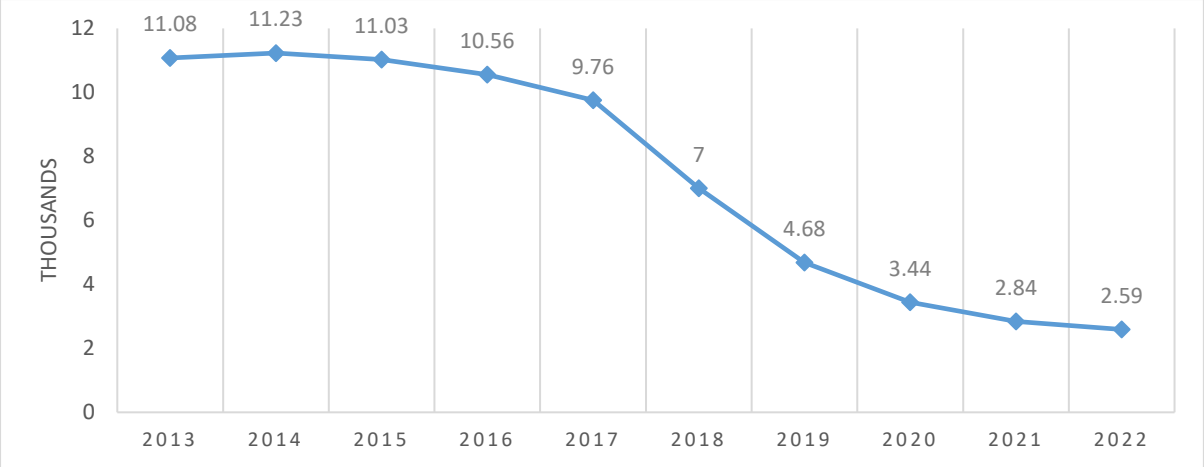


Figure 4: Estimated Annual AIDS Deaths (15-49 Years) in Ghana, 2013 – 2022.

Death is more likely to occur amongst clients who are not on ART than those on ART. This is shown clearly in Figure where the projected annual number of deaths of clients on ART is relatively far lower than those not on ART for the period 2013 to 2018. From 2019 to 2022, the reverse is true: it is projected that deaths among clients not on ART will be fewer than those on ART (Figure 5). This should be due to the projected significant increase in ART coverage.

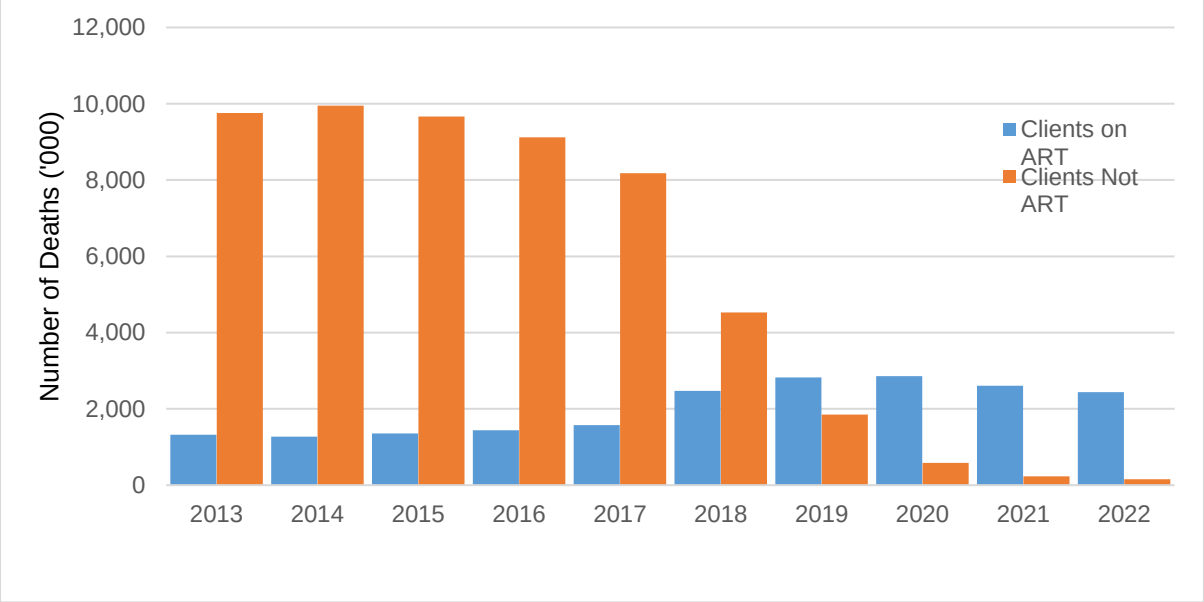


Figure 5: Annual AIDS Deaths for Clients on ART and Clients not on ART (15-49)

4.2 COMMITMENT 2: Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018:

4.2.1 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 from 2697 to 3750 in the year 2017. 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 impact of implementation of these strategies will be a reduction in the number of children (0-14 years) living with HIV from 2,197 in 2015 to 440 by 2020.

The number of pregnant women living with HIV who delivered and received antiretroviral medicines during year 2017 to reduce the risk of the mother-to-child transmission of HIV during pregnancy and delivery was 10,568. PMTCT coverage is projected to increase from 65.97% in 2017 to 100% in 2020 and sustained through to 2022.

The unmet need for PMTCT is projected to reduce gradually so that there will be no unmet need from 2020 onward. This is because most mothers are projected to receive PMTCT services as displayed in Figure 6.

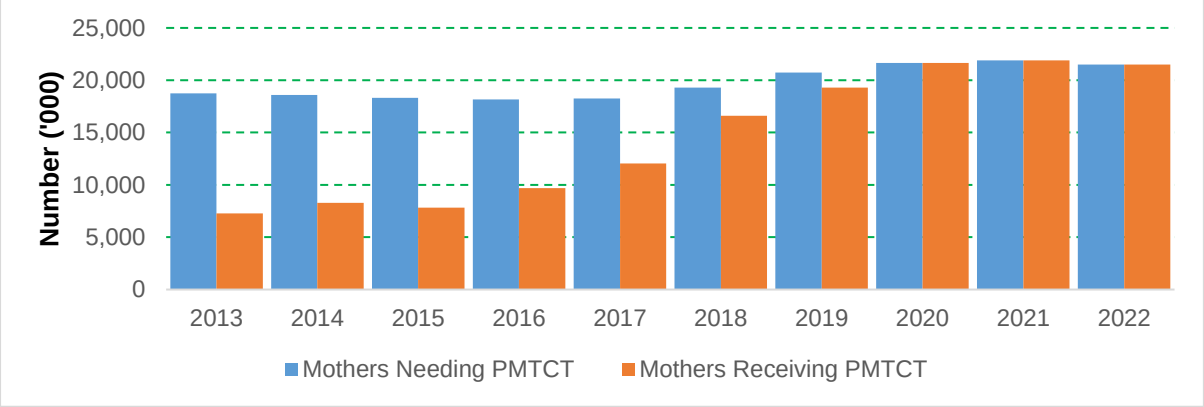


Figure 6: Mothers Needing and Receiving PMTCT

Table 4: PMTCT Summary

PMTCT summary						
	2017	2018	2019	2020	2021	2022
Mothers needing PMTCT	18,263	19,296	20,740	21,660	21,904	21,512
Mothers receiving PMTCT	12,048	16,595	19,288	21,660	21,904	21,512
Option B+: ART started before current pregnancy	1,480	7,525	12,340	17,328	18,071	18,285
Option B+: ART started during current pregnancy > 4 weeks before delivery	10,568	9,069	6,948	4,332	3,833	3,227
PMTCT coverage	65.97	86.00	93.00	100.00	100.00	100.00
PMTCT coverage of more efficacious regimens	65.97	86.00	93.00	100.00	100.00	100.00
MTCT rate at 6 weeks	10.47	6.69	5.19	3.74	3.67	3.57
Final transmission rate including breastfeeding period	18.74	13.29	10.76	8.19	7.75	7.50
Number of HIV+ breastfeeding women at 3 months	18,263	19,296	20,740	21,660	21,904	21,512
Number of HIV+ breastfeeding women at 12 months	17,624	18,621	20,014	20,902	21,138	20,759
Number of new child infections due to mother-to-child transmission						
Total	3,422	2,564	2,232	1,773	1,698	1,614
Male	1,754	1,314	1,143	908	870	827
Female	1,669	1,250	1,088	865	828	787
Treatment coverage for HIV+ pregnant women	65.97	86.00	93.00	100.00	100.00	100.00
Number of infants diagnosed with HIV	8,082	839	888	811	805	769

4.2.2 Early Infant Diagnosis:

Forty-four percent of infants born to women living with HIV were tested for HIV within 2 months of birth. This was an improvement compared to 30.6% of infants tested in 2016 (Table 4).

Regional Dried Spot (DBS) collection training for staff of health facilities have been organized in a quest to make gains in the national coverage of Early Infant Diagnosis (EID) and thus the need to strengthen EID interventions. 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 5: Early Infant Diagnosis in Ghana, 2016-2017

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

4.2.3 Syphilis Coverage:

Forty-five percent of women accessing antenatal care services were tested for syphilis at any visit out of which 3% of them had a positive (reactive) syphilis serology. Of those who had a positive syphilis serology, 91% (11776 / 12883) of them received adequate treatment (Table 5). Unavailability of syphilis test kits at the health facilities was the major reason why the numbers tested for syphilis was far lower compared to figures from 2016.

Table 6: Syphilis Testing among women attending antenatal care services, 2016-2017

Indicator	2016	2017
Percentage of women accessing antenatal care services who were tested for syphilis at any visit	**77.6%**	**44.6%**
Number of antenatal care attendees who were tested for syphilis at any visit	603465	420,681
Number of women attending antenatal care services who tested positive for syphilis	13,136	12,883
Number of antenatal care attendees with a positive syphilis test who received treatment	13,136 (100%)	11,776 (91%)
Number of women attending antenatal care services	777,886	942,149

The test type(s) for syphilis generally used in Ghana to define positivity for syphilis in pregnant women are non-treponemal (RPR, VDRL) and treponemal (rapid tests, TPPA).

With regards to infants and children living with HIV, there are no age cut-off policy for antiretroviral treatment. All infants and children living with HIV are to be treated irrespective of symptoms and this is being implemented countrywide.

4.3 COMMITMENT 3. 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:

4.3.1 Key populations:

One of the priority areas in the NSP 2016-2020 is accelerating HIV programming for key populations in hotspots and high burden areas nationwide. The recommendations from the 2016 WHO Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations been fully included in the national HIV policy. 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.

Injecting drug use is thought to be low and the country's harm reduction interventions presently do not include needle exchange programmes. There are also no opioid substitution therapy (OST) programmes operational in our prisons. Thus, the Behavioural Change interventions are the main approaches to reducing transmission of HIV in these population in the NSP 2016-2020.

The behavioural change intervention (BCI) results that will contribute to the total impact of reduced new HIV infections are:

• Reduced incidence of sexual transmission of HIV among adult females and males in the general population;

• Reduced incidence of sexual transmission of HIV among key populations including female and male sex workers, transgender, men who have sex with men (MSM), and people who inject drugs (PWIDs); and

• Reduced incidence of HIV transmission through sharing of needles and other risky behaviours among persons who inject drugs (PWIDs).

Condom and Lubricant distribution are carried out for key populations and vulnerable populations such as prisoners 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.

Ghana has laws specifying protections based on grounds of sexual orientation. These include:

- Constitutional prohibition of discrimination based on sexual orientation
- Hate crimes based on sexual orientation considered an aggravating circumstance,
- Incitement to hatred based on sexual orientation prohibited
- Prohibition of discrimination in employment based on sexual orientation

Currently, pre-exposure prophylaxis (PrEP) in not available in the country and there is no policy on it.

4.4 COMMITMENT 4: Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020:

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, 19998 (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 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.

4.5 COMMITMENT 5: 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:

Ghana launched a National Condom and Lubricant Strategy (NCLS) in September 2015. The NSP 2016-2020 will support and use the NCLS as the basis for its Condom Promotion and Distribution interventions. As such the NSP 2016-2020 will collaborate with other programmes that need condoms to ensure that good quality condoms are available all the time to all sectors. The NSP 2016-2020 seeks to integrate condom promotion, distribution and use with the Sexual and Reproductive Health and Family Planning programme, the Adolescent Health Programme, the STI programme and Key population programmes in the country.

There are existing education policies according to international standards that guide the delivery of life skills-based HIV and sexuality education to adolescents and young women.

Young people (15-24 years) are consistently involved in decision-making spaces in the national HIV Response as they form part of the teams. Some of these teams include technical teams for the development, review and update of national AIDS strategies and plans, technical teams for the development or review of programmes that relate to young people's access to HIV testing, treatment, care and support services, Expanded UN Joint Teams on AIDS, the Ghana AIDS Commission and Civil society coordination spaces of populations most affected by HIV.

4.6 COMMITMENT 6: Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020:

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.

4.7 COMMITMENT 7: Ensure that at least 30% of all service delivery is community-led by 2020:

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.

As the principal recipient of the Global Fund Grant, the GAC worked with WAPCAS and WAAF.

4.8 COMMITMENT 8: Ensure that HIV investments increase to US$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers:

The available data on funding for HIV activities and their sources for the year 2017 is as follows:

Table 7: Distribution of International sources for HIV interventions

	International Sources		
	PEPFAR	**GLOBAL FUND**	**TOTAL**
1. Treatment, care and support (sub-total)	**925926.0**	**8288180.6**	**9214106.6**
1.1.HIV testing and counselling (HTC)	721036.0	35280.0	756316.0
1.2. Antiretroviral treatment (sub-total)	11260.0	6723568.3	6734828.3
1.3. Specific HIV-related laboratory monitoring (CD4, viral load)	193630.0	1529332.2	1722962.2
2.0. Prevention of vertical transmission of HIV (sub-total)	**1960.0**	**564074.0**	**566034.0**
2.1. HIV testing and counselling (HTC) for pregnant women	0.0	0.0	0.0
2.2 Early infant diagnosis (EID)	1960	528794.0	530754.0
2.3 Antiretroviral treatment to reduce vertical transmission of HIV	0.0	35280.0	35280.0
3.0 Prevention (sub-total)	**2908380.0**	**0.0**	**2908380.0**
3.1 Social and behavior change (SBC) programmes	154102.0	0.0	154102.0
3.2 Prevention, promotion of testing and linkage to care programmes for gay men and other men who have sex with men (MSM)	1453436.0	0.0	1453436.0
3.3 Prevention, promotion of testing and linkage to care programmes for sex workers and their clients	1300842.0	0.0	1300842.0
4.0 Social protection	**4201.0**	**0.0**	**4201.0**
5.0 Governance and sustainability (sub-total)	**3958318.0**	**0.0**	**3958318.0**
5.1 Planning and coordination	1897531.0	0.0	1897531.0
5.2 Health systems strengthening	2060787.0	0.0	2060787.0

Of the $16,651,039.6 that was spent, the country used 55.3% of the resources for treatment, care and support; 23.8% on Governance and Sustainability; 17.5% for prevention and 3.4% for prevention of vertical transmission.

4.9 COMMITMENT 9: 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:

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.

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.

4.10 COMMITMENT 10: 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:

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
- HIV counselling and testing integrated in TB services
- TB screening in HIV services

To combat HIV/AIDS, some interventions on co-infection have being 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.

The country mandates that all births and deaths be reported to the civil registration and vital statistics system. However, this has been a big challenge as the completeness of reporting is never 100%. For the year of reporting, the completeness of reporting deaths was 17% whilst that for birth was 67% from the annual report of the country's birth and death registry.

5.0 RECOMMENDATIONS

- 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.

6.0 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. In terms of the HTC program there has been an increase in the number of people tested and strategies and activities employed must be sustained and improved upon. The 90% set target for persons tested and received results could easily be achieved barring a prolonged stock-out of test kits.

The 2017 NACP Service data indicated that only 40% of PLHIV are currently on antiretroviral treatment (ART) which is lower than the set target of 90%. For viral load suppression figures for the 2017 reporting period, only 51% of viral load tests done showed suppressed viral loads (≤1000 copies/mL). This was not specific to the 40% PLHIV newly initiated on ART in the year 2017 as some of the viral load tests done could be for PLHIV already initiated on ARTs in preceding years or even for patients yet to be initiated on ART.

Early infant diagnosis uptake is still low although there is gradual improvement in the uptake. More capacity building trainings 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 number of people tested for STI saw a decline due to the unavailability of test kits. Adequate funding will need to be sought to obtain test kits to improve on the STI screening services for clients. 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.

GAM National Commitments and Policies Index (GAM) reporting 2018

National Commitments and Policy Instrument: Part A

2017 GAM Report for the period ending December 2016

* The guidelines for the National Commitments and Policy Instrument define the terms marked with an asterisk (*).

1. Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020

-Commit to the 90–90–90 targets

-Address regulations, policies and practices that prevent access to safe, efficacious and affordable generic medicines, diagnostics and related health technologies, including by ensuring the full use of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities, and strengthen regional and local capacity to develop, manufacture and deliver quality-assured affordable health products.

HIV testing

1. Which of the following HIV testing approaches are used in your country (please select all that apply):
   - Client-initiated testing and counselling
   - Provider-initiated testing and counselling
   - Routine antenatal testing

National Commitments and Policy Instrument: Part A

2018 GAM Reporting for the period ending December 2017

* The guidelines for the National Commitments and Policy Instrument define the terms marked with an asterisk (*).

1. Ensure that 30 million people living with HIV have access to treatment through meeting the 90–90–90 targets by 2020

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HIV testing

1.Which of the following HIV testing approaches are used in your country (please select all that apply):

- Client-initiated testing and counselling
- Provider-initiated testing and counselling
- Routine antenatal testing

NCPI for the period ending December 2016

- Community-based testing and counselling
- Home testing
- Lay provider testing
- Self-testing
- Assisted partner notification

2. Has your country adapted the recommendations from the 2015 WHO *Consolidated guidelines on HIV testing services* in a national process on testing guidelines?
   - Yes, fully
   - Yes, partially
   - No
   - Don't know
3. Has your country adopted or included HIV self-testing as a national policy or plan?
   - Yes
   - No

3.1 If yes, is HIV self-testing implemented?

- Yes
- No

3.2 If no, does it have plans to include self-testing in its national policy in the future?

- Yes
- No

3.2a If yes, please indicate the year in which self-testing is planned to be included:

- No planned year

NCPI for period ending December 2017

- Community-based testing and counselling
- Home testing
- Lay provider testing
- Self-testing
- Assisted partner notification
- Other index case based testing (e.g. family, social network contacts)

2.Has your country adapted the recommendations from the 2015 WHO *Consolidated guidelines on HIV testing services* in a national process on testing guidelines?

- Yes, fully
- Yes, partially
- No
- Don't know

3.Has your country adopted or included HIV self-testing as a national policy or plan?

- Yes
- No

3.1 If yes, is HIV self-testing implemented?

- Yes
- No

3.2 If no, does it have plans to include self-testing in its national policy in the future?

- Yes
- No

NCPI for the period ending December 2016

- 2016
- 2017
- 2018
- 2019
- 2020

4. Has your country included assisted HIV partner notification in its national policy?
   - Yes
   - No

4.1 If no, does it have plans to include assisted HIV partner notification in its national policy in the future?

- Yes
- No

4.1a If yes, please indicate the year in which assisted HIV partner notification is planned to be included?

- No planned year
- 2016
- 2017
- 2018
- 2019
- 2020

5. Does your country have a policy specifying that HIV testing will be provided:
   - Free to all
   - Free to some

NCPI for period ending December 2017

3.2a If yes, please indicate the year in which self-testing is planned to be included:

- No planned year
- 2016
- 2017
- 2018
- 2019
- 2020

4.Has your country included assisted HIV partner notification in its national policy?

- Yes
- No

4.1 If no, does it have plans to include assisted HIV partner notification in its national policy in the future?

- Yes
- No

4.1a If yes, please indicate the year in which assisted HIV partner notification is planned to be included?

- No planned year
- 2016
- 2017
- 2018
- 2019
- 2020

NCPI for the period ending December 2016

- At a cost

6. Is there a law, regulation or policy specifying that HIV testing:
   a) Is solely performed based on voluntary and informed consent
      - Yes
      - No

   b) Is mandatory before marriage
      - Yes
      - No

   c) Is mandatory to obtain a work or residence permit
      - Yes
      - No

   d) Is mandatory for certain groups
      - Yes
      - No

   d.i. If yes, please specify these groups _____

7. Does your country have national policies and/or strategies on linking HIV testing and counselling and enrolment with care:
   - Yes
   - No

7.1 If yes, do they include (please select all that apply):
   - Streamlined interventions (enhanced linkage, disclosure, tracing)

NCPI for period ending December 2017

5.Does your country have a policy specifying that HIV testing will be provided:

- Free to all
- Free to some
- At a cost

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

a)Is solely performed based on voluntary and informed consent

- Yes
- No

b)Is mandatory before marriage

- Yes
- No

c) Is mandatory to obtain a work or residence permit

- Yes
- No

d)Is mandatory for certain groups

- Yes
- No

d.i. If yes, please specify these groups _____

NCPI for the period ending December 2016

- Peer support and patient navigation approaches
- Quality improvement approaches
- CD4 testing at the point of care
- Others: please specify _____

Antiretroviral therapy

8. Has your country adapted the recommendations from the 2016 WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection* in a national process?

- Yes, completed
- Ongoing
- No
- Other: please comment: _____

9.What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per Ministry of Health (MOH) guidelines or directive

- TREAT ALL regardless of CD4 count
- ≤500 cells/mm^3
- ≤350 cells/mm^3
- Other: please specify: _____

9.1 What is the status of implementing the CD4 threshold selected above?:

- Implemented in few (<50%) treatment sites
- Implemented in many (>50%) treatment sites

NCPI for period ending December 2017

7.Does your country have national policies and/or strategies on linking HIV testing and counselling and enrolment with care:

- Yes
- No

7.1If yes, do they include (please select all that apply):

- Streamlined interventions (enhanced linkage, disclosure, tracing)
- Peer support and patient navigation approaches
- Quality improvement approaches
- CD4 testing at the point of care
- Others: please specify _____

Antiretroviral therapy

8. Has your country adapted the recommendations from the 2016 WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection* in a national process?

- Yes, completed
- Ongoing
- No
- Other: please comment: _____

9.What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per Ministry of Health (MOH) guidelines or directive

NCPI for the period ending December 2016

- Implemented countrywide
- Not implemented in practice
- Other: please specify: _____

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

- Yes
- No

11.Is antiretroviral therapy provided in community settings (such as outside health-facilities) for people who are stable on antiretroviral therapy in your country?

- Yes
- No

12.Does your country have a national policy on the frequency of clinic visits for people who are stable on antiretroviral therapy?

- Yes
- No

12.1 If yes, please specify the frequency of clinic visits in the national policy:

- Once a month
- Every 3 months

NCPI for period ending December 2017

- No threshold; TREAT ALL regardless of CD4 count
- ≤500 cells/mm^3
- ≤350 cells/mm^3
- Other: please specify: _____

9.1 What is the status of implementing the CD4 threshold selected above?:

- Implemented in few (<50%) treatment sites
- Implemented in many (>50%) treatment sites
- Implemented countrywide
- Not implemented in practice
- Other: please specify: _____

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

- Yes
- No

11.Is antiretroviral therapy provided in community settings (such as outside health-facilities) for people who are stable on antiretroviral therapy in your country?

- Yes
- No

NCPI for the period ending December 2016

- Every 6 months
- Every 12 months

13.Which of the following service provision modalities are included in the national policy on antiretroviral therapy for adults, adolescents and children (please select all that apply):

- Tuberculosis (TB) service providers provide antiretroviral therapy in TB clinics
- Antiretroviral therapy providers provide TB treatment in antiretroviral therapy settings
- Maternal, newborn and child health service providers provide antiretroviral therapy in maternal, newborn and child health (MNCH) clinics
- Nutrition assessment, counselling and support provided to malnourished people living with HIV
- Antiretroviral therapy provided in settings providing opioid substitution therapy
- Primary health care providers provide antiretroviral therapy in primary health care settings
- Patient support
- Antiretroviral therapy delivered in the community as part of a differentiated care model
- Antiretroviral therapy providers carry out cardiovascular disease screening and management
- Antiretroviral therapy providers carry out mental health screening and treatment
- Other: please specify _____

Antiretroviral therapy regimens

NCPI for period ending December 2017

12.Does your country have a national policy on the frequency of clinic visits for people who are stable on antiretroviral therapy?

- Yes
- No

12.1 If yes, please specify the frequency of clinic visits in the national policy:

- Once a month
- Every 3 months
- Every 6 months
- Every 12 months

13.Which of the following service provision modalities are included in the national policy on antiretroviral therapy for adults, adolescents and children (please select all that apply):

- Tuberculosis (TB) service providers provide antiretroviral therapy in TB clinics
- Antiretroviral therapy providers provide TB treatment in antiretroviral therapy settings
- Maternal, newborn and child health service providers provide antiretroviral therapy in maternal, newborn and child health (MNCH) clinics
- Nutrition assessment, counselling and support provided to malnourished people living with HIV
- Antiretroviral therapy provided in settings providing opioid substitution therapy
- Primary health care providers provide antiretroviral therapy in primary health care settings
- Patient support

NCPI for the period ending December 2016

Adults and adolescents

14. Are TDF/3TC or (FTC)/EFV the preferred first-line ARV combinations for treatment initiation in national guidelines, among:

a) Adults and adolescents

- Yes
- No
- Other: please specify _____

b) Pregnant women

- Yes
- No
- Other: please specify _____

15.Does your country use fixed-dose (FDC) antiretroviral therapy combinations as the preferred first-line therapy (please select all that apply):

- Yes, 3 drugs fixed-dose combination taken once a day
- Yes, 2-drug, fixed-dose combination + 1 other drug
- No
- Other: please specify _____

16.Is AZT/3TC (or FTC)/ATV/r (or LPV/r) the preferred second-line ARV combination for adults and adolescents with HIV in the national guidelines?

- Yes
- No

NCPI for period ending December 2017

- Antiretroviral therapy delivered in the community as part of a differentiated care model
- Antiretroviral therapy providers carry out cardiovascular disease screening and management
- Antiretroviral therapy providers carry out mental health screening and treatment
- Other: please specify _____

Antiretroviral therapy regimens

Adults and adolescents

14. Are TDF/3TC or (FTC)/EFV the preferred first-line ARV combinations for treatment initiation in national guidelines, among:

a) Adults and adolescents

- Yes
- No
- Other: please specify _____

b) Pregnant women

- Yes
- No
- Other: please specify _____

- Other: please specify _____

Viral load

17.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
- Yes, partially implemented
- Yes, but not implemented
- No, targeted viral load testing only
- No policy on viral load testing

b) For children

- Yes, fully implemented
- Yes, partially implemented
- Yes, but not implemented
- No, targeted viral load testing only
- No policy on viral load testing

17.1If your country has a national policy on routine viral load testing, what is the frequency of testing for viral suppression recommended in national policy?

- Annual
- Episodic
- Both annual and episodic

15.Does your country use fixed-dose (FDC) antiretroviral therapy combinations as the preferred first-line therapy (please select all that apply):

- Yes, 3 drugs fixed-dose combination taken once a day
- Yes, 2-drug, fixed-dose combination + 1 other drug
- No
- Other: please specify _____

16.Is AZT/3TC (or FTC)/ATV/r (or LPV/r) the preferred second-line ARV combination for adults and adolescents with HIV in the national guidelines?

- Yes
- No
- Other: please specify _____

Viral load

17.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
- Yes, partially implemented
- Yes, but not implemented
- No, targeted viral load testing only
- No policy on viral load testing

NCPI for the period ending December 2016

- Other: please specify 6mths after ART initiation, annually _____

18.Where is viral load testing currently available in your country?

- Available at specialized centres only
- Available at antiretroviral therapy facilities, either on-site or by referral
- Other (please specify) _____

19.Excluding passive pharmacovigilance approaches, does your country make an ongoing systematic effort to monitor the toxicity of antiretroviral medicines in the country?

- Yes
- No

20.What is the current nationally recommended regimen for preventing the mother-to-child-transmission of HIV, in accordance with Ministry of Health guidelines or directives:

- Treat All pregnant women / breastfeeding women for life
- HAART during pregnancy and breastfeeding only
- Other: please specify regimen _____

20.1 If your country is applying a TREAT ALL policy for pregnant and breastfeeding women living with HIV, how is it being implemented?

- Implemented in a small number (<50%) of maternal and child health (MCH) sites
- Implemented in a large number (>50%) of MCH sites
- Implemented countrywide
- Not implemented in practice

NCPI for period ending December 2017

b)For children

- Yes, fully implemented
- Yes, partially implemented
- Yes, but not implemented
- No, targeted viral load testing only
- No policy on viral load testing

17.1If your country has a national policy on routine viral load testing, what is the frequency of testing for viral suppression recommended in national policy?

- Annual
- Episodic
- Both annual and episodic
- Other: please specify _____

18.Where is viral load testing currently available in your country?

- Available at specialized centres only
- Available at antiretroviral therapy facilities, either on-site or by referral
- Other (please specify) _____

19.Excluding passive pharmacovigilance approaches, does your country make an ongoing systematic effort to monitor the toxicity of antiretroviral medicines in the country?

- Yes
- No

- Other

Community engagement in the prevention of mother-to-child transmission of HIV

22.Are there targeted interventions to ensure that any of the following human rights considerations are addressed as part of PMTCT programmes (please select all that apply):

- o Voluntary and informed consent as sole basis for testing and/or treatment for HIV
- o Voluntary and informed consent as sole basis for abortion, contraception and/or sterilization of women living with HIV
- o Confidentiality and privacy
- o Prevention of grave or systematic human rights abuses* as part of PMTCT programmes
- o Due diligence to address any human rights abuses as part of PMTCT programmes

23.Has a meeting been held at the national level to review PMTCT progress in the past 12 months?

- Yes
- No

23.1 If yes:

a) Were community and civil society represented at the national review meeting?

20.What is the current nationally recommended regimen for preventing the mother-to-child-transmission of HIV, in accordance with Ministry of Health guidelines or directives:

- Treat All pregnant women / breastfeeding women for life
- HAART during pregnancy and breastfeeding only
- Other: please specify regimen _____

20.1 If your country is applying a TREAT ALL policy for pregnant and breastfeeding women living with HIV, how is it being implemented?

- Implemented in a small number (<50%) of maternal and child health (MCH) sites
- Implemented in a large number (>50%) of MCH sites
- Implemented countrywide
- Not implemented in practice
- Other

Community engagement in the prevention of mother-to-child transmission of HIV

22.Are there targeted interventions to ensure that any of the following human rights considerations are addressed as part of PMTCT programmes (please select all that apply):

- o Voluntary and informed consent as sole basis for testing and/or treatment for HIV
- o Voluntary and informed consent as sole basis for abortion, contraception and/or sterilization of women living with HIV

NCPI for the period ending December 2016

- Yes
- No

b) Was the opportunity provided for community and civil society to provide comments?

- Yes
- No

c) Do women living with HIV in your country participate* in developing policies, guidelines and strategies relating to PMTCT?

- Yes
- No

Child ART

24.Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms?

- Yes, with an age cut-off to treat all of <1 years
- Yes, with an age cut-off to treat all of <2 years
- Yes, with an age cut-off to treat all of <5 years
- Yes, with an age cut-off to treat all of <10 years
- Treat All
- Other (please specify)_____

25. Have there been condom stock-outs* in the past 12 months?

NCPI for period ending December 2017

o Confidentiality and privacy

o Prevention of grave or systematic human rights abuses* as part of PMTCT programmes

o Due diligence to address any human rights abuses as part of PMTCT programmes

21. Has a meeting been held at the national level to review PMTCT progress in the past 12 months?

- Yes
- No

23.1 If yes:

a) Were community and civil society represented at the national review meeting?

- Yes
- No

a) Was the opportunity provided for community and civil society to provide comments?

- Yes
- No

b) Do women living with HIV in your country participate* in developing policies, guidelines and strategies relating to PMTCT?

- Yes

a) National stock outs:

- Yes
- No

b) Local stock outs

- Yes
- No

26. How many condoms and lubricants were distributed (that left the central or regional warehouses for onward distribution) in the previous calendar year by type of provider?

a) Male condoms:

Total __36532581

Public __16678397

Private ____0

NGOs __19854184

b) Female condoms:

Total _225015

Public __177812

Private _0

NGOs __47203

- No

Child ART

24.Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms?

- Yes, with an age cut-off to treat all of <1 years
- Yes, with an age cut-off to treat all of <2 years
- Yes, with an age cut-off to treat all of <5 years
- Yes, with an age cut-off to treat all of <10 years
- Treat All
- Other (please specify)_____

25. Have there been condom stock-outs* in the past 12 months?

a) National stock outs:

- Yes
- No

b) Local stock outs

- Yes
- No

26. How many condoms and lubricants were distributed (that left the central or regional warehouses for onward distribution) in the previous calendar year by type of provider?

NCPI for the period ending December 2016

c) Lubricants:

Total _73510

Public __0

Private _0

NGOs __73510

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

Parental and spousal consent for accessing services

27. Does your country have laws requiring parental consent for adolescents to access sexual and reproductive health services?

- Yes, for adolescents younger than 18 years
- Yes, for adolescents younger than 16 years
- Yes, for adolescents younger than 14 years
- No

28. Does your country have laws requiring parental consent for adolescents to access HIV testing?

- Yes, for adolescents younger than 18 years
- Yes, for adolescents younger than 16 years
- Yes, for adolescents younger than 14 years
- No

NCPI for period ending December 2017

a) Male condoms:

Total __

Public __

Private ____

NGOs __

b) Female condoms:

Total _

Public __

Private _

NGOs __

c) Lubricants:

Total _

Public __

Private _

NGOs __

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

NCPI for the period ending December 2016

29. Does your country have laws requiring parental consent for adolescents to access HIV treatment?

- Yes, for adolescents younger than 18 years
- Yes, for adolescents younger than 16 years
- Yes, for adolescents younger than 14 years
- No

30. Does your country have laws requiring spousal consent for married women to access sexual and reproductive health services?

- Yes
- No

31. Does your country have laws requiring spousal consent for married women to access HIV testing?

- Yes
- No

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

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

- Yes and it is being implemented
- Yes but it is not being implemented
- No

NCPI for period ending December 2017

Parental and spousal consent for accessing services

27. Does your country have laws requiring parental consent for adolescents to access sexual and reproductive health services?

- Yes, for adolescents younger than 18 years
- Yes, for adolescents younger than 16 years
- Yes, for adolescents younger than 14 years
- No

28. Does your country have laws requiring parental consent for adolescents to access HIV testing?

- Yes, for adolescents younger than 18 years
- Yes, for adolescents younger than 16 years
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29. Does your country have laws requiring parental consent for adolescents to access HIV treatment?

- Yes, for adolescents younger than 18 years
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30. Does your country have laws requiring spousal consent for married women to access sexual and reproductive health services?

- Yes
- No

NCPI for the period ending December 2016

32.1 If yes:

a) Does it refer to HIV?
- Yes
- No

b) Does it recognize people living with HIV as key beneficiaries?
- Yes
- No

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
- No

d) Does it recognize adolescent girls and young women as key beneficiaries?
- Yes
- No

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?
- Yes
- No

f) Does it address the issue of unpaid care work in the context of HIV?
- Yes

NCPI for period ending December 2017

31. Does your country have laws requiring spousal consent for married women to access HIV testing?
- Yes
- No

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

32. Does the country have an approved social protection* strategy, policy or framework?
- Yes and it is being implemented
- Yes but it is not being implemented
- No

32.1 If yes:

a) Does it refer to HIV?
- Yes
- No

b) Does it recognize people living with HIV as key beneficiaries?
- Yes
- No

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?

NCPI for the period ending December 2016

- No

33. Are representatives of the National AIDS Programme or equivalent included in any social protection* coordination mechanism or platform?

- There is no social protection coordination mechanism or platform
- There is a social protection coordination mechanism or platform but it does not include any representatives of the National AIDS Programme or equivalent
- There is a social protection coordination mechanism or platform and it includes representatives of the National AIDS Programme or equivalent

34. Are any cash transfer programmes for young women aged 15-24 years being implemented in the country?

- Yes
- No

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

35. Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country (please select all that apply)?

- Registration of HIV CSOs is possible
- Registration of CSOs/CBOs working with key populations is possible

NCPI for period ending December 2017

- Yes
- No

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

- Yes
- No

e) Does it recognize people affected by HIV (children and families) as key beneficiaries?

- Yes
- No

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

- Yes
- No

33. Are representatives of the National AIDS Programme or equivalent included in any social protection* coordination mechanism or platform?

- There is no social protection coordination mechanism or platform
- There is a social protection coordination mechanism or platform but it does not include any representatives of the National AIDS Programme or equivalent

NCPI for the period ending December 2016

o HIV services can be provided by CSOs/CBOs

o Services to key populations can be provided by CSOs/CBOs

o Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

36. Are there laws, policies or regulations that enable access to funding for CSOs/CBOs?

o Social contracting or other mechanisms allowing for funding of service delivery by communities from domestic funding

o From international donors

o Other: please specify _____

NCPI for period ending December 2017

- There is a social protection coordination mechanism or platform and it includes representatives of the National AIDS Programme or equivalent

34. Are any cash transfer programmes for young women aged 15-24 years being implemented in the country?

- Yes
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o Social contracting or other mechanisms allowing for funding of service delivery by communities from domestic funding

o From international donors

Other: please specify _____

Additional questions for 2018 GAM Reporting

A.10. Commit to taking AIDS out of isolation through people-centered systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C - Ghana - 2018

Reporting year: 2018

National HIV strategy and monitoring and evaluation

Strategy

1. Does your country have a national strategy or policy that guides the AIDS response?
   - Yes , electronic
   - Yes, paper-based
   - Yes, both
   - No functioning health information system

Routine ANC prevalence

2. Is the country using data from antenatal clinic attendees on the number of women who testing positive for HIV and the number of women already known to be HIV-positive in order to understand trends in HIV prevalence?
   - Yes
   - No

3. Are treatment cascade data available and analysed:

At the district level?

a) Testing (Yes / No)
b) Treatment (Yes / No)
c) Viral load (Yes /No)

For key populations?

a) Testing (Yes / No)
b) Treatment (Yes / No)
c) Viral load (Yes /No)

4. Are treatment cascade data routinely included in the health information system (DHIS2 or others) with a dashboard at the district level?
   - Yes, fully
   - Yes, partially
   - No

5. Has the country updated the patient monitoring system indicators and tools using the 2017 WHO person-centred HIV patient monitoring and case surveillance guidelines?

- Yes, fully
- Yes, partially
- No
- Don't know

Unique identification codes for patients

6. Does the country have a method to identify and remove duplicate health information for patients within and between clinics (such as linking records using unique identifiers and/or personal identifiable information (including biometrics) for the following services?

a) for treatment services (Yes / No)
b) for treatment and testing services (Yes / No)
c) for HIV prevention services (Yes / No)

d) for laboratory services (Yes / No)

Case reporting

7. Is HIV a nationally notifiable condition by law?

- Yes
- No

Mortality

8. Does the country mandate that all deaths be reported to the civil registration and vital statistics system using a standard death report form that includes cause of death?

- Yes
- No

8.1 If "yes", how complete is reporting of death to the civil registration and vital statistics system?

- <25% complete
- 25–50% complete
- 51–75% complete
- >75% complete