



U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

GHANA

Ghana's HIV/AIDS epidemic is spreading more slowly than the epidemics in southern and eastern Africa. Since the first case of HIV/AIDS in Ghana was reported in 1986, prevalence has remained relatively low. While it is too early to conclude the epidemic has reached a plateau, there is an opportunity to put well-targeted interventions in place to reduce HIV transmission.

	<i>Best estimates: 2002 - 2003</i>	<i>2003 Low - High Range</i>
Estimated Adult (15-49) Prevalence	3.4 - 3.6	2.8 - 4.2
Number of Infected Adults (15-49)	336,000 - 352,000	282,000 - 423,000
Number of Infected Children (0-14)	23,500 - 26,000	21,000 - 31,000
Number of AIDS Deaths	26,000 - 29,000	23,500 - 35,300

Source: National AIDS/STD Control Programme, "Estimating National HIV Prevalence," Technical Report, 11/03.

According to the country's National AIDS Control Program, approximately 400,000 adults are currently living with HIV/AIDS. Surveillance data from antenatal sites put the 2002 HIV prevalence at 3.4 percent—more or less constant since standardized estimates began in 1992. UNAIDS numbers from the end of 2001 cite similar, albeit slightly lower, estimates: 360,000 adults and children infected, with an adult prevalence of 3 percent. Although overall levels of infection have remained relatively low, several factors place Ghana at risk for further spread of the disease, such as:

- Lack of information on the most vulnerable populations;
- Inaccurate perceptions of personal risk;
- Marriage practices and gender relations, such as polygamy, early marriage, women's subservience to men;
- Widespread poverty; political instability; and
- Stigma and discrimination toward those living with HIV/AIDS.

HIV prevalence is not uniform across Ghana's regions. In 2002, it ranged from a low of 1.7 percent in the northern region to a high of 6.5 percent in the eastern region. Rates are generally higher in densely populated areas, particularly in regional capitals, such as Kumasi, Koforidua, and Accra. HIV prevalence is also high in mining towns, such as Obuasi and Tarkwa, as well as in border towns and along main transportation routes.



The country's epidemic is primarily spread through heterosexual transmission, which accounts for up to 80 percent of infections. Mother-to-child-transmission accounts for 15 percent of infections. Two-thirds of reported AIDS cases since the beginning of the epidemic have occurred in women. However, recent reports indicate this trend is leveling off. In 2001, about 58 percent of cases were among women. Transmission through other routes, including blood transfusion and contaminated needles, is considered to be low, although little data is available.

HIV prevalence is highest in identified vulnerable populations, such as commercial sex workers. In 1999, prevalence among

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Map of Ghana: PCL Map Collection, University of Texas

commercial sex workers was 77 percent in Accra and 82 percent in Kumasi. Comprehensive correct knowledge about HIV has been found to be low in surveys of commercial sex workers, and reported condom use during last commercial sex is inconsistent, particularly outside of metropolitan areas.

Several other populations are known to have risky behaviors. Forty two percent of professional drivers had higher-risk sex in the last year, and only 56 percent used a condom during last higher-risk sex. Two-thirds of policemen had had sex with nonregular partners during the previous year, but condom use is thought to be high (98 percent during commercial sex, and 83 percent during higher-risk sex). Miners are another identified vulnerable population. Although condom use among miners has increased and sexually transmitted infection incidence decreased, consistent condom use remains low, especially during commercial sex.

National Response

The Government of Ghana first established a National AIDS/STI Control Program in 1987, shortly after the detection of the first HIV/AIDS cases in the country in 1986. The National AIDS/STI Control Program was charged with coordinating the national response, which initially emphasized HIV/AIDS as a medical problem.

Recognizing the multisectoral nature of the disease and the potential threat to the country's socioeconomic development, in September 2000, the Ghana AIDS Commission was established under the leadership of the President. The Ghana AIDS Commission is the coordinating body for all HIV/AIDS-related activities and oversees an expanded response to the epidemic. In this capacity and under the joint direction of the Ministry of Health and the National Population Council, the Ghana AIDS Commission published a National Strategic Framework on HIV/AIDS for 2001–2005.

The Strategic Framework sets targets for HIV/AIDS infection reduction, addresses service delivery needs and individual and societal vulnerability, and promotes the establishment of a multisectoral, multidisciplinary framework for coordinated implementation of HIV/AIDS programs. The framework also sets out goals, objectives, and specific activities for all sectors, including the government and various government ministries, the private sector, nongovernmental organizations, and civil society at large. The framework identifies the following five key intervention areas:

- Prevention of new transmission;
- Care and support for people living with HIV/AIDS;
- Creating an enabling environment for national response;
- Decentralized implementation and institutional arrangements; and
- Research, monitoring, and evaluation.

Other key thrusts of Ghana's response outlined in its strategic framework include blood screening for HIV and increased access to care and support services. The framework also supports the promotion of safe-sex behaviors among most vulnerable populations (out-of-school youth, uniformed services, vulnerable women, commercial sex workers, mobile population, including teachers); outlines efforts to develop an enabling political, legal, economic, and social environment; expands the reach of prevention of mother-to-child transmission and voluntary counseling and testing services; supports antiretroviral procurement and treatment; strengthens the national HIV and sexually transmitted infection surveillance system; and supports orphans and people living with HIV/AIDS.

USAID Strategy

In 2003, the United States Agency for International Development (USAID) provided \$7.0 million for HIV/AIDS programs in Ghana, up from \$5.5 million in 2002. Under its health strategic objective, USAID/Ghana works to ensure the availability of relevant information, commodities, and services. HIV/AIDS funds were first allocated in 1998, and program implementation began in 1999 with condom distribution, mass media activities, and peer education among the uniformed services. USAID has played a leading role in placing HIV/AIDS high on the national agenda, largely through gathering data for decision-making, forecasting the epidemic, and supporting major surveys.

USAID/Ghana's program is gradually shifting its focus toward higher risk groups (e.g., professional drivers, miners, and sex workers). USAID has also pioneered private sector HIV/AIDS programs. Most recently, USAID has assisted Ghana's efforts to develop treatment, and care and support activities by providing technical assistance to develop national policies

and guidelines, and supporting pilot programs for home-based care, volunteer counseling and testing, prevention of mother-to-child transmission, and provision of antiretroviral therapy in the public and private sectors.

USAID supports the following country programs:

Advocacy

Advocacy is an important component of the USAID program. Efforts include the development and dissemination of a computer model (AIM) that projects the multiple adverse impacts of HIV/AIDS in Ghana. USAID routinely supports the Ghana AIDS Commission in its HIV/AIDS policy and strategic framework development.

Behavior change communication

To increase the demand for HIV/AIDS prevention services, USAID/Ghana provides technical assistance for multimedia educational efforts. These include television and radio programs for youth; peer education through youth and other vulnerable group organizations; and community health education kits. USAID has also developed HIV prevention, compassion and anti-stigmatization campaigns. The Mission supports behavior change activities among the most at-risk target groups, including sex workers, professional drivers, and the traveling public, miners, teachers, youth, and uniformed services personnel.

Capacity building

USAID/Ghana supports training to improve the quality of HIV prevention services. Workshops for health staff are underway to support counseling and syndromic management of sexually transmitted infections and to strengthen infection prevention techniques. Through a prevention of mother-to-child transmission pilot project in the Eastern region and the major metropolitan areas, USAID has supported the training of counselors and nurses in antiretroviral therapy, as well as the training of volunteers in home-based care.

Care and support

With USAID support, prevention of mother-to-child transmission programs were initiated at two pilot sites in Ghana, and two more sites are being developed. USAID also supports National AIDS/STI Control Program efforts to introduce antiretroviral therapies at these centers on a pilot basis before expanding the program to the rest of the country.

Condoms

Access to condoms has been improved by broadening the distribution of condoms through both the public and private sectors. USAID supports a national condom social marketing program that uses about 9,000 retail outlets nationwide.

Monitoring and evaluation

To monitor the HIV epidemic and the impact of USAID-supported interventions, the Mission contributes to a nationwide sentinel surveillance system involving 24 antenatal clinics. For quality control and HIV testing, USAID supported the establishment of four regional public health laboratories and the development of standard operating procedures for laboratories. Currently, USAID is contributing to the development of a national monitoring and evaluation system for HIV/AIDS in Ghana, as well as the establishment of a risk-based methodology for planning and programming.

Multisector activities

USAID supports the implementation of workplace programs in the private sector, focusing on prevention and the development of corporate HIV/AIDS policy.

Since 1999, the Mission has been one of the strongest supporters of HIV/AIDS programs in the education sector in Ghana and has worked with the Ministry of Education to initiate HIV/AIDS education activities among Ministry of

Education staff, and in teacher training colleges, schools, and communities. It has also worked with civil society organizations to increase their capacity to effectively support HIV/AIDS activities.

In the area of democracy and governance, the Mission will help communities and civil society organizations raise HIV/AIDS issues with local governments.

USAID's Food for Peace Office supports the provision of nutritional and psychosocial support to people living with HIV/AIDS.

Voluntary counseling and testing

USAID supported the establishment of Ghana's first two voluntary counseling and testing centers in the Eastern region, followed by a volunteer counseling and testing site at the Accra Police Hospital (open to the public). Three other volunteer counseling and testing sites are being developed and will be functional later this year.

For More Information

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USAID HIV/AIDS Web site, Ghana:

http://www.usaid.gov/pop_health/aids/Countries/africa/ghana.html

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.

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