



### 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	21.4	United Nations
Population in urban areas (%)	2003	45.1	United Nations
Life expectancy at birth (years)	2002	57.6	WHO
Gross domestic product per capita (US\$)	2001	265	IMF
Government budget spent on health care (%)	2001	8.6	WHO
Per capita expenditure on health (US\$)	2001	12	WHO
Human Development Index	2001	0.567	UNDP

### 3. Situation analysis

- Epidemic level and trend and gender data.** Current surveys show an increase in adult prevalence rates from 2.3% in 2000 to 3.4% in 2002. Prevalence is highest in the Eastern region and lowest in the Northern region. The female-male ratio was 6:1 in 1987 and was estimated to be 2:1 in 2001.
- Major vulnerable and affected groups.** The most severely affected group is those aged 25–34 years, accounting for nearly 42% of all AIDS cases reported in 2002. People 15–24 years old are increasingly vulnerable, with a prevalence rate of 3%. HIV seroprevalence rates among sex workers increased from 2% in 1986 to nearly 40% in 1991. By 1997–1998, the HIV prevalence in Accra and Tema had reached 74.2% among “seated” (home-based) sex workers and 27.2% among “roaming” sex workers. In 1999, sex workers in Kumasi had an HIV prevalence rate of 82%. The HIV prevalence among people attending sexually transmitted infection clinics in Accra increased from 2% in 1988 to nearly 9% in 1991. In 1998, HIV infection among women attending sexually transmitted infection clinics tested in Adabraka, Greater Accra region, had reached 27%. In the Southern region, the HIV prevalence is 24.0% among people attending sexually transmitted infection clinics and 3.0% among blood donors.
- Policy on HIV testing and treatment.** The draft National HIV/AIDS Policy states that voluntary testing should be provided in a non-stigmatizing environment. It aims to encourage vulnerable groups to undergo regular voluntary testing and seek early diagnosis and treatment for sexually transmitted infections. The policy states that, except in the case of blood donors and people showing symptoms suggestive of AIDS, there should be no routine testing for HIV/AIDS and testing should not be done without the knowledge of the individual.

### 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	1.9 – 5.0%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	210 000 – 560 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	47 444	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	716	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	52 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	15.7%	WHO

- Antiretroviral therapy: first-line drug regimen, cost per person per year.** The first-line drug regimen is zidovudine + lamivudine + nevirapine or efavirenz; or stavudine + lamivudine + nevirapine or efavirenz. The cost per person per year is about US\$ 600 for drugs and other services, including investigations, with user charges of 10%.
- Assessment of overall health sector response and capacity.** The Ghana AIDS Commission was established in 2001 and is fully operational, and is chaired by the President. The National AIDS Control Programme is in the process of developing an implementation plan to guide the provision of antiretroviral therapy in Ghana, within the framework of the National Strategic Framework on HIV/AIDS (2001–2005). Every region has an HIV/AIDS coordinator, and multisectoral AIDS committees have been established at the regional and district levels. A national monitoring and evaluation framework has been developed through a broad participatory process, and monitoring and evaluation focal points have been appointed in all 110 districts. All districts have district hospitals, and services provided include antenatal care. Public laboratory facilities are available at the regional level. High-level political commitment is evident up to the presidential level. Ghana's health system is highly decentralized, and a sector-wide approach to health sector financing is in place.
- Critical issues and major challenges.** Human resource capacity is the major bottleneck for scaling up treatment, both in terms of the numbers of health care workers and technical capacity. Ghana suffers from high turnover of highly skilled personnel, as the emigration rate is high. Domestically, there are significant capacity gaps in addressing treatment, support and care; legal and ethical policy, including legal protection for people living with HIV/AIDS; and the establishment of links, networking and referral systems between the public sector and civil society.



#### 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- Following the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS in 2001, the government directed that 15% of Ghana's health budget will be committed to HIV/AIDS activities and encouraged all ministries to create an HIV/AIDS budget line. Through the Ghana AIDS Commission, the World Bank Multi-Country HIV/AIDS Program for Africa and the Ghana AIDS Partnership Programme funded by the United Kingdom Department for International Development have become important mechanisms for channelling funds to civil society and ministries, departments and agencies.
- WHO estimates that the total funding required for scaling up antiretroviral therapy to reach the "3 by 5" treatment target of 26 000 in 2005 is between US\$ 31.2 and US\$ 39.7 million.
- Ghana's Round 1 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria was approved for voluntary testing and counselling activities as well as treatment at three public hospitals and one mission hospital. Total funding approved was US\$ 14.1 million, including US\$ 4.9 million in the first two years, and focused on accelerating prevention and care for vulnerable groups. Ghana has submitted a proposal to the Treatment Acceleration Program of the World Bank focusing on improving access to antiretroviral therapy through public-private partnerships.
- The funding available to support scaling up is anticipated to include about US\$ 6.7 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria, about US\$ 12 million from multilateral partners, including the World Bank, and about US\$ 8.1 million from bilateral partners.
- Taking into account funds already committed by the government, multilateral partners, bilateral partners and nongovernmental organizations, WHO estimates the funding gap for 2004–2005 to be between US\$ 5.1 million and US\$ 12.8 million.

#### 5. Antiretroviral therapy coverage

- Ghana's total antiretroviral therapy need for 2005 is estimated to be 52 000 people, and the WHO "3 by 5" treatment target is 26 000 for the end of 2005 (based on 50% of need). The government has declared a national antiretroviral therapy target of 30 000 people by the end of 2005.
- The government supported the provision of antiretroviral therapy to an estimated 716 people in 2003.
- Funding committed by the government for 2004–2005 includes the purchase of antiretroviral drugs for about 4000 people.

#### 6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Health and the Ghana AIDS Commission provide leadership in developing national plans, coordinating national response and managing financing. Within the health sector, implementation is managed by the Ministry of Health and the Ghana Health Service, and the National AIDS Control Programme is responsible for developing and supervising clinical policy. The multisectoral National Strategic Framework on HIV/AIDS (2001–2005) guides national response and alignment of partners. WHO provides support to the Ministry of Health and the Ghana AIDS Commission in national efforts to build human resources capacity.
- *Antiretroviral therapy service delivery.* The Ministry of Health and the Ghana Health Service provide leadership in delivering antiretroviral therapy services and began treatment in four government hospitals in 2003. Other organizations contributing to developing guidelines and managing the drug supply chain include WHO, Family Health International and UNICEF. Family Health International, nongovernmental organizations and WHO are developing a capacity-building plan. The private sector and civil society, especially nongovernmental organizations, are increasingly involved in prevention activities and providing care and support services. A limited number of private hospitals, clinics and laboratories provide voluntary counselling and testing services.
- *Community mobilization.* The Ghana AIDS Commission, the Ministry of Local Government and Rural Development, WHO, other United Nations agencies, nongovernmental organizations and the central government all contribute to psychosocial support activities and building the capacity of people living with HIV/AIDS. The United Kingdom Department for International Development supports the social marketing of condoms and capacity-building efforts.
- *Strategic information.* The Ghana AIDS Commission provides leadership in issues of monitoring and evaluation. The Ministry of Local Government and Rural Development, WHO, nongovernmental organizations and universities work alongside the government in developing monitoring systems, information and research systems and patient-tracking systems. The United States Agency for International Development supports monitoring and evaluation activities as well as efforts related to prevention, care and support and institutional development.

#### 7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting a situation analysis to assess opportunities and challenges for scaling up antiretroviral therapy and areas for WHO support
- Supporting the development of a proposal for the World Bank Treatment Acceleration Program with a focus on scaling up antiretroviral therapy
- Supporting the development of national guidelines and protocols for antiretroviral therapy, opportunistic infections, preventing mother-to-child transmission, voluntary counselling and testing and nutrition and infant feeding
- Supporting the development of a national human resources plan

Key areas for WHO support in the future

- Establishing a "3 by 5" country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy
- Finalizing the national HIV/AIDS policy
- Supporting the accreditation of centres providing antiretroviral therapy
- Developing quality assurance mechanisms for drug procurement
- Developing a national training plan for scaling up antiretroviral therapy at the district level
- Adapting WHO Integrated Management of Adult and Adolescent Illness guidelines and training modules on HIV/AIDS care
- Developing a national communication strategy to reduce stigma and to mobilize community-based groups for treatment
- Harmonizing and integrating the monitoring and evaluation system of the World Bank Treatment Acceleration Program into the national monitoring and evaluation framework
- Developing guidelines for resistance monitoring as part of the international global surveillance system developed by WHO

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include a National Programme Officer as a technical officer and another for HIV/AIDS. The recruitment of an international "3 by 5" Country Officer is currently planned.
- The recruitment of an international staff member is also planned under the World Bank Treatment Acceleration Program.

#### For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Ghana and the WHO Regional Office for Africa.

