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Agenda item 4

**Joint United Nations Programme on AIDS
Case Study: Ghana**

This case study has been prepared to provide an example of the support of the Joint Programme to the national response in a particular country. As such, the conference room paper supplements the PCB documents for the agenda items related to the Unified Budget, Results and Accountability Framework (UBRAF). It is intended as an illustration of UNAIDS work at country level to inform the deliberations of the Programme Coordinating Board.

INTRODUCTION

1. This case study provides an overview of the role of UNAIDS in Ghana's AIDS response, describing how the contributions of the Cosponsors coordinated, funded and managed through the Joint UN Team and the Joint UN Programme of Support on AIDS.
2. The study highlights successes in the national response and how UNAIDS can further contribute to setting national priorities and achieving results.

BACKGROUND

3. The National HIV and AIDS Strategic Plan (2011-2015) prioritizes and targets key populations and regions in the country to ensure HIV services are provided where they are most needed. It takes into account the nature of the HIV epidemic in Ghana to:
 - ensure HIV interventions are evidence-based and results-oriented;
 - address gaps in the national response to deliver effective HIV services; and
 - build the capacity of institutions coordinating, managing and implementing the national response.
4. The National HIV and AIDS Strategic Plan (2011-2015) helps manage the performance and accountability of all stakeholders in the national response, while the supporting results framework ensures funds are used as efficiently as possible.
5. To tackle its many challenges, the Ghana AIDS Commission has built strategic partnerships with public, international development partners, civil society and private sector institutions.
6. Civil society organizations have several umbrella bodies coordinating HIV interventions. These include: the Christian Health Association of Ghana (CHAG); the Ghana HIV and AIDS Network (GHANET); the National Association of People Living with HIV (NAP+); the Planned Parenthood Association of Ghana (PPAG); the Society for Women and AIDS in Africa (SWAA Ghana); and the West Africa Project to Combat AIDS and STIs (WAPCAS Ghana).
7. The Ghana Business Coalition on Employee Well-Being and the Ghana Employers Association coordinate the private sector response.
8. Development partners are coordinated by way of the National HIV and AIDS Partnership Forum, which is guided by the Paris Declaration on aid effectiveness and the Accra Agenda for Action. The forum coordinates planning, implementation and monitoring and evaluation for the national response.
9. At the regional and district level, the Ghana AIDS Commission has established multi-sectoral HIV and AIDS committees with the regional ministries and district chief executives as chairpersons coordinating HIV interventions on the commission's behalf.

JOINT UN PROGRAMME AND TEAM ON AIDS

10. In 2012, 13 agencies and programmes¹ were active members of the Joint Team in Ghana. Support is in line with UNAIDS mandates and broader division of labour. The Joint UN Team on AIDS in Ghana was established in 2006 and has since developed four programmes: the UN integrated support plan of 2007 and the Joint UN Programmes of Support on AIDS for 2008/2009, 2010, and 2011.
11. The management mechanism for the Joint UN Programme of Support on AIDS 2012-2016 is directly linked to the coordination structure for the United Nations Development Assistance Frameworks (UNDAF) and the Joint UN Team on AIDS.
12. The UN Country Team has the primary responsibility to govern and lead the programme, although each participating UN agency contributes to planning, implementation, monitoring and reporting. UN support mechanisms streamline coordination, improve accountability and promote alignment to national coordination mechanisms.
13. The UN Programme of Support on AIDS and its corresponding work plan for 2012/2013 aligns UNAIDS support for national partners to priorities set in the UNDAF, the National Strategic Plan and the country Five-year Development Agenda, as well as to joint result areas identified by the Joint Programme of Support on AIDS and UNAIDS Division of Labour.
14. The work plan focuses on four priority areas: preventing mother-to-child transmission; preventing HIV among young people; eradicating stigma and discrimination; and governance and accountability.
15. The total budget estimate for the Joint UN Programme of Support on AIDS for 2012-2016 is US\$ 30 million². The workplan for 2012/2013 constitutes about US\$ 7.5 million as distributed below:

Joint UN Programme of Support on AIDS workplan for 2012/2013 (US\$)		
Cluster 1: preventing mother-to-child transmission of HIV	2 600 000	34.6%
Cluster 2: preventing HIV among young people	2 450 000	32.6%
Cluster 3: reducing HIV-related stigma	260 000	3.5%
Cluster 4: governance and accountability	2 200 000	29.3%
	<u>US\$ 7 510 000</u>	100%

16. This budget estimates total UNAIDS financial contributions to the national AIDS response, including additional funding from Cosponsors through the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF).

¹ FAO, ILO, IOM, UN WOMEN, UNAIDS, UNESCO, UNFPA, UNHCR, UNIC, UNICEF, UNDP, WFP and WHO.

² The UN HIV-related expenditure in 2012 was US\$ 4,170,159 million with an additional US\$ 19,900,000 from the World Bank on social protection.

17. While this case study seeks to highlight joint UNAIDS activities outlined in the four priority areas above, several UN agencies provide individual support. These interventions include, for instance, nutrition and food security for people living with HIV and their households.
18. The UN system in Ghana has decided to implement the Delivering as One approach, but it has not yet established a dedicated fund (funds are currently being mobilized locally or at global level). Within the Joint UN Programme of Support on AIDS, each organization responsible for activities is using the available funding (UBRAF, additional UBRAF or non-core funds) according to its own rules and regulations.

KEY ACHIEVEMENTS

19. This section highlights the major achievements of UNAIDS working alongside the Government of Ghana, civil society organizations and international stakeholders in the national AIDS response. These include:

Dependency on external procurement of antiretroviral drugs significantly reduced by 15%.

Access to antiretroviral therapy for people living with HIV who are eligible for treatment increased from 30.5% in 2009 to 70% in 2012.

National/domestic resources for the AIDS response increased from US\$ 651,000 per year to US\$ 15 million per year (for 2011–2015).

20. UNAIDS made a critical contribution to these achievements through:

- a. Advocacy and technical support to establish a public-private partnership to locally produce antiretroviral drugs. To reduce dependency on external sources and minimize drug stock-outs for first-line treatments, the Government decided to facilitate local production of antiretroviral drugs in collaboration with all partners. Approximately, 15% of Ghana's response needs are met by local production, though the goal is to provide for 15,000 patients per year. UNAIDS and other development partners are working with the health, trade, and finances and economic planning ministries to establish an enabling environment to locally produce antiretroviral drugs that are WHO pre-qualification compliant. By the first half of 2013, locally-produced antiretroviral drugs have significantly reduced stock-outs in the public health system; this also increases access to antiretroviral therapy for people living with HIV.
- b. UNAIDS advocated strongly with national authorities, including the Ministry of Finances and Economic Planning, to fully fund the national commitment of US\$ 100 million for the national AIDS response for 2011-2015, representing 22% of annual resource needs. For the coming five year period, the government commits to significantly increase funding for the AIDS response from less than US\$ one million to US\$ 20 million per year. This commitment is targeting, the prevention of mother-to-child transmission (PMTCT) in particular. UNAIDS also helped to mobilize resources from the private sector, and provided continuous technical assistance to the country coordinating mechanism and affiliated bodies to ensure successful implementation of GFTAM grants with a value of US\$ 240 million.

21. Further enhancing the quality of treatment and patient compliance with treatment schemes was the HIV workplace policy, the revised HIV and AIDS national policy, including food security for HIV-infected and affected people in the national strategic plan, which have all been strategic developments in the national AIDS response leading to a national nutritional policy. UNAIDS has also helped validate the education sector HIV

and AIDS policy, review the 'Alert' HIV curriculum to include comprehensive sexuality education, roll-out a national action plan for teachers living with HIV and collaborated for the UNAIDS Inter-Agency Task Team on education to hold one of its biannual meetings in Ghana in February 2013. This meeting opened with a symposium on 'HIV and tertiary education: prevention, protection and scholarship'. Other areas of achievement include:

Mother-to-child transmission rate reduced by 31% in two years and likely to reach the global target of eliminating new HIV infections among children by 2015. AIDS-related maternal deaths significantly reduced.

22. UNAIDS contributed to this by:

- a. Helping to develop and implement the PMTCT scale-up plan and provide technical assistance to prioritize interventions at national and decentralized levels; 38 microplans (districts) and two regional plans are now linked to the national PMTCT scale-up plan.
- b. Building the capacity of health staff and service delivery for special populations by providing technical assistance to develop a package of care for HIV-exposed children and further training for relevant staff. In addition, UNAIDS has provided services to pregnant refugees and migrants. Thus, PMTCT efforts in Ghana also serve as an entry point to improve maternal health and reduce maternal deaths, contributing to MDG5.
- c. Helping increase the number of pregnant women who tested for HIV and received counselling from 39% in 2009 to 70% in 2012.
- d. Providing continuous advocacy for a national commitment to eliminate mother-to-child transmission. Since June 2011, UNAIDS has been instrumental in maintaining momentum towards the global target through a technical stakeholders group.

23. Key achievements also include:

Legal assistance and prevention services for key populations, including men who have sex with men improved.
HIV prevalence among female sex workers decreased from 37.8% in 2006 to 25% in 2009 and to 11.2% in 2012.

24. UNAIDS contributions in these areas include:

- a. Supporting a stronger legal environment for people living with HIV and key populations. After technically and financially supporting a legal audit, UNAIDS collaborated with the Ghana AIDS Commission and civil society representatives on a national consultation on human rights and HIV. This resulted in stakeholders agreeing to an HIV law to be developed. UNAIDS has also been instrumental in providing legal support to prosecuted men who have sex with men in the western region. Through the development of a memorandum of understanding with the Human Rights Advocacy Centre, since January 2013 a greater number of people living with HIV and key populations have benefited from legal aid.
- b. Generating information on affected key populations that was incorporated into the 2011-2015 National Strategic Plan. Epidemiological studies on the dynamics of the epidemic in Ghana and assessments of drug demand were the basis for intensive discussions with national authorities and partners on the need to prioritize interventions and build the capacities of health staff to address the needs of these

key groups and enhance the capacities of national managers for key populations. UNAIDS also helped develop a national integrated programme on drugs and crime and a strategic plan for most-at-risk populations and prioritized prevention interventions in the last national strategic plan. Consultation with female cultural leaders enabled their greater participation in the national AIDS response and strengthened their roles in HIV advocacy to reduce new infections within their constituencies.

- c. Promoting user-friendly services for key populations through five civil society organizations. UNAIDS support enhanced coordination and helped build the capacity of stakeholders, including civil society organizations, to deliver comprehensive HIV services to key populations.
- d. Disseminating information on migration, mobility and HIV. To contribute to evidence-based HIV programming, a behavioural study was conducted in 2011 to examine HIV vulnerability among female sex workers along Ghana's Tema-Paga transport corridor. The findings were presented at the Ghana AIDS Commission's annual research dissemination meeting on 6 June 2012.
- e. Sensitizing labour judges and magistrates and adjudicators on new international conventions on HIV, equipping them with up-to-date information on the rights of HIV-infected workers. There was consensus that the judiciary needed to consider hearing HIV-related cases in-camera to encourage affected parties to bring their cases to the courts for redress.

CHALLENGES AND RECOMMENDATIONS FOR FURTHER UNAIDS ACTION

Basic programme activities

25. Procuring antiretroviral drugs and other commodities, including testing kits, is still weak. Ineffective procurement and supply chain management provokes stock-outs, reduces access to treatment and delays in disbursing money from the GFTAM, leading to other delays (in reporting and further disbursements, for example).
26. Addressing the funding gap of 40% for the national strategic plan, as well as releasing funds in a timely manner, remains a major challenge, despite the Government of Ghana's commitment to increase resources from the national budget. For instance, the first disbursement of the national allocation in support of the National Strategic Plan for 2011–2015 was not released until July 2012. There is a 40% funding gap in the country, even for PMTCT programming. Given this situation, UNAIDS needs to further support efforts to mobilize resources to ensure a sustainable AIDS response.
27. Coverage for PMTCT services is about 70%. This is lower than the national target of 90% and will adversely impact achieving the elimination of mother-to-child transmission global target. Similarly, coverage for early infant diagnosis is less than 20%. It is critical to integrate PMTCT services with maternal newborn child health at all levels of the health system to achieve high coverage of PMTCT services. Task-shifting and moving from Option B to B+ is one potential strategy to improve antiretroviral therapy coverage for pregnant women.

Critical enablers

28. Stigma and discrimination towards people living with HIV and key populations is still prevalent, often hindering access to services for these groups. Criminalizing these groups further limits their legal protection, a situation compounded by law enforcers and

the judiciary's limited knowledge of the relevant legal issues affecting these groups. Stigma and discrimination also hamper efforts to eliminate mother-to-child transmission as some women whose HIV infection is detected at 14 weeks in antenatal care do not seek follow-up treatment.

Synergies

29. Coordinating the national AIDS response at a decentralized level is still hampered by the inadequate capacity of many stakeholders and weak accountability for results by implementing institutions.
30. Coordinating specific programmes, such as PMTCT, at the national level among key stakeholders (the Ghana AIDS Commission, the Family Health Division and the National AIDs Control Programme) needs to be strengthened. This will promote better synergies, integration, alignment and monitoring, and ensure better results.
31. Support to partners, government, civil society organizations and the private sector must be better coordinated to promote harmony and transparency, and avoid the duplication of efforts.

Key AIDS information

Population	25 241 998
Number of people living with HIV	225 478
Adults aged 15–49 prevalence rate	1.5%
Adults aged 15 and over living with HIV	195 083
Women aged 15 and up living with HIV	110 000
Children aged 0–14 living with HIV	30 395
Annual deaths due to AIDS	15 262
Annual new HIV infections	12 077
Orphans due to AIDS aged–17	180 000
Antiretroviral therapy coverage	70%
Prevention of mother-to-child transmission coverage	70%

Source: AIDSInfo

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