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Country Situation

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The national HIV prevalence of Ghana is 1.9% (2007) and there are approximately 260 000 men, women and children living with HIV in Ghana. The second Annual Programme of Work of the National Strategic Framework II (2006-2010) was implemented in 2007. Women and young people were among the priorities for the year. In 2007, the number of sites that provided Anti Retroviral Treatment (ART) increased from 46 in December 2006 to 91 in September 2007. Despite this significant increase in the number of sites, PLHIV provided with ART only increased from 7338 in December 2006 to 11 534 during the same period (total PLHIV in need of ART is 69 599). A stigma and discrimination reduction campaign is underway in a bid to increase uptake of ART. Vulnerable groups like female sex workers (FSW) and men who have sex with men (MSM) continued to have limited coverage in the national response.

A participatory review of progress towards achieving the targets of universal access to prevention, treatment, care and support was undertaken. Recommendations were made towards strengthening measurement of the targets as well as review of some of the targets to ensure that they could be measured, where necessary.

Implementation of TB/HIV collaborative activities and process to integrate HIV and AIDS in SRH initiated.

The Partnership Forum is the highest national stakeholder forum including Government, Development Partners, Civil Society Organizations (CSOs) and Academic and Research institutions that dialogue on programming, resource mobilization and progress reviews of the national response. Civil society organizations such as faith-based organizations, non-governmental organizations, the private and business sector and people living with HIV have their own separate coordinating bodies that are represented at the forum.

For effective donor coordination on HIV, the key donors continued to work in a “sub-sector group”. This helped to establish joint positions on the national response and effective engagement with the other major national stakeholders. UN agencies met regularly in the Joint UN Team on AIDS . This included discussions on joint programming within the UN (Joint UN Plan of Support) and coordination with other donors.

Implementation of the APOW 2007 faced challenges. Funding of the activities in regions and districts delayed because of late disbursement of pooled funds at all levels – from development partners to Ghana AIDS Commission (GAC), and from GAC to implementing partners. Projects funded directly by development partners also suffered delays but for different reasons. M&E of the national response continued to be weak. The limited technical capacity of the GAC coupled

with a weak capacity at the decentralized level hindered a smooth implementation of the national M&E framework.

UNAIDS Support to the National Response

UNAIDS activities at country level during 2007

UNAIDS and cosponsors (the UN) contributed to three UNDAF outcomes, which are also an integral part of the Growth and Poverty Reduction Strategy, National Strategic Framework and universal access targets. The UN supported:

Ghana Education Service to develop and implement School Alert (school community HIV education). HIV prevention activities for out of school youth, the military and refugee populations and provided training for media personnel for HIV reporting and established awards for journalists. The UN also provided condoms for the National Response and technical support to the National Stigma Campaign.

Provision of technical support for the development and revision of guidelines and protocols including IMAI, TB/HIV, PMTCT+, HIV/AIDS/STI clinical care, monitoring and surveillance of HIVDR, nutrition guidelines for PLHIV and Pediatric ART; technical support for planning, forecasting, management and procurement of HIV and AIDS commodities; the expansion of PLHIV participation in clinic facility based care-giving and its integration in the national response. Furthermore, the UN system has supported the integration of comprehensive HIV services in refugee camps; supported the integration of syndromic management of STI into the curricula of pre-service training institutions for health service providers; and provided livelihoods to OVCs through a conditional cash transfer scheme.

National AIDS Spending Assessment 2005-06 and Functional Assessment of Ghana AIDS Commission Secretariat; provision of technical support to the Joint Programme Review 2006-07, the formulation of Annual Programme of Work 2008, the conduct and dissemination of the HIV Sentinel Survey 2006 report, drafting of Behaviour Surveillance Survey 2006 report, Multi Indicator Cluster Survey 2006 and the roll-out of the Country Response Information System as a data management tool for decentralized response. Furthermore, the UN has undertaken capacity strengthening of Civil Society Organizations and the functioning of the Country Coordinating Mechanism.

UNAIDS achievements at country level during 2007

Strengthening national coordination

In the second National Partnership Forum held in November 2006, it was agreed that a functional assessment of the Ghana AIDS Commission (GAC) secretariat be undertaken. The GAC requested technical and financial support from the UN system, based on which a terms of reference was developed and the Technical Support Facility contacted to provide one international consultant in addition to a local consultant who was recruited by the World Bank. The international consultant was paid for by UNAIDS (Regional Support Team West and Central Africa).

The aim of the assessment was to perform a systematic assessment of GAC Secretariat's current institutional set-up, management systems, decision-making processes, and staff capacity in order to identify ways to enhance its effectiveness as the lead institution for coordinating and managing the national response to HIV and AIDS.

Selected findings of the study:

- ▶ Significant progress has been made toward achieving goals and objectives of the national response, e.g. in establishing a decentralized, multisectoral national response to the HIV/AIDS epidemic.
- ▶ The original set of nine functions of the GAC Secretariat was and remains necessary, appropriate, and typical but can benefit from refinements for emphasis and focus, in line with changing circumstances and needs.
- ▶ The current staff numbers and mix of staff knowledge and skills leave important gaps and needs in critical technical and managerial areas, such as programme support and strategic thinking/planning.

Agreed recommendations for immediate implementation:

- ▶ Redesign the secretariat organizational structure to focus on the identified new or refined functional areas for the future and to provide for additional staff positions.
- ▶ Develop and implement a skills matrix in relation to the leadership, technical and managerial skills for the secretariat's role over the next 3-5 years, and to provide the basis for staff capacity development.

Resource mobilization and tracking

The UN supported Ghana AIDS Commission with financial and technical assistance to undertake a National AIDS Spending Assessment (NASA) study for 2005 and 2006. The study confirmed the assertion that funding for HIV and AIDS activities was increasing. The total spending on HIV and AIDS activities in Ghana increased by 11.4% from 2005 to 2006 (US\$ 28 414 708 in 2005 to US\$ 32 067 635 in 2006). In 2005, most of the funds were spent on prevention programmes (35%); programme development and strengthened health care systems for HIV and AIDS activities (32%) and treatment and care (16%). A similar trend was repeated in 2006, most of the funds were spent on programme development and strengthening health care systems for HIV and AIDS activities (40%); prevention programmes (23%) and treatment and care (22%). However, total expenditure on prevention programmes decreased from US\$ 11 157 054 in 2005 to US\$ 7 352 150 in 2006.

Selected recommendations from the study are:

- ▶ Information systems need to improve to ensure quality and accurate data.
- ▶ Financial reporting and feedback mechanisms need improving.
- ▶ Standardization of budget line items/codes and their reported expenditure, using main categories of the National Strategic Framework (NSF) and sub-categories of NASA.

- ▶ Strengthen the mechanism for reporting to ensure that the Ghana AIDS Commission is aware of all other funding earmarked for HIV and AIDS activities.
- ▶ Need to harmonize the NASA spending categories classified around eight programmatic areas and the NSF priority areas. This will help in making a more detailed comparison between the national response budget as against the actual expenditure obtained from the NASA. Institutionalization of NASA in close collaboration with MoFEP.

Main challenges / activities for 2008

GAC has no mechanism for systematic monitoring and reporting on direct funding activities of partners as part of the national response – such a mechanism could be used to coordinate the use of resources more effectively. This is despite the fact that direct funding accounts for more than 76% of all the funds in the national response.

The aid architecture is likely to move from direct support to Multi-Donor Budget Support (MDBS) as of 2008. This is likely to have an effect on the amount of funds that would be available for HIV and AIDS. It is also expected to affect the planning and programming processes for HIV and AIDS. All partners would need to support the Ghana AIDS Commission (GAC) to position itself to continue to coordinate the national response as well as to leverage adequate resources.

A functional assessment of the GAC was undertaken during the year. It is hoped that the recommendations of the assessment will be implemented in a way that will strengthen the programming and M&E capacities of the GAC. The capacity building of regional and district focal points needs to be continued to enable effective use and monitoring of resources at decentralized levels and among implementing partners.