



REPUBLIC OF GHANA

National Report on the Follow-up to the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS

Reporting Period: 2004-2005

Ghana AIDS Commission
"Working Actively and in Partnership to Combat HIV/AIDS"

December 2005

Preface

Ghana's HIV/AIDS epidemic has exhibited a different pattern from that found in many other parts of sub regional Africa. HIV/AIDS rates in Ghana have remained relatively low and stable, rising from an estimated 2.4% in 1992 to 3.1% in 2004.

Since the Government has subscribed to a number of continental and international treaties, Ghana has equally been committed to monitoring of the national response. In line with this, the Ghana AIDS Commission has trained about 120 monitoring and evaluation focal persons at the various regional and district levels under the National Strategic Framework I (2001-2005).

In order to address the gaps in the national response, a National Strategic Framework II (2006-2010) has been developed which equally emphasises the need to continue with the gains made under National Strategic Framework I (2001-2005).

This report addresses a number of United Nations General Assembly Special Session (UNGASS) indicators which help in monitoring progress. From the findings, it is clear that Ghana is making a steady progress in the area of intervention strategies to address the epidemic.

I wish to acknowledge all organisations and individuals who have partnered and supported us in this endeavor.

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1. Introduction

In Ghana the first case of Acquired Immune Deficiency Syndrome (AIDS) was diagnosed in 1986, and by the year 2000 the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2000) had estimated that 330,000 adults and 14,000 children had been infected by the Human Immunodeficiency Virus (HIV). In 2004, approximately 400,000 Ghanaians were estimated to be HIV-positive and this number is expected to reach 500,000 by 2015. HIV prevalence rates have increased from 2.6 percent in 2000, to 3.6 percent in 2003, and 3.1 percent in 2004 (National AIDS/STI Control Programme, Ghana Health Service (GHS), 2005).

Ghana's HIV/AIDS epidemic has exhibited a different pattern from that found in many other parts of sub-Saharan Africa. HIV rates in Ghana have remained relatively low and stable, rising from an estimated 2.4 percent in 1992 to 3.1 percent in 2004 (National AIDS/STI Control Programme, GHS, and Ministry of Health (MOH), 2003).

The Government has either signed or subscribed to a number of continental and international treaties, conventions and declarations on HIV/AIDS. It has endorsed The Abuja Declaration of 1998 and The Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001. As a signatory to the two Declarations, Ghana re-affirmed its commitment to HIV/AIDS, including protection of PLHA from discrimination under the section on HIV/AIDS and Human Rights. In fulfillment of its commitment to UNGASS, indicator data on HIV/AIDS activities have been submitted to UNAIDS to date. At the 2003 African Union Meeting in Maputo, all Heads of State, including Ghana's, renewed their commitment to reduce the impact of the epidemic. Commitments to these obligations have informed the strategies that have been adopted so far in combating the effects of HIV/AIDS. This report, which, like the previous ones, is a national follow-up to the Declaration of Commitment that was signed by countries at the UNGASS in 2001, will provide the basis for reporting on Ghana at the next UNGASS in June 2006.

2. The National Response

Even prior to introduction of the 'three ones principles' (UNAIDS, 2004), Ghana had been in the front lines to implementing these principles: Ghana AIDS Commission (GAC) is the one multi-sectoral body that coordinates the national HIV/AIDS response; there is one national strategic framework that describes the priorities for the national response; Ghana has one national monitoring and evaluation framework to measure the effectiveness of the response.

2.1 The National Strategic Framework (NSF) I 2001-2005

The first National Strategic Framework (NSF) I, which was developed for the period 2001-2005, successfully guided the implementation of the national response, leading to some major achievements. The implementation of National Strategic Framework I triggered the enactment of several policies and guidelines to create an environment conducive to the delivery of effective HIV/AIDS services. It stimulated the preparation of

policy documents, such as the 2004 National HIV/AIDS and STI Policy, the National HIV/AIDS Workplace Policy, the 2002 Guidelines for Anti-retroviral Therapy (ART), the Policy on HIV/AIDS for Faith-Based Organisations (FBOs), the 2003 National Guidelines for the Development and Implementation of HIV Voluntary Counseling and Testing, National Policy Guidelines on Orphans and Vulnerable Children, 1999 Draft National Guidelines for Blood Safety and the National Monitoring and Evaluation Plan of 2001-2005.

National Strategic Framework I provided broad guidelines for sector Ministries, Departments, Agencies (MDAs) and District Assemblies (DAs), Non-governmental Organisations (NGOs), and civil society to develop specific HIV/AIDS plans and activities appropriate to their circumstances. The high level of consultation during the preparation and the implementation of activities promoted in National Strategic Framework I encouraged the development of a national consensus on combating the epidemic. This consultation process also generated social and political support from national, traditional and religious leaders. Over the five-year period, there was increased awareness, community participation and support from development partners.

2.2 The National Strategic Framework (NSF) II 2006-2010

The environment, in which the national response operates, has changed substantially since the National Strategic Framework I (2001-2005) was produced. Awareness of the disease is now universally high. Antiretroviral (ARV) drugs have become increasingly accessible and affordable. ART has been simplified and funding for it has become increasingly available in developing countries as a result of stronger bilateral and multi-lateral partnerships. International commitments to the fight against HIV/AIDS such as UNGASS, Millennium Development Goals and the 'Three Ones Principles' have improved both the global and national environments.

In view of these positive developments, and due to the end of the national Strategic Framework (2001-2005), a review of the National Strategic Framework for the period 2006-2010 was carried out. This will ensure the responsiveness of the National Strategic Framework II to the changing nature of the epidemic and the socio-economic environment, the emerging HIV/AIDS treatment technologies, and the lessons learnt from successful district and regional responses, initiatives in behaviour change communication and treatment, care and support.

2.3 Structure of NSF II and Key Interventions

2.3.1 The National Strategic Framework II (2006-2010) is developed based on **seven key intervention areas** around which comprehensive responses are to be developed, including annual programmes of work and budgets for all intervention programmes to be coordinated by the Ghana AIDS Commission (GAC), the national coordinating authority.

The seven key intervention areas are indicated below, along with brief discussion of the importance, challenges and strategies adopted in NSF II:

1. Policy, Advocacy and Enabling Environment

This area outlines the supportive political leadership, and positive enabling environment in Ghana with the President serving as the Chairman of the GAC, and wide involvement in Ghana's multisectoral response. Still, however, the need for developing, implementing, and enforcing laws and policies to protect the rights of PLHA, their families and friends continues. And while the new daunting challenges of expanding prevention, treatment, care and support programmes must be faced squarely, older difficult challenges remain. These include the elimination of discrimination against PLHA, improving the rights and status of women, and passing the many bills and laws that have been drafted but not passed.

2. Prevention and Behavioural Change Communication

This section describes the importance of shifting interventions from creating awareness among the general public, to actually changing risky sexual behaviour through the design and implementation of BCC programmes. These programmes are targeted toward specific identified vulnerable groups such as sex workers and their clients, migratory populations, street youth, women (who suffer disproportionately from the disease), and middle class employed persons, among others, and to geographic "hotspots", and places where HIV/AIDS is likely to be transmitted.

3. Treatment, Care and Support

This part of the Framework indicates that ARVs have become increasingly accessible and affordable and are to be supplied to all who require them. ART has been simplified and the funding for it has become increasingly available in developing countries as a result of stronger bilateral and multi-lateral partnerships and strengthened international commitments to the fight against HIV/AIDS. These developments set the stage for a rapid scaling-up of treatment programmes. At the same time, care and support programmes for PLHA require very substantial expansion of institutional, community, and family efforts. Creating an appropriate manpower mix which is feasible, affordable, and meets the needs of all who require care and support represents a formidable challenge. The solution will no doubt be a combination of professional personnel and volunteers, all of whom will require substantial training and continuing support.

4. Mitigating the Social, Cultural, Legal and Economic Impacts

This chapter discusses the importance of mainstreaming of HIV/AIDS programmes into the Poverty Reduction Strategy, and of seriously addressing gender-based vulnerability, including violence, coercion and marginalisation of women. The spread of HIV is strongly influenced by the surrounding social, cultural and economic environment. The sexual, social and spatial milieus in which people operate, and the political structures which provide the framework for governance, have implications for the pattern of spread and the nature of responses to the epidemic. The challenges involve identifying and enhancing the positive social aspects that may help to reduce transmission and mitigate the effects of the epidemic, as well as identifying and eliminating the negative social aspects, such as gender issues that have implications for the spread, prevention and mitigation of the impact of the epidemic. The economic

impact of the epidemic is large and growing, and it will affect the economy of Ghana in many ways. These challenges will be addressed at the policy level, through micro credit to provide a source of capital for small and medium level entrepreneurs, for substantial involvement of the private sector in all AIDS programming, and workplace programmes.

5. Coordination, Management and Institutional Arrangements

This section of the Framework describes the importance of Coordination, Management and Institutional Arrangements as key components of HIV/AIDS programme implementation. They will be strengthened by placing greater emphasis on the functions of the GAC, establishing clearly defined roles and responsibilities for all implementers and stakeholders, and strengthening the capacity of all participants – from National through Regional to District – to implement and monitor all of the steps necessary to combat the HIV/AIDS epidemic. Among the key issues are advocacy to ensure that HIV/AIDS is at the centre stage of the political aspects of coordination, policy direction and guidance, development of partnerships and social mobilisation.

6. Research, Surveillance, Monitoring and Evaluation

This section of the Framework focuses on the type and quality of information necessary for all stakeholders to properly develop, guide, adjust, and manage all of the programmes of a national response to the HIV/AIDS epidemic. The material provides a guide as to how Ghana will generate and use critical strategic information through research, surveillance, monitoring and evaluation activities in order to determine whether the chosen strategies in NSF II are being effective throughout the entire process of programme implementation. Periodic assessments that provide status, trends and changes in inputs, outputs and outcomes will help managers monitor the programmes, and make necessary adjustments. Strategies to strengthen these areas discussed include: developing clear priorities for research and a national research agenda; the updating, adoption and use of a national monitoring and evaluation plan; and timely dissemination of data and information.

7. Mobilisation of Resources

This section of the Framework indicates how critical it is to meet the increasing demands of expanded and diversified programmes which have huge resource requirements. Under NSF II, resource mobilisation and funding will be enhanced and effectively coordinated by ensuring that resources committed to HIV/AIDS activities from all sources are integrated into the national response. In addition, the Framework will ensure sustainable availability of resources to implement national HIV/AIDS priorities. Strategies for accomplishing this include: re-engineering the GARFUND into a coordinated multi-donor funding; developing a transparent and consultative mechanism for the disbursement of funds; strengthening the mechanism for the monitoring of disbursed funds; and increasing capacity of staff at all levels.

The HIV/AIDS pandemic goes beyond a health problem. Basic cultural beliefs and elements of traditional social organisation require change, and the socio-economic and human impacts of the epidemic are vast. The strategic framework covers considerable territory, and deals with the diverse ramifications of the epidemic. It is

expected that the integrated approach adopted in NSF II will result in considerable achievement of its goals and objectives. Successful implementation of NSF II will depend on the collective will, commitment and responsibility of all partners in the fight against HIV/AIDS.

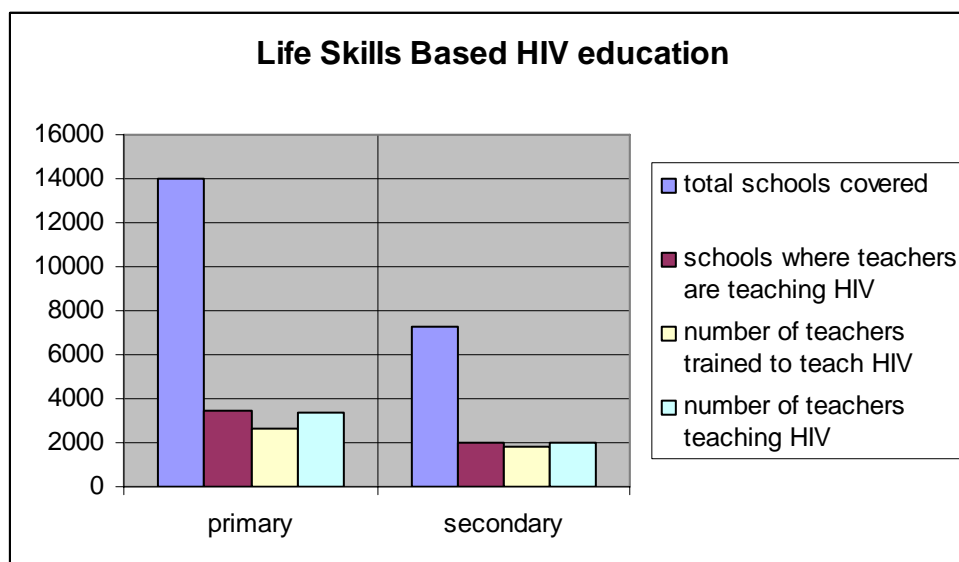
3. UNGASS Indicators

3.1 Selected Indicators For Reporting On 2005:

1. Life skills based HIV/AIDS education in schools

The Ministry of Education and Sports (MOES) is responsible for supervision and coordination of all pre-professional educational activities and programmes. The Ministry has established series of intervention programmes including the Population and Family Life Education Programme, which has developed curricula modules for youth counseling, peer education and HIV/AIDS life-skills education into the curricular of teacher training colleges. Currently, the management information system unit of the Ministry conducts an annual survey of schools and data on life skills based HIV/AIDS education is collected. However, data collected during the 2003/2004 academic year was still being processed as at the time of this report.

The MOES 2002/2003 national report on schools supplementary survey shows that 3.4% (4,410 teachers) of 129,729 teachers were trained during this time in life skills based HIV/AIDS education. 5,370 teachers were teaching the subject in 5,479 primary and secondary schools out of 21,266 schools covered in the survey.



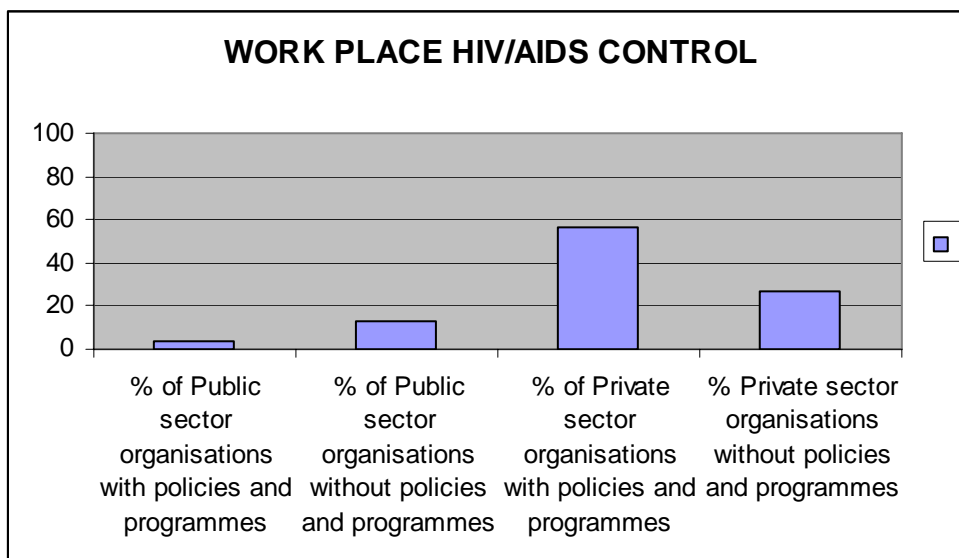
2. Work place HIV/AIDS Control

Workplace programmes is one of the cardinal interventions to combat the spread of HIV/AIDS in Ghana.

The National Strategic Framework I (2001-2005) states that, in the effort to combat HIV/AIDS at the workplaces, the Ministry of Employment and Social Welfare would be assisted to accelerate the development of HIV/AIDS workplace programmes. Advocacy efforts would be intensified to get employers to develop workplace HIV/AIDS programmes and vote resources for their implementation. The framework further stipulates that promotion of IE&C on STD and HIV/AIDS would be directed through programmes designed at these workplaces

As at December 2005, 60% of 30 public and private sector employers surveyed by the Ghana AIDS commission had HIV/AIDS policies and programs that have anti discrimination at work policies, workplace HIV/AIDS prevention, control and care programmes and comprehensive work place policies on HIV/AIDS. 20% (1 out of every 5) of public sector and 68% (17 out of every 25) of private sector organizations had policies and programmes that address HIV/AIDS.

However according the report on a base line survey by the ILO HIV/AIDS Workplace Education Project In Ghana, 30.7% of 238 employees interviewed were aware of HIV/AIDS services available at their workplaces. 188(65.5%) did not know of HIV/AIDS services and 11(3.8%) were not sure of the existence of such services. And out of 291 respondents to the question as to whether their employers have an HIV/AIDS policy that protects employees who are HIV+, 25(9.6%) said 'Yes', 155(53.3%) said 'No', and 111(38.1%) did not know. This implies that there is a general lack of awareness of the existence of HIV/AIDS policies and services. This finding may be a result of the lack of policies and programmes in the workplaces or inadequate information on the existence of such.



3. Sexually Transmitted Infections (STIs): comprehensive case management

Syndromic management of STIs is the first line management strategy in both public and private health institutions in Ghana. In addition to that, other strategies are adopted. These include: equipping service providers in deprived areas with basic knowledge on the effects of STIs to enable them to refer clients for further assessment and treatment; provision of specialized services in the regional and district hospitals; developing STI programmes for commercial sex workers. Statistics from the 2004 Sentinel Survey report indicate that syphilis prevalence ranged from 0% in 1 rural site to a high 33.9% in another rural site. Prevalence in the rural sites (5%) was higher than in the urban sites (3.5%). The prevalence was highest among the 30 to 34 age group (5%). The national syphilis prevalence for 2004 was 4.3%.

4. MTCT: antiretroviral prophylaxis

Prevention of mother-to-child transmission services in Ghana includes the treatment with antiretroviral drugs, breastfeeding counseling and infant feeding. The NACP estimates that mother-to-child transmission accounts for about fifteen percent of all HIV transmissions in Ghana.

Data from the NACP indicate that 62 out of an estimated 13,735 HIV positive pregnant women (in the last 12 months) have received ART in the last month to prevent MTCT. This is only 0.45% of the estimated number of mothers in need of ART.

Country wide about 107 centers are providing the services, which could be extended to approximately 200,000 clients. However, the services are not effectively offered through all the centers, which has not made the scaling up as rapid as expected. PMTCT is to be dramatically scaled up in 2006 and integrated into existing health care services in all the regional and district hospitals based on the lessons learnt from the pilot programme implemented in the Manya Krobo District.

5. HIV treatment: antiretroviral combination therapy

Highly Active Anti-retroviral Therapy (HAART) was piloted at two centers in Ghana in 2003. The success of the project has led to the expansion of the programme and by the end of 2004, about 2,028 persons were being treated with HAART.

According to data from NACP, as at September 2005, the cumulative number of 3,584 people had commenced treatment. Currently 5.7 percent males and 2.4 % females of those who are in need of ART are receiving it. This indicator shows firstly that ART up-take is slow and secondly that it is easier for males to access the therapy than females because they are less stigmatized compared to females. In spite of the slow up-take, the programme has given hope to many people and has transformed perspectives on treatment of HIV in the country.

There is the need for rapid scaling-up of access to the therapy which is currently available in only about five (5) public-sector facilities country wide.

6. Support for children affected by HIV/AIDS

The special place of children and the commitment of the government of Ghana to child rights have been expressly stated in both the 1992 constitution and by the passage of the 1998 children's Act (Act 560).

Children affected by HIV/AIDS are found in all parts of the country. Traditionally, many Ghanaian communities absorbed these affected children within the extended family system. This trend, however, is gradually changing over the years with urbanisation, industrialisation, and the break down of the extended family system. Nonetheless, there is a ray of hope as shown in the Manya Krobo Queen Mothers' Initiative which is a model of community foster care for orphans and vulnerable children.

A study conducted by the GAC and the United Nations Development Programme (UNDP) in 2002-2003 in two (2) districts in each of the 10 regions of Ghana indicate that many of the care givers are over-burdened and often lack the socioeconomic capacity to provide adequate care and support for these children. Community-based organizations (CBOs), FBOs and other civil society organizations are contributing in various ways by providing information, vocational skills, basic education, medical care, counseling, micro-credit services and nutritious food.

According to a national survey on services for orphans and vulnerable children (OVC) conducted in June 2005 by the Ministry of Local Government and Rural Development (MLGRD), there is an estimated number of 208,628 OVC in 96 out of the then 110 Districts in Ghana (28 new Districts have been carved out of the 110 making the total number of Districts 138). The survey was conducted by taking an inventory of service providers in the field of OVC services at the district level.

It indicated that 133,779 are receiving various forms of support, while the remaining 74,849 have not been reached with any services.

7. Blood safety

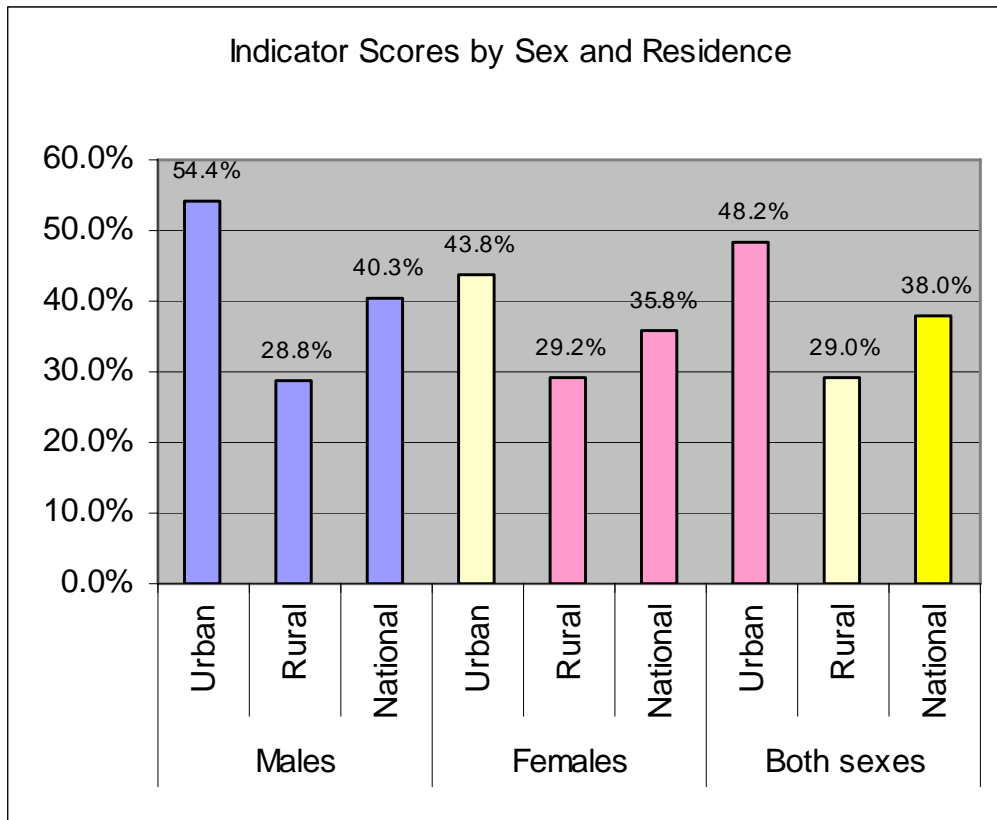
Transmission of HIV through transfusion of blood and blood products is believed to account for about 5% of all transmissions in Ghana. The National Blood Transfusion Service (NBTS) is implementing a number of responses to minimize the accidental transmission of diseases through blood transfusion. A national blood policy and guideline is being finalised by the MOH.

The NBTS does not currently cumulate data on blood units collected in a manner that would allow the calculation of the indicator. However, information from the office of the NBTS indicates that all the blood units it collects, that is 100%, are screened for HIV infection.

8. Young people's knowledge about HIV prevention

Data from the DHS 2003 report indicate that 87% of the youth between the ages 15-24 are knowledgeable about HIV/AIDS. The awareness level is higher: 92% among males and 87% among females. 89% of the youth between the ages of 20-24 years are aware of HIV/AIDS compared to 85% of the 15-19 years group. These data indicate that people become more knowledgeable about HIV/AIDS as they grow older.

79% of the young people knew that HIV can be avoided by using condoms. 81% acknowledged that a healthy-looking person can have HIV, whilst 64% believed that they cannot get HIV from mosquito bites. Men were more knowledgeable about HIV/AIDS than women: 40% for men and 39% for women. Further, men and women in the urban areas (48%) are far more knowledgeable about the disease than those in the rural areas (29%).



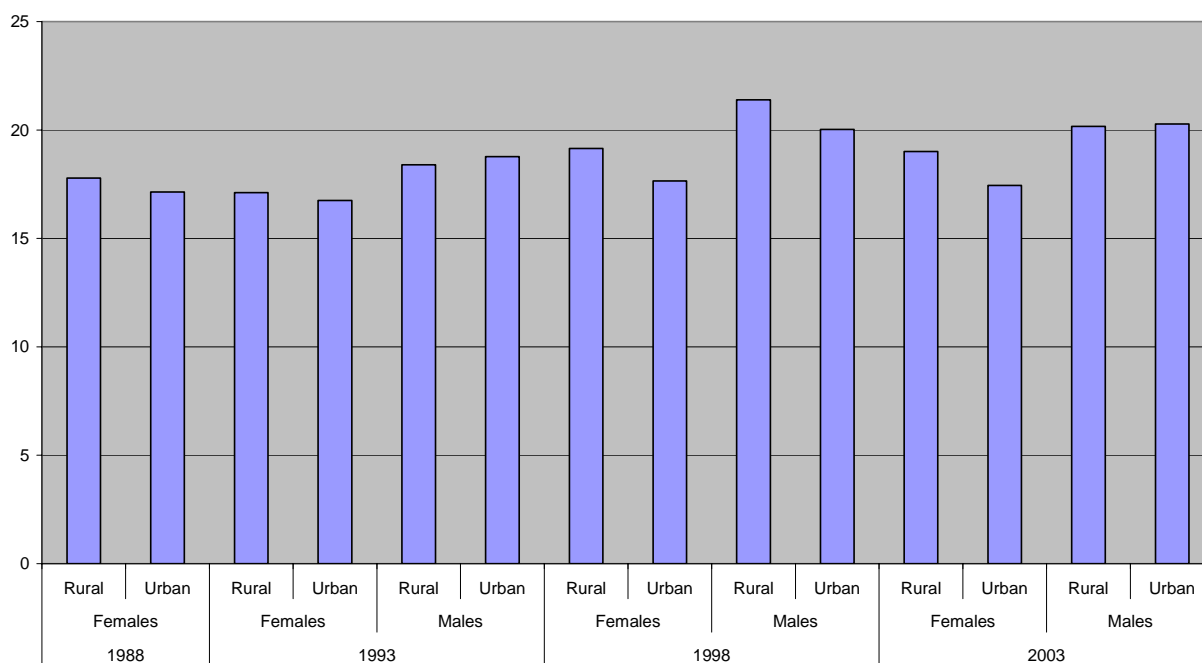
9. Sex before the age of 15

One of the strategies for reducing the risk of contracting an STI is for young people to delay the age of sexual debut. In Ghana, 7% of women and 4% of men reported having sex by age 15. At the age of 18 the figures were 46% among women and 27% among men.

Indicator		Period	Value
Sex before the age of 15	(15-24, Females)	2003	7.44 %
	(15-24, Males)	2003	3.88 %
	(Rural, Females)	2003	5.39 %
	(Rural, Males)	2003	3.79 %
	(Urban, Females)	2003	9.80 %
	(Urban, Males)	2003	3.97 %

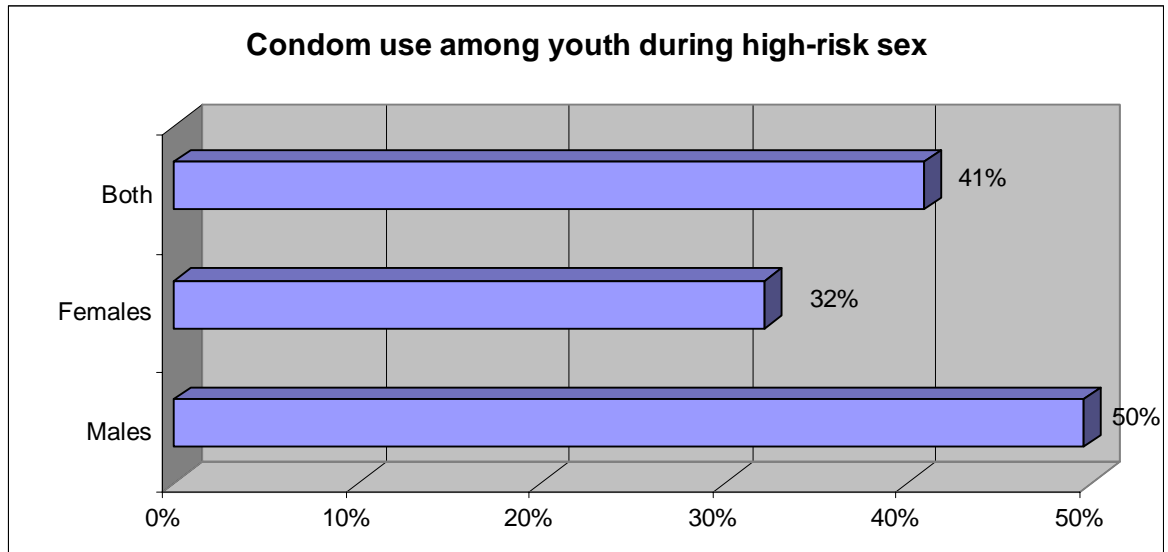
From the 2003 DHS data, the median age at first sex among males in the urban and rural areas is 20. The ages drop to 17 (urban) and 19 (rural) among females. Since the introduction of HIV/AIDS interventions among youth, the age of sexual debut has delayed, which is encouraging development.

Median age at first sex among young men and women



10. Higher risk sex among young women and men and young people's condom use with non-regular partners

Higher risk sexual behavior is more common among youth. The alarming observation made was that 32.2% of women aged 15-24 and 49.6% of men in the same age cohort reported having had a non-regular sexual partner in the last 12 months. In the same age group only 33% of the women and 52% of the men reported using condom at the last higher risk sex.

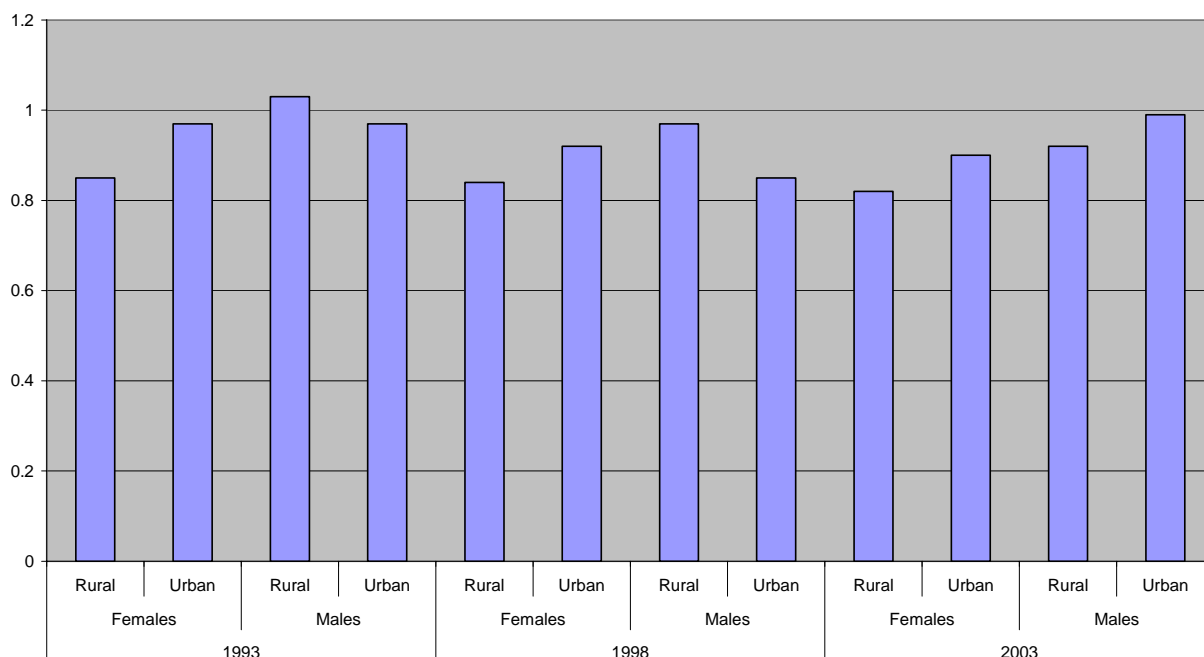


11. Orphans' school attendance

The 2003 DHS shows that the ratio of school attendance by orphaned children aged 10 – 14 years is 0.80%. However, according to supplementary data from the MOES, out of 945,736 enrollments of 10-14 year olds, 11, 756 (1.24%) were orphans. This implies that with the rapid scaling-up of support service for orphans, school attendance and enrollment can be increased.

Despite the relatively high enrolment of orphans to school, comparison with 1993 and 1998 reveals that the rate of enrolment was lower in 2003. This could be because of increasing rate of AIDS orphans and stigma, which encourages increasing the intense support and programmes to OVC.

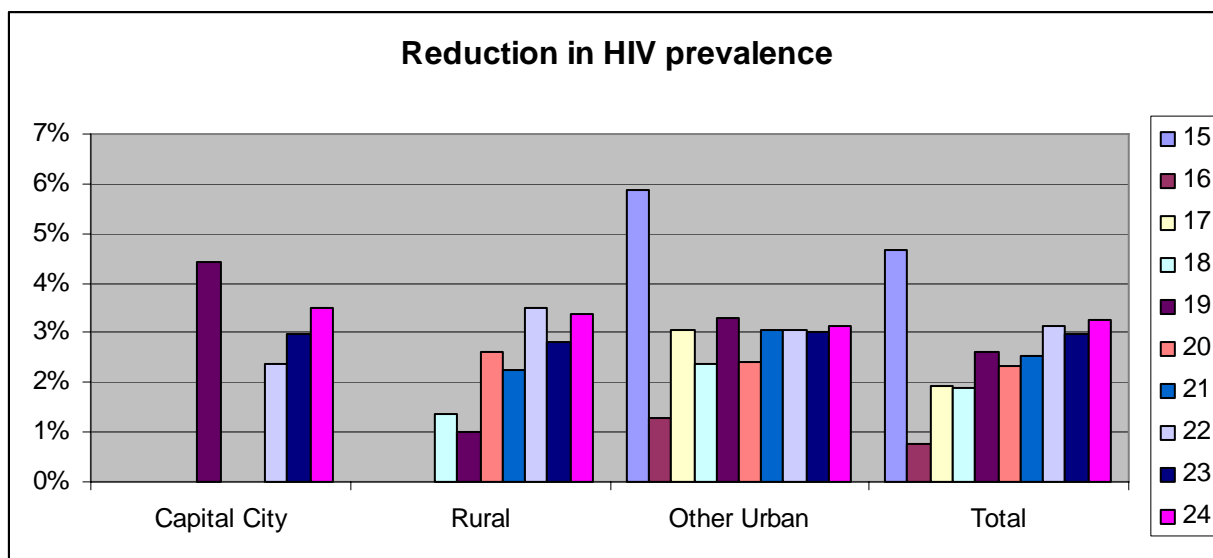
Ratio of orphans to non-orphans who are in school - mother, father or both dead



12. Reduction in HIV prevalence

Currently about 400,000 Ghanaians are estimated to be living with the disease. Current data from the NACP indicate that there is very little reduction in the prevalence rates. To date, 109 people out of 3,769 people (3%) in the urban areas and 43 out of 1,868 (2%) in the rural sites, had tested positive to HIV. There is little difference in the prevalence rates among the various age groups; 15-19 (2%), 20-24 (3%).

As per the chart below, the higher rates among age group 15 is not representative due to the low number of cases.



13. HIV treatment: survival after 12 months on ART

As antiretroviral programmes are scaled up it is important to understand why and how many people drop out of treatment programmes. This data can be used to demonstrate the effectiveness of the programmes and highlight obstacles to expanding and improving them.

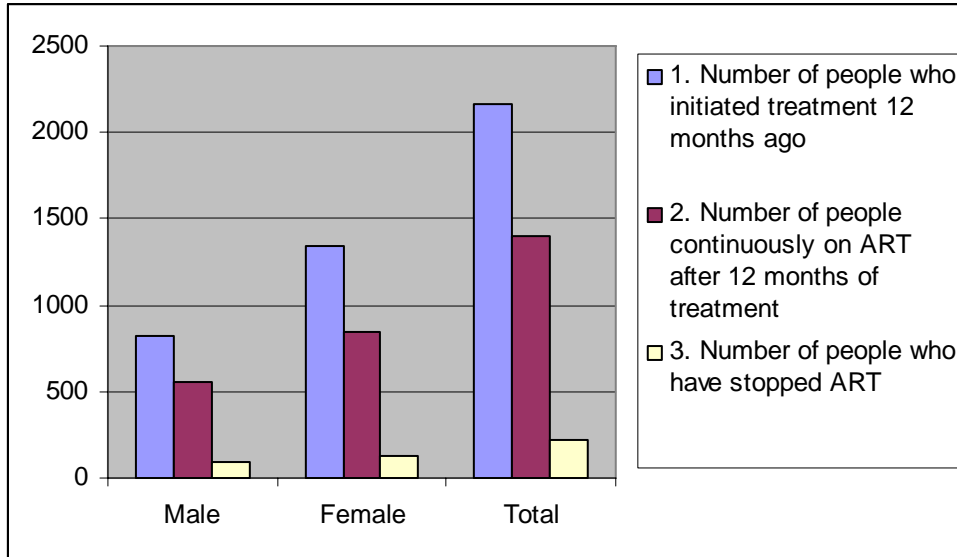
While calculating the indicator, the following data was collected:

- Number of adults and children initiating the ART and the start date.
- Number of adults and children continuously on ART at 12 months after initiating treatment.
- Number of people who have stopped antiretroviral therapy, including those who have transferred out, those lost to follow-up and those who died.

A proportion of people who have stopped treatment or were lost to follow-up may still be alive. However, since they are not continuously on treatment, they should not be included in the numerator.

According to current indicators from NACP, in the last 12 months the current indicator scores for those on ART is 65%, (67%) for men and (63%) for women.

Out of 2,164 people who initiated treatment 12 months ago, 1,400 are still taking the treatment, 217 have stopped and 70 have died.



4. AIDS Policy Index (API)

The API format below is by and large not different from that of the UNGASS. The only difference lies in the ordering of the questions. After it had been validated by a Technical Working Group (TWG), Futures International, which was contracted to work for UNAIDS, used it.

I. Political Support

The best respondents for this section will generally be the Director or Deputy Director of the National AIDS Council or Commission and representatives of donor agencies, such as the UNAIDS Country Programme Advisor, WHO Country Representative, Chairperson of the UN Theme Group on AIDS or local representatives of USAID, DFID or other bi-lateral donors.

	2005	2003
<p>1. Does the head of the government, and/or other high officials, speak publicly and favorably about AIDS issues at least twice a year?</p> <p>Head of government Other high officials</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> Yes No <input type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Yes No <input type="checkbox"/></p>
<p>2. Is there a National AIDS Council or Commission outside the Ministry of Health that coordinates the multi-sectoral AIDS program?</p> <p>If so, is the Head of the Council or Commission chaired by the President, Vice President, Prime Minister or Deputy Prime Minister?</p> <p>Does the Council or Commission include active participation of representatives of civil society?</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> Yes No <input type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Yes No <input type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No</p>
<p>3. Has AIDS been declared a national disaster?</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No</p>
<p>4. Has the country submitted an application for funding to the Global Fund for AIDS, Tuberculosis</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No</p>	

and Malaria?		
If so, has the application been approved by the Global Fund?	✓Yes ___No	
5. Overall, how would you rate the political support for the HIV/AIDS program?		
2005	No support	Strong support
	0 1 2 3 4 5 6 7 8 9 10	
2003	No support	Strong support
	0 1 2 3 4 5 6 7 8 9 10	

II. Policy and Planning

If there is a national AIDS policy and a national strategic plan, you should collect copies of these documents and use them to answer the questions below. Then check the specific answers with people involved in the development of the policy and plan and have them rate the overall effort (question 3). Please list the reference for the policy and plan in the space provided below.

	2005	2003
1. Does a favorable national AIDS policy exist?	___✓Yes ___No	✓Yes_ No
2. If a national policy does not exist, are policy statements included in the national strategic plan?	N/A	N/A
3. Which of the following areas are addressed in the policy or strategic plan?		
a. Human rights?	1 ___✓___	1 ___✓___
b. PLHA involvement?	2 ___✓___	2 ___✓___
c. HIV testing?	3 ___✓___	3 ___✓___
d. Voluntary counseling and testing?	4 ___✓___	4 ___✓___
e. Information and communications?	5 ___✓___	5 ___✓___
f. Condom promotion and distribution?	6 ___✓___	6 ___✓___
g. STI prevention and treatment?	7 ___✓___	7 ___✓___
h. Safe blood?	8 ___✓___	8 ___✓___
i. Prevention of mother-to-child transmission?	9 ___✓___	9 ___✓___
j. Breastfeeding?	10 ___✓___	10 ___✓___
k. Care and treatment?	11 ___✓___	11 ___✓___
l. Gender?	12 ___✓___	12 ___✓___
m. Youth?	13 ___✓___	13 ___✓___
n. Research/surveillance?	14 ___✓___	14 ___✓___
o. HIV/AIDS and poverty?	15 ___✓___	15 ___✓___

	2005	2003
p. Orphans?	16 <input checked="" type="checkbox"/> <input type="checkbox"/>	16 <input checked="" type="checkbox"/> <input type="checkbox"/>
q. Migration?	17 <input type="checkbox"/> <input checked="" type="checkbox"/>	17 <input type="checkbox"/> <input checked="" type="checkbox"/>
r. Vulnerable populations?	18 <input checked="" type="checkbox"/> <input type="checkbox"/>	18 <input checked="" type="checkbox"/> <input type="checkbox"/>
Was the national policy developed in a participatory manner with significant involvement of civil society?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No
Reference for policy document: (title, date) Draft NATIONAL HIV/AIDS AND STI POLICY 2003 NATIONAL HIV/AIDS AND STI POLICY AUGUST 2004		

	2005	2003
4. Is there a national strategic plan for AIDS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does it include:		
a. formal program goals?	1 <input checked="" type="checkbox"/> <input type="checkbox"/>	1 <input type="checkbox"/> <input checked="" type="checkbox"/>
b. detailed budget of costs?	2 <input checked="" type="checkbox"/> <input type="checkbox"/>	2 <input type="checkbox"/> <input checked="" type="checkbox"/>
c. indications of funding sources?	3 <input type="checkbox"/> <input checked="" type="checkbox"/>	3 <input type="checkbox"/> <input checked="" type="checkbox"/>
d. multi-sectoral strategies?	4 <input type="checkbox"/> <input checked="" type="checkbox"/>	4 <input type="checkbox"/> <input checked="" type="checkbox"/>
e. a monitoring and evaluation plan?	5 <input type="checkbox"/> <input checked="" type="checkbox"/>	5 <input type="checkbox"/> <input checked="" type="checkbox"/>
Reference for strategic plan (title, date): GHANA HIV/AIDS STRATEGIC FRAMWORK (2001-2005)		
5. Overall, how would you rate policy formulation and planning in the HIV/AIDS program?		
2005	Weak	Strong
	0 1 2 3 4 5 6 7 8	9 10
2003	Weak	Strong
	0 1 2 3 4 5	6 7 8 9 10

III. Organizational Structure

The best respondents for this section will be the Director or Deputy Director of the National AIDS Council or Commission and representatives of donor agencies, such as the UNAIDS Country Program Advisor, WHO Country Representative, Chairperson of the UN Theme Group on AIDS or local representatives of USAID, DFID or other bi-lateral donors. It is important to include both national respondents and international respondents since it requires a judgment about the adequacy of the administrative structure and staff.

	2005	2003
<p>1. Adequacy of administrative structure and staff. A good administrative structure with competent staff and is capable of recognizing and solving problems that cause low performance, and is capable and willing to use existing resources and/or call upon higher administrative levels to obtain resources necessary to carry out plans.</p> <p>Is there an adequate administrative structure and staff for HIV/AIDS activities either through the national AIDS program or through the Ministry of Health?</p> <p>a. at the national level?</p> <p>b. at the provincial or state level?</p> <p>c. at the district level?</p>	<p>✓Yes __No _✓Yes _No _✓Yes _No</p>	<p>✓Yes __No __Yes ✓No __Yes ✓No</p>
<p>2. Are the following government ministries actively involved in the HIV/AIDS program? Please check all that are actively involved either with their own AIDS program or as active participants in the national program.</p> <p>a. Agriculture</p> <p>b. Culture, information</p> <p>c. Education</p> <p>d. Finance</p> <p>e. Health</p> <p>f. Human resources</p> <p>g. Labor and employment</p> <p>h. Military</p> <p>i. Minerals and energy</p> <p>j. Planning</p> <p>k. Public works</p>	<p>1 __✓__ 2 __✓__ 3 __✓__ 4 __✓__ 5 __✓__ 6 ___✓_ 7 ___✓_ 8 ___✓_ 9 ___✓_ 10 ___✓_ 11 ___✓__</p>	<p>1 __✓__ 2 __✓__ 3 __✓__ 4 __✓__ 5 __✓__ 6 ___✓_ 7 ___✓_ 8 ___✓_ 9 ___✓_ 10 ___✓_ 11 ___x__</p>

l. Tourism	12 <input type="checkbox"/> ✓ <input type="checkbox"/> <input type="checkbox"/>	12 <input type="checkbox"/> ✓ <input type="checkbox"/> <input type="checkbox"/>
m. Trade and Industry	13 <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/>	13 <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/>
n. Transportation	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/>	14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/>
o. Youth	15 <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/>	15 <input type="checkbox"/> <input type="checkbox"/> ✓ <input type="checkbox"/>

3. Overall, how would you rate the organizational structure of the HIV/AIDS program?											
2005	Weak								Strong		
	0	1	2	3	4	5	6	7	8	9	10
2003	Weak								Strong		
	0	1	2	3	4	5	6	7	8	9	10

IV. Program Resources

The best respondents for this section will generally be the Director or Deputy Director of the National AIDS Council or Commission and representatives of donor agencies, such as the UNAIDS Country Program Advisor, WHO Country Representative, Chairperson of the UN Theme Group on AIDS or local representatives of USAID, DFID or other bi-lateral donors.

	2005	2003
1. Are resources allocated according to priority guidelines including considerations of need, cost-effectiveness and available infrastructure?	✓Yes <input type="checkbox"/> No <input type="checkbox"/>	✓Yes <input type="checkbox"/> No <input type="checkbox"/>
2. How would you rate the resources available for the following programs? Use a scale of 0-3 where -0 no resources -1 limited resources -2 substantial but insufficient resources -3 adequate resources to meet needs		
a. Policy development	1 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
b. Human rights	2 <input type="checkbox"/> 1 <input type="checkbox"/>	2 <input type="checkbox"/> 1 <input type="checkbox"/>
c. Mass media	3 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 2 <input type="checkbox"/>
d. Community mobilization	4 <input type="checkbox"/> 2 <input type="checkbox"/>	4 <input type="checkbox"/> 2 <input type="checkbox"/>
e. Voluntary counseling and testing	5 <input type="checkbox"/> 2 <input type="checkbox"/>	5 <input type="checkbox"/> 1 <input type="checkbox"/>
f. Behavior change communications	6 <input type="checkbox"/> 2 <input type="checkbox"/>	6 <input type="checkbox"/> 1 <input type="checkbox"/>
g. Programs for vulnerable populations (CSW, MSM, IDU)	7 <input type="checkbox"/> 1 <input type="checkbox"/>	7 <input type="checkbox"/> 1 <input type="checkbox"/>
h. Programs for youth	8 <input type="checkbox"/> 2 <input type="checkbox"/>	8 <input type="checkbox"/> 2 <input type="checkbox"/>

i. Blood safety	9__2__	9__1__
j. Condoms	10__2__	10__2__
k. STI treatment	11__2__	11__2__
l. Prevention of mother-to-child transmission	12__1__	12__1__
m. Palliative care	13__1__	13__1__
n. Treatment of opportunistic infections	14__2__	14__1__
o. Prophylaxis for opportunistic infections	15__2__	15__1__
p. Anti-retroviral therapy	16__2__	16__1__
q. Care for orphans	17__2__	17__1__
r. Research	18__1__	18__1__
s. Program management and coordination	19__2__	19__2__
t. Evaluation	20__1__	20__1__

3. Overall, how would you rate the adequacy of financial resources for the HIV/AIDS program?											
2005	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10
2003	Poor										Good
	0	1	2	3	4	5	6	7	8	9	10

V. Evaluation, Monitoring and Research

The best respondents for this section will generally be the official in charge of monitoring and evaluation in the national AIDS program.

	2005	2003
1. Is there an evaluation officer responsible for monitoring and evaluation activities of the national program?	✓Yes __No	✓Yes __No
a. If so, what is the title of this officer?		
Monitoring and Evaluation Coordinator	✓Yes __No	✓Yes __No
b. If so, is the monitoring and evaluation officer full-time on monitoring and evaluation?		
2. Which of the following components are including in the HIV/AIDS surveillance system? Please check all that apply.		
a. AIDS case reporting	a. __✓__	a. __✓__

b. Annual HIV surveillance estimating prevalence among <ol style="list-style-type: none"> 1. pregnant women 2. STI patients 3. tuberculosis patients 4. commercial sex workers 5. men who have sex with men 6. injecting drug users 7. uniformed services 	1 <input checked="" type="checkbox"/> <input type="checkbox"/> 2 <input checked="" type="checkbox"/> <input type="checkbox"/> 3 <input checked="" type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input checked="" type="checkbox"/> 5 <input type="checkbox"/> <input checked="" type="checkbox"/> 6 <input type="checkbox"/> <input checked="" type="checkbox"/> 7 <input type="checkbox"/> <input checked="" type="checkbox"/>	1 <input type="checkbox"/> <input checked="" type="checkbox"/> 2 <input type="checkbox"/> <input checked="" type="checkbox"/> 3 <input type="checkbox"/> <input checked="" type="checkbox"/> 4 <input type="checkbox"/> <input checked="" type="checkbox"/> 5 <input type="checkbox"/> <input checked="" type="checkbox"/> 6 <input type="checkbox"/> <input checked="" type="checkbox"/> 7 <input type="checkbox"/> <input checked="" type="checkbox"/>
c. Regular behavioral surveillance among key populations d. Periodic national population surveys on HIV/AIDS knowledge, attitudes, beliefs and behaviors	c. <input type="checkbox"/> <input checked="" type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/>	c. <input type="checkbox"/> <input checked="" type="checkbox"/> d. <input type="checkbox"/> <input checked="" type="checkbox"/>
3. Are evaluation and research results actively employed in policy formulation and program planning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Overall, how would you rate the evaluation and monitoring efforts of the HIV/AIDS program?		
2005	Poor	Good
	0 1 2 3 4 5 6 7 8 9 10	
2003	Poor	Good
	0 1 2 3 4 5 6 7 8 9 10	

VI. Legal and Regulatory Environment

The best people to answer the items in this section will be those with detailed knowledge of the HIV/AIDS legal and regulatory environment. These may include law reform commissioners, Ministry of Justice officials, ombudspersons, national human rights commissioners, and representatives of national human rights NGOs or legal aid centers/institutions.

	2005	2003
1. Public health and other legislation and policies authorize and empower public health authorities to provide comprehensive prevention and treatment services, including:		
a. HIV/AIDS information and education, for the	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	2005	2003
general population and for targeted populations.		
b. voluntary HIV testing and counseling		
c. sexually transmitted disease services, and, sexual and reproductive health services.	✓Yes __No	✓Yes __No
d. condoms, as a means of HIV/AIDS prevention.	✓Yes __No	✓Yes __No
	✓Yes __No	✓Yes __No
e. drug treatment, care and support for AIDS-related illnesses.	✓Yes __No	✓Yes __No
2.		
a. Legislation and policies do not authorize coercive measures such as isolation, detention or restriction of liberty or detention of persons living with HIV/AIDS, merely on the basis of their HIV status.	✓Yes __No	✓Yes __No
b. Where legislation authorizes the restriction of the liberty of persons living with HIV/AIDS to reduce real risk of transmission then such circumstances are prescribed within the law and due process such as the right to be heard, right to representation and the right to appeal are guaranteed.	✓Yes __No	✓Yes __No
3. Public health legislation and policies require that blood/tissue/organ supply is free of HIV and other blood-borne disease.	✓Yes __No	✓Yes __No

	2005	2003
4. Legislation and policies require that information relative to HIV and AIDS cases, known or reported through the course of employment, is subject to strict rules of data protection and confidentiality.	✓Yes __No	_✓Yes __No

<p>5. Criminal law or other legislation does not include specific offences against intentional transmission of HIV/AIDS. (Where appropriate, this is covered under the general criminal, public health or mental health law.)</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p>
<p>6. Legislation, policies, and programs support reducing the risk of HIV transmission among injecting drug users by providing HIV-related care and treatment for injecting drug users, such as, authorization or legalization and promotion of needle and syringe exchange programs, including prosecution protection for intermediaries dispensing such needles and syringes. (If injection drug use is not a significant mode of HIV transmission in your country, please skip this question.)</p>	<p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p>	<p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p>
<p>7.</p> <p>a. Legislation, policies, and programs prohibit discrimination, in the private and public sectors, on the basis of HIV status.</p> <p>b. Legislation, policies and programs contain provisions that protect from discrimination members of vulnerable groups such as women, men who have sex with men, sex workers, and prisoners.</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p>	<p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p>
<p>8. Legislation and policies protect and promote workplace rights, including:</p> <p>a. prohibiting HIV screening for general employment purposes (appointment, promotion, training, benefits).</p> <p>b. confidentiality of employees' medical and personal information, including HIV/AIDS status.</p> <p>c. employment security (e.g., no unfair dismissal rules) for HIV-positive workers able to work, including reasonable alternative working arrangements, and social security and other benefits where workers are no longer able to work.</p> <p>d. access to information and education programs on HIV/AIDS, as well as to relevant counseling and appropriate referral.</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>

VII. Human Rights

The best people to answer the items in this section will be those with detailed knowledge of the human rights environment. These may include law reform commissioners, Ministry of Justice officials, ombudspersons, national human rights commissioners, and representatives of national human rights NGOs or legal aid centers/institutions.¹

	2005	2003
1. a. The Government, through political and financial support, involve and engage communities infected, affected and vulnerable by the epidemic in all phases of HIV/AIDS policy design, program implementation and evaluation.	✓Yes __No	✓Yes __No
b. The Government ensures that community organizations are enabled to effectively carry out their HIV/AIDS activities, including as they concern human rights and law.	✓Yes __No	✓Yes __No
2. The Government, in collaboration with the community, promotes a supportive and enabling environment for women, children and other vulnerable groups by addressing underlying social, cultural, political and legal prejudices and inequalities through, amongst other things, community dialogue, specially designed social and health services and support to community groups.	_✓_Yes-No	__Yes ✓No
3. a. A broad range of channels (such as creative education, training, film, theater, television, radio, print, personal testimonies and posters) are used to promote respect for the rights and dignity of People Living With HIV/AIDS (PLWHAs) and members of vulnerable groups.	✓Yes __No	✓Yes __No
b. There are programs that are explicitly designed to change attitudes of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance.	✓Yes __No	_✓Yes __No

¹ Items included in the human rights category track two of UNAIDS human rights documents to which reference should be made: (1) *HIV/AIDS and Human Rights, International Guidelines*, United Nations, 1998; and (2) *Handbook for Legislators on HIV/AIDS, Law and Human Rights*, 1999.

	2005	2003
<p>4. Codes of conduct or ethical standards for professional groups that address human rights issues in the context of HIV/AIDS (such as confidentiality, informed consent to testing, the duty to treat, the duty to ensure safe workplaces, reducing vulnerability and discrimination) and include practical remedies for breaches and misconduct exist for</p> <p>a. health care workers</p> <p>b. lawyers and other legal professionals</p> <p>c. insurance professionals</p>	<p>✓Yes ___No</p> <p>✓Yes ___No</p> <p>___Yes ✓No</p>	<p>___Yes ✓No</p> <p>___Yes ✓No</p> <p>___Yes ✓No</p>
<p>5. Effective monitoring and enforcement mechanisms are necessary at the national and community level to monitor and guarantee protection and realization of HIV-related human rights, including those of PLWHA, their families and communities. The following mechanisms are in place:</p> <p>a. Collection of information on human rights and HIV/AIDS and use of this information as a basis for policy and program development and reform.</p> <p>b. Creation of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions and ombudspersons.</p> <p>c. Establishment of focal points within governmental departments to monitor HIV-related human rights abuses.</p> <p>d. Development of performance indicators or benchmarks for compliance with human rights standards.</p>	<p>___Yes ✓No</p> <p>✓Yes ___No</p> <p>___Yes ✓No</p> <p>___Yes ✓No</p>	<p>___Yes ___✓No</p> <p>✓Yes ___No</p> <p>___Yes ✓No</p> <p>___Yes ✓No</p>

	2005	2003
<p>6. The Government has ratified the following major international human rights instruments: (check all that have been ratified)</p> <p>a. The Universal Declaration of Human Rights</p> <p>b. International Covenant on Economic, Social and Cultural Rights</p> <p>c. International Covenant on Civil and Political Rights</p> <p>d. Convention on the Elimination of All Forms of Discrimination Against Women</p> <p>e. Convention on the Rights of the Child</p> <p>f. International Convention on the Elimination of All Forms of Racial Discrimination</p> <p>g. Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment</p> <p>h. Convention on the Prevention and Punishment of the Crime of Genocide.</p> <p>The Government has submitted reports to the United Nations treaty monitoring bodies, including on relevant HIV/AIDS-related human rights concerns arising under the various treaties.</p> <p>Government institutions and non-governmental organizations cooperate with all relevant United Nations programs and agencies (e.g., UNAIDS) to share knowledge and experience concerning HIV/AIDS-related human rights issues; to ensure appropriate human rights- based responses at the international level.</p>	<p>a) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>b) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>c) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>d) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>e) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>f) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>g) <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>h) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>a) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>b) <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>c) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>d) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>e) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>f) <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>g) <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>h) <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Legal support services can educate people affected by HIV/AIDS about their rights, provide free legal services to enforce those rights, develop expertise on HIV-related legal issues. Are the following legal support services available:</p> <p>a. legal aid systems specializing in HIV/AIDS casework</p> <p>b. state support to private sector laws firms to provide free <i>pro bono</i> legal services to PLWHA in areas such as anti-discrimination</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

c. programs to educate, raise awareness among PLWHA concerning their rights and or empower them to draft and disseminate their own charters/declarations of legal and human rights.	__Yes ✓No	__Yes ✓No
8. Overall, how would you rate the legal and organizational structure in place to protect human rights?		
2005	Weak 0 1 2 3 4 5 6 7 8 9 10	Strong
2003	Weak 0 1 2 3 4 5 6 7 8 9 10	Strong
9. Overall, how would you rate the effort to enforce the human rights laws and regulations?		
2005	Weak 0 1 2 3 4 5 6 7 8 9 10	Strong
2003	Weak 0 1 2 3 4 5 6 7 8 9 10	Strong

VIII. Prevention Programs

The best respondents for this section will generally be the Director or Deputy Director of the National AIDS Council or Commission or those in charge of prevention, care and mitigation activities.

	2005	2003
<p>1. Which of the following prevention activities have been implemented? Check all programs that are implemented beyond the pilot stage to a significant portion of both the urban and rural populations.</p> <p>a. An active program to promote accurate HIV/AIDS reporting by the media.</p> <p>b. A functioning logistics system for condoms and essential HIV/AIDS drugs</p> <p>c. A social marketing program for condoms.</p> <p>d. School-based AIDS education for youth</p> <p>e. Behavior change communications</p> <p>f. Voluntary counseling and testing</p> <p>g. Special programs for commercial sex workers</p> <p>h. Special programs for men who have sex with men</p> <p>i. Special programs for injecting drug users</p> <p>j. Special programs for other vulnerable populations</p> <p>k. Blood safety</p> <p>l. Nationwide program to prevent mother-to-child transmission of HIV</p> <p>m. Programs to ensure safe injections in health care settings</p>	<p>a. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>b. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>c. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>d. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>e. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>f. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>g. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>h. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>i. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>j. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>k. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>l. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>m. <input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>a. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>b. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>c. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>d. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>e. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>f. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>g. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>h. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>i. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>j. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>k. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>l. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>m. <input checked="" type="checkbox"/> <input type="checkbox"/></p>
<p>2. Overall, how would you rate the prevention efforts of the HIV/AIDS program?</p> <p>2005</p> <p>Poor</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Good</p> <p>2003</p> <p>Poor</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p>Good</p>		

IX. Care and Treatment Services

The best respondents for this section will generally be those in charge of care and treatment services within the National AIDS Control Program, the Ministry of Health and the WHO and UNAIDS representatives.

	2005	2003
2. Which of the following are part of care and treatment of HIV/AIDS. Check all that apply.		
a. HIV screening of blood for transfusion	a. <input type="checkbox"/> ✓ <input type="checkbox"/>	a. <input type="checkbox"/> ✓ <input type="checkbox"/>
b. Psychosocial support for PLHA and their families	b. <input type="checkbox"/> ✓ <input type="checkbox"/>	b. <input type="checkbox"/> x <input type="checkbox"/>
c. Palliative care	c. <input type="checkbox"/> x <input type="checkbox"/>	c. <input type="checkbox"/> x <input type="checkbox"/>
d. Treatment of common HIV-related infections : pneumonia, diarrhoea, oral thrush, vaginal candidiasis and pulmonary TB	d. <input type="checkbox"/> ✓ <input type="checkbox"/>	d. <input type="checkbox"/> ✓ <input type="checkbox"/>
e. Nutritional care	e. <input type="checkbox"/> ✓ <input type="checkbox"/>	e. <input type="checkbox"/> ✓ <input type="checkbox"/>
f. STI prevention (including condom use) and care	f. <input type="checkbox"/> ✓ <input type="checkbox"/>	f. <input type="checkbox"/> ✓ <input type="checkbox"/>
g. Cotrimoxazole prophylaxis among HIV-infected people	g. <input type="checkbox"/> ✓ <input type="checkbox"/>	g. <input type="checkbox"/> ✓ <input type="checkbox"/>
h. Universal precautions	h. <input type="checkbox"/> ✓ <input type="checkbox"/>	h. <input type="checkbox"/> ✓ <input type="checkbox"/>
i. Intensified case finding and treatment for TB, including for smear negative and disseminated TB among HIV-infected people	i. <input type="checkbox"/> ✓ <input type="checkbox"/>	i. <input type="checkbox"/> ✓ <input type="checkbox"/>
j. Preventive therapy for TB among HIV-infected people	j. <input type="checkbox"/> ✓ <input type="checkbox"/>	j. <input type="checkbox"/> x <input type="checkbox"/>
k. Systemic antifungals for systemic mycosis (such as cryptococcosis)	k. <input type="checkbox"/> ✓ <input type="checkbox"/>	k. <input type="checkbox"/> ✓ <input type="checkbox"/>
l. Treatment of HIV-associated malignancies : Kaposi's sarcoma, lymphoma and cervical cancer	l. <input type="checkbox"/> ✓ <input type="checkbox"/>	l. <input type="checkbox"/> ✓ <input type="checkbox"/>
m. Treatment of extensive herpes	m. <input type="checkbox"/> ✓ <input type="checkbox"/>	m. <input type="checkbox"/> ✓ <input type="checkbox"/>
n. Post exposure prophylaxis of occupational exposure to HIV and for rape	n. <input type="checkbox"/> ✓ <input type="checkbox"/>	n. <input type="checkbox"/> x <input type="checkbox"/>
o. Highly active antiretroviral therapy (HAART)	o. <input type="checkbox"/> ✓ <input type="checkbox"/>	o. <input type="checkbox"/> ✓ <input type="checkbox"/>
p. Diagnosis and treatment of HIV-related infections that are difficult to diagnose and/or expensive to treat, such as atypical mycobacterial infections, cytomegalovirus infection, multiresistant TB, toxoplasmosis, etc	p. <input type="checkbox"/> ✓ <input type="checkbox"/>	p. <input type="checkbox"/> x <input type="checkbox"/>
q. Advanced treatment of HIV related malignancies	q. <input type="checkbox"/> ✓ <input type="checkbox"/>	q. <input type="checkbox"/> x <input type="checkbox"/>

2. Overall, how would you rate the coverage (number of people served) of care and treatment efforts of the HIV/AIDS program?														
2005	Poor										Good			
		0	1	2	3	4	5	6	7	8	9	10		
2003	Poor											Good		
		0	1	2	3	4	5	6	7	8	9	10		
3. Overall, how would you rate the quality of care and treatment provided to those receiving it?														
2005	Poor										Good	<input type="checkbox"/>	<input type="checkbox"/>	
		0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>
2003	Poor											Good		
		0	1	2	3	4	5	6	7	8	9	10		

X. Mitigation Programs

The best respondents will generally be those involved with mitigation programs. This may include people from the National AIDS Commission, the Ministries of Health, Planning, Social Services, Economic Development or Children, international organizations such as UNICEF, and religious organizations and NGOs working in community support and orphan support programs.

	2005	2003
1. Which of the following mitigation activities have been implemented:		
a. Community support for orphans and other vulnerable children	a. __✓__	a. __✓__
b. Programs to pay school fees for orphans and vulnerable children	b. __✓__	b. __✓__
c. Funding of community efforts that reduce the impact of HIV infection	c. __✓__	c. __✓__
d. Specific public services that reduce the economic and social impacts of HIV infection	d. __✓__	d. x

2. Overall, how would you rate the efforts to mitigate the effects of the HIV/AIDS epidemic?

2005	Poor	0	1	2	3	4	5	6	7	8	9	10	Good
2003	Poor	0	1	2	3	4	5	6	7	8	9	10	Good

5. Conclusion

Ghana has achieved many successes in the fight against HIV/AIDS. With the revision of the National Strategic framework, key steps to improve implementation process have been outlined. Ministries, Departments and Agencies; Metropolitan, Municipal and Districts Assemblies have developed or are reviewing or new HIV/AIDS strategic plans that incorporate the priority areas identified under the National Strategic Framework II. Additionally, a five (5)-year programme and a rolling annual plan of work (POW), with budgets are being developed. A new funding strategy, the Multi-sectoral HIV/AIDS Programme (M-SHAP) has already been developed to leverage resources. In addition, each sector and district will have to continue to make budgetary allocations in their Medium Term Expenditure Framework (MTEF) for HIV/AIDS activities.

In spite of these steps, there are challenges to be addressed in meeting the goals set in the National Strategic framework 2006-2010(NSF II). First, it will require changing attitudes and behaviour towards PLHA, promoting sexual and reproductive health among the general population, reaching out to people at high risk of contracting HIV and supporting care givers. Second, it will require expanding programmes such as VCT, PMTCT, HAART and Post-exposure prophylaxis based on recent developments in knowledge and new technologies. Third, mainstreaming HIV/AIDS activities into the Ghana National Poverty Reduction Strategy which provides Government’s blueprint for national development, will have to be carried out to show that the nation recognizes the epidemic as a developmental challenge.

All these require substantial human capacity building for large numbers of personnel, including volunteers, and a huge effort to mobilize resources, develop detailed plans for programmes and activities, allocate budgets through a rational process, and develop and implement a comprehensive monitoring and evaluation system.