GHANA AIDS COMMISSION

Under the Office of the President

NATIONAL HIV & AIDS STRATEGIC PLAN

2016 - 2020

ABRIDGED VERSION

JULY 2016

GHANA
NATIONAL HIV AND AIDS STRATEGIC PLAN

2016 – 2020

Abridged Version

Table of Contents

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARVs	Antiretroviral Drugs
CHRAJ	Commission on Human Rights and Administrative Justice
CSOs	Civil Society Organisations
CSS	Community Systems Strengthening
CTX	Cotrimoxazole
DACF	District Assembly Common Fund
DOTS	Directly Observed Treatment Short-Course
ETE	End of Term Evaluation
FSWs	Female Sex Workers
GAC	Ghana AIDS Commission
GDHS	Ghana Demographic and Health Survey
GHS	Ghana Health Service
GES	Ghana Education Service
GoG	Government of Ghana
GSGDA	Ghana Shared Growth and Development Agenda
HEI	HIV Exposed Infant
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSB	Health System Blocks
HSS	Health Systems Strengthening
HTS	HIV Testing Services
IBBSS	Integrated Biological and Behavioural Surveillance Survey
IPC	Interpersonal Communication
IPs	Implementing Partners
KPs	Key Populations
LEAP	Livelihood Empowerment Against Poverty
M&E	Monitoring and Evaluation
MARPs	Most-at-Risk Populations
MDAs	Ministries, Departments, and Agencies
MGCSP	Ministry of Gender, Children and Social Protection
MMDAs	Metropolitan, Municipal, and District Assemblies
MoE	Ministry of Education
MoH	Ministry of Health
MoT	Modes of Transmission
MoYS	Ministry of Youth and Sports
MSM	Men-who-have-Sex-with-Men
MTCT	Mother-to-Child Transmission
MTE	Mid-Term Evaluation
NACP	National AIDS and STI Control Programme
NASA	National AIDS Spending Assessment
NHIS	National Health Insurance Scheme
Non-PP	Non Paying Partner
NSF I & II	National HIV & AIDS Strategic Frameworks
OSY	Out of School Youth
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PWIDs	People-Who-Inject-Drugs
RME	Research, Monitoring and Evaluation
SI	Strategic Information
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS

List of Tables

Glossary of Terms[1]

Adolescents:	Males and females between 15 and 19 years old.
Adults:	Males and females between 15 and 49 years old.
Antiretroviral Drugs:	Highly active medicines which suppress viral replication, reduce the amount of the virus in the blood to undetectable levels and slow the progress of the HIV disease.
Behaviour Change Communication (BCC):	BCC promotes tailored messages of personal risk assessment, greater dialogue and an increased sense of ownership.
CD 4 Cells:	Type of white blood cells that fight infection, also known as T-helper cells.
Drivers of the Epidemic:	The underlying determinants of an epidemic (i.e. structural and social factors, such as poverty, gender inequality and human rights abuses that can increase people's vulnerability to HIV).
Ending AIDS:	This means that the spread of HIV has been controlled or contained and that the impact of the virus on societies and on people's lives has been marginalised and lessened, owing to significant declines in ill health, stigma, deaths and the number of orphans. It also means increased life expectancy, unconditional acceptance of people's diversity and rights, increased productivity and reduced costs as the impact of AIDS diminishes.
Evidence Based/Informed:	In the context of research, treatment and prevention, evidence usually refers to qualitative and/or quantitative results that have been published in a peer-reviewed journal.
Fast-Track Strategy:	This strategy calls on countries, especially those with a high burden of HIV, to provide lifesaving HIV treatment and prevention services as a matter of priority to people most at risk of HIV infection in areas with high HIV prevalence and density of people living with HIV in a short window of five years. Such an approach will drastically reduce the number of

[1] Some of the terms are taken from UNAIDS Terminology Guidelines, 2015

new HIV infections as well as AIDS-related deaths to record low levels.

Gender Equality: Gender equality between men and women means that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles and prejudices. Gender equality means that the different behaviours, aspirations and needs of women and men are considered, valued and favoured equally without discrimination.

Health System: A broad range of institutions and individuals whose actions help to ensure the efficient and effective delivery and use of products and information for the prevention, treatment, care, and support of people in need of these services.

Kayayei: Female head porters who mostly work at various large markets in Accra.

Key Populations: Refers to those most likely to be exposed to HIV or to transmit it – their engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men-who-have-sex-with-men, transgender persons, people who inject drugs, sex workers and their clients, and sero-negative partners in sero-discordant couples are at higher risk of exposure to HIV than other people.

Safer Sexual Behaviour: Behaviour adopted to reduce or minimise the risk of HIV acquisition and transmission.

Targeted Interventions: Interventions focusing on populations that are key to the epidemic and key to the response.

Youth or Young Persons: Males and females between the ages of 15 and 24 years.

Vulnerable Populations: They are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.

Foreword

Ghana has made significant progress towards eliminating HIV and AIDS. This has been made possible through the implementation of the National HIV & AIDS Strategic Frameworks, 2001-2005 and 2006-2010 (NSF I and NSF II) respectively, and the National HIV and AIDS Strategic Plan (NSP) 2011-2015.

This National Strategic Plan (NSP) 2016-2020 is intended to sustain the progress made in the national HIV response thus far and guide the implementation of the national HIV response over the next five years. It has been developed to guide the country's efforts towards the achievement of the HIV-related Sustainable Development Goals. It is aligned to the 90-90-90 fast-track targets aimed at ensuring that 90% of Persons Living with HIV know their HIV status, 90% of Persons Living with HIV who know their HIV status are placed on sustained treatment, and 90% of Persons Living with HIV on sustained treatment achieve viral suppression.

It is therefore the commitment of my Government to provide sustained financing towards the achievement of the set targets in this Plan. I believe the strategies in this Plan will achieve the ambitious but transformative results we expect by 2020.

To ensure ownership and improve accountability for investments, I encourage stakeholders to be actively involved in the implementation of this Plan. We must improve our efforts to be more effective and coherent to support the national HIV response and to address barriers which prevent access to available HIV services. No one must be left behind.

Guided by this Strategic Plan, let us unite with a shared responsibility, with renewed energy, commitment and determination to end AIDS by 2030.

John Dramani Mahama
President of the Republic of Ghana

1. Introduction

The National HIV and AIDS Strategic Plan 2016-2020 (NSP) represents Government's commitment to accelerate the country's efforts towards ending AIDS by 2030. The plan provides evidence-based and results-oriented strategies for the implementation of the national response to HIV. The plan builds on synergies with HIV-related activities in key development sectors that have the greatest potential to optimise the national HIV response. It also focuses on high-impact HIV prevention, treatment, care and support activities and the critical social and programmatic enablers of the national HIV programme.

The NSP 2016-2020 was developed through a multi-sectoral consultative process which commenced with an end of term evaluation of the NSP 2011-2015, the recommendations of which informed the direction of this current Strategic Plan. Accordingly, the objective of the NSP 2016-2020 is to fast-track efforts towards the prevention of new HIV infections and AIDS-related deaths, as well as to emphasise treatment, care and support interventions by 2020.

The NSP 2016-2020 is aligned to the Ghana Shared Growth and Development Agenda (GSGDA 2014-2017) and the Sustainable Development Goals and focuses on ensuring healthy lives and promoting wellbeing for all at all ages. The plan ascribes to the 90-90-90 fast-track targets which are to ensure that by 2020:

- 90% of all people living with HIV will know their HIV status;
- 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy;
- 90% of all people receiving antiretroviral therapy will have viral suppression.

2. Vision

The NSP 2016-2020 is anchored within the overall vision of the national HIV response which is aimed at eliminating HIV and AIDS in Ghana.

3. Goal

The goal of the NSP 2016-2020 is to achieve the 90-90-90 fast-track treatment targets by 2020.

4. AIDS Investment Framework

In line with the vision, the NSP 2016-2020 leverages the investment thinking approach to detail the country's commitment to invest for results. Consequently, the AIDS investment framework has enabled the identification of the following as critical components of the NSP 2016-2020:

i. High-Impact direct HIV activities;
ii. Critical social and progammatic enablers;
iii. Synergies with HIV related activities in key development sectors.

5. HIV Epidemic in Ghana

Ghana is classified as having a generalised HIV epidemic. Over the last decade HIV prevalence in the country has remained on average around 2% in adults 15-49 years according to the Ghana Demographic and Health Service (GDHS 2014), with significant variations across the country. HIV prevalence among pregnant women has been above 1% over the past-seven years. The prevalence among key populations, i.e. Men-Who-Have-Sex-With-Men (MSM), Female Sex Workers (FSWs), Persons-Who-Inject-Drugs (PWIDs) and prisoners is disproportionately high compared to the general population: five times higher among FSWs and more than eight times higher among MSM.

According to the GDHS 2014, HIV prevalence is highest in the Eastern Region (2.8%) and lowest in the Northern Region (0.3%). In addition, the epidemic is more prevalent in urban areas (2.4%) than rural areas (1.7%). By the end of 2015, there were 274,562 Persons Living with HIV (PLHIV), with women constituting about 60% and 89,113 people on ART. New HIV infections stood at 12,635 persons in 2015. The country recorded total annual AIDS deaths of 10,958 in the same year. HIV testing increased from 21% for women and 14% for men in 2008 to 43% and 20% for women and men in 2014 respectively. At the end of 2015, 2,335 testing sites have been set up nationwide.

6. Impact Result, Strategies and Output Results

The strategic direction of the NSP 2016–2020 is to achieve the 90-90-90 fast track targets. Consequently, the strategies outlined in this document are aimed at achieving the following strategic objectives by 2020:

1. Reduction of new HIV infections by 80% from an estimated 12,803 in 2015 to 2,560 in 2020;
2. Reduction in AIDS-related deaths by 80% from an estimated 12,646 deaths in 2015 to 2,530 in 2020;
3. Strengthening of health and community systems.

These objectives will be realised through a combination of behaviour change interventions targeting the general population, young people (15-24 years) and key populations, prevention of mother-to-child transmission of HIV (PMTCT) and treatment and care for HIV and AIDS. In addition, investments will be made in key social and programmatic enablers of the national HIV response as well as synergies with key development sectors in the country.

In pursuit of the objectives, the NSP 2016-2020 envisages the attainment of the specific impact results during the implementation period (Table1).

Table 1: Impact Results of the NSP 2016 - 2020

		Baseline		Target	
Expected Impact Results	Indicators	Value	Source & Year	2018	2020
Reduction in new HIV infections by 80% from 12,803 in 2015 to 2,560 in 2020	Estimated number of all new HIV infections	12,803	Spectrum 2015	6,660	2,560
	Estimated number of new HIV infections (Adults 15+)	10,606	Spectrum 2015	5.520	2,120
	Estimated number new HIV infections in Children 0-14 yrs)	2,197	Spectrum 2015	1,140	440
Reduction in AIDS-relates death by 80% (from 12646 in 2015 to 2,490 in 2020	Estimated AIDS-related death (All)	12,646	Spectrum 2015	6,580	2,530
	Estimated AIDS-related death (Adults 15+ yrs)	11,223	Spectrum 2015	5,840	2,240
	Estimated AIDS-related death (Children 0-14 yrs)	1,423	Spectrum 2015	740	290

The NSP 2016–2020 identifies five (5) High Impact activities with associated strategies and output results. These are evidence-based internationally accepted interventions that contribute to the prevention of new HIV infections and reduction of AIDS-related morbidity and mortality. The High Impact HIV activities are addressed under two broad categories:

(i) Preventing new HIV infections, and
(ii) HIV Treatment and Care.

The sub-section on Preventing New HIV infections includes:

(a) Targeted Behaviour Change Interventions;
(b) Key Populations HIV Programme;
(c) Condom Promotion and Distribution, and
(d) Prevention of Mother-to-Child Transmission of HIV.

The sub-section on HIV Treatment and Care comprises Treatment and Care for HIV and AIDS.

6.1 High Impact Activities

Ending the AIDS epidemic by 2030 is one of the key targets of the new 2015-2030 United Nations Sustainable Development Goals (SDGs) – specifically for Goal 3 - which focuses on ensuring healthy lives and promoting wellbeing for all at all ages. The UNAIDS Fast-Track Strategy to end the AIDS epidemic by 2030, is aligned to the SDGs. The Strategy advocates for rights-based approaches to rapidly scale up proven-effective HIV services to save lives and avert new HIV infections at the rate and scale necessary to reach a tipping point of the AIDS epidemic. Based on the results of the NSP 2011-2015, the fast-track targets and the AIDS Investment have been designed to include key indicators for measuring performance.

6.1.1 Targeted Behaviour Change Interventions

a) General Population

Over the last few years, the focus on HIV prevention programmes for KPs and pregnant women has crowded out general population HIV prevention interventions. This has contributed to GDHS 2014 findings of a decrease

in comprehensive knowledge on HIV and AIDS, accepting attitudes toward people living with HIV and condom use in high risk sexual intercourse in the general population, who also experienced decreased access to HIV testing and counselling services. The 2015 Modes of Transmission study revealed that about three (3) out of four (4) new infections are from the general population. Consequently, the NSP has proposed strategies targeted at the general population to significantly improve HIV related behaviour change outcomes.

Impact Result

Reducing new HIV infections in adult population (≥15 years) by 80% from 10,606 in 2015 to 2,120 in 2020.

Strategies

- Sustained Behaviour Change Interventions (BCI) to improve comprehensive knowledge about HIV in the general population.
- Targeted interventions among selected general population including workplaces, tertiary institutions and informal sector workers.
- Developing and promoting innovative approaches to improve accepting attitudes towards PLHIV.
- Designing and implementing specific interventions to address vulnerable populations including persons with disabilities, kayayei, migrants, refugees and other emerging vulnerable groups.
- Targeted interventions among uniformed services personnel as well as prisoners.

Table 2: General Population Outcome Results

Outcome Indicators for general population	Baseline	Source & Year	2018	2020
% Women & Men age 15-49 years who had sexual intercourse with a non-marital, non-cohabiting partner in the past 12 months reporting the use of a condom during their last sexual intercourse with that partner	Female = 25.4% Male = 45.1%	GDHS 2008	Female = 35% Male = 60%	Female = 45% Male = 70%
% (Number) of people in the general population who have received HIV test in last twelve months and know their results (disaggregated by sex and age)	Female = 13% Male = 6%	GDHS 2014	Female = 28% Male = 21%	Female = 38% Male = 31%
% of women and men with comprehensive knowledge of HIV and AIDS	Female = 23% Male = 34%	GDHS 2014	Female = 40% Male = 50%	Female = 70% Male = 70%

Young Persons (15–24)

About a quarter of all new HIV infections occured in young people (spectrum 2015).Young people (15-24 years) are considered a vulnerable group for HIV infection as they are sexually active and are often involved in unprotected sexual intercourse. Comprehensive knowledge of HIV among young persons is declining as well as condom use among young persons with two or more partners. In addition, young people have little access to HIV and AIDS prevention, treatment, care and support services. Compared with adults, HIV testing is low among young persons.

Strategies

- Promote condom use among young persons as a strategy for dual protection against pregnancy and HIV.
- Establish and maintain gender-specific interventions for young persons in and out of school.
- Design and implement innovative approaches to improve accepting attitudes of young persons towards PLHIV.

Table 3: Young Persons Outcome Results

Young persons	GDHS 2014	2018	2020
% who report using a condom during their last sexual intercourse among young women and men aged 15-24 years who had sexual intercourse with a non-marital, non-cohabiting partner.	F: 28.2% M: 46.4%	F: 70% M: 80%	90% 95%
% Who reported using a condom during last sexual intercourse among young women and men 15-24 years who had 2+ sexual partners in last 12 months	F: 14.9% M: 34.2%	F: 70% M: 80%	F: 90% M: 95%
% Young women and men 15-24 years ever tested for HIV and received results	F: 26.4% M: 8.6%	F: 59% M: 59%	90% 90%

6.1.2 Key Populations

Over the last few years, there has been a great upsurge in efforts to provide HIV prevention information and services to MSM and FSWs in particular and to a lesser extent, non-paying sex partners of FSWs as well as PWIDs in the country. The NSP 2016-2020 directs that KPs receive an integrated package of HIV prevention information and services that are specific for each KP-group.

Impact Results

The expected impact results include: reduced risk of acquiring and transmitting HIV infection and reduced new HIV infections among KPs.

Table 4: Impact Results for KPs

Impact Results	Indicator	Sources IBBSS 2011	2018	2020
% KP living with HIV - FSWs	HIV Prevalence FSWs –General	11.1%	8.3%	5.6%
	HIV Prevalence FSWs – Seaters	21.4%	16%	10.7%
	HIV Prevalence FSWs – Roamers	6.8%	5.1%	3.4%
% KP living with HIV - MSM	HIV Prevalence MSM	17.5%	13.1%	8.8%
% KP living with HIV - PWID	HIV Prevalence PWID	NA	NA	NA

Strategies

Female Sex Workers (FSW) and non-paying partners:

- Increase awareness through the peer education model and employ non-traditional methods of peer education.
- Design and implement interventions that target new entrants to sex work.
- Increase the number and capacity of organisations working with FSWs.
- Design and implement interventions for non-paying partners.

Table 5: Outcome Results for FSWs

Outcome Indicator	Baseline IBBSS 2011	2018	2020
% FSWs reporting use of condom with their most recent client	92.0%	99%	99%
% FSWs reporting use of condom with their most recent non-paying partner	20.1%	45%	100%

Men-who-have-Sex-with-Men (MSM):

- Develop and implement specific interventions for MSM with a focus on the most vulnerable.
- Pilot innovative interventions for sex worker MSM.

Table 6: MSM Outcome Results

MSM Output Indicators	Baseline	Source / Year	2018	2020
% MSM reporting of use of condom the last time they had anal sex with a partner	60%	IBBSS 2011	99%	99%

People-Who-Inject-Drugs (PWIDs)

- No IBBSS or other data available for PWIDs.

Strategies

i. Estimate the size and determine HIV vulnerabilities of PWIDs.
ii. Develop specific HIV prevention programme for PWIDs.

6.1.3 Condom and Lubricant Promotion and Distribution

Ghana launched a National Condom and Lubricant Strategy (NCLS) in September 2015. The NSP 2016-2020 will support and use the NCLS as the basis for its condom promotion and distribution interventions.

Output Result

Adequate quantities of quality male and female condoms and lubricants that meet national need to be made available.

Strategies

i. To improve the environment for condom and lubricant programming.
ii. To increase demand for quality condoms and lubricants.
iii. To guarantee the timely and continuous supply of condoms and lubricants.
iv. To establish a national mechanism for comprehensive condom programming.
v. To ensure sustainable funding for comprehensive condom programming.

vi. Condom awareness creation, sensitisation and promotion.
vii. Strengthen condom quantification and quality control.
viii. Develop total market approach for condom programming.

Table 7: Annual Condom and Lubricants National Requirements

General Population Output Indicators	Baseline 2015	2016	2017	2018	2019	2020
# Male Condoms Annual Requirements	62,353,712	64,070,813	65,806,869	67,563,873	69,590,789	71,678,513
# Female condoms Annual Requirements	247,074	1,281,416	1,316,137	1,351,227	1,391,815	1,433,570
# Lubricants Annual Requirements	550,368	660,442	759,508	865,839	969,740	1,086,108

*Source: Ghana Condom Lubricant Quantification Report 2014, *2019 and 2020 – figures extrapolated from 2014 Quantification Report*

6.1.4 HIV Testing Services and Treatment Programmes: 90-90-90 Fast-Track Targets

HIV Testing Services (HTS)

Ghana's population is expected to increase to about 31 million by 2020. To ensure all persons living with HIV know their HIV status by the target date, it is estimated that about 13.5 million people will need to be tested and counselled for HIV and receive the results (Table 8).

Strategies

- Generate demand for HIV testing services.
- Strengthen health systems and increase facilities and staff providing HIV services including HIV testing services.
- Provide quality HTS.
- Pilot self-testing and peer-led testing for HIV.

Table 8: Output Results of the HTS Programme

Output Indicators	Baseline 2015	2016	2017	2018	2019	2020
Number of people tested, counselled for HIV and received results (HIV National HTS Programme Roll Out)	955,674 (NACP 2015)	2,576,060 (19%)	2,635,050 (20%)	2,694,910 (20%)	2,755,550 (20%)	2,816,920 (21%)

6.1.5 Elimination of Mother-to-Child Transmission (eMTCT) of HIV

The comprehensive four-pronged approach for prevention of mother-to-child transmission of HIV forms the basis for the attainment of a generation free of HIV. PMTCT is the main strategy to reduce HIV transmission from HIV infected mothers to infants.

Impact Result

Reduce number of children (0-14 years) living with HIV from 2,197 in 2015 to 440 by 2020.

Outcome Result

Mother-to-Child transmission of HIV reduced from 15.9% in 2015 to < 5% by 2020.

Table 9: PMTCT Outcome Results

Outcome Indicator	Baseline 2015	Source / Year	2016	2017	2018	2019	2020
Percentage of child HIV infections from HIV positive women reduced from 15.9% to <5% by 2020.	15.9%	NSP MTE Report 2015	14%	12%	10%	7%	<5%

Strategies

- Generate demand for PMTCT services.
- Provision of HTS to pregnant women and linking HIV+ pregnant women to care.
- Provide Treatment, Care and Support for HIV-positive mothers and HIV exposed infants (HEIs).

Table 10: PMTCT Output Results

Output Indicator	Baseline 2015	2016	2017	2018	2019	2020	Assumptions
Number Estimated Pregnant women in need of HTS	1,106,807	1,132,332	1,158,263	1,184,573	1,211,232	1,238,208	4% Pop
Number HIV+ pregnant women receiving ARVs-Option B+	7,813 (NACP 2015)	22647	23165	23691	24225	24764	2% pregnant women HIV+
Number (%) HEI receiving ARV prophylaxis	3,733 (NACP 2015)	12,456 (55%)	15,057 (65%)	17,769 (75%)	20,591 (85%)	23,526 (95%)	Graduated targets from 55% to 95%
Number (%) HEI receiving CTX prophylaxis	3,733 (NACP 2015)	12,456 (55%)	15,057 (65%)	17,769 (75%)	20,591 (85%)	23,526 (95%)	Graduated targets from 55% to 95%
Number (%) HEI that have virological test within 2 months of birth	3,733 (NACP 2015)	12,456 (55%)	15,057 (65%)	17,769 (75%)	20,591 (85%)	23,526 (95%)	Graduated targets from 55% to 95%
MTCT Rate at 18 months	15.9%	12%	9%	7%	5%	<5%	

6.1.6 Treatment and Care for Persons Living with HIV (PLHIV) – Adoption of "Treat All" Policy

The 2016-2020 NSP will focus on treatment as a prevention strategy, with the aim of diagnosing and treating HIV to curtail spread of the infection. Treatment, care and support for PLHIV will also aim at reducing morbidity and mortality due to HIV and AIDS.

Impact Result

Reduce AIDS death amongst PLHIV by 80% from 12,646 deaths in 2015 (Spectrum Estimates 2015) to 2,530 by 2020.

Strategies

i. Scale up ART sites.
ii. Accreditation and certification of ART sites.
iii. Test and treat for children and pregnant women.
iv. Initiation of ART for adolescents and adult patients irrespective of CD4 count.

v. Follow up of patients on ART using multi-modal approaches.
vi. Improve referrals from HIV testing sites to treatment sites.
vii. Improve HIV and AIDS Commodity Security (HACS).
viii. Viral load monitoring and resistance testing.
ix. Conduct Cohort Studies - 12, 24, 36, 48 and 60 months after initiation of ART.

No.	Introduction of "Treat All" Policy
1.	Ghana has adopted the World Health Organisation (WHO) "Treat All" recommendations to end AIDS by 2030.
2.	Ghana's 'Treat All' Policy stipulates immediate initiation of ART for all people living with HIV, including children, adolescents, adults, pregnant and breastfeeding women and people with co-infections.
3.	Ghana's 'Treat All' Policy includes new service delivery strategies on how to expand coverage of treatment services to all Persons Living with HIV (PLHIV) irrespective of CD4 count.
4.	By the end of October, 2016, "Treat All" policy will be adopted throughout the four high burden disease regions.
5.	"Treat All" PLHIV will be rolled out across the entire country by January, 2017.

Table 11: Treatment Outcome Results

Indicators	Baseline 2015	2016	2017	2018	2019	2020
Cumulative Number of Children 0-14 years on ART	4,934 (NACP 2015)	17,585	16,251	15,066	13,882	13,300
Cumulative Number of Adults 15+ years on ART	**84,179 (NA**CP 2015)	156,440	161,959	209,758	213,360	216,620

Table 12: Output Results of ART Programme

Output Result Indicator	Baseline 2015	2016	2017	2018	2019	2020
Number of health facilities providing ARTs	197	237	247	267	287	307
Number of adults newly initiated on ART	15,875	20,582	23,400	24,782	26,500	30,713
Number of children newly initiated on ART	1,093	1,417	1,600	1,694	1,760	2,100
Proportion of adults living with HIV who are on ART with undetectable viral load	NA	80%	85%	90%	90%	95%
Proportion of children living with HIV who are on ART with undetectable viral load	NA	80%	85%	90%	90%	95%
Number of facilities that carry out HIV viral load testing (cumulative)	9	10	10	25 (Additional 15 using gene Xpert machines)	70 (Additional 45 using gene Xpert platform)	115 (Additional 45 using gene Xpert platform)

6.1.7 Management of HIV and TB Co-infection

Tuberculosis is a major opportunistic infection amongst PLHIV and a major cause of AIDS-related deaths. The 2016-2020 NSP seeks to strengthen HIV and TB co-infection management through collaboration of TB and HIV programmes to reduce the mutually reinforcing morbidity and mortality rates amongst both diseases.

Outcome Result

Increased percentage of HIV-TB patients on ART from 32.8% in 2015 to 70% by 2020.

Strategies

- Strengthening screening of TB patients for HIV.
- Initiating ART for HIV positive TB patients.
- Strengthening clinical screening of HIV patients for TB.
- Scaling up of Directly Observed Treatment Short-Course (DOTS) sites to provide ART.

Table 13: Output Results for HIVTB Co-infection Management

Outcome Indicator	2013	Baseline 2015	2016	2017	2018	2019	2020
Proportion (%) of TB patients receiving HIV testing services.	11,387 of 74,360 (15.3%)	17,364 of 77,175 (23%)	20,182 of 74,887 (27%)	23,096 of 72,175 (32%)	26,740 of 71,594 (37%)	29,528 of 69,478 43%)	33,572 of 67,821 (50%)
Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings.	20% of 224,448	56% of 185,261	64% of 244,880	70% of 242,660	80% of 241,140	85% of 239,990	90% of 238,190
Proportion of HIV+TB patients who receive CPT during TB treatment.	74%	85%	90%	95%	100%	100%	100%
Proportion (%) of ART enters providing DOTS	13 of 175 (7%)	10%	30%	50%	75%	100%	100%
Proportion (%) of DOTS centers providing ART services	13 of 230 (6%)	10%	40%	60%	858%	100%	100%
Percentage of HIV-positive registered TB patients given ART during TB treatment.	6% (1,009 of 17,846)	11% (2,084 of 18,522)	40%	60%	85%	100%	100%

Source: Ghana HIV-TB Policy Guidelines 2014

6.1.8 Care and Support for Patients on ART

Adequate food intake and balanced nutrition are key ingredients for successfully treating patients on ART.

Outcome: Access to food by prescription and food rations for malnourished PLHIV on ART improved.

Strategy: Supporting malnourished HIV positive patients to access food and nutrition programmes.

7.0 Critical Social and Programmatic Enablers

Implementing only the high impact HIV activities cannot achieve the fast-track targets. These activities must be catalysed by the simultaneous implementation of critical social and programmatic enablers.

7.1 Critical Social Enablers

a) Political Commitment

Output: High-level political commitment to the national HIV response strengthened.

Strategy: Advocacy and continuing dialogue with high-level political leaders.

b) Enabling Policy Environments

Output 1: The National HIV and AIDS and STI Policy is strengthened and enabling the country to achieve the fast-track targets.

Output 2: Other HIV-related policies and strategies are strengthened and enabling the country to achieve the fast-track targets.

Strategy: Ensure inclusion of HIV and AIDS in national development plans and review of National HIV/AIDS and STI Policy as well as other HIV-related policies and strategies.

c) Advocacy for the National HIV Response

Targeted advocacy ensuring critical issues of the NSP are addressed effectively and in time will contribute immensely to the successful achievement of the 90-90-90 fast-track targets by 2020.

The critical issues include the following:

i. Continuing high level political commitment on HIV and AIDS.
ii. Adequate funding for the national HIV response.
iii. HIV and AIDS Commodity Security (HACS).
iv. Mainstreaming HIV into core business of MDAs and MMDAs.
v. Improve implementation of Workplace HIV Programmes.
vi. Enthusiastic support for the Know Your HIV Status campaign and generating demand for HIV prevention, treatment, care, and support services.
vii. Reducing stigma and discrimination against KPs.

Output: Targeted advocacy activities are successful in addressing critical issues and are contributing to the successful implementation of the NSP 2016-2020.

Strategy: Identifying, planning, and executing key targeted advocacy activities.

d) Addressing gender dynamics / norms related to HIV transmission

Output: Gender issues are properly integrated into all relevant HIV related policies.
Strategy*:* Mainstreaming gender in all HIV related strategies and policies.

e) Community Mobilisation

Output: Communities are mobilised to achieve the 90-90-90 fast-track targets by 2020.
Strategy: Community Mobilisation and participation in national HIV response.

f) Stigma and discrimination

Outcome: Accepting attitudes for KPs among the general population improved.
Strategy: Work with other stakeholders to reduce stigma and discrimination against KPs.

7.2 Critical Programmatic Enablers

a) Coordination of national HIV response

Output: Coordination of the HIV response at the national and decentralised levels improved.
Strategy: Strengthening existing coordination framework for the national HIV response.

b) Management of national HIV response

GAC's mandate includes the day-to-day management of and mobilising resources for the national HIV response through the GAC Secretariat.

Output: Management capacity of the Ghana AIDS Commission improved.
Strategy: Strengthening management capacity at GAC Secretariat.

c) Monitoring and Evaluation of the National HIV response

Ghana will continue to use the 12 components of the UNAIDS organising framework for a functional HIV M&E system as the backbone for organising and implementing the national M&E plan and expects outcomes, strategies, activities and outputs as indicated below.

Strategy

i. Strengthen M&E capacity to effectively track and assess the interventions implemented under the national response.
ii. Harmonise comprehensive routine HIV reporting system to provide quality data.
iii. Promote the generation and use of strategic information.
iv. Develop a comprehensive tracking and assessment system for the 90-90-90 fast-track strategy.

d) Research and Special Studies

Research and special studies provide important strategic information for improving the performance of the national HIV response. Important research and special studies that constitute important activities during the life of the NSP include the following:

i. NDHS – Ensure HIV and AIDS issues are reflected in the the National Demographic and Health Survey (NDHS).

ii. NASA – Conduct National AIDS Spending Assessment (NASA) annually.

iii. IBBSS for key populations – Conduct Integrated Biological and Behavioural Surveillance Survey (IBBSS) for FSW, MSM, PWIDs, and Non-PP every 2-3 years.

iv. ART and PMTCT Cohort Analysis - Conduct annual cohort analysis in view of the fast-track targets.

v. ARVs sensitivity studies – Conduct sensitivity studies as an ongoing concern.

vi. Size Estimation of Key Populations - MSM, FSWs, NPPs, and PWIDs – Conduct size estimation every 2-3 years.

vii. Mid-term Evaluation (MTE) of NSP – Conduct MTE in mid-2018.

viii. ETE of NSP – Conduct End of Term Evaluation (ETE) mid 2020.

ix. PLHIV SIS – Conduct Stigma Index Study every 2 to 3 years.

x. MoT Studies – Conduct Modes of Transmission Study (MoT) every 2 to 3 years.

xi. HSS at ANC clinics – Conduct HIV Sentinel Surveillance Studies every year.

8. Synergies with Development Sectors

HIV poses a serious threat to national development. Since the results of effective synergies are greater than the sum of the individual parts, the NSP has identified key development sectors to build synergies for an effective national HIV response. This list is not exhaustive and the national HIV response will form other synergies as and when necessary during the implementation of the NSP 2016-2020. The development sectors to synergise with the national HIV response are from the public, private, and civil society sectors.

Table 14: National HIV Response and Synergies with Development Sectors

	NSP 2016-2020 Focus	Synergising Activity	Development Sector & Key Partners
1.	Strengthening key health systems impacting on national HIV response including HTS, PMTCT, ART, and condom and lubricant promotion and distribution programmes	Health Systems Strengthening (HSS)	Health Sector – Ministry of Health/Ghana Health Service (MoH/GHS)
2.	Strengthening key community systems impacting on the HIV response	Community Systems Strengthening (CSS)	Community Sector- CSO's and GHS/Community Health Planning and Services (CHPS), Paramount Chiefs and Queen Mothers
3.	HIV education for in school youth (ISY) – for targeted behaviour change among young people	School-Based HIV Education	Education Sector – Ministry of Education/Ghana Education Service (MoE/GES)
4.	HIV education for out of school youth (OSY) - for targeted behaviour change among young people	HIV prevention information and services for OSY	Youth Sector - CSOs, Ministry of Youth and Sports (MoYS)
5.	Stigma and discrimination against KPs including PLHIV	Human Rights and Legal protection for KPs rights to access HIV services	Legal Sector – Ministry of Justice and AG's Department, Judicial Services, CHRAJ, and Ghana Police Service
6.	HIV Services for Prisoners	HIV Services for Prisoners	Ghana Prison Service
7.	Mitigating socio-economic impact on AIDS-affected households	Social Protection for the Poor including poor households heavily affected by HIV and AIDS; Gender and HIV	Social Protection Sector – Ministry of MoGCSP; National Health Insurance Scheme (NHIS)
8.	Workplace HIV Programme – Formal sector of the economy	Workplace HIV Programmes	MDAs & MMDAs, Private Sector Firms
9.	Workplace HIV Programme - Informal sector of the economy	Workplace HIV Programmes	CSOs and Ministry of Labour & Employment

The national HIV response will build synergies with the following key development sectors:

8.1 Health

The three critical components of the 90-90-90 fast-track strategy are (1) the trained health workforce needed to implement the strategy, (2) the HIV commodities including HIV test kits and ARVs medications needed for the testing for and the treatment of HIV, and (3) the medical laboratories that are needed to confirm viral suppression. Ensuring synergy between the national HIV response and the health sector is a given. Strengthened and effective health systems are at the core of efforts to achieve the 90-90-90 fast-track targets by 2020.

Health Systems Strengthening (HSS) refers to the continuous efforts to update, maintain and improve all Health System Blocks (HSB) in a comprehensive manner. There are six HSBs that constitute the dynamic and ever-changing character of the health system. The NSP details out strategies and activities for each HSB namely:

i. Leadership and governance
ii. Human Workforce
iii. Health Service Delivery
iv. Health Information Management
v. Health Technologies
vi. Health Financing

8..2 Community Development

To achieve the ambitious 90-90-90 fast-track targets by 2020, community participation has a catalytic role to play in generating demand and providing community and home-based support for HIV prevention, treatment, and care services. The national HIV response will work to strengthen community systems to effectively contribute to achieving the fast-track targets in the NSP 2016-2020.

The NSP 2016-2020 focuses on facilitating strengthening capacity building, improving collaboration and coordination of CSO activities at community level to increase coverage and quality, strengthening the

delivery of integrated community-level health services including HIV services, strengthening advocacy and social accountability, improving monitoring and evaluation and reporting on community-level HIV activities.

Key strategies for community systems strengthening will include:

i. Capacity building
ii. Collaboration and Coordination
iii. Integrated community-level health services delivery including HIV services
iv. Advocacy and Social Accountability
v. Monitoring, Evaluation, and Reporting

8.3 Education

During the NSP 2016-2020 period, the national HIV response will continue to work with, support, and facilitate the MoE and the GES to consolidate the gains made in and expand the education sector response to HIV.

Strategy: Forming effective partnerships and collaborative working relationships to support the education sector response to HIV.

8.4 Youth

These may be in-school or out-of-school youth. Young people who are not in school are particularly vulnerable to HIV infections, as service providers do not often target them with HIV prevention information and services.
Strategy*:* Supporting MDAs and MMDAs and civil society and other organisations working on HIV prevention programmes for young people.

8.5 Social Protection

Poor households that are heavily impacted by HIV and AIDS are likely to be pushed into severe and prolonged poverty. The national HIV response will identify these households and link them to key national social protection programmes such as the LEAP programme; PLHIV will also be identified and supported to register with the National Health Insurance Service.

Strategy: Linkages with pro-poor economic and empowerment assistance for poor households including households negatively impacted by HIV and AIDS.

8.6 Human Rights

The national HIV response recognises FSWs, clients of FSWs, MSM, PWIDs, and prisoners as Most-at-Risk populations (MARPS). These are groups at high risk of acquiring infection. MARPS together with PLHIV form key populations (KPs), with a high risk of transmitting the virus.

Strategy: Protect and promote the right of KPs to access HIV services without fear, stigma, or discrimination.

8.7 Workplace Policies

HIV workplace policies ensure fair treatment for employees and staff irrespective of their HIV status and workplace programmes enable staff and employees to have access to HIV prevention, treatment, care and support services.

Strategy: Support for the development and operationalisation of HIV workplace policies and programmes in the government, non-governmental, and private sectors of the economy.

9.0 Costing of the NSP 2016 - 2020

The direct cost of the NSP is made up of two main components - Prevention and Treatment. The Prevention programmes comprise HIV programmes for key populations; Behaviour change interventions; and condom promotion and distribution. Similarly, the Treatment category is made up of HIV Testing Services; the PMTCT programme; and the ART programme.

Estimates for the various programme support areas under the NSP were obtained from the 2015 UNAIDS cost assumptions for Ghana in “Fast-Track Strategy: Country-Specific Targets and Resource Needs – Ghana”. The estimates of the expenses for programme support were given as a percentage of the direct cost (sum of the prevention and treatment cost) areas as follows:

- Social Enablers - 8%;
- Programme Enablers -14%;
- Synergies with Development Sectors;
  - Health System Strengthening - 6.1%;
  - AIDS Education - 4.7%.

Social enablers are made up of the following: Political commitment; enabling policy environment; Advocacy; Community mobilisation; and Stigma and discrimination.

Coordination of national response; management of national response; monitoring and evaluation; Research and special duties constitute the programme enablers.

Synergies with development sectors include: Health system strengthening; community systems strengthening; School-based HIV education; Social protection programmes; HIV services for out of school youth; and HIV workplace programmes.

9.1 Estimated Financial Resources

The total cost of the NSP is estimated at US$494,645,660 for the period 2016 to 2020. This increases from US$87,755,280 in 2016 to a high of US$106,714,456 in 2019 and then falls to US$106,646,467 in 2020 (see Table 14). Of the total resource need of US494, 645,660 for the period 2016 to 2020, Prevention forms 13.0%; Treatment, 61.2%; Critical social and programmatic enablers, 17.5%; and Synergies with development sector, 8.0%.

The direct cost of the prevention and treatment programmes over the period is US$368,332,279 comprising 74.5% of the total cost. Thus the indirect costs constitute the remaining 25.5%.

9.2 Estimated Resource Need Gap

Table 14 shows the resource need gap between the National Need and the resources available. An amount of US$105,423,859 (21%) will be needed to close the gap.

Resources from the Ghana Government cover all the programme management costs for clinical and community intervention partners (GAC, DACF, MoH) as well as institutionalised social protection programmes such as the Livelihood Empowerment Against Poverty (LEAP) operated through

the Ministry of Gender, Children and Social Protection (MoGCSP) and the National Health Insurance Scheme (NHIS).

Contributions through the National Health Insurance Scheme are restricted to the amounts earmarked for direct support to antiretrovirals. This amount was estimated at 4% of the entire annual funding for the National Health Insurance System.

It is estimated that the Ghana Government will scale up funding for HIV to the three frontline institutions for community, clinical and social protection interventions by an average of 20% per annum over the five-year period to achieve the fast-track targets. This commitment accounts for the steady rise in routine funding for GAC, MoH, (GHS, NHIS) and MoGCSP to 2020. This commitment increases public funding for the national response by about 50% up from an average of 10% and below in the past decade. It is estimated that Government commitments would cater for about one third (28%) of available resources in the NSP.

The international and domestic private sectors together account for only 4% of available resources and 3% of national resource needs. A significant addition to the resources available for the national response is provided by additional PEPFAR resources allocated from a special US$25 million grant in support of the ART programme for 2017 and 2018. This amount is additional to the annual support of US$12.5 million from the US government which is expected to continue to 2020.

The Global Fund remains the most significant funding source for the national response. Contributions from this funding source were estimated at an average of US$35 million per year until 2020. This is based on country allocations under the new funding model grants which are currently being implemented for the period 2015-2017. It is estimated that funding from The Global Fund will remain constant between 2018 and 2020 as a result of the global commitment to meet the fast-track targets.

Measures have been put in place through the Resource Mobilisation Committee of the Ghana AIDS Commission to address the funding gap of 21% reflected in Table 14. Further strategies will be explored and documented in the operational plans which will accompany this strategy.

In this regard, Ghana has agreed to support local production of antiretrovirals and to scale up the ART programme in a manner which bridges the funding gap without compromising the fast track 90-90-90 targets. It has also been estimated that if private sector contributions are tripled concurrently with the implementation of the above strategies the funding gap will be halved.

10. Development of Related Documents

1. A full version of the NSP 2016-2020 has been developed which includes result matrices and the costs of the national response for the period

2. Supporting documents that will be developed and finalised before October 2016 are:

    i. NSP Operational Plan 2016-2018 with Technical Support Activities
    ii. Resource Mobilisation Plan
    iii. Communication Plan
    iv. Research, Monitoring and Evaluation Plan

	Table 15: COST ESTIMATES BY INTERVENTION AREAS, GHANA NSP 2016-2020					
	(NATIONAL NEED-US$)					
	2016	2017	2018	2019	2020	TOTAL
TOTAL RESOURCES NEEDED	87,755,280	88,505,737	105,023,721	106,714,456	106,646,467	494,645,660
	65,088,663	66,260,064	77,901,638	78,983,466	80,098,448	368,332,279
PREVENTION	13,150,650	12,971,804	13,044,075	13,128,279	13,215,591	65,510,399
Intervention Area: Key Populations	9,466,500	9,466,500	9,466,500	9,466,500	9,466,500	47,332,500
Intervention Area: Behaviour Change Communication	982,631	729,682	726,917	724,706	722,936	3,886,872
Intervention Area: Condoms and Lubricants	2,701,519	2,775,622	2,850,658	2,937,073	3,026,155	14,291,027
TREATMENT	51,938,013	53,288,260	64,857,563	65,855,188	66,882,856	302,821,880
Intervention Area: HTS - HIV Testing Services	4,636,899	4,743,090	4,850,827	4,998,721	5,070,463	24,300,000
Intervention Area: PMTCT	4,513,730	4,824,610	5,146,641	5,479,733	5,823,706	25,788,420
Intervention Area: ART - Antiretroviral Treatment	42,787,383	43,720,560	54,860,095	55,376,734	55,988,687	252,733,459
CRITICAL SOCIAL AND PROGRAMMATIC ENABLERS	15,637,041	15,089,586	18,708,705	19,200,776	17,897,387	86,533,495
Intervention Area: Social Enablers	5,207,093	5,300,805	6,232,131	6,318,677	6,407,876	29,466,582
Intervention Area: Programme Enablers	10,429,948	9,788,781	12,476,574	12,882,098	11,489,512	57,066,913
SYNERGIES WITH DEVELOPMENT SECTORS	7,029,576	7,156,087	8,413,377	8,530,214	8,650,632	39,779,886

Table 16: ESTIMATED RESOURCE NEED GAP FOR NSP 2016-2020						
	2016	2017	2018	2019	2020	TOTAL
RESOURCES NEEDED (National Need)	**87,755,280**	**88,505,737**	**105,023,721**	**106,714,456**	**106,646,467**	**494,645,660**
RESOURCES AVAILABLE	**56,516,840**	**70,276,849**	**93,903,524**	**83,194,164**	**85,330,425**	**389,221,801**
GoG Contribution	5,783,248	6,939,898	30,452,878	32,118,453	34,117,144	109,411,620
Domestic Private Sector	1,033,792	1,136,951	1,250,646	1,375,711	1,513,282	6,310,181
International Private Sector	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
Development Partners	47,700,000	60,200,000	60,200,000	47,700,000	47,700,000	263,500,000
RESOURCE NEEDED	**31,238,440**	**18,228,888**	**11,120,197**	**23,520,292**	**21,316,042**	**105,423,859**

Source / Assumptions:

(1) Annual GoG Budget releases (GAC, MoH, LEAP, DACF) include 20% scale up per annum to reflect GoG's commitment to fast-track, Add from 2019,$22 million per annum for ART from NHIS 10% ringfence

(2) TGF - (8 million [2015 July to 2017] & 105 million from TGF for 2018 - 2020). Add Annual COPS of 12.5 million USD per annum & 25 million PEPFAR

(3) PEPFAR - Annual COPS of 12.5 million USD per annum & 25 million special PEPFAR grant

(4) GAC - Resource Mobilisation Strategy

NB: These are mainly programme costs

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