

NATIONAL HIV/AIDS AND STI POLICY

GHANA AIDS COMMISSION

August 2004

4.0	RESEARCH-----	21
4.1	Non-discrimination in Research-----	21
4.2	Equitable Distribution of the Benefits of Research-----	21
5.0	LEGAL AND ETHICAL ISSUES-----	22
5.1	Disclosure of HIV/AIDS Test Results -----	22
5.2	Confidential Information Shared with Other Professionals-----	22
5.3	Workplace HIV/AIDS Policy and Guidelines-----	22
5.4	Mandatory Medical Examination-----	22
5.5	Non-disclosure of HIV/AIDS Status to Employer-----	22
5.6	Wilful or Negligent Transmission-----	22
5.6.1	Criminal Code-----	22
5.7	Insurance-----	23
6.0	INSTITUTIONAL FRAMEWORK-----	24
6.1	Co-ordinating Body – Ghana AIDS Commission -----	24
6.1.1	Objectives and Functions of the Commission-----	24
6.2	Secretariat -----	24
6.3	Regional and District Committees on HIV/AIDS-----	25
6.4	Training and Institutional Capacity Building-----	25
6.5	Funding-----	25
6.6	Decentralisation-----	26
6.7	The Role of NGOs and Civil Society -----	26
6.8	The Role of MDAs and Private Sector-----	27
7.0	CONCLUSION-----	33

GLOSSARY

AIDS	-	Acquired Immune-Deficiency Syndrome
AIM	-	AIDS Impact Model
BCC	-	Behavioural Change Communication
CBOs	-	Community Based Organizations
CEDEP	-	Centre for the Development of People
GAC	-	Ghana AIDS Commission
GDHS	-	Ghana Demographic and Health Survey
GPA	-	Global Programme on AIDS
GPRS	-	Ghana Poverty Reduction Strategy
GSMF	-	Ghana Social Marketing Foundation
HEU	-	Health Education Unit
HIV	-	Human Immunodeficiency Virus
IEC	-	Information, Education and Communication
MDAs	-	Ministries, Departments and Agencies
MDGs	-	Millennium Development Goals
MOH	-	Ministry of Health
MTCT	-	Mother to-Child Transmission
MTP	-	Medium Term Plan
NACP	-	National AIDS Control Programme
NGOs	-	Non-Governmental Organizations

NPCS	-	National Population Council Secretariat
PIP	-	Population Impact Project
PHC	-	Primary Health Care
PLWHAs	-	People Living with HIV/AIDS
STI	-	Sexually Transmitted Infection
TB	-	Tuberculosis
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
USAID	-	United States Agency for International Development

PREFACE

Human history reveals that from time to time, epidemics arise quietly, sweep across vast areas and subside after killing large numbers of people. The world is currently confronted with one such epidemic, Acquired Immune Deficiency Syndrome (HIV/AIDS). From a relatively unknown disease two decades ago, HIV/AIDS has today turned into a frightful pandemic, striking silently, spreading rapidly and killing millions.

The Government of Ghana, aware of the obvious threat that AIDS poses to the achievement of our national development goals, and committed to improving the health and social well being of all of its citizens and residents, authorized the development of this policy to tackle HIV/AIDS.

The negative implications of an uncontrolled HIV/AIDS epidemic on the socio-economic development of our nation are manifold. So far, the majority of Ghanaians infected are within the ages 15 – 49 years which are socio-economically, the most productive years in our society. The HIV/AIDS epidemic is therefore a challenge to our very existence and to our collective ingenuity. It is up to the entire society to confront this menace vigorously and effectively. This will enable us to protect our human resource base as we work diligently to accelerate the growth of the nation's economy and over all national development to realize the vision of the "golden age of business".

Results from the National Sentinel Surveillance estimates in 2000 indicate that about 350,000 adult Ghanaians might be HIV infected. These estimates also show that by 2014, this figure could increase to 1.2 million if appropriate interventions are not put into place.

Government is therefore pleased to introduce this important and far-reaching National HIV/AIDS and STIs Policy to address the very serious health and developmental challenges posed by HIV/AIDS. This policy will provide the framework for Ghana's strategy to reduce the spread of HIV infection.

This policy provides the necessary statement of commitment around which a legislative framework will be built for an Expanded Multi-sectoral Response to reduce further spread of the epidemic, and for the protection and support of people infected with HIV/AIDS in Ghana.

It is expected that this National Policy will evolve over time with new scientific knowledge, information and experience gained under the leadership of the Ghana AIDS Commission. Changes in our societal attitudes and behaviours will also be critical. The policies and guidelines will therefore be revised periodically to ensure that they reflect needs and changes in societal behaviour and culture.

This document will be widely circulated to all stakeholders, including Ministries, Departments, and Agencies (MDAs), NGOs and Civil Society at large, the Private Sector, Decentralized Institutions such as Regional Coordinating Councils and District Assemblies, Religious groups, Institutions of Learning and Development Partners.

Finally, I recommend this policy to our various partners and the people of Ghana.

H.E. John Agyekum Kufour,
President of the Republic of Ghana and Chairman,
Ghana AIDS Commission.

ACKNOWLEDGEMENTS

The development of the National HIV/AIDS and STI Policy Document has been a joint effort of several organizations and individuals and through active participatory processes that are fundamental to the pursuit of the mandate of the Ghana AIDS Commission (GAC). Accordingly, the Commission wishes to acknowledge the roles and contribution of the organizations, individuals and the development partners in the policy development process.

Invaluable critical and continuous support was provided by the Ministry of Health and several other institutions including the University of Ghana, the National Population Council, the Attorney General's Department and the Ministry for Employment and Manpower Development, from the commencement of the undertaking in June 1999.

At the launching of the policy development exercise at a workshop in June 1999, the following task teams were constituted: Epidemiology and Health Care with Dr. S.O. Sackey as the chairperson, and Dr. Fenella Avokey, Dr. Kwame Asamoah, and Dr. Kwaku Yeboah as members; Economic Impact with Mrs. Bridget Katsriku as chairperson, and Dr. Phyllis Antwi and Mr. Felix Tsameye as members; Psycho-social and Cultural Issues with Dr. Clara Fayorsey as chairperson, and Dr. Kwaku Yeboah and Ms. Marian Kpakpah as members; Legal and Ethical Issues with Mrs. Estelle Appiah as chairperson, and Dr. Richard Turkson, Mrs. Cynthia Elude and Prof. Akua Kuenyehia as members; Women and Children with Dr. Henrietta Odoi-Agyarko as chairperson, and Dr. Gloria Quansah-Asare and Dr. Isabella Sagoe-Moses as members; and Strategies and Interventions with Prof. Andrews F. Aryee as chairperson, and Prof. John S. Nabila, Mrs. Esther Apewokin and Mr. David Z. Logan as members. The work of the seventh task team was handled by the POLICY Project team headed by Dr. Benedicta Ababio. Synthesis reports from these seven policy task teams were collated and edited by Prof. Akua Kuenyehia.

Four (4) stakeholders' fora were held across the country in 2000 to gather inputs and reach consensus on the initial drafts of the Policy document. These were held at Koforidua for the Southern zone covering, Central, Eastern, Volta, and Western Regions; and at Tamale for the Northern zone comprising Northern, Upper East and Upper West Regions. A national workshop, which covered Ashanti, Brong Ahafo and Greater Accra Regions, was then held in Accra to reach final consensus. Additional inputs and revisions were received from Prof. Fred T. Sai, Presidential Adviser on HIV/AIDS and Reproductive Health, and other individuals. Again, these were collated and edited by Prof. Akua Kuenyehia and a draft document was signed in August 2000 by the then Minister for Health. The Legal and Ethical Committee of the Ghana AIDS Commission later made some inputs to the draft document in 2002.

The Ghana AIDS Commission acknowledges with gratitude all these institutions and individuals for their immense contribution in terms of the time, skills and expertise that they provided to the success of the understanding.

The entire Policy development process was supported and managed by the POLICY Project, Ghana under the technical direction of Dr. Benedicta Ababio with funding from the USAID. We are most grateful to the two (2) institutions for their tremendous assistance to the exercise as well as their continued commitment and support to our joint fight against the HIV/AIDS epidemic. We also acknowledge the contribution of other donors, namely WHO and UNAIDS who contributed key personnel and technical resource materials to the process.

1.0 INTRODUCTION

The first AIDS cases were reported in Ghana in 1986. By the end of September 2003, a cumulative total of 72,541 AIDS cases had been reported. This figure is probably 30% of the estimated AIDS cases in the country. Current estimates, however, put the actual number of cases closer to 370,000. Cases have been reported in all the 10 regions as well as in all age groups. There are, however, important regional variations in the reported AIDS cases. This can be attributed to various factors such as, the composition of the population of the regions, availability of public health institutions, the stage of the epidemic and the health seeking behaviour of the people.

By UNAIDS/WHO definition, Ghana's HIV prevalence depicts a generalized epidemic. The HIV prevalence rate estimated from sentinel surveillance indicates an increase in the median HIV prevalence from 2.3% in 2000 to 3.4% in 2002. The trend in HIV prevalence from 1994 to 2002 among antenatal clinic sites in Ghana shows that prevalence fluctuates between 2.0% and 3.5% with no clear pattern.

HIV prevalence rates are most pronounced among groups at high risk of infection. Among persons infected with sexually transmitted infections (STIs), the prevalence rate is estimated to be 76% and 82% among commercial sex workers (CSWs) in Accra and Kumasi respectively. When the data is disaggregated by age, gender and region in both rural and urban surveillance sites, it shows high prevalence among the youth (15-30 yrs). However, the peak ages for AIDS cases are 25-29 years for females and 30-34 for males. Furthermore, higher numbers of AIDS cases are reported in urban than rural areas.

Another characteristic of the epidemic in Ghana is that at the beginning nearly 80 percent of those diagnosed had either travelled or had lived outside the country. This trend has since changed with almost all of the new cases being reported occurring among people without a history of previous travel.

Currently, heterosexual sex remains the predominant mode of transmission accounting for 75-80% of all infections. Mother-to-child transmission and transmission through blood and blood products account for 15% and 5% respectively.

STIs are known to facilitate acquisition and transmission of HIV. Though reporting of STIs is an integral part of the communicable diseases reporting system, specific STIs figures are difficult to establish. For instance, the total reported STI cases were 1,089 and 2,906 in 1989 and 1990 respectively. But a study in Accra alone showed that pharmacists treated between 50,000 and 90,000 cases of STIs in one year (MOH, 1996). The under reporting is partly because the reporting form captures only gonorrhoea and lumps all other STIs together. Moreover, with the inception of the use of the syndromic approach to the management of STIs, the disaggregation of STIs by aetiology becomes difficult. Finally, STIs seen by pharmacists and other providers are not reported. The MOH/GHS will continue to monitor the epidemic and shall publish new information as they become available.

There is a close relationship between AIDS and tuberculosis (TB). For example, it is estimated that in the year 2000 out of 11,500 new TB cases reported, 14% of them could have been as a result of HIV. This proportion could increase to 57% by 2009. Other consequences of the burden of the epidemic can be seen in the number of AIDS orphans and adult deaths in the population. In 2000, it was estimated that AIDS accounted for about 12% of all deaths in Ghana while about 140,000 children had been orphaned as a result of AIDS.

HIV/AIDS has compelled individuals and societies to re-evaluate their attitudes, prejudices and behaviours underscoring the need for an enlightened public policy that promotes support and care rather than coercion, tolerance and compassion rather than discrimination, protection of human rights and dignity rather than stigmatisation and exclusion.

It is hoped that this policy document, directed to all cooperating partners, including Ministries, Departments and Agencies (MDAs), the private sector, PLWHA, NGOs, CBOs, and civil society organisations at large, religious bodies, institutions of learning and development partners provides such a positive response. The Government of Ghana expects all sectors to be involved in the implementation of programmes.

2.0 THE POLICY FRAMEWORK

2.1 Guiding Principles

The Government and people of Ghana affirm that this National Policy on HIV/AIDS and STIs is:

- i Premised on and complementary to the 1992 Constitution of Ghana, Ghana Government's medium term strategy document, Ghana Poverty Reduction Strategy (GPRS), the Revised Population Policy (1994) and the Millennium Development Goals (MDGs).
- ii Based on the principles of social justice and equity.
- iii. Based on equitable people oriented development.
- iii Derived from the recognition that adequate health care is an inalienable right of every Ghanaian including those infected with HIV or other STIs.
- iv Based on the assumption that appropriate legislation and administrative guidelines will be enacted to complement the provisions in this Policy.

In addition to the above, this Policy also takes account of International Human Rights Conventions, particularly, the Convention on Economic, Social and Cultural Rights which came into force on 3rd January 1976, and the African Charter on Human and People's Rights all of which affirm the right to the highest attainable standard of health. Additionally, this Policy takes account of the commitments made and the goals agreed upon at various international fora, which outlined the profound concerns about the

devastating impact of HIV/AIDS on socio-economic development and adopted strategic programmes of action and declarations for the fight against the epidemic. These include:

- Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development adopted at the UN in New York on 2nd July 1999 which for the first time agreed on specific goals for the reduction of HIV/AIDS especially among adolescents.
- The Political Declaration and further action and initiatives to implement the Beijing Declaration and Platform for Action of 10th June 2000.
- The Political Declaration and further action and initiatives to implement the Commitments made at the World Summit for Social Development of 1st July 2000.
- The United Nations Millennium Declaration of 8th September 2000, which enjoined member countries to halt and begin to reverse the spread of HIV/AIDS by 2015.
- The Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and other related diseases in Africa of 27th April, 2001 which considered AIDS as a state of emergency in Africa, and
- The United Nations General Assembly Special Session on HIV/AIDS of June 2001, at which Heads of State and Governments re-committed themselves in a Declaration on HIV/AIDS - “Global Crisis - Global Action” to ensure an urgent, coordinated and sustained response to HIV/AIDS.

2.2 National Response

In 1985, the Government of Ghana established the National Technical Committee on AIDS to advise it and implement measures to contain the epidemic. Following the confirmation of the first two cases of AIDS in 1986 and recognising the potential impact that HIV/AIDS could have on the socio-economic development of the country, Government established the National AIDS Control Programme (NACP) in 1987.

The NACP was charged with the responsibility of co-ordinating the national response to the AIDS epidemic. Consequently, a short-term plan (STP1) was developed for the prevention and control of HIV/AIDS/STIs which ran from 1987 to 1988. This was followed by the formulation of the first Medium Term Plan (MTP 1) for AIDS prevention and control which lasted from 1989-1993. Realising that the problem of HIV/AIDS and its prevention and control were really a challenge to national development and that effective implementation of the national response requires the input of all and not just a few selected sectors or agencies, the NACP subsequently developed its Second Medium Term Plan (MTP 2, 1996) with inputs from the various MDAs and the private sector. The

MTP 2 indeed recognised the involvement of multilateral organisations, bilateral agencies and international and local -NGOs.

To date, the programme in partnership with other stakeholders has noted a high level of awareness about HIV/AIDS; (knowledge about AIDS is 97% among females and 99% among males (GDHS, 1998)), established an epidemiological surveillance system for HIV and AIDS, provided facilities for HIV screening and counselling services, and developed STIs management guidelines and training programmes for both public and private health institutions. Additionally, the AIDS Impact Model (AIM) has been developed as an advocacy tool.

In spite of the MTP 2, it became apparent as time went on that the national response was largely focused on the health sector although the multi-faceted nature of the problem required a well co-ordinated multi-sectoral and multi-disciplinary response.

Consequently, a joint team representing the Government, the United Nations Development Programme (UNDP), the United States Agency for International Development (USAID) and other development partners, reviewed the national response to the epidemic. The review team recommended the establishment of a National Advisory/Coordinating Body to advise the Government on HIV/AIDS policy and other related issues. Another team from the International Partnership Against AIDS in Africa (IPAA) in 1999 following consultations with a cross section of government officials and other key stakeholders in the country advocated the establishment of a supra-ministerial multi-sectoral body to advise and co-ordinate all HIV/AIDS related activities.

Cabinet finally gave approval on May 11, 2000, for the establishment of the Ghana AIDS Commission (GAC), as the supra ministerial and multi-sectoral body to co-ordinate all HIV/AIDS related activities by all stakeholders.

The Commission was inaugurated on September 14, 2000, and placed directly under the Chairmanship of H.E. The President of Ghana. The Commission assumed legal status in December 2001 by Act 613 of the Parliament of the Republic of Ghana. The Commission is made up of 46 members, 15 of whom are Sector Ministries. Other members include representatives of Parliament, Civil Society Organizations, faith-based organizations, the private sector and recognised individuals.

2.3 Demographic and Socio-Economic Impact and Challenges

HIV transmission and the ability to cope with its consequences cannot be isolated from the social, cultural, demographic, economic and political conditions in a country. Thus an effective national response to the epidemic must be holistic and multi-sectoral with the inclusion of communication and behaviour change interventions.

2.3.1 Demographic Impact and Challenges

In spite of Ghana's fairly low mortality and high fertility which has resulted in a fast growing population, the recent increases observed in the level of HIV prevalence since 2000, is likely to lead to a reduction in life expectancy and a steady rise in infant mortality. The gravity of the situation may be illustrated by the rise in HIV sero-prevalence reflected in the available regional data for young adults, 15 years and older. Recent data shows that over 20% of this age group are currently HIV positive.

Additional indicators describing the magnitude and impact of the epidemic show that mortality among adults in the prime age of 15-49 has risen and is now 32% higher than it would have been without HIV/AIDS. The higher level of mortality and disease burden also impacts the number of children who will become orphaned and/or vulnerable in Ghana. Currently the number of children under the age of 14 who are orphans from AIDS and non-AIDS related causes is about 700,000 and this is expected to increase to 800,000 over the next eight years. The high level of mortality will consequently affect the quality of life among Ghanaians and thereby reduce life expectancy at birth for the population by about 4 years (54 years with AIDS versus 58 without AIDS).

2.3.2 Socio-Economic Impact and Challenges

For an epidemic, which affects mostly the productive and reproductive segments of the population, its ultimate impact on the development status of any country, particularly the economy is immense. The economic impact includes:

- A depletion of the workforce in all sectors in terms of numbers, skills and personal productivity. The consequences are enormous, but will depend on the sector and how prepared the sector may be to compensate for these effects. For instance in the Food and Agriculture sector, this may actually lead to a reduction of local food production and effectively threaten the food security of the entire nation. In the education sector, the targets for manpower development and training are unlikely to be met and the rate of replacement may never match attrition due to either premature or increased loss from the service. This may ultimately affect the quality of the educational system.

Other impacts can occur at the family and individual levels in such diverse areas as:

- Emotional disruption brought about by chronic illness.
- Loss of a family member, who would otherwise have been relied upon to either outlive the previous generation (of the member) or raise the one after him/her. In severely affected areas, more than one member of the extended family may be lost to AIDS.
- The socio-economic burden of taking care of and supporting family members living with HIV/AIDS, as well as the care and education of orphans and vulnerable children against a background of reduced family income.

HIV/AIDS presents a dual challenge in as much as it is both a terminal health condition as well as an economic burden. It thus represents a significant threat to the development aspirations of the country.

2.4 Rationale of the Policy

The response to HIV/AIDS in Ghana, when the first cases were reported in 1986, was to treat the disease as a medical problem. The focus of activities was on screening donated blood, ensuring safe medical practices and conducting surveillance and research. This phase coincided with the development of the first medium term plan under the guidance of the Global Programme on AIDS (GPA) of WHO.

As the epidemic progressed, it soon became apparent that a purely medical approach to HIV prevention and care was insufficient. Research showed that progress towards prevention could be accomplished with the combination of biomedical and social based approaches such as condom promotion, peer counselling and mass media campaigns. The response to HIV/AIDS was consequently broadened considerably and as a result, difficult policy issues such as condom advertising in the mass media and sex education came to the fore. These issues were generally dealt with on an ad hoc basis through specific administrative regulations and guidelines.

As the epidemic spread and the number of AIDS deaths began to rise, International organisations began to stress the broad social and economic impact of HIV/AIDS. This resulted in the move towards the multi-sectoral response phase, where all sectors of government were encouraged to get involved in HIV prevention. Greater emphasis was also placed on the private sector, NGOs and community involvement.

By this time, the full range of difficult policy issues had become apparent, forcing the Government to confront the complex range of issues such as the situation of orphans, AIDS education in schools, human rights, treatment and care and research ethics. At this point the need for a comprehensive national policy to address all of these issues became apparent. All of these have informed the development of this national policy on HIV/AIDS and STIs.

2.5 Goals of the Policy

The Policy is intended to create a favourable environment for all aspects of HIV/AIDS and other STIs prevention, care and support. The goals of this policy will therefore be to ensure:

- a reduction of the risk of infection in the population;
- a reduction and mitigation of the socio-economic, psychosocial and other consequences of HIV infection on the infected as well as affected persons and the society as a whole; and
- the promotion of a healthy life-style and strong family values.

2.6 Objectives of the Policy

The main objective of the policy is to underpin the national response to HIV/AIDS in order to:

- ❑ create the necessary conducive environment, through advocacy, to ensure sustained political commitment and support for effective action against HIV/AIDS/STIs in the country.
- ❑ create conditions for positive behavioural change in all aspects of sexual and reproductive health.
- ❑ ensure that there is a consistent programme of information and education about HIV/AIDS and STIs among the general population especially among women and the youth.
- ❑ ensure that there is active participation of men in HIV/AIDS prevention and control activities at all levels.
- ❑ decrease vulnerability to HIV/STIs and reduce stigmatisation and discrimination.
- ❑ ameliorate the socio-economic consequences of HIV/AIDS on the individual and society as a whole.
- ❑ ensure that HIV infected persons and persons with AIDS are provided with adequate medical and social care including counselling.
- ❑ reduce the impact of HIV/AIDS related morbidity and mortality on the general population.
- ❑ ensure that the basic human rights of every person in Ghana, especially persons infected with HIV or AIDS, are respected, protected and upheld.
- ❑ ensure that adequate attention is paid to vulnerable groups such as women and children, the youth and commercial sex workers.
- ❑ empower women educationally, socially and economically as a means of enhancing their self-esteem and equality in gender relationships.
- ❑ ensure that access to social and economic opportunities remain open to Persons Living with HIV and AIDS (PLWHAs).

- ❑ ensure that adequate resources are mobilised for the implementation, research, monitoring and evaluation of HIV/AIDS and other STIs intervention programmes and projects.
- ❑ promote a multi-sectoral and multi-disciplinary approach in the formulation and implementation of HIV/AIDS/STIs policies and programmes.
- ❑ ensure that all poverty alleviation components contribute to the reduction of the HIV/AIDS epidemic

3.0 IMPLEMENTATION STRATEGIES

To implement the policy, strategies and interventions will be broad-based with specific responsibilities being assigned within a complementary framework to different partners - Government, donors, the international community, the private sector, NGOs, communities, district assemblies, faith-based organisation, traditional authorities and employers. Strategies shall be developed and reviewed regularly for all cross cutting issues.

3.1 Priority Interventions and Strategies

The main strategies and interventions to achieve the objectives of reducing further transmission of the risk of infection and reduce the impact of HIV/AIDS on the individual, family and the community at large include the following:

- **Advocacy**
- **BCC/IEC**
- **Blood Screening and Testing**
- **Epidemiological Surveillance**
- **Clinical, Nursing and Home Based Care**
- **Counselling including VCT**
- **STI Control and Management**
- **Prevention of Mother-to-Child Transmission**
- **Young people and AIDS**
- **Women, Gender and AIDS**

3.2 Specific Interventions

In view of the multi-faceted nature of HIV/AIDS/STIs prevention, care and support, it is essential for all stakeholders to work towards a common goal within the framework of the National Strategic Plan. This plan details roles, relationships and co-ordinating mechanisms of the various stakeholders and ways by which they will relate to each other to ensure equity and social justice. This will ensure national ownership by mobilising the human, financial and material resources needed for sustainable responses.

3.2.1 Advocacy

Advocacy for an effective national response to the problem of HIV/AIDS/STIs, is to involve a wide range of continuous actions directed at various categories of bodies/institutions, particularly, decision-makers, traditional authorities as well as religious and opinion leaders at various levels. It will ensure that all the resources and tools needed to support strategies; programmes and activities in furtherance of the objectives of the policy are provided on a continuous and sustainable basis. These shall include budget allocations at all levels, other financial provisions, equipment and advocacy materials and the training of advocates.

3.2.1.1 Strategies for Implementation of Advocacy

Under Ghana's population programmes, various advocacy issues and strategies have been identified, including the production of a National Population Communication Strategic Framework for population and reproductive health/HIVAIDS. All of these programmes do recognise that achieving the goals and targets set in the Revised National Population Policy, Adolescent Reproductive Health Policy, the National Reproductive Health Policy and Standards will require policy revision, attitudinal and behavioural change on the part of individuals and communities. These revisions and changes can only occur through a systematic use of well-planned advocacy and communication strategies that seek to combine the efforts of various sectors in the implementation of programmes.

This Policy seeks to support the effective implementation of the strategies already identified by adopting a wide range of advocacy actions and activities directed at various categories of individuals, bodies and institutions. Decentralisation of advocacy skills with the necessary and appropriate tools is a priority. In addition, the policy seeks support for the provision of laboratory equipment and supplies including reagents for diagnosis, HIV surveillance and voluntary testing for HIV.

Since facilities for testing and screening of HIV/AIDS are currently limited, special advocacy efforts shall be devoted to obtaining the support of health planners at all levels, in both the Governmental and Non-governmental sectors to allocate resources in their budgets to rehabilitate existing laboratories, provide equipment and supplies and support training.

The advocacy strategy therefore comprises:

- Decentralisation of HIV/AIDS advocacy skills and tools
- Broadened Participation and Networking
- Policy dialogue between key stakeholders
- Promoting legal and policy reform
- Developing appropriate information and educational materials on HIV/AIDS to encourage behavioural change.
- Media briefings and multi-media activities
- Public education and sensitisation activities

- Research, documentation, monitoring and evaluation of HIV/AIDS programmes and issues

3.2.2 Behavioural Change Communication (BCC)

A comprehensive BCC strategy that includes IEC is considered central to the efforts to reduce the spread of HIV/AIDS as well as its management. It is vital to provide information, which is guided by individual needs and perceptions.

The BCC strategy will be guided by the following basic principles:

- All persons will be given access to BCC and IEC on HIV/AIDS and STIs.
- HIV/AIDS information on issues relating to sexual relationships shall also include ideas about key cultural and family values such as love, care, tenderness, respect for individual rights and bodily integrity, intimacy, abstinence and faithfulness.
- The development of BCC and IEC materials shall be based on participatory methods leading to the production of appropriate materials for different groups or segments of the population.
- Recognition of the critical role the media, both traditional and modern have in informing and educating the public about practices that either promote or hinder the spread of HIV/AIDS and STIs.

3.2.2.1 Strategies for the Implementation of BCC and IEC Programmes

- HIV/AIDS and other STI information will be accessible to all, taking cognisance of the needs of various groups.
- Use of appropriate media in the dissemination of HIV/AIDS and STIs messages will be encouraged.
- All relevant organisations, families, schools and religious bodies will be provided with relevant information and support to develop communication skills to enable people discuss HIV/AIDS and other STIs issues in the context of respect, love, intimacy and social development.
- Education on HIV/AIDS shall be integrated into all spheres of social, economic and religious activities of individuals, communities and organisations.
- Parents will be educated to be positive role models for their children and also to play an active role in educating their children about sexuality.

- There is need for comprehensive co-ordination, monitoring and evaluation of IE&C programmes implemented by Government, NGOs, the private sector and international agencies.

3.2.2.1.1 Role of the Mass Media in the Implementation of BCC and IEC Programmes

- The mass media will be encouraged to initiate and support appropriate and effective HIV/AIDS awareness, behavioural change, care and coping strategies.
- Mass media personnel will be continuously provided with the latest information to enable them provide appropriate, accurate and up-to-date reporting.
- Mass media personnel in general will be encouraged to be circumspect and adhere to journalistic ethics in the dissemination of information on HIV/AIDS and STIs in order to avoid reinforcing negative stereotypes or sensationalism.
- The Ghana AIDS Commission (GAC), coordinating and collaborating with other relevant bodies shall promote the widest possible media coverage of HIV/AIDS.
- The media in general shall be encouraged to project positive traditional values.
- Existing guidelines for the certification and approval of films and other public entertainment media shall be strengthened and periodically reviewed.

3.2.3 Voluntary Counselling and Testing

The most efficient route of HIV/AIDS transmission is through blood and blood products. Good quality voluntary counselling and confidential testing (VCT) for HIV shall therefore be made available and accessible to all who seek such services. Persons who test positive to HIV shall be made fully aware through counselling of their responsibility to prevent onward transmission to others.

Adequate VCT facilities with pre-test and post-test counselling will be made available throughout the country.

- Voluntary testing shall be provided in a non-stigmatising environment. Couples, especially those in pre-nuptial preparations or arrangements will be encouraged to voluntarily test for HIV.
- Vulnerable groups will be encouraged and counselled to do regular voluntary testing in order to know their HIV status and to seek early diagnosis and effective treatment for STIs. Special consideration will be offered for the voluntary testing of people thought to be engaged in high-risk sexual behaviour such as commercial sex workers.

- Except for the screening of donated blood and patients with symptoms suggestive of AIDS, routine testing for HIV/AIDS shall not be carried out and testing shall not be done without the knowledge of the subject.

3.2.3.1 Blood Screening and National Transfusion Protocol

- The establishment of a reliable blood transfusion service which can guarantee safe and appropriate processing and screening of all blood and appropriate use of blood products will be given a high priority in order to check the spread of the epidemic through contaminated blood and blood products.
- In this direction, a comprehensive National Blood Transfusion Protocol that ensures the availability of safe blood throughout the country will be pursued. The guidelines on blood transfusion and organ transplant shall be reviewed and updated from time to time.
- Frequent blood transfusion increases the risk of transmission of HIV virus and other blood borne pathogens. Blood transfusion shall be administered only when absolutely essential.
- Every regional and district hospital shall be supported to provide an efficient blood transfusion service and maintain a sufficiently large pool of safe blood donors.
- Blood donations shall be encouraged among various categories of people.
- It shall be an offence to transfuse unscreened blood.
- All units of donated blood reactive on first HIV antibody test shall be discarded even though this is not enough to indicate that the donor is HIV positive
- All screening facilities shall apply the prescribed national protocol for HIV testing and screening provided by the MOH/GHS
- For epidemiological purposes, two positive antibody tests of different antigenic properties shall be considered confirmative of HIV infection.
- All HIV screening kits/reagents for use in the country shall first be evaluated and licensed by the MOH or its accredited agency.
- The Ghana AIDS Commission will explore all available means both internally and externally through its links with the International community and Donors to mobilise resources for the procurement of screening kits and reagents.

- Subsequent lots/batches of these reagents shall undergo periodic quality assurance tests before they are used.
- The Ghana AIDS Commission, in collaboration with the MOH/GHS shall facilitate the development of comprehensive guidelines on Voluntary Counselling and Testing.
- The MOH shall regulate the activities of diagnostic laboratories screening and testing for HIV within the country, monitoring compliance and ensuring that appropriate sanctions are applied when and if necessary.

3.2.3.2 Commercial HIV Home Self-Tests Kits

Home self-tests may seem to offer the advantage of enhanced access and anonymity, but shall not be permitted because they may have serious negative consequences, especially if they are not connected with confirmatory testing and counselling. The importation and distribution of all home self-test kits and similar products is prohibited.

3.2.4 HIV/AIDS Surveillance

3.2.4.1 Definition for AIDS

For the purpose of AIDS surveillance, the Modified Bangui Classification¹ shall be used as the AIDS case definition.

3.2.4.2 Epidemiological Surveillance

This Policy supports epidemiological surveillance by the MOH (NACP) for the purpose of monitoring the trend of the HIV epidemic through the unlinked anonymous screening at selected sites throughout the country. In view of the important public health benefits regarding contact tracing, treatment and compilation of national epidemiological data, notification of STIs including HIV shall be made obligatory.

Every facility carrying out HIV/AIDS testing shall report to the district health authorities and through them, to the national authority. A standard AIDS Surveillance form provided by the MOH shall be utilised for all HIV/AIDS case reporting.

With reference to HIV/AIDS and as required by the Registration of Births and Deaths Act, 1965, Act 301, all medical practitioners shall be required to issue medical

¹ Modified Bangui Classification: A combination of certain clinical signs/symptoms classified as major and minor criteria are used for AIDS case definition. The Modified Bangui classification for adults requires at least two(2) major signs or symptoms plus at least One(1) more minor sign or symptom together with a POSITIVE HIV Antibody Test or Three major signs plus a POSITIVE HIV Antibody Test. In the case of Children, the same conditions above must be satisfied plus an additional requirement being this must be in the absence of immunosuppression and chronic malnutrition.

certificates stating the real cause of deaths, rather than attribute deaths to secondary and opportunistic infections.

All Ordinances bearing on HIV/AIDS/STIs for instance, the Quarantine Ordinance CAP 77 (Law # 2, 1915) and the Infectious Disease Ordinance, CAP 78 (Law # 2, 1908) shall be reviewed and consolidated into a new Public Health Act as part of the general framework to make the right to health care basic to all Ghanaians. Under such a new Public Health Act, HIV/AIDS shall be made a notifiable condition without identification of individuals.

Other relevant laws and regulations that have implications for the rights of individuals and families shall be reviewed periodically to create a favourable environment for dealing with HIV/AIDS.

For the purpose of monitoring the trend of the HIV epidemic, an unlinked anonymous screening in selected sites among sentinel groups, shall be continued and supported. A clear and scientifically developed protocol shall be developed and periodically updated by the MOH to facilitate the screening of blood and for epidemiological reporting.

3.2.4.3 Behavioural Surveillance

Behavioural surveillance shall be conducted periodically among various groups to monitor the impact of various interventions in order to determine appropriate policy and programme modifications.

3.2.5 Clinical and Home Based Care

All care-givers shall be given the necessary training to observe universal safety procedures/infection prevention guidelines in the management of their patients, handling of corpses, disposal of body fluids and other potentially infectious materials.

The goal of HIV/AIDS management is to provide optimal humane and supportive care for the patients. This care must preserve confidentiality and avoid discrimination. It must also allow patients to live normal and productive lives for as long as possible.

This care includes hospital and clinic based care or nursing care, community home-based care developed as hospital outreach programmes or community initiated, counselling services provided by professionals and volunteers and all other services or facilities that are offered or developed to provide support and care for chronically and terminally ill patients.

One of the best ways of promoting this broad-based support for persons infected with HIV will be the introduction of Home Based Care for people with AIDS. This will include basic management of common symptoms and provision of palliative care, nutrition and patient hygiene. In advocating for Home Based Care, it is recognised that it

might add to the already onerous responsibilities of women within the family. Therefore all members of the family shall be encouraged to participate in Home Based Care.

Effective and accessible primary health care for all is essential in meeting household and community needs due to the increase in chronic and terminal illnesses. Provision of resources to primary health care workers or family members shall be linked to an expanded community service.

The existing PHC delivery system, which is essential in providing accessible support and care at household and community levels shall be reinforced.

In caring for HIV infected persons health workers, family, friends, co-workers, and the media will be encouraged and assisted to work towards providing a supportive environment which fosters non-discrimination, tolerance and compassion.

3.2.5.1 Nursing Care

Nursing care, provided by health care workers in collaboration with care providers from the community, faith-based organisations, traditional medical practitioners shall be holistic, catering for the physical, psychological, social and spiritual needs of patients and families.

Volunteer care givers from the community shall be encouraged and assisted to acquire basic nursing skills.

3.2.5.2 Treatment and Management

Comprehensive, cost-effective and affordable care shall be made accessible to all people with HIV and related illnesses.

The Government of Ghana shall explore all available means both internally and externally through its links with the International community and donors, to make sufficient anti-retroviral drugs available and affordable at all levels.

A cost effective drug list for the management of HIV/AIDS/STIs shall be developed and incorporated into the Essential Drug List and National Formulary.

HIV/AIDS patients shall have the right to choose and have access to all appropriate therapies including nutritional therapy as approved by the MOH. Good nutritional habits shall continue to be promoted including information on vitamins and other dietary supplements.

3.2.5.3 Traditional Remedies and Alternative Therapies

Under the existing practices within the health delivery system, after a clinical diagnosis of HIV/AIDS has been made and confirmed, many people seek alternative or traditional

treatment. Some of the traditional remedies do indeed have biological modifying properties and relieve symptoms, which some traditional and medical practitioners mistake for a cure for HIV/AIDS.

It is important for PLWHA to have the right to choose the type of treatment they want, but they will have access to accurate information regarding orthodox, traditional treatment and faith healing to enable them make informed choices.

The Traditional Medicine Practice Act (Act 575), which provides the legal framework for the practice of traditional medicine in Ghana shall be fully operationalised.

Measures will be taken to ensure that traditional health care providers, using invasive procedures such as circumcision, skin piercing, scarification and blood-letting operations shall be educated and enabled to keep within the law and to use standard sterilisation and dis-infection procedures.

Individuals who make claims of cure for HIV/AIDS shall be assisted by the MOH and accredited agencies to substantiate their claims in an acceptable scientific manner according to clearly laid down criteria. No product(s) shall be marketed and dispensed until the appropriate validation and certification by the appropriate authorities have been made.

3.2.6 Counselling

Counselling is an integral component of comprehensive health care. It shall enable the client to talk about, share, cope and deal with issues and decisions related to HIV/AIDS and STIs in an atmosphere of acceptance and trust. This shall also cover all service providers and PLWHAs. The policy shall ensure the fullest possible counselling for those infected, affected, and for all care-givers.

All institutions offering HIV/AIDS and STIs counselling shall ensure that all counsellors, including PLWHAs are given appropriate training.

3.2.7 STIs Control and Management

Various studies have shown clearly that STIs facilitate the acquisition and transmission of HIV. Organised efforts to combat HIV will therefore include STI control programmes, public education and the promotion of safer sexual practices.

There are effective cures for most bacterial and parasitic STIs and therefore, effective management of STIs will contribute to the reducing the spread of HIV infection. The existing MOH Policy on syndromic management of STIs shall be enforced. The most effective drugs have been incorporated into the essential drug list of the MOH and treatment guidelines have been produced to guide all providers. Training in the syndromic management of STIs shall be provided to service providers, including family

planning nurses and medical assistants. This approach will increase the opportunity to make STI care more accessible to a wider segment of the population.

Comprehensive STI control programmes shall include:

- (a) accurate reporting of STIs cases
- (b) early diagnosis and effective treatment of STIs and their complications
- (c) locating and treating sexual contacts of infected persons
- (d) screening high-risk groups for STIs
- (e) formal and informal courses on STIs for all health workers and prescribers including pharmacists,
- (f) intensifying public health education on STIs, and
- (g) intensifying the promotion of condom use in school education.
- (h) expanding access to RTI/STI diagnosis and treatment to all levels of the health delivery system
- (i) ensuring that medical assistants and other providers are included in a network of persons trained and able to provide RTI/STI services.

Programmes shall be intensified to promote:

- Abstinence, especially for the youth and unmarried persons
- Mutual fidelity by married couples
- Correct and consistent use of condoms

3.2.8 Promotion of Safe Sexual Practices

The vast majority of infections in Ghana result from sexual transmission. Every opportunity shall therefore be taken to emphasise abstinence for the young, mutual fidelity for all and the provision of education and information to the public on the consistent and proper use of condoms. This shall be done with due regard to the socio-economic environment and various cultural and religious sensitivities.

Currently, there is no cure for AIDS and no vaccine has been developed. This situation is not expected to change in the foreseeable future and therefore the only effective strategy to prevent the spread of the infection is through public education on abstinence and safe sexual practices as well as the promotion of condoms and their proper use. Even when a vaccine has been developed, behavioural change will continue to be an option for reducing the spread of the epidemic.

In pursuance of promoting safe sexual practice:

- a. The Ministry of Health shall ensure the availability, affordability and proper storage of both male and female condoms, as well as their accessibility. The MOH/GHS shall work with various institutions, including NGOs using proven techniques such as the social marketing approach to ensure wide distribution of condoms and information on its proper usage. Additionally, the social marketing of condoms shall be encouraged nation-wide to ensure the general availability of condoms in

- community pharmacy shops, hotels and other public places such as lorry parks, bars and restaurants.
- b. The Ghana AIDS Commission will work with other agencies to raise public awareness about condoms and their role in the prevention of HIV/AIDS and other sexually transmitted infections. This will be in addition to other messages about responsible sexual behaviour and abstinence.
 - c. The Government, in collaboration with all its major stakeholders, shall support the importation and manufacture of good quality condoms. Condoms shall be made available at places they are needed e.g. hospitals, STI clinics, counselling centres and private clinics of medical practitioners.
 - d. The Ghana Standards Board shall continuously check the quality and reliability of condoms in support of the national response.

3.2.9 Prevention of Mother-to-Child Transmission

Transmission of HIV from mother to child can occur during pregnancy, at delivery or through breastfeeding. Such mother-to-child transmission of HIV represents a major cause of morbidity and mortality among children under five years.

Under this policy and in view of the desired objective of saving children's lives as well as the reduction of the impact of HIV on families and communities, the use of antiretroviral treatment to reduce the risk of mother to child HIV transmission shall be promoted.

To ensure effective implementation of PMTCT, maternal and child health services shall be strengthened. Special consideration will be given to increasing the access of women to services such as information on reproductive and infant feeding options and VCT.

Regardless of the presence of risk factors or the potential for effective intervention to prevent transmission, no one shall be coerced into testing, or tested without consent. Individuals shall be given all the relevant information and be allowed to make their own decisions about testing, reproduction and infant feeding.

The strategies to prevent Mother-to-child (MTCT) shall involve the following:

- ❑ Women shall be provided with knowledge about HIV and be given access to information necessary to make appropriate choices about HIV prevention and about sexual and reproductive health and infant feeding options.
- ❑ Voluntary counselling and HIV testing for women of childbearing age including pregnant women attending antenatal care clinics shall be provided. Those infected with HIV and intending to get married shall be provided with the necessary counselling.

- ❑ Family planning clinics shall be provided with HIV/AIDS/STIs counselling facilities.
- ❑ HIV positive women shall be provided with counselling and a range of medical management and feeding options to enable them make informed decisions about pregnancy and breastfeeding
- ❑ Special efforts shall be made to target men with information on FP/RH and HIV/AIDS to ensure that they support their wives during pregnancy and after the birth of the child.

3.2.10 Young People and HIV/AIDS/STIs

Young people are key to the future course of the HIV/AIDS epidemic. The behaviours they adopt and those they maintain throughout their lives will determine the course of the epidemic for decades to come. Studies show that young people can be responsive to HIV prevention programmes and are effective promoters of actions that prevent HIV infection.

The Policy recognises that investing in prevention programmes among children aged 4–14 years (Window of Hope Period) is likely to contribute significantly to a reduction in high-risk sexual behaviours.

Appropriate MDAs and other Institutions shall therefore:

- ❑ Study and review national policies with a view to promoting those policies that reduce the vulnerability of young people to HIV/AIDS and STIs.
- ❑ Promote the genuine participation of young people in the national response to HIV/AIDS and STIs prevention and control.
- ❑ Encourage the establishment of structures that will support peer and youth groups in the community to contribute to local and national responses to HIV/AIDS and STIs prevention and control.
- ❑ Mobilise parents, policy-makers media and faith-based organisations to influence public opinion and policies with regard to HIV/AIDS/STIs and young people such as improving the quality and coverage of in-school and out-of-school programmes that include HIV/AIDS/STIs and related issues
- ❑ Ensure the expansion of the access of young people to youth-friendly facilities and services including HIV and STI prevention, management and testing, counselling and the provision of care and support services.
- ❑ Ensure the care and support of young people living with HIV/AIDS/STIs, AIDS orphans and young people whose parents, guardians and other relatives are HIV positive.

- Strengthen the integration of HIV/AIDS/STI education into the curricula of formal schools beginning at the primary level under the existing Pop/FLE, School Health Education and related projects that the Ghana Education Service is currently implementing.

3.2.11 Women, Gender and AIDS

Physiological differences in the genital tract directly contribute to women running a higher risk of acquiring HIV infection and STIs than men. Beyond the purely physiological factors, women's economic and social situation may increase their vulnerability and therefore their risk of infection. Other socio-cultural and religious influences also play a part in this vulnerability. Deteriorating economic conditions, which make it difficult for women to access health and social services due to poverty, worsen this situation.

In many African communities, some traditional practices that relate specifically to sex and sexuality increase girls' and women's vulnerability to HIV transmission and infection. These practices are culturally sanctioned and pose a particular challenge to efforts aimed at eliminating them. The empowerment of women has been recognised as a basic human right. The rights-based perspective is also key to the fight against HIV/AIDS because prevention efforts can only be effective if women are able to exercise control over their sexual and reproductive lives as a matter of right.

The gender differences in access to educational and economic opportunities reinforced by cultural deviations which include coercive sex, rape, defilement etc., promote the transmission of HIV/AIDS. These cultural deviations endanger the lives of women through involvement in unprotected sex especially with multiple partners.

Men's vulnerability to HIV/AIDS as well as their roles and responsibilities in prevention and care are important aspects of a gendered approach to the epidemic. Less often recognised is that cultural beliefs and expectations of 'manhood' encourage risky behaviour in men. Yet men can make a difference.

This Policy shall therefore support efforts aimed at empowering women to recognise their vulnerability to HIV infection. Support shall be given to special programmes that enhance the status of women generally and provide them with economic opportunities so that fewer women will be forced to seek work in the sex industry both within and outside of the country.

Direct resources shall be provided to build capacities and strengthen the Women and Juvenile Unit of the Ghana Policy Service (WAJU) and existing community-based women's organisations to improve and expand the provision of services, which include networking, income generation and support for women who are victims of domestic violence.

Counselling and support for victims of sexual abuse, including rape and defilement shall be provided and expanded.

4.0 RESEARCH

The HIV/AIDS epidemic has raised many complex questions. Research is needed to provide sound, scientific and other reliable information which will influence and guide policy, practice and interventions. The success of the national research endeavour will depend on available expertise, research capacity and willingness to undertake the research required in conjunction with international efforts. Research shall therefore be viewed as a cross-cutting intervention to inform policy.

An effective National HIV/AIDS/STIs strategy shall be developed and supported by an extensive, co-ordinated and properly funded research programmes. Such research shall be action-oriented, interdisciplinary, multifaceted and cost effective.

A balanced multi-sectoral committee on HIV/AIDS/STIs shall be constituted by the GAC to provide a focal point for all HIV/AIDS related research.

4.1 Non-discrimination in Research

Respect for equal rights requires that policy makers and others involved in research observe the principle of non-discrimination in the determination of those who might benefit or suffer as a result of decisions pertaining to research. The principle requires that the selection of research sites shall be based solely on scientific criteria. There will be the need to pay particular attention to ethical issues, specifically confidentiality, informed consent and the protection of human rights.

4.2 Equitable Distribution of the Benefits of Research

Respect for the right of everyone to the highest attainable standard of health and the principle of autonomy requires that all people have access to the findings of research which have a bearing on their own circumstances. This is to ensure that people make informed decisions regarding their own health and well-being. These are enshrined in Article 15 of the International Covenant on Economic, Social and Cultural Rights.

Respect for these rights and principles further obliges States to ensure that when research leads to the discovery of an effective HIV vaccine, or AIDS treatment or cure, this knowledge is accessible to all, and any products developed are distributed equitably. In this regard, Government shall assist Ghanaian researchers to patent their findings as needed.

5.0 LEGAL AND ETHICAL ISSUES

5.1 Disclosure of HIV/AIDS Test Results

Health care and social welfare case workers shall not disclose any confidential information they obtain in the normal course of their work about a client to any other person without the express consent of the client.

The only exceptions are in cases where in the considered opinion of the professional, such disclosure is permitted by law and/or in the interest of the client himself his/her spouse, other supportive family members or another person involved in the client's care.

5.2 Confidential Information shared with other Professionals

Where the sharing of information with other professionals is required for professional purposes, it is the responsibility of the professional making the disclosure to ensure that his or her colleagues appreciate that the information is being imparted in strict professional confidence. Professional disclosures to an endangered third party shall be made as permitted by law.

5.3 Workplace HIV/AIDS Policy and Guidelines

Workplace provides the key venue for initiating effective programmes of prevention and care. The Ministry for Employment and Manpower Development, in collaboration with the Ghana AIDS Commission and other stakeholders, shall develop a comprehensive policy on employment related HIV/AIDS issues and institute measures to ensure compliance.

Such a policy shall take cognisance of guidelines and other policy imperatives contained in the 'prevention of HIV/AIDS in the world of work' developed by the International Labour Organisation and its world-wide social partners to mitigate the impact of HIV/AIDS on the working population.

5.4 Mandatory Medical Examination

Mandatory HIV testing shall not be part of pre-employment examination or pre-enrolment, pre-surgical procedures and pre-marital engagement.

5.5 Non disclosure of HIV/AIDS Status to Employer

PLWHAs shall not be obliged to disclose their status to their employers or prospective employers.

Employers shall be encouraged to adopt a positive attitude towards employees who are HIV positive to the extent that they are reasonably accommodated on their jobs for as long as they are able to work. This will require an educational programme to sensitise employers on the issues involved in HIV/AIDS and to broaden their understanding of the need to keep people living with AIDS working for as long as their health can allow.

5.6 Wilful or Negligent Transmission

5.6.1 Criminal Code

Under the Criminal Code 1960 (Act 29) there is a range of offences that can be used to prosecute offenders for wilful transmission of HIV/AIDS. These include unlawful harm which is intentionally or negligently caused; intentionally causing the death of another person by any unlawful harm which is murder and death resulting from negligence amounting to a reckless disregard for human life which is manslaughter, attempted murder and assault.

For the present, this Policy does not support a specific offence of wilful transmission of the HIV virus but proposes that the offences under the Criminal Code of 1960 (Act 29) can be used if the prosecution can establish the requisite proof.

5.7 Insurance

Insurance is basically a contractual relationship between the insurance company and the client who takes a policy. The parties are free to determine the terms of the relationship but in practice, the insurance company determines the terms and a client either has to accept or reject them. This stems from a general principle in insurance not to issue a policy to a person suffering from a disease, which is certain to result in death.

The Government shall seek to support policies that will make it possible for people who are HIV/AIDS positive to obtain insurance. For the present, the prevention and management of opportunistic infections for PLWHA shall be covered under the National Health Insurance Scheme.

Insurance companies shall be encouraged to work in concert with employers and Government to design innovative policies which will assist communities, and families to provide improved medicare and home based-care for PLWHA.

6.0 INSTITUTIONAL FRAMEWORK

6.1 Co-ordinating Body – Ghana AIDS Commission

6.1.1 Objectives and Functions of the Commission

Though HIV/AIDS is a major health problem, the background, causes, modes of transmission and the consequences go beyond health. Therefore, this Policy shall be implemented by the Ghana AIDS Commission as established by an Act of Parliament. The Commission is a supra – Ministerial Body with multi-sectoral representation.

The main objective of the GAC is to provide effective leadership in the fight against the HIV/AIDS disease, by coordinating the interventions of all stakeholders, through joint planning, monitoring, evaluation and advocacy. The functions of the Commission are:

- To formulate comprehensive national policies and strategies and establish programme priorities relating to HIV/AIDS.
- To provide high-level advocacy for HIV/AIDS prevention and control.
- To provide effective leadership in national planning and co-ordination of support services.
- To expand and co-ordinate the total national response to HIV/AIDS.
- To mobilize, control and manage resources and monitor their allocation and utilization.
- To foster linkages among all stakeholders.
- To promote research, information and documentation on HIV/AIDS
- To monitor and evaluate all on-going HIV/AIDS activities.

The Commission shall have a multi-sectoral ministerial representation as well as representation from various organisations, institutions and individuals.

6.2 Secretariat

There shall be a Secretariat that will be responsible for the day-to-day co-ordination; management of funds, monitoring and supervision of all national HIV/AIDS related activities.

The Secretariat shall support as needed, the activities of the NACP to provide critical technical leadership in areas such as surveillance, laboratory services, blood safety, care and support to PLWHAs and research.

6.3 Regional and District AIDS Committees on HIV/AIDS

Multi-sectoral Regional and District Committees will be established in accordance with the decentralisation policy of Government. The Regional and District committees will co-ordinate monitor and supervise all HIV/AIDS activities at those levels and implement national policies formulated by the Commission. Regional and district Committees are to be chaired by Regional Ministers and District Chief Executives respectively.

The composition of the Regional and District Committees will reflect that of the National body to include MDAs, NGOs, faith-based organisation, youth and women's organisation, private sector, PLWHAs and research institutions. At the District level, the District Assemblies will be empowered to support district and community level activities.

6.4 Training and Institutional Capacity Building

The availability of trained personnel for the management of all components of STIs and HIV/AIDS prevention and care programmes is a pre-requisite for any successful control of the epidemic in Ghana. In this respect, the Government shall:

- ❑ Ensure the effective transfer of skills and the institutionalisation of in-country capacity development in HIV/AIDS advocacy.
- ❑ Decentralise expertise in support of multi-sectoral decision making at all levels.
- ❑ Ensure the integration of the National HIV/AIDS response into all pre-service and educational training programmes of MDAs and NGOs.
- ❑ Promote the regular update of the knowledge of physicians, nurses/midwives and other health professionals so as to ensure optimal management and care for HIV/AIDS and STIs cases.

6.5 Funding - General Resources for HIV/AIDS Prevention and Control, including International Co-operation

The Government pledges its full support for the global response to combat HIV/AIDS. The experience gained regarding HIV/AIDS/STIs prevention and control in some of the neighbouring countries in West Africa and in East and Southern Africa has shown that broad based, all inclusive approaches such as the involvement of MDAs, faith-based organisations, NGOs and communities is essential. Due to the frequent movement of citizens among and between the countries in the West Africa sub region and even beyond, Government shall promote regional dialogue and international co-operation for the prevention and control of HIV/AIDS/STIs.

International donors and agencies, particularly UNAIDS, bilateral and international NGOs are expected to play an important role as partners in the national response to

combat the epidemic. The Government of Ghana, donors and NGOs will therefore be the major actors in providing resources for HIV/AIDS/STIs prevention and control activities.

Specifically, Government agencies and institutions will ensure increased collaboration in sourcing resources and technical assistance necessary for the implementation of programmes and interventions throughout the country. Local NGOs, which have specific technical expertise, will be encouraged to provide care and support programmes in the communities. In view of the varied strength and weaknesses of NGOs, the National programme will assess the preferences and capabilities of these NGOs and judge the comparative advantages of donor and NGO assistance in addressing specific interventions or a range of interventions under the programme.

The funding required for a multi-sectoral expanded response to HIV/AIDS shall be depended upon significant Government of Ghana inputs supplemented by broad donor funding mechanism. The various sector Ministries shall develop budget lines for their specific sector. Similarly, District Assemblies shall be mandated to support district level activities. Additional assistance will be sought from multilateral and bilateral partners/donors, international organisations and corporate foundations amongst others.

6.6 Decentralisation

In line with the Government's policy on decentralisation, the Ghana AIDS Commission Secretariat shall collaborate with the political and administrative units of the country, especially Regional Coordinating Councils and District Assemblies, to implement HIV/AIDS programmes. Additionally, District Assemblies will be charged with the responsibility of leading community mobilisation against HIV/AIDS to expand the national response. District Assemblies will supervise and monitor HIV/ AIDS implementers working in the districts.

The Ghana AIDS Commission Secretariat shall collaborate with other sector ministries to take advantage of the decentralisation and the unique position of District Assemblies to mobilise additional resources from the local level.

6.7 The Role of NGOs and Civil Society

In implementing the HIV/AIDS programmes, the role of civil society is crucial. Efforts will be made to involve Civil Society in general, especially traditional rulers, opinion leaders, youth groups and various religious and professional bodies and associations at all levels.

Civil Society Organisations including NGOs and those representing People Living with HIV/AIDS (PLWHAs) shall be encouraged to formulate and implement appropriate programmes on HIV/AIDS/STIs.

6.8 The Role of MDAs and the Private Sector:

All Ministries, Departments and Agencies and the private sector shall be encouraged to design, implement, monitor and evaluate sector specific HIV/AIDS prevention and care and support programmes for their employees. In this respect:

The Office of the President shall:

- Provide political leadership and adequate funding for the national response to the HIV/AIDS epidemic through the Ghana AIDS Commission and ensure the mobilisation and involvement of all sectors.

Parliament of the Republic of Ghana:

Given the important role Parliament plays as representative of the people in enacting laws and approving Government's budgetary appropriations, Parliament shall:

- Provide overall legislative and political support such as acting on the recommendations for the establishment of institutions, the reform of laws and the enactment of new legislation that will facilitate the implementation of this Policy.
- Spearhead and mobilise social support for HIV/AIDS activities both within Parliament and at the constituency level.
- Engage in policy dialogue towards the eradication of discriminating/stigmatising provisions that affect PLWHAs.
- Initiate legal review of laws in population and reproductive health, including HIV/AIDS and ensure that the resources required are made available to observe and enforce them.
- Support NGO and CBOs advocates undertaking programmes for vulnerable groups in their constituencies.

The Ministry of Finance shall:

- Ensure that adequate resources are made available to the various ministries for HIV/AIDS and STIs prevention and care.
- In collaboration with recipient line ministries, solicit and co-ordinate donor support and other financial contributions for HIV/AIDS prevention, care and support.

The Ministry of Health/Ghana Health Service

In recognition of its direct mandate to deal with the complex medical aspects of the pandemic, MOH shall function as the "technical lead ministry" in HIV/AIDS prevention and care. It shall:

- Lead the development and refinement of strategies for prevention and care, in the areas of VCT, antiretroviral therapy, mother-to-child transmission, provision of care and support to PLWHA, counselling, home based care etc. MOH/GHS shall collaborate with the GAC, MDAs, NGOs and the private sector in carrying out this mandate.
- Provide technical support to the Ghana AIDS Commission. MOH/GHS shall provide technical support to other ministries and sectors as they develop and implement their AIDS prevention and care activities.
- Continue with the implementation of health-sector based interventions to prevent the sexual, blood-borne and MTCT of HIV in particular and of Sexually Transmitted Infections in general
- Promote the proper use of both the male and female condoms
- Set guidelines in HIV Counselling for Prevention and Testing
- Provide appropriate health facility-based care for Persons with HIV-related conditions and AIDS, including counselling and home-based care and support.

The National Population Council shall:

- Promote the integration of HIV/AIDS issues into National population programmes at all levels.
- Advocate for, and support the effective coordination and implementation of HIV/AIDS policy and programmes at all levels. In this regard, the Regional Population Advisory Committees (RPACs) and District Population Advisory Committees (DPACs), which are multi-sectoral in nature, will be proactive and work with the GAC and other partners in harmonising HIV/AIDS programmes at the regional and district levels.

The Ministry of Education, Youth and Sports shall:

- Integrate AIDS and STIs education into all levels and institutions of education, starting at primary school level and extending to tertiary and teacher training and non-formal institutions.

- Involve parents, through Parent-Teacher Associations and other appropriate mechanisms, in discussion of school-based HIV/AIDS education and other programmes or activities.
- Ensure that other services related to HIV and STIs control and care are accessible to students in need.
- Collaborate with all relevant MDAs to develop and strengthen HIV/AIDS/STIs programmes for young people.

The Ministry of Justice shall:

- Provide assistance for the review and reform of legislation relating to HIV/AIDS and public health.
- Prepare legislation on reproductive health, HIV/AIDS and related matters as approved by Cabinet

The Ministry of Communication and the Information Services Department shall:

- Play an active role in information and education on HIV/AIDS and STIs through the development and broadcasting of programmes, spots and advertisements on various aspects of HIV/AIDS and STIs.
- Collaborate with the Ghana AIDS Commission, other sector ministries, NGOs and civil society at large and the private sector to strengthen capacity for effective public media involvement in HIV/AIDS/STIs prevention.

The Ministry for Employment and Manpower Development:

- Review criteria for eligibility for destitute support to enable families caring for people with HIV/AIDS and orphans and vulnerable children access to the needed support.
- Develop programmes and mechanisms for the provision of welfare support to ensure that the basic needs of children orphaned due to AIDS are met, including facilitation of fosterage where needed.
- Develop and implement AIDS prevention programmes for relevant groups within the Ministry's purview, e.g. women, out-of- school youth, orphans etc.
- Develop a comprehensive workplace policy regarding the rights of HIV-infected individuals to employment, social welfare, care and support and compensation where relevant.

The Ministry of Local Government and Rural Development and the National Development Planning Commission shall:

- Facilitate the implementation of HIV/AIDS and STIs prevention and care activities in collaboration with the Ghana AIDS Commission and through the Regional Coordinating Councils and District Assemblies and various extension and outreach services for other target groups.
- Ensure that sufficient financial, manpower and other resources are available for the implementation of the intensive and extensive prevention programmes needed to slow down the epidemic within available resources and as reflected in the District Development and HIV/AIDS plans.
- Mobilise the community, through existing and new structures, for its involvement at all stages of the development and implementation of HIV/AIDS/STIs prevention and care programmes and activities.
- Ensure coordination and provide leadership for programmes at the district level.

Other Government Ministries and Agencies shall:

- Develop relevant policy guidelines on HIV/AIDS/STIs prevention, to guide implementation of activities at all levels.
- Plan for, and allocate resources for the implementation of HIV/AIDS/STIs prevention activities for staff, as well as for target groups reached through the ministries' routine activities.
- Implement, co-ordinate and monitor HIV/AIDS/STIs prevention activities.
- Utilise mechanisms and instruments, which will be developed for the co-ordination and evaluation of the national response to the HIV/AIDS epidemic.

Private Sector Organisations and Enterprises shall:

- Develop and implement policies and programmes for the management of HIV/AIDS, in line with national policy guidelines. These will include the implementation of HIV/AIDS and STIs prevention education for workers, condom distribution, as well as protection of the rights of HIV-infected workers.
- Mobilise local private sector financial and other resources for HIV/AIDS/STIs education of workers and related communities.

- Integrate HIV/AIDS/STIs into training courses for workers and managers where appropriate.

Non-Governmental Organisations (NGOs) and Community Based Organisations (CBOs) and People Living with HIV/AIDS (PLWHAs) shall:

- Develop and implement innovative HIV/AIDS prevention and care projects and activities, in line with the priorities articulated in the national strategic plan.
- Mobilise communities for HIV/AIDS prevention and care activities, which are affordable and sustainable.
- Advocate for the involvement of various sectors of government, leaders at national, district and community levels in HIV/AIDS prevention and care.
- Collaborate among themselves, as well as participate in national co-ordination activities to minimise duplication and enhance the establishment of complementary programmes, projects and activities.

Faith-Based Organisations shall:

- Integrate messages and information about abstinence, prevention, care and support into their on-going activities.
- Identify and serve as an advocate for vulnerable groups in society, eg. young women and orphaned and street children subject to sexual exploitation or abuse.
- Develop BBC/IE&C messages and programmes that stress the importance of family and moral values in stopping the spread of HIV/AIDS and STIs.
- Participate in care and support programmes for HIV infected persons.

National House of Chiefs, Queen mothers Associations and Traditional Authorities

As custodians of our national cultural heritage, shall:

- Provide the necessary leadership in eliminating negative cultural practices, which militate against the empowerment of women and increase their vulnerability to HIV/AIDS and STIs.
- Uphold our cherished traditional family values and ensure that these are taught to young people

- Use their position of influence to oppose discrimination against HIV infected persons.
- Support appropriate intervention measures against HIV/AIDS and STIs.

7.0 CONCLUSION

Government is committed to addressing the serious threat that HIV/AIDS poses to the achievement of the aspirations of Ghanaians. This is especially so because the most economic and socially productive members of the society, those aged between 15-49 years are the ones proven to be most at risk.

The Policy on HIV/AIDS will help define the legislative framework for the management and control of HIV/AIDS and STIs in the country as well as create an enabling environment for all stakeholders to engage in the national response.

More importantly, people living with and or affected by HIV/AIDS need to be cared for and supported in an open society where stigmatisation and discrimination are lessened. The Policy aims at encouraging employers and other members of society to have a positive attitude towards such persons. PLWHAs need to be kept in productive employment for as long as possible and be accepted by society.

Government is committed to ensuring that this Policy is translated into action for the benefit of all Ghanaians. No single sector can handle the problems associated with HIV/AIDS by itself. Civil society at large, the private sector and institutions of learning all have a role to play and it is expected that the participatory nature of the development of the Policy will foster a spirit of ownership among stakeholders to make them want to ensure its success. We must collectively guarantee the survival of the next generation of Ghanaians.