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POLICY BRIEF

Current HIV/AIDS Status, Access to Antiretroviral Treatment, and HIV-Related Stigma in Ghana

INTRODUCTION

Until the sharp rise in HIV/AIDS national median prevalence rate from 2015 onwards, the infection was on a steady decline in Ghana (National AIDS Control Programme [NACP], 2017). Although the national median HIV prevalence rate declined from 2.4 in 2016 to 2.1% in 2017, it reverted to 2.4 in 2018. This constitutes a 14.29% increase from 2017 to 2018, and a 50.0% increase from 1.6 in 2014 to 2.4 in 2018 (Table 2). The national incidence rate has, however, remained the same at 0.11% since 2015 to 2019, and is projected to decline to 0.09% in 2020 (Ghana AIDS Commission [GAC], 2019).

Several factors have accounted for the increase in the national median prevalence rate. These include complacency resulting from reduction in HIV infection rates from past years, the notion that HIV is no longer a threat, and the societal belief that the virus is non-existent. The low patronage of condoms and the habit of resorting to herbalists and prayer camps rather than hospitals for HIV treatment have also been blamed for the rise in HIV infection rates (NACP, 2017; Institute of Statistical, Social and Economic Research [ISSER], 2019).

In 2018, an estimated 334,713 persons were living with HIV/AIDS in Ghana, comprising 65% females, and 35% males (NACP, 2019a; Owusu, 2020). Newly infected people were estimated at 19,931 while a total of 14,181 AIDS-related deaths were documented (NACP, 2019a). The World Bank (2020) estimates that in 2018 in Ghana, 30,000 children (10-14 years) were infected with HIV, 230,000 children were orphaned by HIV/AIDS, and 0.4% of males aged 15-24 and 1% of females within the same age group were living with HIV/AIDS. A breakdown of the infection rates show persistent gender differentials, with females leading males (Ghana AIDS Commission NACP 2019a; Owusu, 2020). Infection rates are higher in urban areas than rural areas (NACP, 2019a). Table 1 shows additional HIV/AIDS statistics for Ghana for 2018.

KEY ISSUES

Over the years, the prevalence rate of HIV/AIDS in Ghana has showed several variations across the age groups. From Table 2, it is clear that the age range 15-19 has continually shown the lowest prevalence rate of infection over the years under review (2014-2018), the last series of years for which there is data. Conversely, people within the age range of 35-39 have also consistently recorded the highest prevalence rate of HIV infection in the country. Also, in 2016 and 2018, Ghana recorded its highest national median prevalence rate of

2.4. The age groups 30-34 and 35-39 had sharp increases in their prevalence rates between 2017 and 2018, while four of the remaining six age groups maintained the same prevalence rates between 2017 and 2018 (Table 2). Table 2 also shows that over the period under review (2014-2018), the prevalence rate of HIV increased for most of the age groups. The national prevalence rate increased by 50% between 2014 and 2018, from 1.6 to 2.4.

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Table 1: Some HIV/AIDS Indicators, 2018

Age Group	HIV Prevalence (%)	Number on ART	ART Coverages (%)	PLHIV	AIDS Deaths	New Infections
0-14	0.26	5,393	18.3	29,514	2,769	3,317
10-19	0.33	3,038	14	29,514	421	2,062
15-24	0.66	5,706	15.3	37,411	956	5,532
15-49	1.69	73,202	29.3	249,935	8,771	15,458
15+	1.67	103,030	33.9	305,199	11,412	16,615
0-80+	1.13	108,423	32.39	334,713	14,181	19,931

Source: GHS, 2019, p. 49

Table 2: HIV prevalence among pregnant women by age groups, 2014-2018 (%)

Age Group	*2014*	*2015*	*2016*	*2017*	*2018*
15-19	0.9	0.7	0.6	0.9	0.9
20-24	2.1	1.3	1.3	1.8	1.8
25-29	2.0	2.0	2.1	2.3	2.3
30-34	2.8	2.9	3.3	2.4	3.0
35-39	3.2	3.4	3.5	2.6	3.4
40-44	2.1	2.6	2.6	3.4	3.0
45-49	1.7	1.9	5.6	3.2	1.6
15-24	1.8	1.1	1.1	1.5	1.5
National	**1.6**	**2.0**	**2.4**	**2.1**	**2.4**

Sources: GHS (2018: 46, 2019, 9: 49).

The prevalence of HIV in pregnant women who accessed antenatal care (ANC) clinics showed a general decline in all regions from 2013 to 2018.The Eastern region which typically had the highest rates also showed a decline from 2013 to 2018 whilst the Northern region maintained the lowest prevalence rate. All regions showed a decrease from 2017 to 2018 (Table 3).

Although HIV prevalence in Ghana has shown a declining trend for some time now (NACP 2019a), recent national median prevalence over the last five years (period of focus of this brief) shows an alarming increment in infection rates in Ghana, which gives cause for concern. Subsequently, an initiative of the global community, led in Ghana by the Ghana AIDS Commission (GAC), known as the "90-90-90 Fast Track Target strategy" has been implemented to encourage people to know their HIV status, go through diagnosis and be treated.

In line with the international strategy to meet the Sustainable Development Goal 3, which seeks to end HIV/AIDS and other pandemics by 2030, the "90-90-90 strategy" means that efforts need to be made to get 90% of persons at risk of HIV to know their status, be diagnosed and treated by 2020. The strategy aims to increase HIV testing rates, provide treatment for persons who test positive, and facilitate the suppression of viral loads for persons living with HIV/AIDS (PLHIV) by 2020 (ISSER, 2019). This implies the need for Ghanaians to know their HIV status, and for PLHIV to get early treatment.

The GAC has been working to implement this strategy using door-to-door outreach programs for citizens in parts of the country, including information dissemination and testing to help people know their HIV status (ISSER, 2019).

Table 3: Regional HIV prevalence among pregnant women attending ANC clinics, 2013-2018 (%)

Year	*Eastern Region*	*Ashanti Region*	*Greater Accra Region*	*Western Region*	*Upper West Region*	*Central Region*	*Brong Ahafo Region*	*Volta Region*	*Upper East Region*	*Northern Region*	*National*
2013	3.7	3.2	2.7	2.4	0.8	1.1	2.1	1.2	1.7	0.8	**1.9**
2014	3.7	2.8	3.1	2.4	1.3	1.4	2.6	2.2	1.4	0.6	**1.6**
2015	2.7	2.7	3.2	2.0	1.3	1.8	1.7	1.7	1.5	1.2	**1.8**
2016	2.6	2.6	2.4	2.5	2.5	1.8	2.7	2.7	1.7	0.7	**2.4**
2017	2.1	3.2	3.2	2.4	1.3	1.8	2.0	2.3	1.3	0.6	**2.1**
2018	1.7	1.5	1.5	1.3	0.7	1.3	1.8	1.2	0.5	0.4	**2.4**

Sources: GHS, 2018, p. 46, 2019p. 49; NACP, 2019a, p. 36.

One of the pressing issues regarding HIV/AIDS is that in Ghana, despite the various efforts being made to tackle incidence, the provision of antiretroviral therapy (ART) to PLHIV is not consistent with the disease burden (ISSER, 2019). For instance infected persons who were receiving ARVs declined by 20.52%, from 100,665 to 80,014 between 2016 and 2017 (MoH, 2017: 45; ISSER, 2019). In 2018, although an increased number of PLHIV received ART (113,171) (NACP, 2019a, p. 15), this constitutes less than one third (32.39%) of PLHIV who are on anti-retroviral therapy (GHS, 2019) (Table 1). This shortfall is in spite of Ghana's "treat all policy" on PLWHAs (People living with HIV/AIDs) which makes every person living with HIV/AIDS eligible for treatment (GAC, 2019, p. 20; NACP, 2019b, p. 21). The World Bank (2020) asserts that in 2018, only 79% of pregnant women living with HIV in Ghana had ART for the prevention of mother to child transmission (PMTCT). These shortfalls constitute a huge challenge to the realization of the GAC's 90-90-90 strategy, thus compromising the chances of meeting the said targets.

Currently, several key challenges confront the efforts to achieve the MDG target on HIV/AIDS in Ghana. Challenges such as stigmatization, discrimination, abuse and neglect of PLHIV by close relations and the general public are severe and persistent (GSS, GHS, ICF Macro, 2009; Tenkorang & Owusu, 2013; Gyamerah et al., 2020), constituting important social threats that could prevent other PLHIV from getting tested. Disclosure and access to timely health services could also be compromised by stigma and social exclusion. These challenges pose further risks to the overall health of PLHIV and the general public, thereby worsening incidence. Stigma also exposes PLHIV to other health conditions such as depression (National Association of Persons Living with HIV/AIDS [NAP+], GAC and UNAIDS, 2014; Owusu, 2020), and constitutes, along with other challenges, a violation of the human rights of PLHIV.

Importantly, the discrimination and neglect of PLHIV is hugely feminized (Asiedu & Myers-Bowman, 2014; Poku et al., 2017; Owusu, 2020). Given the feminization of HIV/AIDS in Ghana and internationally, the abuse of PLHIV constitutes a huge social canker targeted at society's vulnerable groups.

In Africa generally, and in Ghana specifically, stigma against PLHIV has been identified as the single most important impediment to slowing the spread of HIV. It is also partly to be blamed for the increased death rate from AIDS (Koka, Ahorlu, & Agyeman, 2013; Tenkorang & Owusu, 2013; Poku et al., 2017; Tenkorang, Owusu, & Laar, 2017).

Moreover, there is a high number of HIV comorbidities which has resulted in high mortality. As many as a third of all tuberculosis/HIV infected persons have been known to experience 6 months mortality while ART coverage for the comorbid group hovers below 50% (GAC, 2016). The advent of COVID-19 has the potential to shift attention from other important health burdens such as HIV/AIDs and tuberculosis in Ghana.

Finally, there are low rates of voluntary counseling and testing for HIV. This is the case even among high-risk groups. For instance the Ghana Demographic and Health

Survey 2014, which is nationally representative, showed that 38% and 49% of women and men in their reproductive ages (15-49 years old) who were HIV-positive had never tested for their status prior to the index test for the diagnosis (Ghana Statistical Service, Ghana Health Service and ICF Macro, 2015; NACP, 2019a: 14; Gyamerah et al., 2020).

CONCLUSION AND RECOMMENDATIONS

The current HIV/AIDS situation in Ghana gives cause for worry, particularly considering the potential impact on the nation's ability to achieve the SDG target 3 on ending HIV/AIDS by 2030. First, national median prevalence rate over the last 5 years (2014-2018) has increased tremendously (NACP, 2019a, p. 36). Second, discrimination, abuse, stigmatization, and neglect of PLHIV persist, constituting a dent on the humanity of infected persons (GSS et al., 2009; Tenkorang & Owusu, 2013; Gyamerah et al., 2020), and posing the greatest challenge to efforts to fight the pandemic in Ghana in particular, and Africa in general (Koka et al., 2013). Third, Ghana has been unable to sustain its target of treating all persons confirmed to have the virus (NACP, 2019b; World Bank, 2020). Fourth, there is low voluntary counseling and testing for HIV in Ghana, including among at-risk groups (GSS et al., 2015; NACP, 2019a: 14; Gyamerah et al., 2020). Fifth, HIV co-morbidities have been significantly high, resulting in high mortality (GAC, 2016). Finally, the advent of the novel COVID-19 has currently taken center-stage in financing of the health sector in Ghana, and has the potential to roll-back current gains in the fight against HIV/AIDS.

ISSER recommends additional efforts to help curb the rising rates of HIV prevalence in Ghana and to treat PLHIV humanely. Specifically, it is recommended that the Ministry of Health, GAC, the National Commission on Civic Education and Culture, and their affiliated agencies undertake and intensify the following:

- Renewed, public education, information and communication on HIV.
- Education on the changes, increasing prevalence, and negative impacts of the HIV/AIDS epidemic to the populace.
- Education on the need for condom use during at-risk sex, and the need for caution regarding other key means of infection: blood donation, injecting drug use, etc.
- Awareness creation on the need for the public, particularly, at-risk groups, to get tested in order to know their HIV status and seek treatment urgently.
- Analysis of the reasons for the reduced access to ARTs and actions to improve ART access for PLHIV.
- More stringent and sustained efforts to root out stigmatization against PLHIV.

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