Country Situation

Background Statistics

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<tbody>
<tr>
<td>HIV prevalence - adults (ages 15-49)</td>
<td>1.8% [1.6-2.0%]</td>
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<td>HIV prevalence - pregnant women (all ages)</td>
<td>1.7%</td>
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<tr>
<td>Number of women living with HIV</td>
<td>10,800</td>
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<tr>
<td>Est. # children (ages 0-14) living with HIV</td>
<td>27,000 [14,000-41,000]</td>
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<tr>
<td>Maternal mortality ratio</td>
<td>350/100,000</td>
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<td>Est. annual births</td>
<td>770,000</td>
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<tr>
<td>Infant mortality rate</td>
<td>50/1,000</td>
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<tr>
<td>Under-5 mortality rate</td>
<td>74/1,000</td>
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Global Plan Targets, Baseline and Current Status

Global 2015 Targets

• Reduce the number of new HIV infections among children by 90%
• Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

Child Targets

• Reduce under-five deaths due to HIV by at least 50%
• Provide antiretroviral therapy for all children with HIV

Globally, an estimated 330,000 children were newly infected with HIV in 2011 – down 24% from the 430,000 new infections in 2009. New paediatric HIV infections rose consistently until peaking at 560,000 in 2002 and 2003. Despite the significant progress that has been achieved, much more progress is needed in order to achieve that Global Plan target of a 90% reduction in the number of new HIV infections in children by 2015[11].

Figure 1: Estimated number of new paediatric HIV infections globally (ages 0-14), 1990-2011, and 2015 target[11]

Source: UNAIDS, unpublished HIV estimates, 2012

Prong One

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2009 Baseline [or last available data]</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>Number new paediatric HIV infections</td>
<td>3,900</td>
<td>2,700</td>
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<td>Number HIV-associated maternal deaths</td>
<td>520 (2005)</td>
<td>400</td>
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<td>Percentage of under-5 deaths due to HIV ART coverage among children (ages 0-14)</td>
<td>4%[12] (2008)</td>
<td>3%[7]</td>
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<td>HIV incidence in women (ages 15-49)</td>
<td>0.11%</td>
<td>0.09%</td>
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<td>Percentage of married women with unmet need for family planning (ages 15-49)</td>
<td>36% (2008)</td>
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<tr>
<td>Mother-to-child transmission rate</td>
<td>33%</td>
<td>25%</td>
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<td>Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine)</td>
<td>31%[3]</td>
<td>75%</td>
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<td>Breastfeeding ARV Coverage</td>
<td>0%</td>
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<tr>
<td>ART coverage among HIV+ pregnant women in need of treatment</td>
<td>0%</td>
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Program Status According to PMTCT Prongs

1 & 2. Primary prevention of HIV among women of childbearing age
   Preventing unintended pregnancies among women living with HIV

Global 2015 Targets
- Reduce HIV incidence in women (ages 15-49) by 50%
- Reduce unmet need for family planning among women to zero

Key Points
HIV incidence in women (ages 15-49) was 0.11% and 0.09% in 2009 and 2011 respectively. Among young people (ages 15-24), HIV prevalence is nearly three times higher among females (1.3%) than males (0.5%). Prevalence of contraceptive use is low in Ghana, with only about a quarter (24%) of married women (ages 15-49) using any method in 2008. Condom use at last sex among young men (15-24) reporting multiple partners over the past year was 42%.

Background Statistics

| Prong 3: Preventing HIV transmission from a woman living with HIV to her infant |

Global 2015 Targets
- Reduce overall mother-to-child transmission of HIV to <5%
- 90% of mothers receive perinatal ART or ARVs
- 90% of breastfeeding infant-mother pairs receive ART or ARVs

Key Points
Most pregnant women in Ghana (>95%) attend at least one ANC visit, and over three quarters (78%) attend at least four visits, as recommended by WHO. More than half (57%) delivered with a skilled birth attendant. Women in urban areas are more likely than women in rural areas to attend four ANC visits (88% vs. 72%, respectively). Despite good ANC coverage, only 68% of pregnant women were tested for HIV in 2010, 75% of pregnant women with HIV received more efficacious ARV regimens for PMTCT. Only 19% of HIV-exposed infants received ARVs for PMTCT.

Figure 2: Coverage of selected PMTCT interventions (2010)

1 Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.
Program Status According to PMTCT Prongs

Global 2015 Target

- 90% of HIV-positive pregnant women in need of ART for their own health are started on lifelong ART

Background Statistics

| Percentage of HIV-infected pregnant women assessed with CD4 testing | 53% | 2010 |
| Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth | 19% [16-23%] | 2010 |
| Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth | 1% [1-1%] | 2010 |

Key Points

- Only 53% of pregnant women living with HIV were assessed with CD4 testing in 2010 to determine if they were in need of treatment for their own health, which is likely due to the uneven distribution of CD4 testing machines in the country. Early Infant Diagnosis Guidelines and a Protocol are in place in Ghana; however, only 1% of HIV-exposed infants were tested for HIV within two months of birth in 2010, as very few facilities are equipped to provide early infant diagnostic (EID) services. Approximately 1 in 5 infants (19%) received co-trimoxazole prophylaxis—an antibiotic that significantly reduces morbidity and mortality among infants and children who are living with or exposed to HIV. Paediatric ART coverage increased from 11% in 2009 to 14% in 2011, but remains low.

Key Challenges & The Bottom Line

Key Challenges

- Limited access to PMTCT and family planning services due to low facility coverage, with only 5.6% of ANC facilities offering PMTCT services
- Weak linkages within the PMTCT cascade and the broader MNCH service delivery systems resulting in missed opportunity (few women accessing HIV testing) and few HIV positive pregnant women and their infants receiving ARVs for PMTCT. This has major impact on the postnatal care continuum with limited access to EID, CTX prophylaxis and maternal and paediatric ART
- Weak national and subnational M&E systems hindering programme performance assessment and tracking of progress towards eMTCT with non-availability of data on some key PMTCT indicators

The Bottom Line

- If national eMTCT targets for Ghana are to be met by 2015, the following actions should be considered:
  - Adopt and rapidly implement facility- and community-based programme strategies to expand PMTCT services including family planning to all ANC facilities. This should include empowering the District Health Management Team as a unit of management, coordination, planning, implementation, financing and monitoring.
  - Develop and operationalize programme strategies at facility and community levels to improve linkages within the PMTCT cascade and retention of pregnant women, mothers and their children in care (early ANC booking, ANC1+, ANC4+, HIV testing, CD4 testing, SBA, ARVS for PMTCT including ART, EID, CTX prophylaxis and paediatric ART)
  - Strengthen monitoring systems at national and subnational levels to improve data collection, analysis and use, including reporting on Global Plan indicators
References:

15. WHO/UNICEF/UNAIDS, calculated from Universal Access country reported unpublished data, 2011

Notes:

* Please note that the corresponding country data for this indicator have not been revised and, therefore, refer to what was published in the Global HIV/AIDS Response – Epidemic Update and Health Sector Progress Towards Universal Access, Progress Report 2011. Revised country data for this indicator will be published towards the end of 2012.
– Data not available.
† Indicator calculated from ANC health facility data for numerators and estimates of need for denominators. Not comparable to survey data presented under Background Statistics or elsewhere in this fact sheet.
ª 2009 data are not directly comparable to later years. Definition changed in 2010 to exclude single-dose nevirapine.

Acronyms:

ANC: Antenatal care
ART: Antiretroviral therapy
ARVs: Antiretroviral prophylaxis
CTX: Co-trimoxazole prophylaxis
EID: Early infant diagnosis
EMTCT: Elimination of mother-to-child transmission of HIV
FP: Family planning
L&D: Labour and delivery
MMR: Maternal mortality ratio
MNCH: Maternal, newborn and child health
PMTCT: Prevention of mother-to-child transmission of HIV
PWLHIV: Pregnant women living with HIV
SRH: Sexual and reproductive health
WHO: World Health Organization