

### Country Situation

#### Background Statistics

HIV prevalence - adults (ages 15-49) <sup>[1]*</sup>	1.8% [1.6-2.0%]	2009
HIV prevalence - pregnant women (all ages) <sup>[2]*</sup>	1.7%	2009
Number of women living with HIV delivering <sup>[3]</sup>	10,800	2011
Est. # children (ages 0-14) living with HIV <sup>[1]*</sup>	27,000 [14,000-41,000]	2009
Maternal mortality ratio <sup>[4]</sup>	350/100,000	2010
Est. annual births <sup>[5]</sup>	770,000	2010
Infant mortality rate <sup>[6]</sup>	50/1,000	2010
Under-5 mortality rate <sup>[7]</sup>	74/1,000	2010

Adult HIV prevalence (ages 15-49) in Ghana, estimated at 1.8% in 2009, has declined over the past decade<sup>[1]</sup>. There are considerable regional variations, with the highest rates in the Eastern (4.2%) and Ashanti (3.9%) regions<sup>[8]</sup>.

Between 2009 and 2011, Ghana saw a 31% decline in the number of new paediatric HIV infections—from 3,900 to 2,700<sup>[9]</sup>. HIV prevalence among pregnant women was 1.7% in 2009.

Although PMTCT services have been initiated in all regions, very few ANC facilities (5.6%) offered PMTCT services in 2010<sup>[9]</sup>. HIV testing among pregnant women increased from 4% in 2005 to 68% in 2010<sup>[10]</sup>, and the majority (75%) received ARVs for PMTCT in 2011<sup>[3]</sup>.

Ghana has adopted WHO Option A regimen for prophylaxis and a costed national PMTCT scale-up plan (2011-2015) is in place<sup>[11]</sup>.

### Reaching High Level Targets

#### Global 2015 Targets

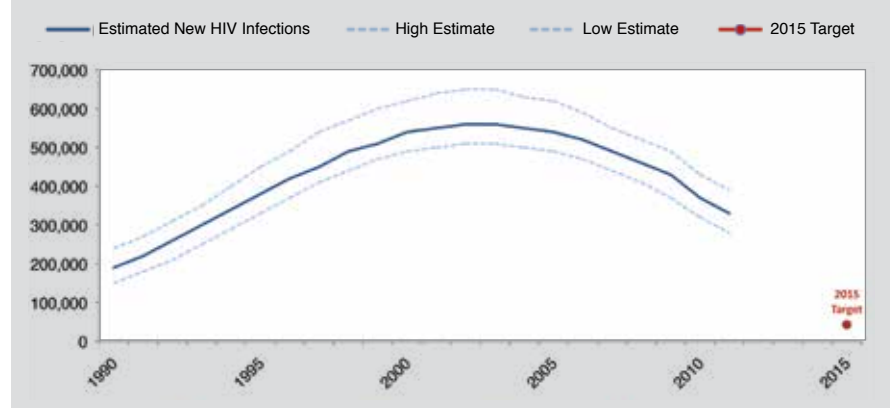
- Reduce the number of new HIV infections among children by 90%
- Reduce the number of HIV-associated deaths to women during pregnancy, delivery or puerperium by 50%

#### 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<sup>[11]</sup>.

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



Source: UNAIDS, unpublished HIV estimates, 2012

### Global Plan Targets, Baseline and Current Status

	Indicators	2009 Baseline [or last available data]	2010	2011	2012	2013	2014	2015
Overall Targets	Number new paediatric HIV infections <sup>[3]</sup>	3,900	–	2,700	–	–	–	–
	Number HIV-associated maternal deaths <sup>[4]</sup>	520 (2005)	400	–	–	–	–	–
Child Targets	Percentage of under-5 deaths due to HIV	4% <sup>[13]</sup> (2008)	3% <sup>[7]</sup>	–	–	–	–	–
	ART coverage among children (ages 0-14) <sup>[3]</sup>	11%	–	14%	–	–	–	–
Prong One	HIV incidence in women (ages 15-49) <sup>[3]</sup>	0.11%	–	0.09%	–	–	–	–
Prong Two	Percentage of married women with unmet need for family planning (ages 15-49) <sup>[14]</sup>	36% (2008)	–	–	–	–	–	–
Prong Three	Mother-to-child transmission rate <sup>[3]</sup>	33%	–	25%	–	–	–	–
	Maternal ARV coverage (prophylaxis and ART coverage, excluding single-dose nevirapine) <sup>[3]</sup>	31% <sup>a</sup>	–	75%	–	–	–	–
	Breastfeeding ARV Coverage <sup>[3]</sup>	0%	–	0%	–	–	–	–
Prong Four	ART coverage among HIV+ pregnant women in need of treatment <sup>[3]</sup>	0%	–	0%	–	–	–	–

## PRONG 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

#### Background Statistics

Young people (ages 15-24) HIV prevalence <sub>[1]</sub> *	Female: 1.3% [0.9-1.8%]	2009
	Male: 0.5% [0.4-0.7%]	2009
Condom use at last sex among young people (ages 15-24) with 2+ sexual partners in the last 12 months <sub>[14]</sub>	Female: –	–
	Male: 42%	2008
Male partners of pregnant women attending ANC tested in last 12 months <sub>[14]</sub> *	Male: –	–
Unintended pregnancies (ages 15-49) <sub>[14]</sub>	Female: 37%	2008

### 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%)<sub>[1]</sub>. 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<sub>[13]</sub>. Condom use at last sex among young men (15-24) reporting multiple partners over the past year was 42%.

## PRONG 3 Preventing HIV transmission from a woman living with HIV to her infant

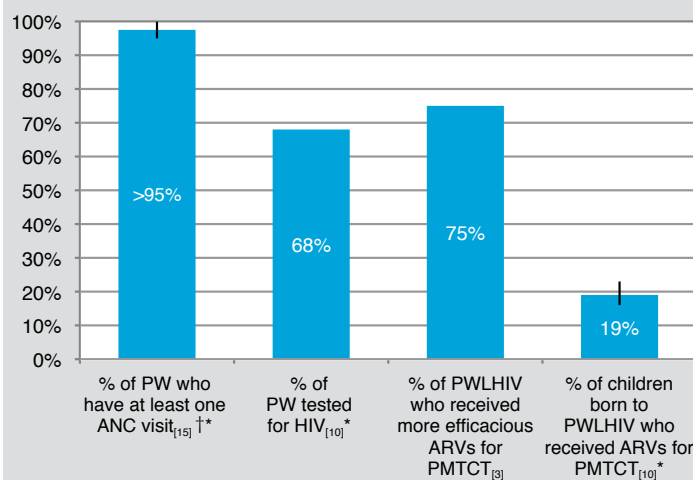
### Global 2015 Targets

- 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

#### Background Statistics

Timing of 1 <sup>st</sup> ANC visit (months) <sub>[14]</sub>	No ANC: 4%	2008
	<4 months: 55%	
	4-5 months: 32%	
	6-7 months: 8%	
	8+ months: 1%	
	DK: 1%	
Percentage of women attending at least 4 ANC visits during pregnancy <sub>[14]</sub>	Total: 78%	2008
	Urban: 88%	
	Rural: 72%	
Percentage of pregnant women tested for HIV & received results in ANC, L&D, & post-partum (<72hrs) <sub>[10]</sub> *	68%	2010
Estimated % of infants born to HIV+ women receiving ARVs for PMTCT <sub>[10]</sub> *	19% [16-23%]	2010
Skilled attendant at delivery (%) <sub>[14]</sub>	57%	2008
Exclusive breastfeeding for infants <6 months <sub>[14]</sub>	63%	2008

**Figure 2: Coverage of selected PMTCT interventions (2010)**



† 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.

### 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.

## PRONG 4 Providing appropriate treatment, care and support to women living with HIV and their children and families

### Global 2015 Target

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

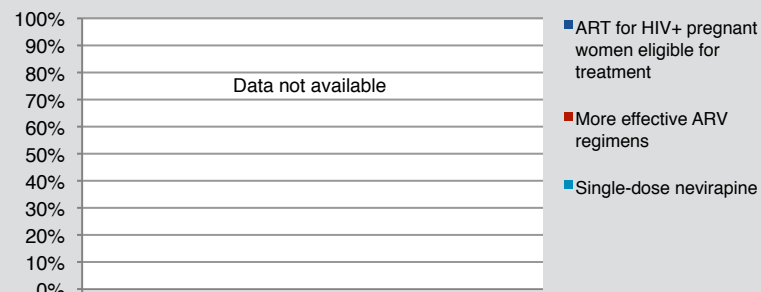
#### Background Statistics

Percentage of HIV-infected pregnant women assessed with CD4 testing <sup>[9]</sup> *	53%	2010
Percentage of infants born to HIV-infected women started on CTX prophylaxis within 2 months of birth <sup>[10]</sup> *	19% [16-23%]	2010
Percentage of infants born to HIV-infected women tested for HIV within 2 months of birth <sup>[10]</sup> *	1% [1-1%]	2010

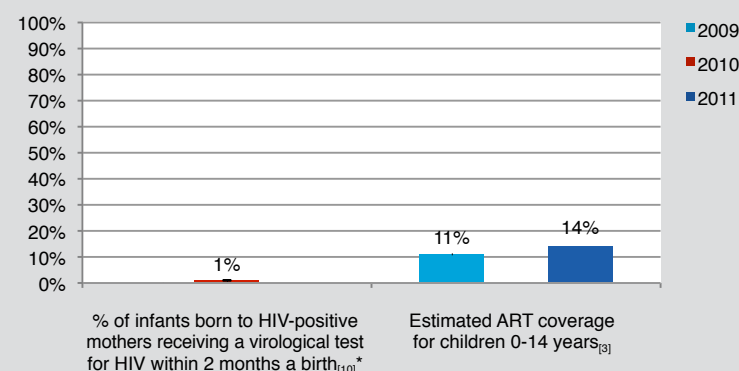
#### Key Points

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<sup>[11]</sup>. 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<sup>[11]</sup>. 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.

**Figure 3:** Percentage distribution of various regimens provided to HIV+ pregnant women to prevent mother-to-child transmission of HIV, 2010\*



**Figure 4:** Percentage of infants born to HIV+ women tested for HIV at 2 months of birth (EID) & Percentage of children living with HIV receiving ART, 2009-2011



## 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:

- 1 Joint United Nations Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, 2010
- 2 Joint United Nations Programme on HIV/AIDS, unpublished estimates, 2010
- 3 Joint United Nations Programme on HIV/AIDS, *Together We Will End AIDS*, 2012
- 4 World Health Organization, United Nations Children's Fund, United Nations Population Fund and the World Bank, *Trends in Maternal Mortality: 1990-2010*, Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2012
- 5 United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World, 2012*
- 6 United Nations Children's Fund, World Health Organization, the World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2011*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, 2011
- 7 Liu L, Johnson HL, Cousens S, et al, for the Child Health Epidemiology Reference Group of WHO and UNICEF. *Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000*. Lancet 2012
- 8 Ghana AIDS Commission, Ghana's Progress Report on the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV and AIDS: Report Period January 2008-December 2009, 2010
- 9 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. unpublished estimates, 2011*
- 10 World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, *Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector. Progress report, 2011*
- 11 Government of Ghana, Ministry of Health, *Prevention of Mother-to-Child Transmission of HIV in Ghana: Scale-up Plan 2011-2015*, 2010
- 12 Joint United Nations Programme on HIV/AIDS, Unpublished estimates on PMTCT country targets, 2010
- 13 UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, World Health Organization, The World Bank, United Nations DESA/Population Division, *Levels & Trends in Child Mortality, Report 2010*, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, UNICEF, WHO, The World Bank, United Nations DESA/Population Division, 2010
- 14 Ghana Demographic and Health Survey 2008, Final Report
- 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.
- <sup>a</sup> 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