

COMMENTARY

HIV IN GHANA

The Human Immunodeficiency Virus (HIV) kills the body's immune cells and AIDS is the most advanced form of the HIV infection. The first case of the disease was detected in Ghana in 1986 in Accra^{1,2} and since then, it has spread throughout the country. Initially it was most prevalent in Eastern Region, and was linked to indigenes who had returned home after being infected in neighbouring countries notably, Cote d'Ivoire¹. The country established AIDS Control Programme (ACP) in the Ministry of Health with support from the World Health Organization (WHO)³. Preparatory efforts started as the National Technical Committee on AIDS and later became National Advisory Council on HIV and AIDS in 1985. The Council evolved into the National AIDS Control Programme (NACP)³. The initial emphasis of the programme was on Prevention, with the flagship slogan of "Abstinence, Being faithful to partner and Condom use" (ABC). The Ghana AIDS Commission (GAG) was established in 2000 and was placed directly under the office of the President, for policy guidance³.

The HIV/AIDS epidemic in Ghana is described as: "established low level generalized epidemic" with mostly higher prevalence among certain communities and special groups⁴. The current national HIV prevalence (2013) among the entire population is 1.5% (the lowest ever recorded)⁴. Estimates of HIV prevalence among female sex workers is just under 4.5%, while it is about 2.6% in men who have sex with men⁴. The median HIV prevalence was 3.6% in 2003 dropping to 1.8% in 2008 as per sentinel surveillance data among antenatal clinic (ANC) women⁴. The current median HIV prevalence (2013) is 1.9%⁴. The median HIV prevalence among ANC clients ranged from 0.2% in Naleringu (rural) to 10.1% in Agormanya (rural/urban)⁴. HIV prevalence at regional level ranged from 0.8% in the Northern and Upper West regions to 3.7% in the Eastern Region. With respect to age variation, the highest prevalence was recorded within the age group 45-49 years, and the lowest (0.8%) within the 15-19 year age group⁴.

In the nationwide Study of Ageing and Adult Health in Ghana by WHO (SAGE Wave 1, 2008)⁵ the prevalence of HIV was estimated among persons 50 years and above. The prevalence was 2.3% for the age group 50-59 years; 3.0% for the 60-69 years age group and 1.3% in those 70 years and above⁵. In this older population as well, rural-urban disparity in the prevalence of HIV was demonstrated. The rural prevalence was 1.8% and urban prevalence was 2.6%⁵. Again sex differences existed in HIV prevalence among the older population. It was 1.9% in males and 2.4% in females⁵. This shows that older adults are sexually active and also at risk of HIV infection and

should be considered in national HIV prevention activities.

In Ghana, the predominant HIV sub-type is HIV type 1, and constituted 97.1% of all infections per national HIV surveillance data 2013⁴. This has implication for programmatic activities and treatment. HIV Type I (unlike the type 2) is more amenable to the current National antiretroviral therapy (ART) regimen³. Overall trend analysis of the HIV prevalence in the country since 2000 shows a declining epidemic⁴.

The national response involved the National Strategic Framework (NSF) in three phases³. The NSF I was from 2001 to 2005, NSF II 2006 to 2010 and currently, the National Strategic Programme 2011 to 2015 to provide guidance for comprehensive care which involves – HIV testing and Counselling (HTC), Prevention of Mother to Child Transmission of HIV (PMTCT), Anti-Retroviral Therapy (ART), sexually transmitted infection (STI) management, Blood safety, Behavioural change communication and targeted risk reduction programmes³. The national response has enhanced the scale-up of HTC and ART in hospitals and health centres in several districts in the ten regions of the country. This involved the training of health personnel, development of national guidelines and establishment of supporting data capturing systems³. This has been supported by international partners and engagement of private health sector in care and support services for persons living with HIV (PLHAs)³.

The programme has achieved some successes and services have improved consistently over the years in terms of quality, including availability of anti-retroviral drugs (ARV) at an affordable cost. Testing and counselling sites have increased in number. From three ART centres in 2003 when the ART programme began, there are now over 160 sites providing ART in the country⁶. In 1996, 166 (59.7%) of 278 HIV/AIDS patients admitted to the Korle Bu Teaching Hospital died, compared to 155 (30.4%) of 510 HIV/AIDS cases admitted to the same hospital in 2011⁷. Since May 2003 when ART was introduced into Ghana, a cumulative total of 65,342 people have been initiated on therapy as at the end of 2011⁶; this number has been increasing since. The Ghana Health Service through the NACP and the Ghana AIDS Commission have increased awareness in the community, decreased stigma surrounding HIV infection, increased motivation of health workers, decreased expenditure on opportunistic infections and have provided palliative care. HIV and AIDS in Ghana is recognized as a threat to the country's development. There is a need to strengthen the prevention component of the comprehensive package in the continuum of care

and the national response, and to improve data management and information generation to guide priorities³. A comprehensive and truly integrated national response at all levels is essential in the light of funding gap being experienced in the country³. Increased national commitment in the face of dwindling donor support for HIV activities is critical.

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