

## EDITORIAL COMMENTARY

### CURRENT STATUS OF HIV/AIDS TREATMENT, CARE AND SUPPORT SERVICES IN GHANA

*Conflict of interest: None declared*

Much has been accomplished since world leaders met at the 2006 United Nations General Assembly High-Level Meeting on AIDS and committed to scaling up towards the goal of universal access to HIV prevention, treatment, care and support services by 2010. The estimated number of people living with HIV and AIDS worldwide in 2007 was 33.2 million according to the AIDS epidemic update 2007 by UNAIDS. Sub-Saharan Africa has the greatest burden with more than 68% of those infected with HIV living in this region.<sup>1</sup>

According to a UNAIDS report, access to antiretroviral therapy (ART) has expanded rapidly. At the end of 2008, more than 4 million people were receiving antiretroviral therapy in low- and middle-income countries, an increase of more than 1 million (36%) compared with the end of 2007 and a 10-fold expansion in 5 years. The greatest expansion in the number of people receiving treatment in 2008 was in sub-Saharan Africa.<sup>1</sup>

The HIV/AIDS epidemic in Ghana is described as an established, low-level generalized epidemic with notably higher prevalence among certain communities and localities. The national adult HIV prevalence was 3.6% in 2003 dropping to 1.78% in 2008 as per sentinel surveillance survey data from pregnant women. Estimates of HIV prevalence among female sex workers is just under 45% whilst it is about 26% in men who have sex with men.<sup>2</sup>

The Ministry of Health / Ghana Health Service is charged with the provision of health care delivery services including prevention, treatment, care and support for HIV/AIDS. The national treatment, care and support goals as outlined in the National Strategic Framework of the Ghana AIDS Commission, puts forward targets such as an increase in ART coverage to 60% (45,000) and an expectation to increase the number of persons receiving care (excluding ART) by 200% by 2013.<sup>3</sup>

As at December 2009, the national response had established programs for the provision of ART in hospitals

and health centres in several districts in the ten regions of Ghana.

This has been achieved via training of health personnel, development of national guidelines and establishment of supporting data gathering systems. Private and public partnerships have been formed with faith-based and community service organisations in the social mobilization to access as well as facilitation of community entry. International development partners have also played an important role in the introduction of ART and the engagement of the private health care sector in care and support services for PLHAs. Though there still remains much to be covered, services have improved consistently over the years in terms of quality including availability of anti-retroviral drugs (ARV) at an affordable cost. ARTs cost GH¢5 or about US \$3.50 due to a government subsidy. The national program implemented by the Ghana Health Service is backed by home based care and adherence support, which is supported by persons living with HIV/AIDS (PLHA) associations in some districts.<sup>4</sup>

As at November 2009, there were 719 testing and counselling centres for HIV in Ghana. An estimated 702 centres for prevention of mother to child transmission of HIV had catered for about 2850 pregnant women with HIV. About 31,400 PLHAs were receiving ART from 127 service sites. This is a significant improvement from the 4,060 in 2005 and 13,534 in 2007 and 44% of persons with advanced HIV infection were receiving ART in 2009. Furthermore, about 42,000 of the 180,000 eligible PLHA, were assisted in various programmes for the prevention and management of opportunistic infections, nutrition and income generation support.<sup>3</sup>

Despite funding from the Global Fund to fight HIV, Tuberculosis and Malaria, there still remains a significant funding gap in the provision of ARVs. Despite the laudable achievements in Ghana, there still remain about 70% of PLHAs in need lacking access to ART!

There is also a differential pricing policy between private and public health facilities further complicating access. The ART services in private health facilities attract a fee of about \$30 per month, ten times greater than the public rate. There have also been reports in the media about shortage of ARVs with public outcry by PLHAs.

There are also reports of dissatisfaction among local manufacturers of ARVs on non-patronage of their products due to lack of World Health Organization pre-qualification certification. The issue of appropriate drug formulations for infants and children still remains a challenge to Ghanaian health care providers. Although nutritional support, adherence counselling and home based care services have improved, lack of motivation and stigma have led to slow rates of implementation.<sup>4</sup>

In addition to expanding coverage to those currently not accessing services, developing countries such as Ghana now face the challenge of sustaining and managing existing programmes. Ensuring the quality of services delivered will be critical as ART for AIDS requires high-quality programmes to maintain optimal clinical status of PLHAs.

Greater attention must also be devoted to those who are harder to reach, including rural populations, who make up a substantial proportion of those currently with low access to HIV services. Groups at high risk of HIV infection, such as sex workers, men who have sex with men, long distance truck drivers and migrant workers should also be a major focus of attention. The current pace of scaling up is inadequate.

Efforts should be increased by pushing the political commitment and monetary support required by domestic and international resources to achieve and sustain universal access.

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