

REPUBLIC OF GHANA

DRAFT

**NATIONAL HIV/AIDS
AND STI POLICY**

NATIONAL AIDS/STDs CONTROL PROGRAMME
MINISTRY OF HEALTH, REPUBLIC OF GHANA

GLOSSARY

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GLOSSARY -

- AIDS Acquired Immune-Deficiency Syndrome
- AIM AIDS Impact Model
- CBOs Community Based Organizations
- CEDEP Centre for the Development of People
- GDHS Ghana Demographic and Health Survey
- GHANAPA Ghana Population and AIDS Programme
- GPA Global Programme on AIDS
- GSMF Ghana Social Marketing Foundation
- HEU Health Education Unit
- HIV Human Immunodeficiency Virus
- MDAs Ministries, Department and Agencies
- MOH Ministry of Health
- MTCT Mother-to-Child Transmission

The socio-economic implications of uncontrolled HIV/AIDS epidemic can best be seen when we consider the fact that a majority of Ghanaians infected are within the ages 15 - 49 years. This is the age group with the highest economic and social productivity in our society. The HIV/AIDS epidemic is therefore a challenge to our ingenuity and our very existence, hence it needs to be vigorously and effectively confronted.

This HIV/ADS and STIs Policy document provides the necessary statement of policy commitment for which a legislative framework shall be built for the protection of people infected with HIV/AIDS: and in creating an Expanded Multi-sectoral Response to combat an further spread of the epidemic in Ghana.

It is expected that this National Policy will evolve with new scientific knowledge and information as well as changes in our societal attitudes and behaviours. The Policies and guidelines will therefore need to be revised periodically. All of our partners are cordially invited to make appropriate contributions and recommendations.

It is hoped that this policy document which will be widely, circulated to all stakeholders, including Ministries, Departments, and Agencies (MDAs) will provide the framework for Ghana's bold attempt at checking the further spread of HIV infection.

I would therefore like to thank members of the HIV/AIDS and STIs Policy Drafting Committees, The POLICY Project/USAID, which provided technical support and funding, the NACP as well as all stakeholders for their input in the preparation of this very important Policy document.

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Hon. Minister for Health

1. INTRODUCTION

The first AIDS cases were reported in Ghana in 1986. At the end of December 1999 a cumulative total of 37,29 AIDS cases had been reported. This is estimated to represent a reporting rate of about 30.0%. Cases have been reported in all the 10 regions as well as in all age groups. There are, however, important regional variation in the reported AIDS cases. This could be attributed to variations in the populations of the various region availability of public health institutions, the stage of the epidemic and the health seeking behaviour of the people.

The peak age group is the 25-34 year group accounting for nearly 42.5% of all AIDS cases reported in 1999. The peak age group for females is 25-29 while that for males is 30-34 years. Nearly 90% of reported cases are aged between 15 and 49 years. The highest proportion of cases among children is in the 0-4 year group. Sixty-three percent of all reported cases to date in Ghana are among females. Another characteristics of the epidemic in Ghana is that at the beginning nearly 80 percent of the diagnosed had either traveled or have lived outside the country. This trend has since changed with almost all the new cases being reported occurring among people without

history of previous travel.

The average adult prevalence of HIV based on Sentinel Surveillance reports has increased steadily from 2.6% in 1994 to 4.0% in 1999. There are regional variations in the prevalence with the Northern sector recording the lowest average prevalence of 1.2% while the Southern sector has recorded the highest of 4.6%. The prevalence among STI patients and blood donors in the Southern sector is 24.0% and 4.0% respectively. Among commercial sex workers in the Accra-Tema municipality the prevalence was estimated at 75.9% in 1998.

Currently, heterosexual sex remains the most predominant mode of transmission accounting for 75-80% of all infections. Mother-to-child transmission and transmission through blood and blood products account for 15% and 5% respectively.

STIs are known to facilitate acquisition and transmission of HIV. Though STIs reporting is an integral part of the communicable diseases reporting system, specific STIs figures are difficult to establish. For instance, the total reported STI cases were 1,089 and 2,906 in 1989 and 1990 respectively. But a recent study in Accra alone showed that pharmacists treated between 50,000 and 90,000 cases of STIs in a year (MOH 1996). This is partly because the reporting form captures only gonorrhoea and lumps all other STIs together. Moreover, with the inception of the use of syndromic approach to the management of STIs, the disaggregation of STIs by aetiology becomes difficult. Finally, STIs seen by pharmacists and other providers are not reported.

The close relationship between AIDS and tuberculosis (TB) is being felt. For instance, it is estimated that in 1999 out of 12,352 new TB cases reported, 2,500 of them could have been as a result of HIV.

Other manifestation of the burden of the epidemic can be seen in the number of AIDS orphans and adult deaths in the population. It is estimated that currently about 126,000 children have become orphaned as a result of AIDS. In 1999, it was estimated that AIDS accounted for about 9.4% of all deaths in Ghana.

In view of the enormous challenges posed by HIV/AIDS and STIs to the socio-economic development of the country, there is the need to evolve sound policies to guide the National AIDS Control Programme, its partners and society's response. Some of the major issues related to the prevention of new infections as well as the provision of optimal care and support for those already infected ought to be addressed. This policy statement reflects a number of guiding principles derived from the current state of knowledge as well as on good, common public health sense.

HIV/AIDS has compelled individuals and societies to evaluate their attitudes, prejudices and behaviours. It underscores the need for an enlightened public policy which seeks to promote support and care rather than coercion; tolerance and compassion rather than discrimination; protection of human rights and dignity rather than stigmatisation and exclusion.

It is hoped that this policy document, directed to beneficiaries, including Ministries, Departments

and Agencies (MDAs), private sector, NGOs/CBO, our development partners, PLWA provides such a positive response.

2. THE POLICY FRAMEWORK

2.1 Guiding Principles

The Government and people of Ghana affirm that this National Policy on HIV/AIDS and STIs is:

- i. Premised on and complementary to the 1992 Constitution of Ghana, Ghana's Vision 2020 document, the Revised Population Policy and the Medium Term Health Strategy of the Ministry of Health.
- ii. Based on the principles of social justice and equity.
- iii. Derived from the recognition that adequate health care is an inalienable right of every Ghanaian, and this includes those infected with HIV or other STIs.
- iv. Based on the view that appropriate legislation will be enacted to complement the provisions in this Policy.

2.2 National Response

In 1985, the Government of Ghana established the National Technical Committee on AIDS to advise it and implement measures to contain the epidemic. Following the confirmation of the first two cases of AIDS in 1986, and recognising the potential impact that HIV/AIDS could have on the socio-economic development of the country, Government established the National AIDS Control Programme (NACP) in 1987.

The NACP was charged with the responsibility of co-ordinating the national response to the AIDS epidemic. Consequently, a short-term plan (STP1) was developed for the prevention and control of HIV/AIDS /STIs which ran from 1987 to 1988. This was followed by the formulation of the first Medium Term Plan (MTP 1) for AIDS prevention and control, 1989-1993. Realising that the problem of HIV/AIDS and its prevention and control was really a challenge to national development and that its effective implementation required the input of all and not just a few selected sectors or agencies, the NACP subsequently developed its Second Medium Term Plan (MTP 2) with inputs from the various ministries and the private sector. The MTP 2 indeed recognised the involvement of multilateral organisations, bilateral agencies and international and local NGOs.

To date, the programme has achieved the following:

- Created high level of awareness about HIV/AIDS; knowledge about AIDS is 97% among females and 99% among males (GDHS, 1998)

• Established an Epidemiological surveillance system for HIV and AIDS

• Provided facilities for HIV screening and counselling services

• Developed STIs management guidelines and training programmes for both public and private health institutions

• Developed the AIDS Impact Model (AIM) as an advocacy tool

• Various MDAs, including Education, Youth and Sports, Agriculture, Employment and Social Welfare, Interior, Local Government, Finance, Communication and Health are already participating in the effort to combat the epidemic or have plans to do so.

In spite of the achievements, the national programme is still faced with the following challenges:

- a. Desired behavioural change is still yet to occur among the Ghanaian population.
- b. Programmes such as voluntary counselling and testing, prevention of mother to child transmission and care of persons living with HIV/AIDS have not been adequately institutionalised
- c. Technical assistance and funding for implementation of programmes under the District Response Initiatives are limited in scope.
- d. The training for personnel who will provide various care and support services is inadequate.
- e. Support and technical assistance in areas such as research especially in the validation of herbal treatments are inadequate.
- f. Stigmatisation and false claims of cure are still confronting the programme

2.3 Socio-Demographic and Economic Impact and Challenges

HIV transmission and the ability to cope with its consequences do not occur in a vacuum. They reflect the social, cultural, demographic, economic and political conditions in a country. The situation in Ghana is such that almost all aspects of the conditions favourable for a rapid transmission of HIV are present in the country. This therefore presents sufficient challenges to put into place an effective national response to the epidemic including the intensification of communication and behaviour change interventions.

2.3.1 Ghana's Youthful Population Structure

Forty-five percent of Ghana's population is aged 15 years and below. This youthful population structure with its rather high dependency ratio is further burdened by a high proportion of HIV infections.

The reported cumulative AIDS cases in 1999 shows that the age group 10-24 years account for just under 15.0% of all the reported AIDS cases. Several reasons have been attributed to this situation. Young people who consider themselves invincible, may take lots of risks and may not have access to information and or services to reduce their vulnerability.

The 1998 GDHS puts the median age at first sexual intercourse for women aged 20-24 at 17.5 years. The survey further shows that among adolescents aged 15-19 years, 38.0% of the females and 19.3% of the males in Ghana had ever had sex. By age 20, close to half of all young people in Ghana would have experienced their first sexual intercourse.

2.3.2 Socio-Economic Impact and Challenges

For an epidemic, which affects mostly the productive and reproductive segment of the population, its ultimate impact on the development status of any country, particularly the economy is immense. The economic impact includes:

• Depleted workforce in all sectors in terms of numbers, skills and personal productivity. The consequences could be enormous, but would depend on the sector and how prepared the sector may be to alleviate such effects. For instance in the Food and Agriculture sector, this may actually lead to a reduction of local food production and effectively threaten the food security of the entire nation. In the education sector, the targets for manpower development and training are unlikely to be met and the rate of replacement may never match attrition due to either premature or normal loss from the service. This may ultimately affect the quality of educational system.

Similar impacts can occur at the family and individual levels in such diverse areas as:

• Emotional disruption brought about by chronic illness.

• **Missing Text** been relied upon to either outlive his previous generation or raise the one after him/her. In severely affected areas, more than one member of the extended family may be lost to AIDS

• The socio-economic burden of taking care of and supporting family members living with HIV/AIDS, as well as the care and education of AIDS orphans,

against a background of reduced family income.

HIV/AIDS thus presents a dual challenge in as much that it is a terminal health condition as well as an economic burden. The gravity of the impact of HIV/AIDS is recognised in Ghana's Vision 2020, together with malaria as the most significant health-based threat to fulfilling the vision.

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2.4 Â Rationale of the Policy

The response to HIV/AIDS in Ghana when the first cases were reported in 1986 was to treat the disease as a medical problem. The focus of activities was on screening donated blood, ensuring safe medical practices and conducting surveillance and research. In Ghana, this phase coincided with the development of the first medium term plan under the guidance of the Global Programme on AIDS (GPA).

As the epidemic progressed, it soon became apparent that a medical approach to HIV prevention and care was insufficient. Intervention research showed that progress towards prevention can be accomplished with the combination of medical and social based approaches such as condom promotion, peer counselling and mass media campaigns. In this phase, the response to HIV/AIDS was broadened considerably and, as a result, difficult policy issues began to arise, such as condom advertising in the mass media. These issues were generally dealt with on an ad hoc basis through specific regulations and guidelines.

Later in the epidemic, the number of AIDS deaths began to rise. International organisations began to stress the broad social and economic impacts of HIV/AIDS. This resulted in the move towards the multi-sectoral response phase, where all sectors of government were encouraged to get involved in HIV prevention. Greater emphasis was also placed on the private sector, NGOs and community involvement.

By this time, the full range of difficult policy issues had become apparent, forcing the Government to confront the complex range of issues such as the situation of orphans, AIDS education in the schools, human rights, treatment and care and research ethics. At this point the need for a comprehensive national policy to address all of these issues became apparent. All of these have informed the development of a national policy on HIV/AIDS and STIs.

2.5 Â Goals of the Policy

The Policy is intended to create a favourable environment for all aspects of HIV/AIDS and other STIs prevention, care and support. The government of Ghana has, by its actions to date, shown strong political will and commitment to support programmes to reduce the further spread of HIV/AIDS in the country. The goals of this policy shall therefore be to ensure:

• Â Â Â Â Â Â Â Â Â Â a reduction of infection to all vulnerable persons and groups;

• reduction of the socio-economic, psychosocial and other consequences of HIV infection on infected as well as affected persons; and

• promotion of healthy life-style and strong family values.

2.6 Objectives of the Policy

• To create the necessary conducive environment, through Advocacy, to ensure sustained political commitment and support for effective action against HIV/AIDS/STIs in Ghana.

• To create conditions for behavioural change in all areas of sexual and reproductive health

• To ensure that there is a consistent , programme of information and education about HIV/AIDS and STIs ,among the general population, especially among women the youth.

• To ensure that there is active participation of men in the HIV/AIDS prevention and control programmes at all levels.

• To decrease vulnerability to HIV/STIs and reduce stigmatisation and discrimination.

• To ameliorate the socio-economic consequences of HIV/AIDS on the individual and society as a whole.

• To ensure that HIV infected persons and persons with AIDS are provided with adequate medical and social care including counselling.

• To reduce the impact of HIV/AIDS related morbidity and mortality in the general population.

• To ensure that the basic human rights of every person in Ghana, especially persons infected with HIV and persons with AIDS, are protected and upheld.

• To ensure that adequate attention is paid to vulnerable groups such as women and children, the youth and commercial sex workers.

• To empower women educationally, socially and economically as- a means of enhancing their self-esteem and equality in male-female relationships (or in gender relationships).

• To ensure that access to social and economic opportunities remain open to Persons Living with HIV and AIDS (PLWA).

• ensure at adequate resources are mobilised for the implementation, research, monitoring and evaluation of HIV/AIDS and other STIs intervention programmes and projects

• To promote a multi-sectoral and multi-disciplinary approach in the formulation and implementation of HIV/AIDS/STIs policies and programmes.

In terms of implementation, strategies and interventions shall be broad-based with specific responsibilities being assigned within a complementary framework to different partners - Government, donors, international community, private sector, NGOs, communities, district assemblies, churches, traditional authorities and employers.

3.0 IMPLEMENTATION STRATEGIES

3.1 Priority Interventions and Strategies

The main strategies and interventions put in place to achieve the objectives of reducing further transmission of infection and reducing the impact of the HIV/AIDS on the individual, family and the community at large include the following:

- Advocacy
- IE&C
- Blood Screening and Testing
- Epidemiological Surveillance
- Clinical, Nursing and Home Based Care
- Counselling
- STI Control and Management
- Prevention of Mother-to-Child Transmission
- Young people and AIDS
- Women and AIDS

3.2 Specific Interventions

In view of the multi-faceted nature of HIV/AIDS/STIs prevention, care and support, it is essential for all stakeholders to work towards a common goal. A framework to achieve this would be the development of a National Strategic Plan. This plan will

detail roles, relationships and co-ordinating mechanisms of the various stakeholders and ways by which they will relate to each other to ensure equity and social justice. This will ensure national ownership and in mobilising the human, financial and material resources needed for sustainable responses.

3.2.1 Advocacy

Advocacy for an effective national response to the problem of HIV/AIDS/STIs, shall involve a wide range of actions directed at various categories of bodies/institutions, particularly, decision-makers, traditional authorities as well as religious and opinion leaders at various levels. It will ensure that all the resources and tools needed to support strategies, programmes and activities in furtherance of the objectives of the policy are provided on a continuous and sustainable basis. These will include budget allocations at all levels, other financial provisions, equipment and advocacy materials such as the AIDS Impact Model (AIM) and the training of advocates.

3.2.1.1 Strategies for Implementation of Advocacy

Under both USAID's Improved Family Health programme (GHANAPA/S03) and the Government of Ghana/UNFPA population and health programmes, various advocacy issues and strategies have been identified, including the production of a National Population Communication Strategic Framework for population and reproductive health/HIVAIDS. All of these programmes do recognise that achieving the goals and targets set in the Revised National Population Policy will require policy reforms, attitudinal and behavioural change on the part of individuals and communities. These reforms and changes can only occur through systematic use of well-planned advocacy and communication strategies that seek to combine the efforts of various sectors in the implementation of programmes.

This Policy shall seek to support the effective implementation of the strategies already identified by adopting a wide range of advocacy actions and activities directed at various categories of individuals, bodies and institutions. Decentralisation of advocacy skills with the necessary and appropriate tools shall be a priority. In addition, the policy shall seek support for the provision of laboratory equipment and supplies including reagents for diagnosis, HIV surveillance and voluntary testing for HIV.

Since facilities for testing and screening of HIV/AIDS are currently limited, advocacy efforts shall focus on getting the support of health planners at all levels, in both the Governmental and Non-governmental sectors to allocate resources in their budgets to rehabilitate existing laboratories, provide equipment and supplies and support training. Donors shall be

encouraged to re-direct some of their resources from existing programmes for similar purposes.

The advocacy strategy shall therefore comprise:

- ℞• Decentralisation of HIV/AIDS advocacy skills and tools
- ℞• Broadened Participation and Networking
- ℞• Policy dialogue
- ℞• Promoting legal and policy reform
- ℞• Developing appropriate information materials on HIV/AIDS
- ℞• Media briefings and multi-media activities
- ℞• Public education and sensitisation activities
- ℞• Research, documentation and monitoring and evaluation

3.2.2 Information Education and Communication (IE&C)

A comprehensive information, education and communication (IE&C) strategy is considered central to the efforts to reduce the spread of HIV/AIDS as well as its management. IE&C programmes should include information on positively living with HIV/AIDS.

Additionally, IE&C programmes shall give clear and accurate information on which the targeted person can act since the transmission of HIV is known to be associated with patterns of sexual behaviour. It is therefore vital to provide information, which is guided by individual needs and perceptions.

The IE&C strategy will be guided by the following basic principles:

- ℞• All Persons have the right to information, education and communication on HIV/AIDS and STIs.
- ℞• HIV/AIDS information on issues relating to sexual relationships shall also include ideas about key family values such as love, care, tenderness, respect, intimacy and faithfulness
- ℞• The development of EEC materials shall be based on participatory methods leading to the production of appropriate material for different groups or segments of the population
- ℞• Recognition of the critical role the Mass media in informing and educating the public about practices that either promote or hinder the spread of HIV/AIDS and STIs.

3.2.2.1 Strategies for the Implementation of IE&C Programmes

HIV/AIDS and other STI information shall be accessible to all, taking cognizance of the needs of various groups.

Use of appropriate media in the dissemination of HIV/AIDS and STIs messages shall be encouraged.

All relevant organisations including families, schools and churches shall be provided with relevant information and support to develop communication skills to enable people to discuss HIV/AIDS and other STIs issues in the context of respect, love, intimacy and social development. Education on HIV/AIDS shall be integrated into all spheres of social, economic and religious activities of individuals, communities and organisations. Parents shall be encouraged to be positive role models for their children and also to play an active role in educating their children about sexuality.

There is need for comprehensive co-ordination, monitoring and evaluation of IE&C programmes implemented by Government, NGOs, the private sector and international agencies.

There is need to encourage the mass media to initiate and support appropriate and effective HIV/AIDS awareness, behavioural change, care and coping strategies.

Mass media personnel shall be continuously provided with the latest information to enable them provide appropriate, accurate and up-to-date reporting.

Mass media personnel in general shall be encouraged to be circumspect and adhere to journalistic ethics in the dissemination of information on HIV/AIDS and STIs in order to avoid re-enforcing negative stereotypes or sensationalism

The HEU, NACP, NPCCS, GSMF, PIP and other relevant bodies shall increase media coverage of HIV/AIDS through press briefing and press releases.

The demonstration of positive moral and traditional values shall be encouraged among mass media, video and film producers.

Existing guidelines for the certification and approval of films and other public entertainment media shall be strengthened and periodically reviewed.

3.2.3 Blood Screening and Testing

The most efficient route of HIV/AIDS transmission is through blood and body fluids. Good quality voluntary and confidential HIV tests and counselling services will therefore be made available and accessible to all who seek such services. Persons with HIV/AIDS shall be made

fully aware through counselling of their responsibility to prevent onward transmission to others.

Adequate voluntary testing facilities with pre-test and post-test counselling shall be made available throughout the country.

3.2.3.1 Testing Principles

Voluntary testing shall be provided in a non-stigmatising environment. Couples, especially those in pre-nuptial preparations or arrangements shall be encouraged to do their HIV test on a voluntary basis.

Vulnerable groups shall be encouraged and counselled to do regular voluntary testing in order to know their HIV status and to seek early diagnosis and effective treatment for STIs.

Special consideration shall be offered for the voluntary testing of people thought to be engaged in high-risk sexual behaviour such as sex workers.

Except for the screening of donated blood and patients presenting with HIV suggestive symptoms, routine testing for HIV/AIDS shall not be carried out, and testing shall not be done without the knowledge of the subject.

3.2.3.2 Blood Screening and National Blood Transfusion Protocol

The establishment of a sufficiently large pool of safe blood donors, a reliable blood transfusion service which can guarantee safe and appropriate processing and screening of blood and appropriate use of blood shall be given a high priority in order to check the spread of the epidemic through contaminated blood.

In this direction, a comprehensive National Blood Transfusion Protocol that ensures the availability of safe blood throughout the country shall be pursued. The guidelines on blood transfusion and organ transplant shall be reviewed and updated from time to time.

Frequent blood transfusion increases the risk of transmission of HIV virus and other blood borne pathogens. Blood transfusion should be administered only when absolutely essential. The administration of haematinics such as iron, vitamins and other substitutes shall be encouraged. Drugs for treating anaemia and its causes, for example, sickle cell disease, nutritional anaemia shall be widely introduced.

Additionally, every region and district hospitals shall be expected to provide an efficient blood transfusion service.

Blood donations shall be encouraged among various categories of people.

It shall be an offence to transfuse unscreened blood.

All units of donated blood reactive on first HIV antibody test shall be discarded even though this is not enough to indicate that the donor is HIV positive

All screening facilities shall apply the prescribed national protocol for HIV testing and screening provided by the MOH

For epidemiological purposes, two positive antibody tests of different antigenic properties shall be considered confirmative of HIV infection.

All HIV screening kits/reagents for use in the country shall be evaluated by the Public Health Reference

Laboratory and certified and licensed by the Food & Drug Board in collaboration with the MOH/NACP. Subsequent lots/batches of these reagents must undergo periodic quality assurance tests before they are marketed.

MOH or its accredited agency shall be charged with the responsibility of regulating the activities of all diagnostic laboratories screening and testing for HIV within the country; and

The MOH and the Food and Drug Board shall provide the operational guidelines, monitor compliance and ensure that appropriate sanctions are applied when and if necessary.

3.2.3.3 Commercial HIV Home Collection and Home Self-tests

Home self-tests, which offer the advantage of enhanced access and anonymity, shall not be permitted because they may have serious negative consequences especially if they are not connected with confirmatory testing and counselling. The importation and distribution of all home self-test kits and similar products shall be prohibited.

3.2.4 HIV/AIDS Surveillance

3.2.4.1 Epidemiological Surveillance

This Policy shall support epidemiological surveillance for the purpose of monitoring the trend of HIV epidemic through the unlinked anonymous screening at selected sites throughout the country. In view of the important public health benefits regarding contact tracing, treatment and

compiling national epidemiological data, notification of STIs, including HIV is important.

The Policy recommends the review and upgrading of all ordinances that bearing on HIV/AIDS/STIs, for instance, the Quarantine Ordinance CAP 77 (Law # 2, 1915) and the Infectious Disease Ordinance, CAP 78 (Law # 2, 1908) should be reviewed into a new Public Health Act as part of the general framework to make the right to health basic to all Ghanaians. Under such a new Public Health Act, HIV/AIDS shall be made a notifiable condition without identification of individuals.

Other relevant laws that have implications for the right of individuals and families shall be reviewed every now and then to create a favourable environment for dealing with HIV/AIDS.

For the purpose of monitoring the trend of HIV epidemic, an unlinked anonymous screening in selected sites among sentinel groups, shall be continued and supported. A clear and scientifically developed protocol shall be developed and periodically updated by the MOH to facilitate the screening of blood for the purpose of epidemiological surveillance.

A standard AIDS Surveillance form provided by the MOH shall be utilised for all HIV/AIDS case reporting

3.2.4.2 Behavioural Surveillance

Behavioural surveillance shall be surveillance conducted periodically among various target groups to monitor the impacts of various interventions this policy is recommending in order to determine appropriate policy and programme modifications. This is in support of the fact that changes occur very slowly in response to behavioural change in population.

3.2.4.3 Definition for AIDS

For the purpose AIDS surveillance, the Modified Bangui Classification shall be used as the AIDS case definition.

Every facility carrying out HIV/AIDS testing shall report to the district health authorities and through them, to the national authority.

3.2.5 Clinical and Home Based Care

All care-givers shall be given the necessary training to observe universal safety procedures/infection prevention guidelines in the management of their patients, handling of corpses, disposal of body fluids and other potentially infectious materials.

The goal of HIV/AIDS management is to provide optimal humane and supportive care for the patients and other people, including care givers. This care must preserve confidentiality and avoid discrimination. It must also allow patients to live normal and productive lives for as long

as possible. This care includes hospital and clinic based care or nursing care, community home-based care developed as hospital outreach programmes or community initiated, counselling services provided by professionals and volunteers and all other services or facilities that are offered or developed to provide support and care for chronically and terminally ill patients.

One of the best ways of promoting this broad-based support for persons infected with HIV will be the introduction of Home Based Care for people with AIDS. This will include basic management of common symptoms and provision of palliative care, nutrition and patient hygiene. In advocating for Home Based Care, it is recognised that it might add to the already onerous responsibilities of women within the family. Therefore all members of the family shall be encouraged to participate in Home Based Care.

Effective and accessible primary health care for all is essential in meeting household and community needs due to the increase in chronic and terminal illnesses. Provision of resources to primary health care workers or family members shall be linked to an expanded community service.

The existing PHC delivery system, which is essential in providing accessible support and care at household and community levels shall be reinforced.

In caring for HIV infected persons, this Policy shall encourage health workers, family, friends, co-workers, media - to work towards providing a supportive environment and foster non-discrimination, tolerance and compassion.

3.2.5.1 Nursing Care

Nursing care, provided by health care workers in collaboration with care providers from the community, religious groups, traditional medical practitioners shall be holistic, catering for the physical, psychological, social and spiritual needs of patients and families.

The teaching of basic nursing skills to a large section of volunteers from the community shall be encouraged.

3.2.5.2 Treatment and Management

Comprehensive, cost-effective and affordable care shall be made accessible to all people with HIV related illnesses.

The National HIV/AIDS Commission shall negotiate with donors and others to make anti-retroviral drugs available at all levels.

A cost effective drug list for the management of HIV/AIDS/STIs shall be developed and incorporated into the Essential Drug List and National Formulary.

HIV/AIDS patients shall have the right to choose and have access to any therapy including nutritional therapy provided the Food and Drug Board or other relevant professional bodies have approved the therapy.

Good nutritional habits shall continue to be promoted including information on vitamins and minerals.

3.2.5.3 Traditional Remedies and Alternative Therapies

Under the existing practices within the health delivery system, after a clinical diagnosis of HIV/AIDS is made and confirmed, many people seek alternative or traditional treatment. Some of the traditional remedies do indeed have biological response modifying properties and relieve symptoms, which some traditional and medical practitioners mistake for a cure for HIV/AIDS.

It is important for the general public to have the right to choose the type of treatment they want, but they should have access to accurate information regarding orthodox, traditional treatment and faith healing to enable them make informed choices.

In this vein, the Traditional Medicine Practice Act (Act 575) recently passed by Parliament, which provides the legal framework for the practice of traditions medicine in Ghana shall be fully operationalised.

All traditional health care providers using invasive procedures such as circumcision, skin piercing, scarification and blood letting operations shall be educated, encouraged and enabled to use standard sterilisation and disinfection procedures.

Individuals who make HIV/AIDS cure claims shall be assisted by the Ministry of Health and other appropriate agencies to substantiate their claims in an acceptable and scientific manner according to clearly laid down criteria. No product(s) shall be marketed and dispensed until the appropriate validation and the appropriate authorities have conducted certifications.

3.2.6 Counselling

Counselling is an integral component of comprehensive care. It should enable the client to talk about, share, cope and deal with issues and decisions related to HIV/AIDS and STIs in an atmosphere of acceptance and trust.

The policy shall encourage counselling for service providers and PLWA.

All institutions offering HIV/AIDS and STIs counselling shall ensure that all counsellors, including PLWA shall be given training.

3.2.7 Missing Text

Various studies have shown clearly that STIs facilitate the acquisition and transmission of HIV. Organised efforts to combat STIs must therefore begin with medically oriented control programmes, public education and the promotion of safer sexual practices.

There are effective cures for the bacteria and parasitic STIs and therefore, effective management of STIs will reduce the spread of HIV infection. The existing MOH Policy on syndromic approach to the management of STIs shall be enforced. The most effective drugs have been incorporated into the essential drug list of the MOH and treatment guidelines have been produced to guide all providers. Training in the syndromic management of STIs shall be provided to service providers, including family planning nurses and medical assistants. This approach will increase the opportunity to make STI care more accessible to a wide segment of the population.

Comprehensive STI control programmes shall involve:

- (a) accurate reporting of STIs cases
- (b) early diagnosis and effective treatment of STIs and their complications.
- (c) locating and treating sexual contacts of infected persons
- (d) screening high-risk groups for STIs
- (e) formal and informal courses on STIs for all health workers and prescribers including pharmacists, and
- (f) intensifying public health education on STIs
- (g) intensifying the promotion of condoms use.

Access to STI care shall be expanded to all levels of the health delivery system and the provision of care shall be widened to enable medical assistants and others provide care.

Programmes shall be intensified to promote:

- Abstinence, especially for the youth and unmarried persons
- Mutual fidelity by married couples
- Correct and consistent use of condom

3.2.8 Promotion of Safe Sexual Practice

Since there is no cure for AIDS and no vaccine has been developed so far and the situation is not expected to change in the foreseeable future, the only effective strategy to prevent the spread of the infection is through public education on abstinence and safe sexual practices as well as the promotion of condoms and their proper use.

Even when a vaccine has been developed, behavioural change will continue to be an option for reducing the spread of the epidemic.

The majority of infections in Ghana result from sero-transmission. Every opportunity shall therefore be taken to educate and inform the public about consistent and proper use of condoms. This shall be done with due regard to various cultural, religious and socio-economic environment and sensibilities.

- a. The Ministry of Health will ensure the availability, affordability and proper storage of both male and female condoms, as well as their accessibility. The MOH will work with various institutions, including NGOs using proven techniques such as the social marketing approach. Education on the proper use of the female condom shall be provided to all women.
- b. The MOH/NACP will work with other agencies to raise public awareness about condoms and their role in AIDS prevention as well as the prevention of other sexually transmitted diseases. This will be in addition to other messages about responsible sexual behaviour and abstinence..
- c. The MOH/NACP will involve all concerned stakeholders i.e. parents, teachers, health workers and clergy to develop strategies that are appropriate and take into account demographic, sex, cultural and religious differences.
- d. The Government shall support the importation and manufacture of good quality condoms for both the public and private health institutions. Government shall also ensure the availability of condoms at places and times they are needed e.g. hospitals, clinics, counselling centres and private clinics of medical practitioners. The quality and reliability of condoms shall also be guaranteed in their manufacture and distribution.
- e. The social marketing of condoms shall be encouraged nation-wide to ensure the general availability of condoms in community drug stores, other public places and hotels.

3.2.9 Prevention of Mother-to-Child Transmission

Transmission of HIV from mother to child can occur during pregnancy at delivery or

through breastfeeding. Such mother-to-child transmission of HIV represents a major cause of morbidity and mortality among children less than five years.

Under this policy and in view of the desired objective of saving children's lives as well as the reduction of the impact of HIV on families and communities the use of retroviral treatment to reduce the risk of mother to child HIV transmission shall be promoted.

Interventions to prevent mother-to-child transmission of HIV will promote opportunities and strengthen maternal and child health services. Special consideration will be given to increasing the access of women to services such as information on reproductive and infant feeding options.

Regardless of the presence of risk factors or the potential for effective intervention to prevent transmission, no one shall be coerced into testing, or tested without consent. Individuals shall be given all the relevant information and be allowed to make their own decisions about testing, reproduction and infant feeding.

The strategies to prevent Mother-to-child (MTCT) shall include the following:

• All women shall be provided with knowledge about HIV and will be given access to information necessary to make appropriate choices about HIV prevention and about sexual and reproductive health, infant feeding and vaccinations in the context of HIV.

• Voluntary counselling and HIV testing for all women of childbearing age including pregnant women attending antenatal care clinics shall be provided. Those infected with HIV and intending to get married shall be provided with the necessary counselling.

• All family planning clinics shall be provided with HIV/AIDS/STIs counselling facilities.

• HIV positive women shall be provided with counselling and a range of medical management and feeding options to enable them make informed decisions about pregnancy and breastfeeding.

3.2.10 Young People and HIV/AIDS/STIs

Young people are key to the future course of the HIV/AIDS epidemic. The behaviour they adopt and those they maintain throughout their lives will determine the course of the epidemic for decades to come. Studies show that young people can be responsive to HIV prevention programmes and are effective promoters of actions that prevent HIV

infection.

The Policy recognises that investing in prevention programmes among young people especially among those aged 5 -14 (Window of Hope Period) is likely to contribute significantly to a more sustainable response to HIV/AIDS/STIs.

The Policy shall therefore seek to:

- ℞• Review national policies with the view to promoting those policies that reduce the vulnerability of young people to HIV/AIDS and STIs.
- ℞• Promote the genuine participation of young people in an expanded national response to HIV/AIDS and STIs prevention and control.
- ℞• Encourage .the establishment of structures that will support peer and youth groups in the community to contribute to local and national responses to HIV/AIDS and STIs prevention and control.
- ℞• Mobilise parents, policy-makers, media and religious organisations to influence public opinion and policies with regard to HIV/AIDS/STIs and young people such as improving the quality and coverage of in-school and out-of-school programmes that include HIV/AIDS/STIs and related issues.
- ℞• Ensure the expansion of the access of young people to youth-friendly facilities and services including HIV and STI prevention, management and testing, counselling and the provision of care and support services.
- ℞• Ensure the care and support of young people living with HIV/AIDS/STIs. AIDS orphans and young people whose parents are HIV positive.
- ℞• Strengthen the integration HIV/AIDS education into the curricular of formal schools beginning at the primary level under the existing Pop/FLE and School health Education projects the Ghana Education Service is currently implementing.

3.2.11 Women and AIDS

Physiological differences in the genital tract directly contribute to women running a higher risk of acquiring HIV infection and STIs than men. Beyond the purely physiological factors, women's economic and social situation, may increase their vulnerability and therefore their risk of infection. Other socio-cultural and religious influences also play a part in this vulnerability. Deteriorating economic conditions, which make it difficult for women to access health and social services due to poverty, worsens this situation.

In addition, the gender differences in access to economic opportunities reinforced by cultural practices promote the transmission of HIV/AIDS by creating a situation of

high dependence of women on men, thus endangering their lives through involvement in unprotected sex especially with multiple partners.

This Policy shall therefore support efforts aimed at empowering women to recognise their vulnerability to HIV infection. Support shall therefore be given to special programmes that enhance the status of women generally and provide them with economic opportunities so that fewer women would be forced to seek work in the commercial sex industry both within and outside of the country.

Direct resources shall be provided to strengthen existing community-based women's organisations to improve and expand the provision of services, which include networking, income generation and support for women who are victims of domestic violence

Counselling and support for victims of sexual abuse, including rape shall be provided and expanded.

4.0 RESEARCH

Research shall be viewed as a cross-cutting intervention to inform policy. Research to be supported under this policy shall be action oriented, interdisciplinary, multifaceted and cost effective.

The HIV/AIDS epidemic has raised many complex scientific questions. Research is needed to provide sound, scientific and reliable information which will influence and guide policy, practice and interventions. The success of the national research endeavour will depend on available expertise, research capacity and willingness to undertake the research required in conjunction with international efforts.

An effective national HIV/AIDS/STIs strategy needs to be supported by an extensive, co-ordinated and properly funded research programme. Research shall therefore be integrated into all the intervention areas as a support tool.

A balanced multi-sectoral committee on HIV/AIDS/STIs shall be formed to provide a focal point for all HIV/AIDS related research.

4.1 Non-discrimination in Research

Respect for equal rights requires policy makers and others involved in research to observe the principle of non-discrimination in the determination of those who shall benefit or suffer as a result of decisions pertaining to research. The principle requires that the selection of regions and districts shall be based solely on scientific criteria. There will be the need to pay particular attention to ethical issues, specifically confidentiality, informed consent and safe-guarding of

human rights. There will also be the need to institute vetting procedures to ensure adherence to ethical practices in research.

4.2 Equitable Distribution of the Benefits of Research

Respect for the right of everyone to the highest attainable standard of health and the principle of autonomy requires that all people have access to the conclusions of research which have a bearing on their own circumstances. This is to ensure that people make informed decisions regarding their own health and well-being. These are enshrined in Article 15 of the International Covenant on Economic, Social and Cultural Rights.

Respect for these rights and principles further obliges States to ensure that when research leads to the discovery of an effective HIV vaccine, or AIDS treatment or cure, this knowledge is accessible to all, and any products developed are distributed equitably. In this regard, Government shall assist Ghanaian researchers to patent their findings.

5.0 LEGAL AND ETHICAL ISSUES

5.1 Mandatory Testing and Disclosure

In the context of health care and social welfare work, disclosure of confidential information without the consent of the person concerned can only be justified when disclosure is necessary for the benefit of the sexual partner concerned (such as disclosure to a supportive family member, or to another person involved in the patients care) and/or necessary to protect the health of a third party. Disclosure issues shall be placed in the context of whether the person involved is alive or dead.

5.2 Confidential Information shared with other Professionals

Where the sharing of information with other professionals is required for professional purposes, it is the responsibility of the professional making the disclosure to ensure that his or her colleagues appreciate that the information is being imparted in strict professional confidence.

5.3 Employment

The Ministry of Employment and Social Welfare shall develop a comprehensive policy on employment related HIV/AIDS issues.

5.4 Mandatory Medical Examination

HIV/AIDS testing shall not be part of mandatory pre--employment examination as well as pre-enrolment, pre--surgical and pre-marital engagement.

5.5 Non-Disclosure of HIV/AIDS Status to Employer

HIV/AIDS patients shall not be obliged to disclose their status to their employers or prospective employers.

Employers shall be encouraged to adopt a positive attitude towards employees who are HIV positive to the extent that even when they develop AIDS, they can be kept on for as long as they are able to work. This will require an educational programme to sensitise employers on the issues involved in HIV/AIDS and to broaden their understanding of the need to keep people living with AIDS working for as long as their health can allow.

5.6 Willful Transmission

5.6.1 Criminal Code

Under the Criminal Code 1960 (Act 29) there is a range of offences that can be used to prosecute offenders for willful transmission of HIV/AIDS. These include unlawful harm which is intentionally or negligently caused; intentionally causing the death of another person by any unlawful harm which is murder and death resulting from negligence amounting to a reckless disregard for human life which is manslaughter, attempted murder and assault.

5.6.2 Establishment of Proof

There are, however, serious difficulties in the interpretation of aspects of the law in relation to HIV/AIDS such as establishing proof. These include whether:

- the perpetrator was aware of his or her HIV/AIDS status,
- the person knows and understands how the virus is transmitted
- the person informed his or her partner of the risk
- the person attempted to use a barrier method of protection and
- the willfully infected person can prove that the infection was as a

result of a particular sexual encounter.

This Policy does not support a specific offence of willful transmission of the HIV virus but proposes that the offences under the Criminal Code of 1960 (Act 29) can be used if the prosecution can establish the requisite proof.

5.7 Insurance

Insurance is basically a contractual relationship between the insurance company and the client who takes a policy as evidence of the contract. The parties are free to determine the terms of the relationship but in practice, the insurance company determines the terms and a client either has to accept or reject them. This stems from a general principle in insurance not to issue a policy to a person suffering from a disease which is certain to result in death.

This Policy will seek to support policies that will make it possible for people who are HIV/AIDS positive to obtain insurance.

Insurance companies would be encouraged to work in concert with employers and Government to design innovative policies which will assist communities, and families to provide improved medical and home based-care for PLWA.

6.0 INSTITUTIONAL FRAMEWORK

6.1 Co-ordinating Body - National Commission on HIV/AIDS

Though HIV/AIDS is a major health problem, the causes and the consequences of HIV/AIDS are due to factors other than health. Therefore, the policy will be pursued under the proposed supra-ministerial body - "The National Commission on HIV/AIDS" to be established by an act of Parliament. The Commission shall be under the Office of the President and the President of Ghana shall nominate the Chairperson.

The Commission shall:

- ℞• Advice the Government of Ghana on policy issues relating to HIV/AIDS
- ℞• Expand and co-ordinate the national HIV/AIDS/STI response
- ℞• Monitor and evaluate all on-going HIV/AIDS activities
- ℞• Identify and mobilise various resources for programmes

In the exercise of its functions, the National Commission will constitute sub-committees as it

deems necessary which may include the following: Education and Counselling, Clinical Care and Laboratory, Monitoring and Evaluation, Surveillance and Research.

The Commission shall comprise of the following membership: The Chairman and a representative of the following Ministries who shall be no less than Deputy Minister or Director:

Ministry of Finance, Ministry of Health, Ministry of Education, Ministry of Employment and Social Welfare, Ministry of Local Government, Ministry of Youth and Sports, Ministry of Justice, Ministry of Defence, Ministry of Food and Agriculture, Ministry of Communication, and the Ministry of Tourism.

In addition, there shall be representatives from the following organisations/ institutions:

The Christian Council of Ghana

National Catholic Secretariat

Moslem Council

The National House of Chiefs

Ahmadiya Mission

Christian Health Association of Ghana

Ghana Social Marketing Foundation

Ghana Medical Association

Ghana Registered Nurses and Midwives Association

Ghana Traditional Healers Association

National Council on Women and Development

Ghana National Commission on Children

National Population Council

Representative of Organised Labour

Ghana Association of Private Voluntary Organisations in Development (GAPVOD)

National Union of Ghanaian Students

6.2 Secretariat

There shall be a Secretariat that will be responsible for the day to day co-ordination, management of funds, monitoring and supervision of all national HIV/AIDS related activities.

The Secretariat shall also provide critical technical leadership and support to the activities of the National Commission of HIV/AIDS in areas such as surveillance, laboratory services, blood

safety, care and support to PLWA and research.

6.3 Regional and District Committees on HIV/AIDS

Multi-sectoral Regional and District Committees shall be established in accordance with the decentralisation policy of Government. The Regional and District committees will co-ordinate, monitor and supervise all HIV/AIDS activities at those levels and implement national policies formulated by the National Commission. Regional and district committees are to be chaired by Regional Ministers and Chief District Executives respectively.

The composition of the Regional and District Committees shall reflect that of the National body to include all government departments, NGOs, religious bodies, youth and women's organisation, Private sector, PLWAs and research institutions. At the District level, the District Assemblies will be fully involved and shall be empowered to support district and community level activities.

6.4 Training and Institutional Capacity Building

The availability of trained personnel for the management of all components of STIs and HIV/AIDS prevention and care programmes is a pre-requisite for any successful control of the epidemic in Ghana. In this respect, the Policy shall:

- ℞• Ensure the effective transfer of skills and the institutionalisation of in-country capabilities in HIV/AIDS advocacy
- ℞• Decentralise expertise in support of multi-sectoral decision making at all levels, namely national, regional and district.
- ℞• Ensure the integration of the National HIV/AIDS response into all pre-service and educational training programmes of MDAs and NGOs.
- ℞• Update regularly the knowledge of physicians, nurses/midwives and other health professionals so as to ensure optimal management and care for HIV/AIDS and STIs cases.

6.5 Funding - General Resources for HIV/AIDS Prevention and Control, including International Co-operation

The Government of Ghana has given its full support to the global response to combating HIV/AIDS. The experience gained regarding HIV/AIDS/STIs prevention and control in some of the neighboring countries in West Africa and in East and Southern Africa show that broad based, all inclusive approaches such as the involvement of Ministries, religious groups, NGOs and communities is helpful. Due to the frequent movement of citizens among and between the

countries in the West Africa sub region and even beyond, it is important to institute regional dialogue and international co-operation for the prevention and control of HIV/AIDS/STIs.

International donors and agencies, particularly UNAIDS, bilateral and international NGOs would be expected to play an important role as partners in the national response initiative to combat the epidemic. The Government of Ghana, donors and NGOs will therefore be the major actors in providing resources for HIV/AIDS/STIs prevention and control activities.

Specifically, Government agencies and institutions will ensure increased collaboration in sourcing resources and technical assistance necessary for the implementation of programmes and interventions through out the country. Local NGOs who have specific technical expertise will be encouraged to provide care and support programmes in the communities. In view of the varied strength and weakness of NGOs, the National programme will assess the preferences and capabilities of these NGOs and judge the comparative advantages of donors and NGOs assistance in addressing specific interventions or a range of interventions under the programme.

The necessary funding requirement for a multi-sectoral expanded response to HIV/AIDS will require a broad donor base as well as significant Government of Ghana inputs. The various sector Ministries will need to develop budget lines for specific sector(s) and the Commission's approved HIV/AIDS activities. Similarly, District Assemblies shall be mandated to support district level activities. Additional assistance will be sought from multilateral and bilateral partners/donors, international organisations and corporate foundations etc.

6.6 Decentralisation

In line with the Government's policy on decentralisation, the National AIDS Secretariat shall collaborate with the political and administrative units of the country, especially District Assemblies, to implement HIV/AIDS programmes. Under the on-going District Response Initiative, the Secretariat shall collaborate with other sector ministries to take advantage of the decentralisation and the unique position of District Assemblies to expand the national response and to mobilise additional resources from the local level.

6.7 The Role of NGOs

Private sector-organisations and all NGOs, including the Centre for the Development of People (CEDEP) an association representing People Living with HIV/AIDS (PLWA) will be encouraged to formulate and implement appropriate programmes on HIV/AIDS/STIs.

6.8 The Role of Civil Society

In implementing the HIV/AIDS/STIs programme, the role of civil society is crucial. Efforts will

be made to involve Civil Society in general especially traditional rulers, opinion leaders, youth groups and various church and professional bodies and associations in the prevention and control of HIV/AIDS/STIs programmes.

6.9 The Role of MDAs and the Private Sector:

All Government Ministries, Departments and Agencies shall be encouraged to design and implement, monitor and evaluate sector specific HIV/AIDS education and prevention programmes. In this respect:

The Office of the President shall provide political leadership for the national response to the HIV/AIDS epidemic, and ensure that all sectors are mobilised and become involved as is necessary.

The Role of Parliament: Given the important role Parliament plays as representative of the people in enacting laws out of policies, initiating bills and approving Government's budgetary appropriations, Parliament shall:

- Provide overall legislative and political support such as acting on the recommendations for the establishment of institutions, the reform of laws and others that would facilitate the implementation of this Policy
- Spearhead and mobilise social support for HIV/AIDS activities both within Parliament and at the constituency level
- Engage in policy dialogue towards the eradication of discriminating/stigmatising provisions that affect PLWA
- Initiate legal review of laws in population and reproductive health, including HIV/AIDS and ensure that the resources required are made available to observe and enforce them
- Support NGOs Advocates undertaking programmes for vulnerable groups in their constituencies

The Ministry of Finance shall:

- Ensure that adequate resources are made available to the various ministries for HIV/AIDS and STIs prevention and care.
- This Ministry, in collaboration with recipient line ministries, shall solicit and co-ordinate external . support agencies' financia contributions for HIV/

AIDS prevention and care:

Use epidemiological data provided by the Ministry of Health, and commission appropriate research to generate relevant data with which to make projections of the economic and human resource development impact of the epidemic, and incorporate adjustment into manpower and economic planning.

The ministry of Health and Health sector shall, because of their direct mandate for dealing with the complex medical aspects of the pandemic, be the "technical lead ministry" in HIV/AIDS prevention and care. Their role shall be:

To lead the development and refinement of strategies for prevention and care, in collaboration with other sectors, NGOs and the private sector.

To provide technical support to other ministries and sectors as they develop and implement their AIDS prevention and care activities.

To continue with the implementation of health-sector based interventions to prevent the sexual, blood-borne and MTCT of HIV through:

Information, Education and Communication

Control of Sexually Transmitted Infections.

Condom Promotion

Counselling for Prevention

To provide appropriate health facility-based care for Persons with HIV-related conditions and AIDS, including counselling and home based care and support.

The Ministry of Education shall:

Integrate AIDS and STIs education into all levels and institutions of education, starting at primary school level, and extending to tertiary and teacher training and non-formal institutions.

Involve parents, through Parents-Teacher Association and other appropriate mechanisms, in discussion of school-based HIV/AIDS education and other programmes or activities.

Ensure that other services related to HIV and STIs control and care are accessible to students in need.

The Ministry of Communication and the Information Services Department

shall play an active role in information and education on HIV/AIDS and STIs through the development and broadcasting of programmes, spots and advertisements on various aspects of HIV/AIDS and STIs.

The Department shall also collaborate with the Ministry of Health, NGOs and CBOs to strengthen capacity for effective public media involvement in HIV/AIDS/STIs prevention.

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The Ministry of Employment and Social Welfare shall:

• Revise criteria for eligibility for destitute support to enable families caring for people with AIDS and orphaned children access to such support.

• Develop programmes and mechanisms for the provision of welfare support to ensure that the basic needs of children orphaned due to AIDS are met, including facilitating fostering where needed.

• Develop and implement AIDS prevention programmes for relevant groups within the Ministry's purview, e.g. women, out-of-school youth, orphans and other institutions.

• Develop a comprehensive workplace policy regarding the rights of HIV-infected individuals to employment, social welfare, and compensation where relevant.

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Ministry of Youth and Sports shall:

collaborate with all of the relevant MDAs to develop and strengthen HIV/AIDS/STIs programmes for young people.

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The Ministry of Local Government and Rural Development including the National Development Planning Commission shall,:

• Implement HIV/AIDS and STIs prevention and care activities related to the health sector, in collaboration with the Ministry of Health, through the District Assemblies and under the District Response Initiative.

• Implement HIV/AIDS/STIs prevention through its extension and outreach services for other target groups.

• Ensure that sufficient financial, manpower and transport

resources, are available for the implementation of the intensive and extensive prevention programmes needed to slow down the epidemic within available resources and as reflected in the Districts Development Plans.

• Mobilise the community, through existing and new structures, for their involvement at all stages of the development and implementation of HIV/AIDS/STIs prevention and care programmes and activities.

All other Government Ministries and Agencies shall similarly:

• Develop relevant policy guidelines on HIV/AIDS/STIs prevention, to guide implementation of activities at central and district levels.

• Plan for, and allocate resources for the implementation of HIV/AIDS/STIs prevention activities for staff, as well as for target groups reached through the ministries' routine activities.

• Implement, co-ordinate and monitor HIV/AIDS/STIs prevention activities.

• Utilise mechanisms and instruments, which will be developed for the co-ordination and evaluation of the national response to the HIV/AIDS epidemic.

Private Sector Organisations and Enterprises shall:

• Develop and implement policies programmes for the management of HIV/AIDS, in line with national policy guidelines. These will include the implementation of HIV/AIDS and STIs prevention education for workers, condom distribution, as well as protection of the rights of HIV-infected workers.

• Mobilise local private sector financial and other resources for HIV/AIDS/STIs education of workers and related communities.

• Integrate HIV/AIDS/STIs into training courses for workers and managers where appropriate.

Non-Governmental Organisations (NGOs) and Community Based Organisations (CBOs) and People Living with HIV/AIDS (PLWAs)

NGOs, CBOs and PLWA will:

• Develop and implement innovative HIV/AIDS prevention and care projects and activities, in line with the priorities articulated in the national strategic

plan.

☞ Mobilise communities for HIV/AIDS **prevention and care activities which are** affordable and sustainable.

☞ Advocate for the involvement of various sectors of government, leaders at national, district and community levels, in HIV/AIDS prevention and care.

☞ Co-ordinate among themselves, as well as participating in national co-ordination activities to minimise duplication, and enhance the establishment of complementary programmes, projects and activities.

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Religious Bodies shall:

☞ Integrate messages and information about abstinence, prevention, care and support into their on-going activities

☞ Identify and serve as an advocate for vulnerable groups in society, e.g., young women and orphaned and street children subject to sexual exploitation or abuse

☞ Develop IE&C messages and programmes that stress the importance of family and moral values in stopping the spread of HIV/AIDS/STIs.

☞ Participate in care and support programmes for HIV infected persons

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National House of Chiefs and Traditional Authorities shall:

☞ In being the custodian of our national cultural heritage, uphold all of our cherished traditional family values and ensure that these are taught to young people.

☞ Use influence of position to oppose discrimination against HIV infected persons

☞ Support appropriate intervention measures

7.0 CONCLUSION

Government is committed to doing all it can to combat the serious threat that HIV/AIDS poses to the achievement of the aspirations of all Ghanaians. This is especially so because the most

economic and socially productive members of the society, those aged between 15-49 years are the ones proven to be most at risk.

The Policy on HIV/AIDS is the first step in the efforts to stem the tide of the HIV/AIDS pandemic in Ghana. It is hoped that the Policy will help to define the legislative framework for the management and control of HIV/AIDS and STIs in the country as well as create the necessary environment for all stakeholders to make a commitment towards creating awareness within the populace especially among the youth on the menace of the virus as well as the measures to be taken by them for their protection. More importantly, people living with HIV/AIDS need not be ostracised. They need to be kept in productive employment for as long as possible.

The Policy aims at encouraging employers and other members of society to have a positive attitude towards such persons. There is a need for commitment on the part of all stakeholders to play their part in ensuring that the Policy is translated into action for the benefit of all Ghanaians.

The implementation of this Policy shall begin with the establishment of the necessary institutional structures, including the National Commission on HIV/AIDS and the Secretariat that will serve the Commission. The effective implementation of programmes shall be further complimented by on-going efforts to finalise the Strategic Framework for HIV/AIDS in Ghana document. The Strategic Framework document will guide the implementation of this Policy and will also help to galvanise stakeholders actions.

The Policy envisions co-operation among all sectors of the government machinery so that the objectives would be realised. No single sector can handle the problems associated with HIV/AIDS. NGOs and civil society also have a role to play and it is expected that the participatory nature of the development of the Policy would have fostered a spirit of ownership among all stakeholders to make them want to ensure it's success. Everyone has a role to play to ensure the survival of the next generation of Ghanaians.