

UNICEF in Ghana

Children
and AIDS



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Essential Statistics

National HIV prevalence (estimate)
1.7%

Prevalence in young people (15–24)
1.9%

Prevalence in pregnant women
receiving antenatal care
2%

Adults (15–49) living with HIV
236,100

Children under 15 living with HIV
20,808

Comprehensive knowledge of HIV
and AIDS among young
men (15–24)
33%

Comprehensive knowledge of
HIV and AIDS among young
women (15–24)
25%

“A generation of children
and adolescents have never
known a world free of HIV
and AIDS.”

*A Call to Action: Children, the Missing
Face of AIDS, UNAIDS, UNICEF 2005*

Source: National AIDS Control Programme
2008, Health Sentinel Survey 2008; MICS 2006

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Issue

Ghana is making good progress in containing its AIDS epidemic. The national prevalence rate is estimated to have dropped from 3.6 per cent in 2003 to 1.7 per cent in 2008, below the Western African average. HIV prevalence among pregnant women attending antenatal care, considered a good proxy indicator of the spread of infection among the population, also declined from 2.6 per cent in 2007 to 2.2 per cent in 2008.

The country looks set to meet the Millennium Development Goal (MDG) target on halting and reversing the spread of HIV and AIDS by 2010. National policies and strategic frameworks are consistent with the '3 One' approach – one national coordination body, one strategic framework and one monitoring and evaluation plan. Service delivery points that provide comprehensive prevention,

care and treatment have increased. Yet even with this progress, Ghana needs to continue the fight against HIV and AIDS to sustain and scale up best practices to prevent the epidemic from escalating.

According to the Health Sentinel Survey 2008, HIV prevalence among young people is still above the national average. There is an increased awareness of HIV and AIDS in this age group. The challenge is to translate this raising awareness level to positive behaviour change.

HIV and AIDS also affect girls and women disproportionately. Just over half of people living with HIV and AIDS are female. High levels of stigma and discrimination towards people living with HIV and AIDS are major barriers to prevention interventions.

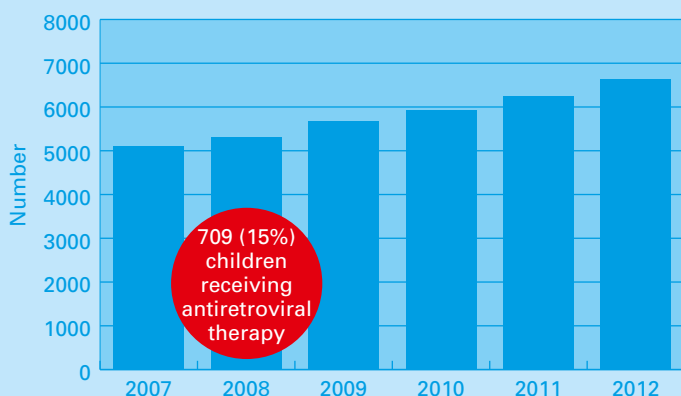


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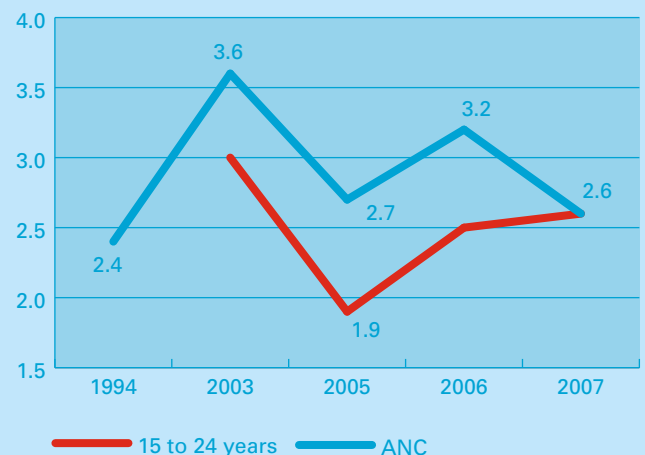
OPPORTUNITIES TO MAKE A DIFFERENCE

The government is poised to meet the ambitious national targets of providing universal access to HIV prevention, care, treatment and support by 2010. Though the Global Fund on AIDS, Tuberculosis and Malaria (GFATM) provide substantial support, more funding is still required. Government commitment to successful prevention programmes is evident by the decision to set aside one per cent of funds to support decentralised HIV and AIDS interventions. However, the total resources available are inadequate to embed the results. To move Ghana towards further reducing the HIV threat, district-level funding needs to be increased to combat the infection where it most matters.

Estimated number of children needing ART, NACP 2007 HSS



HIV prevalence (sentinel site) – NACP HSS



UNICEF in action

Children and AIDS

Children and AIDS is the third focus area of the UNICEF Midterm Strategic Plan (MTSP) for 2006–09. It is UNICEF’s contribution to MDG 6 on halting and reversing the spread of the epidemic. In Ghana, UNICEF’s work in this focus area reflects the MTSP’s four Ps, which are:

Prevention of Mother-to-Child Transmission (PMTCT). UNICEF’s technical expertise and financial support plays an important role in helping the Ghana Health Service to increase the coverage of comprehensive reproductive health care services that prevent HIV-positive pregnant women from transmitting infection to their newborn babies. UNICEF also works with communities in five focus regions to increase awareness of PMTCT services and break down stigma and gender discrimination that prevent women from using services.

Providing paediatric treatment, care and support. UNICEF works with the Ghana Health Service to expand and strengthen early HIV diagnosis and

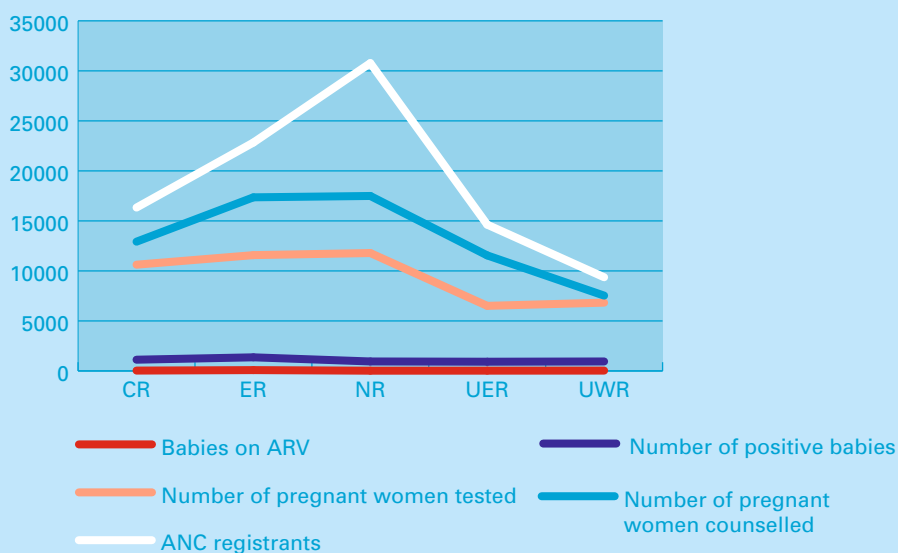
treatment, which is critical to saving the lives of infants with HIV. Improving treatment coverage for HIV-positive children by helping to train medical workers and establish treatment guidelines is also an important thrust of UNICEF’s work.

Preventing infection among adolescents and young people. With HIV prevalence increasing among teens and young adults, rapid and effective action is needed to reverse this trend. UNICEF partners with the Ministry of Education to implement a national HIV education programme – the HIV Alert School Model – in primary and junior high schools.

Protecting and caring for children affected by AIDS. UNICEF works with the government to improve national and community-level responses for orphans and other vulnerable children. The National Plan of Action for Orphans and Vulnerable Children (OVCs) and the Care Reform Initiative promote de-institutionalisation of children and provides for family-based care and positive parenting.



PMTCT performance in five UNICEF-supported regions (Jan–June)



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Planned impact for children

Between 2006 and 2009, UNICEF contributed to improvements and increases in the use of HIV prevention, treatment, care and support services.

Increased uptake of PMTCT.

Progress has been made in the scale-up plan for PMTCT Plus. In 2008 a total of 257,466 pregnant women benefited from counselling and testing countrywide. Of these, 6,021 or 2.3 per cent were HIV positive. Out of the women with HIV, 4,991 (82.9 per cent) mothers received antiretroviral therapy (ART). This is an improvement from 2007 when only 2,896 women were put on treatment. However, more than 12,000 HIV-positive pregnant women are still waiting to benefit from PMTCT services.

Improved treatment, care and support services for infants and children. Children with HIV have been underserved in Ghana's national ART programme. UNICEF is supporting the Ministry of Health to develop national guidelines on paediatric antiretroviral therapy and new guidelines for early infant HIV diagnosis and treatment.

Greater awareness of preventing HIV. The government has adopted the HIV Alert Model as a national model. Over the period 2009–11, UNICEF intends to build on the successes of the past three years to contribute to achieving results for children.

Based on the relative strength of each of the three Alert School Pillars (teacher-led pillar, child-led pillar and community-directed pillar), 80 per

cent (1,000,000) children aged 12–14 years in 4,100 junior high schools in seven of the 10 regions in Ghana will receive information and skills to reduce their risks and vulnerability for HIV infection. In addition, all the 4,100 junior high schools will implement the minimum interventions on the Alert Model to qualify for certification as HIV Alert schools.

The capacities of teachers to integrate or infuse HIV and AIDS into teaching and learning will be strengthened. Peer educators will be supported with education materials to facilitate peer led education sessions while parents will be engaged at the parent-teacher association meetings to support HIV education of their wards when they are at home.

Enhanced social protection for orphans. UNICEF advocacy and technical support contributed to the Livelihood Empowerment Against Poverty (LEAP) cash transfer scheme as a key component of the National Social Protection Strategy. Recipient families also benefit from free health care under the National Health Insurance Scheme (NHIS). The Ministry of Health has mobilised funds to pay the NHIS premium and registration for the first 8,400 families on the LEAP grant, but funds need to be identified to expand this benefit. A care reform initiative that will help deinstitutionalise orphanages and promotes positive parenting will keep families intact. UNICEF will continue to provide technical support to the implementation of the CRI and facilitate the reunification of at least 2,400 children.

“Peer education has helped me a lot. In fact, it has bettered my life. Today I know how HIV and AIDS is spread, how to use a condom and the reason why we should say no to sex. I know that it is dangerous to use razor blades that have been used by somebody else. I also know some symptoms of HIV and AIDS and some sexually transmitted diseases. I used the HIV Alert materials to teach my age mates how HIV and AIDS and other STIs are spread and how they can be prevented.”

A letter from Avor Godwin, a schoolboy who participated in the HIV Alert School peer education programme.