GHANA AIDS COMMISSION

Under the Office of the President

NATIONAL HIV RESPONSE

SUSTAINABILITY ASSESSMENT AND ROADMAP (PART A)

2025

Under the Office of the President

National HIV Response Sustainability Assessment and Roadmap (Part A)

July 2025

Acknowledgment

The Ghana AIDS Commission extends its sincere appreciation to all individuals and institutions who contributed to the development of the Sustainability Assessment and Roadmap (Part A) for the National HIV Response. This important document reflects the collective effort, technical insight, and shared commitment of stakeholders across sectors to secure a resilient and nationally owned HIV response in Ghana.

We are especially grateful to the members of the Technical Working Group (TWG) on Sustainability for the National HIV Response, whose guidance and sustained engagement were instrumental throughout the assessment and roadmap process. We also acknowledge the many stakeholders from government, civil society, development partners, the private sector, and academic institutions who participated in key informant interviews, sustainability dialogues, and validation meetings. Their contributions significantly enriched the final product.

We wish to express our sincere appreciation to UNAIDS for their continued partnership and the financial and technical support provided through this process. Our very special thanks for the dedicated guidance and advice to Mr. Hector Sucilla Perez, UNAIDS Country Director, and the UNAIDS Ghana Country Office team (Renicha McCree, Cynthia Asante and Eunice Mensah), as well as to Jaime Atienza, Melissa Sobers and Charles Birungi from the UNAIDS Equitable Financing Global Centre Team.

Our sincere appreciation and recognition to Pharos Global Health Advisors team members, led by Professor Robert Hecht, for their expert technical assistance and strategic advice throughout the development process which were key for the elaboration of this document.

We also acknowledge the critical leadership provided by the former Director-General of the Ghana AIDS Commission, Dr. Kyeremeh Atuahene, and the former Minister with Executive Oversight of the Commission, Honourable Osei Kyei-Mensah-Bonsu, both of whom championed Ghana's efforts to build a sustainable HIV response. We also recognise the diligent technical work implemented by Mr. John Eliasu Mahama, acting Director, Policy and Planning of the Ghana AIDS Commission who accompanied the entire process, and the political commitment and leadership from Dr. Kharmacelle Prosper Akanbong, Director of the Ghana AIDS Commission, by prioritising the continuity in the elaboration of this critical product. Special thanks are also due to Professor Ama Fenny for her instrumental role in helping to align the roadmap with updated UNAIDS sustainability guidelines, ensuring relevance and alignment with global best practice.

The development of this roadmap occurred during a period of institutional transition and fiscal constraint, yet the commitment to sustainability remained steadfast. We are grateful to both current and former staff of the Ghana AIDS Commission, whose institutional knowledge and dedication contributed meaningfully to the completion of this work.

This roadmap represents not only a technical milestone but also a collective call to action. It is our hope that it will serve as a guiding framework for Ghana's transition towards a resilient, country-led, and sustainably financed HIV response.

Preface

I am pleased to present the S*ustainability Assessment and Roadmap for the National HIV Response*, a timely and essential milestone in Ghana's collective effort to secure the future of our HIV response. This document arrives at a critical juncture when traditional external financing models are shifting and when bold, nationally led decisions must be made to safeguard the gains we have achieved over the past two decades. It also dove-tails into the Health Sovereignty and Governance as part of the Government's reset agenda.

The recent freeze in U.S. government funding has highlighted the vulnerability of donor-dependent systems and underscored the urgent need for Ghana to strengthen its financial and programmatic sovereignty. In response, this roadmap offers a nationally owned, evidence-based framework to guide our transition toward a more resilient and self-sustaining HIV response capable of withstanding fiscal shocks and continuing to meet the needs of all those affected.

Since Ghana's first reported HIV case in 1986, our response has evolved significantly. What began as a public health emergency has become a more manageable challenge, thanks to the dedication of national actors and our international partners. As of 2024, Ghana has an estimated HIV prevalence of 1.49%, with approximately 334,721 people living with HIV. While AIDS-related deaths have declined, around 12,614 lives were still lost last year. Moreover, our current treatment cascade of 68-69-90 remains below the global 95-95-95 targets, calling for renewed urgency and innovation in our response.

This roadmap outlines concrete pathways for expanding domestic resource mobilisation, improving health system efficiency and integration, and investing in priority areas such as community-led responses and the local production of essential HIV commodities. We welcome the commitment of His Excellency the President, John Dramani Mahama, to addressing the current funding shortfall. His leadership, including support for domestic manufacturing of health products, signals Ghana's readiness to take greater ownership of its HIV response.

I further extend appreciation to the many stakeholders across government, civil society, academia, and the private sector who informed and enriched this process.

This document is more than a technical resource – it is a call to action. It reflects Ghana's enduring commitment to health equity, human rights, and the wellbeing of all communities affected by HIV. The path to sustainability is not only about financing, but also about resilient systems, strong governance, and inclusive partnerships. With continued commitment, I am confident that Ghana will not only sustain its HIV response, but strengthen it for today, and for future generations.

Dr. Kharmacelle Prosper Akanbong
Director General

Foreword

The Government of Ghana remains steadfast in its commitment to ending AIDS as a public health threat by 2030. This commitment is embedded within a broader national vision to build a resilient, equitable, and sustainably financed health system that is capable of meeting the needs of all Ghanaians. The *Sustainability Assessment and Roadmap for the National HIV Response* is both timely and vital in guiding this next phase of the national response.

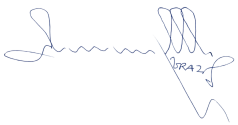
Ghana has made important progress in reducing new HIV infections, expanding treatment access, and improving survival over the years. These gains are the result of sustained political leadership, strong partnerships, and the tireless work of health professionals and civil society. Yet, our continued reliance on external funding presents a growing vulnerability, recently underscored by the freeze in support from a major donor.

In response to this, His Excellency the President, John Dramani Mahama, has demonstrated decisive leadership by directing the Minister for Finance to make resources available to fill the gap created by the U.S. government's funding withdrawal. More broadly, the President has reaffirmed his commitment to securing domestic financing for health through several landmark policy decisions. These include the uncapping of the National Health Insurance Levy, ensuring full and timely disbursement of funds to the National Health Insurance Authority, and the establishment of the Ghana Medical Health Trust Fund (MahamaCare), which will support chronic disease management.

The President has also outlined a bold vision to position Ghana as a pharmaceutical manufacturing hub in West Africa under his 24-hour economy agenda. I am pleased that the Sustainability Roadmap prioritises local production of HIV commodities, which aligns directly with this industrial and health policy thrust.

This document provides a practical framework for reducing external dependence, improving efficiency, and embedding sustainability into every level of our HIV response – from financing and service delivery to governance and community engagement. I commend the Ghana AIDS Commission, UNAIDS, and all stakeholders who contributed to this critical work.

As the Executive Chair of the Ghana AIDS Commission, I fully endorse the implementation of this roadmap and affirm the Government's commitment to working across sectors to ensure that Ghana's HIV response remains strong, inclusive, and nationally driven. Together, we will protect the gains we have made and build a future where no Ghanaian is left behind.



Kakra Essamuah Esq,

Board Chair

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
CCM	Country Coordinating Mechanism
CHAG	Christian Health Association of Ghana
CHRAJ	Commission for Human Rights and Administrative Justice
CPEHRG	Center for Popular Education and Human Rights Ghana
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
DACF	District Assembly Common Fund
DALY	Disability Adjusted Life Year
DOVVSU	Domestic Violence and Victim Support Unit
EID	Early Infant Diagnosis
FCDO	Foreign, Commonwealth Development Office
FSW	Female Sex Workers
GAC	Ghana AIDS Commission
GAVI	Global Alliance for Vaccines and Immunization
GC	Grant Cycle
GDP	Gross Domestic Product
GHANET	Ghana HIV and AIDS Network
GHE	Government Health Expenditure
GHE-D	Domestic Government Health Expenditure
GHS	Ghana Health Service
GIPA	Greater Involvement of People Living with HIV
HFFG	Hope for Future Generations
HRH	Human Resources for Health
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IMF	International Monetary Fund
KVP	Key and Vulnerable Population
LEAP	Livelihood Empowerment Against Poverty
LGBTQ+	Lesbian, gay, bisexual, transgender, queer or questioning, and more
LMIC	Lower-middle-income country
LMIS	Logistics Management Information System
MoF	Ministry of Finance
MoH	Ministry of Health
MSM	Men who have sex with men
NACP	National AIDS and STI Control Program
NAP+	National Association of People Living with HIV
NASA	National AIDS Spending Assessment

NHI	National Health Insurance
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIL	National Health Insurance Levy
NHIS	National health Insurance Scheme
NSP	National Strategic Plan for HIV & AIDS
OIG	Office of the Inspector General
OOP	Out of pocket
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PR	Principal Recipient
PrEP	Pre-exposure prophylaxis
PUD	People who use drugs
RM	Resource mobilization
RNE	Resource Needs Estimate
SEAH	Sexual Exploitation, Abuse and Harassment
SEND Ghana	Social Enterprise Development Foundation Ghana
SCMA	Supply Chain Management Agency
SCMP	Health Commodity Supply Chain Master Plan
SR	Sub Recipient
SSNIT	Social Security and National insurance Trust
TA	Technical Assistance
TB	Tuberculosis
TG	Transgender People
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
WAAF	West Africa AIDS Foundation
WAPCAS	West Africa Program to Combat AIDS and STI

Executive Summary

The Problem and Challenge

Ghana has a generalized HIV epidemic with a prevalence of 1.53% in 2023. About 330,000 Ghanaians are living with HIV. The number of AIDS deaths is falling but still around 12,500 persons succumbed last year to AIDS-related causes.

Ghana has responded to the epidemic through the National AIDS and STI Control Program (NACP) since Ghana's first reported HIV case in 1986. Since the creation of the Ghana AIDS Commission (GAC) in 2000, the multi-sectoral HIV response has been guided by a series of National Strategic Plans (NSPs). The latest NSP 2021-2025 builds on Ghana's significant progress in lowering new infections and annual AIDS deaths and to move the country toward the 95-95-95 Global Targets and end AIDS by 2030. However, the latest treatment cascade results of 67-69-89 (2023) are far from these targets.

Ghana faces a set of major challenges to advancing and sustaining its HIV response, – Financial, Health Systems, Programmes and Services, in Laws and Policies, and related to t Governance and Political Leadership. This roadmap documents these challenges and proposes a series of transformative actions to address them.

Sustainability Risk Assessment and Roadmap

Purpose. In January 2024, the Government of Ghana, with support from UNAIDS, engaged Pharos to work with key stakeholders to identify and assess the most important risks to the sustainability of the national HIV response, and to recommend evidence-back actions to mitigate these risks.

This roadmap presents the Sustainability Risk Assessment and Recommended actions produced through a participatory process engaging a wide range of stakeholders including multiple branches of the Government of Ghana, civil society organizations, academia, UN agencies, and International Development Partners. It offers a diagnosis and set of corresponding recommendations to strengthen and sustain Ghana's response to the HIV epidemic.

Approach. Development of this Assessment and Roadmap was undertaken in four steps, using an expanded version of the framework of best practices endorsed by the Global Fund (2021) and fully aligned with the new UNAIDS Guidelines for HIV Sustainability Roadmaps (2024). These steps were to:

1. Analyze the main constraints to sustainability utilizing a highly consultative process engaging numerous stakeholders
2. Present initial findings to a reference group of stakeholders, the Sustainability Technical Working Group, to obtain feedback and then refine these findings in a validated sustainability Assessment
3. Prepare a set of actions to address the main sustainability challenges in the form of a draft Roadmap, and again present and strengthen the roadmap through a national workshop

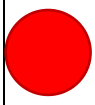
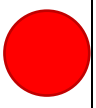
4. Revise and issue a validated Roadmap with implementation steps and timelines.

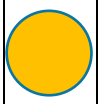
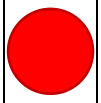
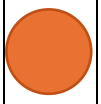
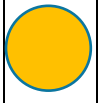
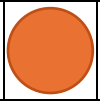
The document is organized into four main chapters. Chapter 1 reviews the performance of Ghana's HIV response and describes the methods, approaches, and consultative processes employed. Chapter 2 uses extensive data and evidence to select, assess and rank 12 priority sustainability risks as identified and corroborated by stakeholders. Chapter 3 details the needed actions to mitigate and resolve these risks. Chapter 4 presents the HIV Sustainability Roadmap and discusses next steps for its implementation.

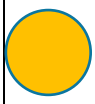
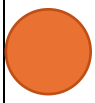
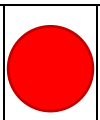
Analytical Framework and Methods. This report builds on conceptual frameworks developed by the Global Fund (2021) and UNAIDS (2024). It also leverages the consultants' experience developing sustainability assessments and roadmaps in more than a dozen countries in Asia, Africa, and Latin America. To structure the analysis, the risk assessment and formulation of mitigating actions were divided into five domains that cover the key categories of risk to HIV program sustainability: sustainable and equitable financing, health systems, Service and Solutions, Enabling Laws and Policies, Governance and Political Leadership. The Roadmap matrix follows this five-part structure.

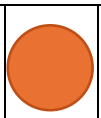
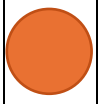
Main Findings of the Sustainability Risk Assessment and Roadmap

The 12 critical risks to HIV sustainability as identified by stakeholders and the study team, and the main actions (28 in total) to address them are listed in the matrix below. There are three levels of severity: red (4 risks) for the most critical, orange for serious (5 risks), and yellow for moderate (3 risks). These severity levels emerged from stakeholder discussions in the two large Sustainability Dialogue workshops and in the four Technical Working Group (TWG) meetings held between 2024 and 2025.

Key Risk	Level	Recommended Actions
Sustainable and Equitable Financing		
R1. Funding from Development Partners is expected to remain flat or decline and will account for a small and diminishing share of total needs. That level of funding may be reduced if Ghana fails to provide its share of domestic funding ("co-financing") as agreed with the Global Fund.		Establish a sustainable and reliable domestic funding mechanism through strategic partnerships with the private sector and civil society to meet HIV response needs and mitigating the effect decline in external funding. The Government of Ghana, in collaboration with partners, should develop and implement a phased plan to gradually absorb donor-funded positions and capacity-building activities into the national system.
R2. Under challenging macroeconomic conditions, Ghana has not been able to mobilize sufficient financial resources to address the growing and expected future funding gap – even though there are numerous opportunities for resource mobilization that could be exploited.		To collaborate with CSOs and academia in advocating for the revision of fiscal policies to transform the COVID-19 levy into a sustainable Pandemic Levy Fund, with an earmarked allocation specifically for HIV response activities. To engage stakeholders in advocating for the inclusion of the HIV services in the proposed Ghana Medical Care Trust Fund (Mahama Care) Develop policies and incentives that encourage businesses and private sector to allocate a defined portion of their

		Corporate Social Responsibility (CSR) contributions toward HIV programs, ensuring sustained private sector support for the HIV response.
R3. High level of out-of-pocket spending is a barrier to sustained antiretroviral treatment and a deterrent to accessing care. These out-of-pocket expenses may be growing, precisely at a time when they should be shrinking		Advocate for the expansion of NHIS coverage to include all HIV services to eliminate financial barriers and reduce out-of-pocket expenses for patients. Expand the availability and geographic reach of clinics providing ARVs by increasing the number of healthcare facilities offering ARVs across all regions and implement decentralized ART delivery models, such as community-based distribution and mobile clinics, to improve access for PLHIV.
Systems		
R4. Continued inability to resolve challenges in procurement and supply chain hinders service delivery and achievement of the third 95 target.		Implement policy reforms to exempt donated health commodities from import taxation, streamlining customs procedures to ensure timely availability and distribution of essential medical supplies Facilitate the Government of Ghana's participation in international pooled procurement mechanisms, such as the Global Fund, WHO, UNICEF, UNFPA, or UNOPS, to reduce the cost of HIV commodities. Strengthen collaboration between HIV response stakeholders and GHS to streamline data systems, ensuring interoperability, real-time reporting, and improved data-driven decision-making. Align procurement systems with the Supply Chain Master Plan by integrating coordination mechanisms, reducing redundancies, and enhancing transparency. Develop and assess options for local manufacturing of ARVs, including impact on commodity security and on price.
R5. Shortages of human resources in key positions and their continued reliance on external funding create a major vulnerability and sustainability risk to the HIV response.		Establish a sector-wide working group to explore financial and non-financial strategies for improving healthcare worker retention and begin to staunch the brain drain. Develop and implement comprehensive training initiatives that equip healthcare workers with the skills needed for effective HIV service delivery, data management, and supply chain oversight.
R6. The social protection needs of PLHIV and key and vulnerable populations (KVPs) are not well addressed increasing their vulnerability.		Promote inclusion by establishing targeted programs and policies that integrate young KVPs into economic empowerment initiatives and social protection frameworks through strengthen collaboration between government departments, development partners, and community organizations.
R7. The sustainability of the community-led response, in behavioral prevention and other service areas and in legal		Develop and deliver targeted technical assistance to CSOs to strengthen their capacity in designing, implementing, budgeting, and monitoring resource mobilization strategies

protections/advocacy, is jeopardized by overdependence on two international donors and a lack of resource mobilization strategies, including social contracting, to support CSOs.		tailored to their needs, ensuring diversified and sustainable funding. Provide technical assistance to support CSOs in adopting cost and expenditure analysis, optimizing service delivery models, refining labor policies, and clarifying staff roles and responsibilities. Provide targeted training, resources, and strategic support to CSOs, enabling them to implement safe and effective outreach programs for KVPs.
R8. Incomplete integration of HIV services into the primary health care system undermines efforts to institutionalise HIV programming, threatening continuity of care and long-term programme sustainability		Enhance the integration of HIV services into primary healthcare systems by embedding HIV prevention, treatment, and support services within routine care as the Network of Practice expands.
Services and Solutions		
R9. Without significantly increased investments in targeted HIV prevention, testing and linkage to care, Ghana will not be able to achieve and sustain high levels of treatment coverage		Collaborate with regional and district stakeholders to develop comprehensive HIV prevention plans and alignment with the Network of Practice to enhance coordination, knowledge sharing, and effective program execution Review and restructure the HIV Prevention Technical Working Group (TWG) to establish it clear roles, composition, functionality and strengthen coordination mechanisms to ensure strategic oversight of the prevention programs. Identify and implement diverse domestic funding mechanisms to mobilize resources to sustainably fund HIV prevention activities and reduce over-reliance on donor support. Strengthening the efficiency and capacity of GAC, NACP, and CCM by enhancing their governance, resource mobilization, and leadership in prevention efforts to ensure effective oversight of the HIV response.
Enabling Laws and Policies		
R10. A legal and political environment that hinders the effectiveness of community-led responses and jeopardizes efforts to reduce HIV infections and save lives.		Engage high-level leadership to lead advocacy efforts, educating the public and policymakers on the bill's negative health impacts on society through strategic communication campaigns Advocate for anti-discrimination laws will provide legal safeguards for KPs and PLHIV against workplace, social, and healthcare-related discrimination. Advocate for the development of a structured and sustainable policy to integrate PLHIV into NHIS without requiring premium payments, ensuring comprehensive insurance coverage for HIV care.

Governance and Political Leadership		
R11. Fragmented and overlapping governance structures impede cohesion within key areas of the response.		Assess and define the roles and responsibilities of public stakeholders in the National HIV Response. This process will identify overlaps, address authority gaps, and develop a targeted sub-roadmap for improving HIV governance and coordination.
R12. Low level of political commitment towards HIV response policy, social, financial and legal enabling environment.		Advocate for the creation of an inter-ministerial committee to enhance political leadership and accelerate an enabling financial, social, and legal policy environment for the HIV response. This includes prioritizing the removal of administrative barriers.

For each of these risks and corresponding actions, the full Roadmap in Chapter 4 lists suggested "Implementation Steps". For each step, the key organization/s (e.g., GAC, NACP/GHS, Ministry of Health, PEPFAR, Global Fund, etc.) are highlighted as "Responsible" for implementation and results, and which organization(s) should be considered "Collaborating Actors" for key inputs and coordination. The column on "Due Date" indicates a first proposed deadline for accomplishing the task and/or producing the output described in the step.

While all 12 sustainability risks are important, stakeholders and the study team ended up focusing on the four priority risks with the red severity circles: (1) flat and potentially declining external funding for the response; (2) slow movement in the direction of increased domestic resource mobilization for HIV, despite the availability of several fiscal options; (3) major health systems efficiency and donor dependency issues in the areas of procurement and supply chain and HRH; and (4) a legal and political environment that hinders the effectiveness of community-led responses and jeopardizes efforts to reduce HIV infections and save lives

All 12 risks and needed actions require attention to achieve an expanded and sustained HIV response, so stakeholders agreed that each risk area needs follow up. Here in the Executive Summary, we illustrate this with the example of risk 2, related to inadequate domestic financial mobilization.

Background. Combining the National AIDS Spending Assessments with the National HIV & AIDS Strategic Plans, there was a $21.8 million funding gap for the HIV response in 2022 and a cumulative funding shortage of $200 million over 2016-2022 (average of $28.5 million per year, 27.2% of the estimated funding need). Stakeholders identified this lack of funding as a key driver of the HIV program's underperformance. Around 50-60% of total funding (excluding Out of Pocket Spending) has been from donors, with 40-50% from domestic public sources. Going forward, donors indicate that their funding is unlikely to increase and may decline for a variety reasons, which could be exacerbated if Ghana fails to deliver on its level of domestic "co-financing" agreed with the Global Fund.

The HIV Financing Outlook and Challenge through 2030. To achieve the 2030 goals for Ghana, the Investment Case estimated that resource needs will rise more than 200% over the next seven years, with a total of $258 million required by the end of the decade (Figure below). If domestic resource

mobilization policies do not change from the status quo and donor funding plateaus under "Business as Usual", the financing gap will increase to $134 million in 2030 with a cumulative funding gap of $590 million over 2023-2030. If the gap is not filled with national funding, Ghana will fall far short of its HIV & AIDS goals by 2030 and beyond. If, on the other hand, the country can mobilize more domestic financing (see the Moderate and Increased Priority scenarios) through clearly identified fiscal policies and mechanisms, the funding gap can be partially closed and Ghana can come close to, or can even reach, its 2030 goals of 95-95-95, saving tens of thousands of lives.

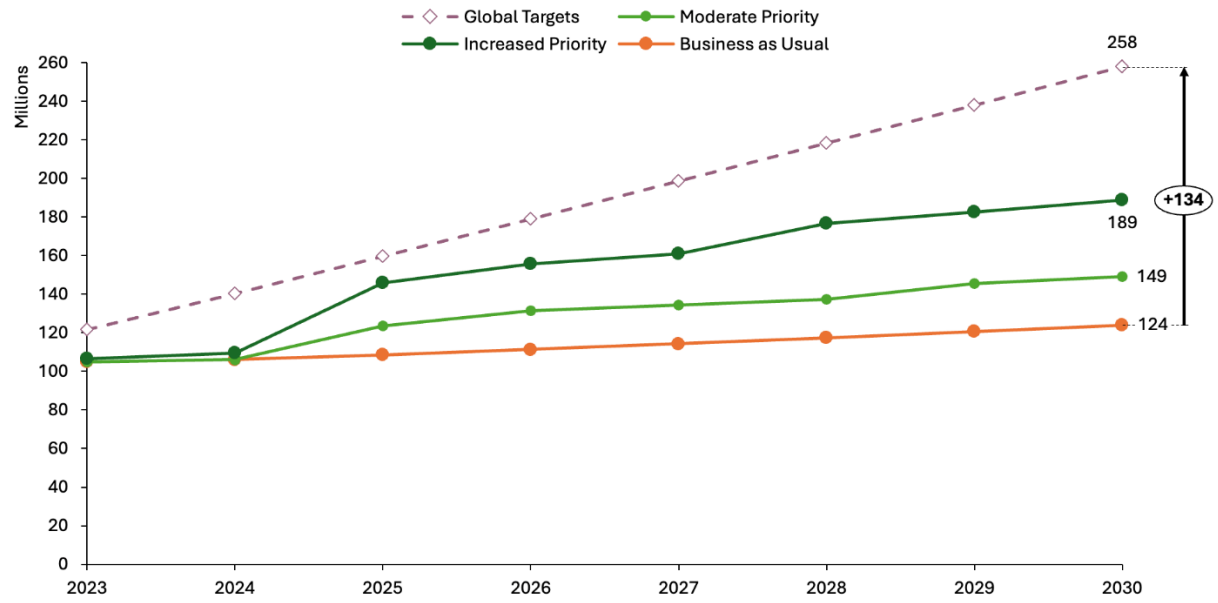


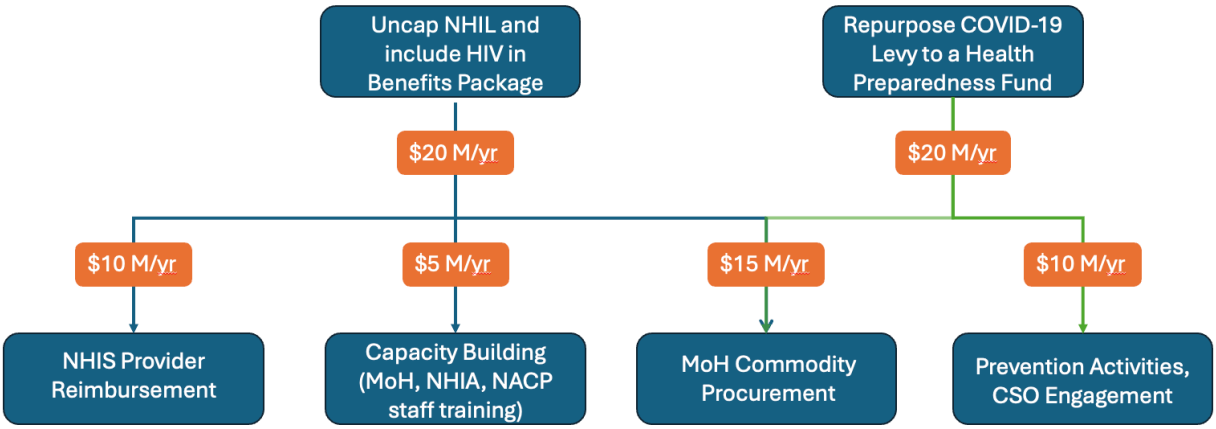
Figure ES.1. Comparison of financing availability scenarios and resource needs estimates to achieve the Global Targets by 2030.

Suggested Actions. To generate fiscal space for HIV, a menu of more than 8 domestic resources mobilization options were considered by stakeholders and the study team. While all could be potentially valuable, three key options emerged as the ones that could yield the largest amount of funding for HIV, were sustainable over time, and were politically and technically feasible (including building on existing tax, budget, and expenditure practices in Ghana). The top three options included:

- Repurposing the existing COVID-19 levy to a Health Preparedness/Epidemic levy and fund, of which a defined percentage could be allocated to HIV
- Uncapping Ghana's National Health Insurance Levy (a portion of the VAT) to allow full revenue transfers to the NHIA and including HIV clinical services in the NHIS Benefits Package.
- Increasing private financing of HIV through a defined earmark of Corporate Social Responsibility contributions by the large mining, telecoms, and banking associations

Combined with a small progressive increase of 2 percentage points in the share of the Ghana national budget going to health, from 8% at present to 10% by 2030, these three measures are estimated to generate more than $85 million a year by the end of the decade for HIV, on top of existing

Government spending. The amounts, sources, and uses in the HIV response for extra financing from the repurposed COVID-19 Levy and the uncapped National Health Insurance Levy is illustrated in the Figure below.



All of these domestic resource mobilization actions were discussed extensively by the GAC and the study team with senior officials from the Ministry of Finance, Ministry of Health, National Health Insurance Authority, Office of the Vice President, and the Parliament. The GAC, together with the Sustainability TWG and other key stakeholders, will continue the policy dialogue and budget advocacy with the highest levels of government to see that these domestic financing options are adopted.

What Needs to Happen Next?

1. Each stakeholder group to review, refine, and subscribe to the key list of Actions, Implementation Steps, and Deadlines for which it is Responsible to undertake as part of the Roadmap.
2. The GAC to weigh the options for creating a small internal team/secretariat to coordinate implementation and monitoring of the Roadmap.
3. Thematic Groups to be established as needed, to develop their work plans, and lead on their respective implementation and coordination responsibilities.
4. The major actions listed in the Roadmap to be reflected in the key policy, planning, and budget documents of the three main funding organizations (Government, PEPFAR, and Global Fund). This could include the Government NSP, Medium-Term Frameworks, and annual budgets; PEPFAR's ROP 24-25 and ROP 26-27; and the Global Fund's GC8 Funding Request and Grant Agreements, including its Funding Landscape Tables, grant budgets, performance frameworks, and the Government's co-financing commitment letter. Experience from other countries shows that the Ghana Roadmap will have maximum impact if its recommendations are translated closely into financing decisions by the main funding agencies for the HIV response. More specifically, this means that on the Government side, the proposals for mobilizing more domestic funding for HIV need to be reflected in the annual budgets, the Medium Term Expenditure Frameworks, and in changes in the NHIS benefits package and the guidance behind the use of the COVID-19 Levy. On the donor side, the proposed changes in Global Fund and

PEPFAR allocations must be incorporated in the GF's annual workplans for Grant Cycle 7 and in the PEPFAR two-year Country Operational Plan (COP).

Conclusion

Ghana has the ability to transform its national HIV response and reach its ambitious targets if it truly commits to implementing the HIV Sustainability Roadmap. This will require the domestic financing, health systems, HIV services and solutions, enabling laws and policies, and governance and political leadership transformations spelled out in this Roadmap. Ghana has already been a trailblazer in the quest to achieve universal health coverage. With intensified political commitment and corresponding increases in financing, human resources, and leadership, Ghana can also rise to the forefront of countries tackling and sustaining their HIV response.

Chapter 1. Introduction and Methodology

Purpose and Objectives

Ghana's overall goal for responding to HIV is to end AIDS by 2030, in line with global targets (GAC, 2020). Specifically, Ghana's national policies strive to achieve the following four key objectives:

1. Empower the population to prevent new HIV infections
2. Ensure the availability of and accessibility to prevention, treatment, care and support services
3. Mitigate the social and economic effect of HIV on persons affected and living with HIV
4. Ensure the availability of adequate funding to execute the policy strategies (GAC, 2019).

Achievement of these objectives is guided by four principles:

1. Greater Involvement of People Living with HIV (GIPA)
2. Alignment with global concepts and frameworks
3. Decentralized multi-sector and multidisciplinary planning and execution
4. Partnership and collaboration with public, private, local and international institutions (GAC, 2020).

Ghana has made significant strides in its HIV response over the past decade, lowering new HIV infections and annual AIDS deaths (details follow below). The National Strategic Plan for HIV and AIDS (NSP) 2021-2025 builds on these gains towards Ghana's goal of achieving the UNAIDS Global Targets of 95-95-95[1] by 2030.

However, Ghana remains off track to achieve the Global Targets by 2030. Major challenges including a shortage of funding, delayed procurement and disbursement of commodities, a hostile legal environment for LGBTQ+ communities, and shortage of human resources are hampering Ghana's ability to make progress.

Among these challenges, the response has been encumbered by a chronic funding gap, with an estimated shortage of $200 million between 2016 and 2022 (GAC, 2017-2022; Figure 2). Challenging domestic economic conditions, which recently triggered a debt crisis in 2022, required Ghana to turn to the IMF for its 17th lending arrangement (Medina, 2024; IMF, 2018). This restricts opportunities for raising and mobilizing additional domestic resources for HIV.

In addition, after becoming a lower-middle-income country and as Ghana progresses towards becoming a middle-income country, the opportunities to access additional donor support will become more restricted (Moss and Majerowicz, 2012).

[1] 95% of People Living with HIV know their status; 95% of PLHIV who know their status are on treatment; 95% of PLHIV on treatment are virally suppressed

In response to these challenges, the Ghana AIDS Commission (GAC), with the support of UNAIDS, sought Pharos' assistance to assess the HIV response and develop a country-driven roadmap for sustainability. Some of the key questions that the Government wished to answer, and that are addressed in this report, include:

1. What are the key risks to sustainability facing Ghana over the next 5 years to 2030, and beyond?
2. What are the data and evidence behind those risks?
3. What has Ghana been doing to try to address those risks to date?
4. What is the expected cost (resource needs estimate) for Ghana to achieve its stated goals?
5. What are recent spending trends, and what are the prospects for resource mobilization? Are new and innovative approaches needed, especially for domestic financing of the HIV response?
6. How can the other major risks in governance, human rights, and health systems be addressed and mitigated – what are the best strategies for doing this?
7. What does the corresponding roadmap of key actions and investments look like? How will the roadmap be managed, implemented, and monitored?

This report is organized in four main chapters following this introductory one. In Chapter 1, the performance of the national HIV response is reviewed, highlighting key achievements and limitations. Methods, approaches, and consultative processes employed are described. In Chapter 2 a set of 12 priority sustainability risks, as identified and corroborated by stakeholders, are described and elaborated with extensive data, evidence, and analysis. In Chapter 3, the actions to mitigate and resolve these risks are considered in detail along with their intended effects. In Chapter 4 these actions are incorporated in a Roadmap matrix that further defines implementation steps along monitoring indicators, key responsible stakeholders, and timelines.

This Roadmap, further validated and adopted by national stakeholders, can form the basis for implementation over the next 3-5 years in pursuit of the country's goal of a strong, robust, and far-reaching HIV response, increasingly integrated with other health services and cross-cutting and sustainable health financing streams. This will help achieve the vision of transforming the HIV response towards epidemic control.

Overview of Epidemic Response

The national HIV response is led by the Ghana AIDS Commission (GAC). The GAC is responsible for defining policy direction, coordinating the multi-sectoral response, conducting advocacy and education campaigns, and mobilizing resources (GAC, 2016). The GAC develops National HIV and Strategic Plans (NSPs) to guide the response. The National AIDS/STI Control Program (NACP) is the Government's lead agency for the health sector's response and is responsible for implementing health sector interventions to reduce HIV transmission and provide care and support services for people living with HIV (NACP, 2023). The NACP is a unit under the Disease Control and Prevention

Department of the Public Health Division of the Ghana Health Service (GHS), which is under the Ministry of Health (NACP, 2023). Other key funding and implementation organizations include the Ministry of Finance, the National Health Insurance Authority (NHIA), and Civil Society Organizations (CSOs), backed by international partners.

An estimated 334,000 people were living with HIV in Ghana in 2023 (116,000 men and 218,000 women). Prevalence among adults 15-49 years old was 1.53% (Table 1). While the national transmission index is 5.31%, the male to female transmission index is 9.73% and the female to male transmission index is 2.96% (GAC and Avenir Health, 2024). This suggests that nearly three times more infections arise from every 100 men with HIV than from every 100 women living with HIV.

HIV Indicator	Status
Total number of PLHIV	334,000
New HIV infections	18,000
Prevalence (15-49 years old)	1.53%
AIDS Deaths	12,500
Transmission Index	5.31%

Table 1. Key indicators of HIV response in 2023 (GAC and Avenir Health, 2024).

Although most HIV cases are in the general population, key and vulnerable populations (KVPs) have a higher prevalence than the national average. The estimated prevalence among female sex workers (FSW) was 4.6% while it was 26.1% among men who have sex with men (MSM). Prevalence among prison inmates was also estimated slightly above the national average at 1.8% (GAC and Avenir Health, 2024).

Ghana's headway in its HIV response over the past decade can be illustrated by its progress towards the UNAIDS 95-95-95 targets. In 2018, 56% of PLHIV in Ghana knew their status, 60% of PLHIV who knew their status were on ART, and 66% of PLHIV on ART were virally suppressed (56-60-66) (GAC, 2022). In 2023, Ghana achieved 67-69-89, a marked improvement, particularly with regard to viral suppression among PLHIV on ART. Since 2020, Ghana has also reduced new HIV infections from 21,000 to 18,000 in 2023 (a 14% reduction) and AIDS deaths also fell from 15,200 in 2020 to 12,500 in 2023 (an 18% reduction) (GAC and Avenir Health, 2024).

According to national norms and on paper, HIV care is widely available across Ghana, but in practice there are gaps. In 2022, the NACP reported that there were 715 sites offering ART and 6,945 HIV testing and counselling sites (Table 2). However, a number of these sites lack the staff and regular supply of commodities to deliver reliable quality services. This is described below under one of the major sustainability risks.

While ART is only available in about 10% of health facilities, prevention of mother to child transmission (PMTCT) services have been widely integrated with antenatal care (ANC) sites. In the past four years, PMTCT coverage has risen from 81.66% in 2020 to 90.03% in 2023, and the number

of new child infections from mother to child transmission has decreased from 2,200 to 1,700 over the same period (GAC and Avenir Health, 2024).

Facility Types	Number
ART sites	715
Early Infant Diagnosis (EID) Sites	2,327
ANC PMTCT Sites	6,648
HTC Sites	6,945

Table 2. Number of facilities offering HIV services across Ghana in 2022 (NACP, 2023).

While many markers are progressing positively, there are some concerning indicators. For example, risky behaviors such as decreased condom use and higher risk sex among adults have increased (Figure 1).

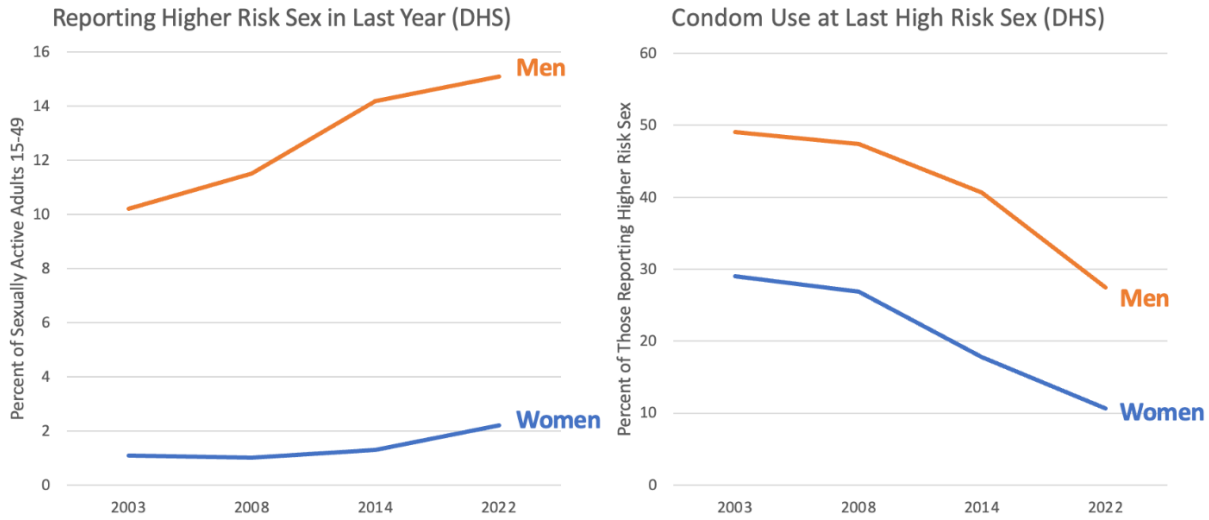


Figure 1. Trends in risky behaviors among adults 2003-2022 (GAC and Avenir Health, 2024).

Despite progress over the past decade, Ghana is not on track to meet the 95-95-95 targets by 2030 or to end AIDS as a public health threat (GAC and Avenir Health, 2024). Achieving the targets will require expanded resources and decisive and coordinated action by all stakeholders. This Sustainability Assessment and Roadmap is intended to help focus and support progress towards achieving sustainable improvements through and beyond 2030.

Sustainability Assessment and Roadmap Methodology

The Sustainability Assessment is based on The Global Fund's published guidance for Sustainability and Transition Assessment and Roadmaps (Global Fund, 2021) and is informed by recently published guidance from UNAIDS (2024). The process of this Assessment and Roadmap broadly includes four steps: (1) analyze the main constraints to sustainability utilizing a highly consultative process engaging numerous stakeholders; (2) present initial findings to a reference group of

stakeholders to obtain feedback and then refine the findings in a sustainability assessment; (3) prepare a set of actions to address the main sustainability challenges, in the form of a draft Roadmap, and again present and strengthen the Roadmap through a national workshop; and (4) revise and issue a validated Roadmap, with monitorable outcomes integrated into its implementation.

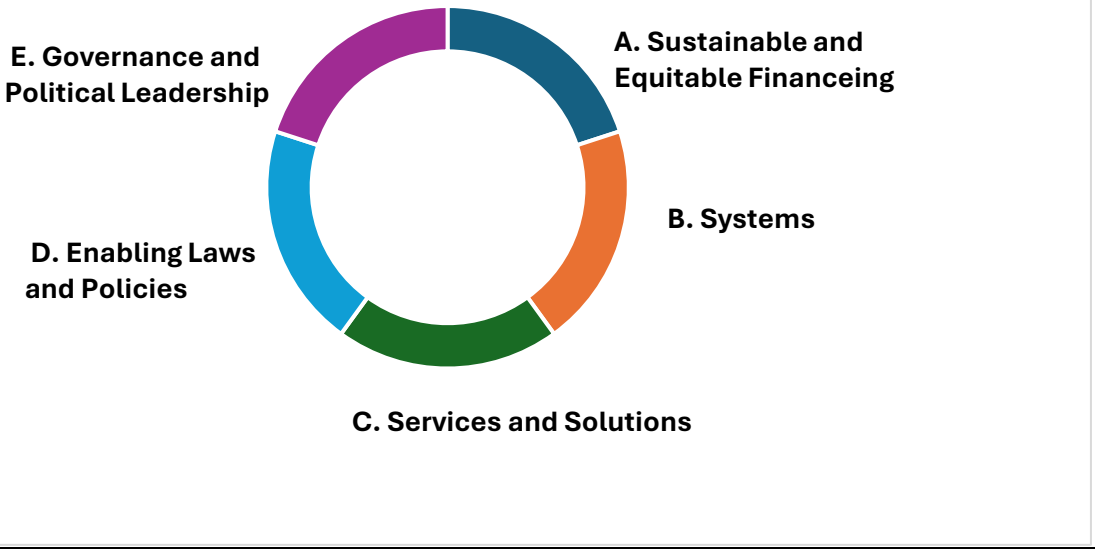


Figure 1. Domains of Sustainability

In accordance with the UNAIDS and Global Fund guidance and best practice, a technical working group (TWG) was created by the GAC in early 2024 to guide the design of the Sustainability Assessment and Roadmap and support its implementation. The TWG includes representatives from Government, civil society, the private sector, and International Development Partners. See Annex A for a full list of TWG representatives.

Consultative Process

The Sustainability Assessment and Roadmap were developed utilizing a highly consultative process led by the GAC. The project team conducted more than 40 interviews with key stakeholders from across Ghana including Government, civil society, private sector, academia, and International Development Partners (Annex B). These stakeholders provided valuable feedback and perspectives as risks and recommended actions were identified and validated. These interviews were conducted virtually and in person when the study team was in Accra across two week-long visits in March and June 2024.

During the visit in March 2024, the GAC convened the first Sustainability Dialogue with the TWG and other stakeholders (Annexes C and D). The Dialogue was an opportunity for all stakeholders to be oriented to the work and offer initial feedback on a first draft of the Sustainability Assessment. Following this, the Assessment was revised and shared with the TWG, which reviewed its findings in

depth and provided comments in May 2024. The study team utilized the feedback to complete the Assessment and construct a first draft of the Sustainability Roadmap in June 2024.

A second Sustainability Dialogue was convened by the GAC in June 2024, to review the Roadmap (Annexes E and F). The TWG worked in breakout groups to debate and edit the Roadmap, providing the study team with more critical feedback which was used to produce a final Sustainability Assessment and Roadmap in July 2024.

Throughout this process, the GAC led a series of high-level political discussions with key stakeholders in Government, especially related to expanded domestic financing and fiscal space for HIV and health. This included presentations/meetings with senior officials of the Ministries of Health and Finance, the head of the National Health Insurance Agency, the office of the Vice President, Private Sector representatives, and the Parliamentary Select Committee on Health.

Chapter 2. Risk Assessment Findings

Based on the analysis and consultation described above and the risk categories outlined in the UNAIDS and Global Fund methodologies mentioned earlier, this chapter presents twelve (12) key risks to the sustainability of Ghana's HIV response. They are organized according to five thematic areas: Sustainable and equitable financing (three risks), Health Systems (five risks), System and Solutions (one risk), Enabling Laws and Policies (one risk), and Governance and Political Leadership (two risks). They are numbered 1-12 for ease of reference, but this does not imply that one risk is more important than the others[2].

Sustainable and Equitable Financing

Risk 1	Funding from Development Partners is expected to remain flat or decline and will account for a small and diminishing share of total needs. That level of funding may be reduced if Ghana fails to provide its share of domestic funding ("co-financing") as agreed with the Global Fund.
Risk 2	Under challenging macroeconomic conditions, Ghana has not been able to mobilize sufficient financial resources to address the growing and expected future funding gap – even though there are numerous opportunities for resource mobilization that could be exploited.
Risk 3	High level of out-of-pocket spending is a barrier to sustained antiretroviral treatment and a deterrent to accessing care. These out-of-pocket expenses appear to be growing, precisely at a time when they should be shrinking.

Context. Ghana has faced a chronic funding shortage for its National HIV Response. The Response is guided by National Strategic Plans (NSPs), which set epidemiological targets and estimate the cost of achieving them. National AIDS Spending Assessments (NASAs) are completed at varying cadences (every 1-3 years) to analyze annual HIV expenditures. Comparing the NASAs and NSPs reveals an average annual funding gap of $28.5 million for the national HIV response from 2016 to 2022, equal to 27.2% of the estimated annual financing requirement (Figure 2).

[2] Risks are sorted into three levels of severity (red, orange, and yellow) in Chapters 3 and 4.

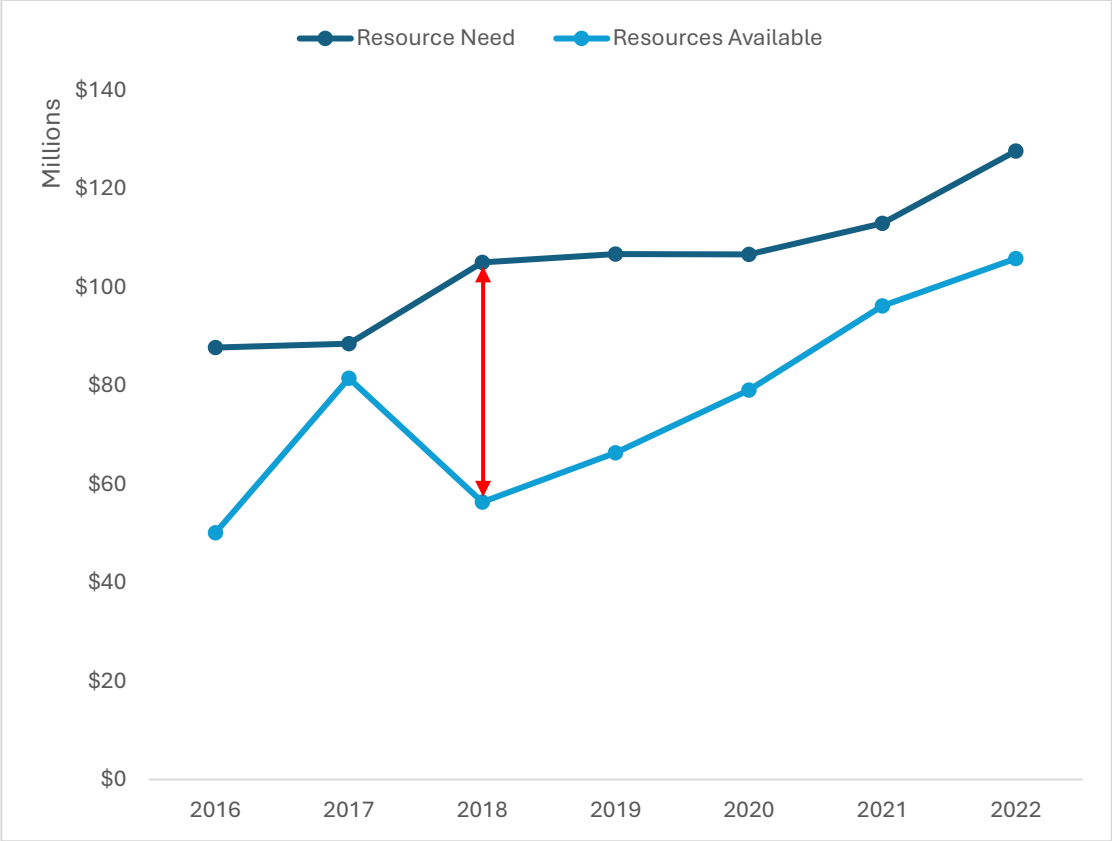


Figure 2. Comparison of Resource Needs (from NSPs to achieve 90-90-90 targets by 2025) and Resources Available (from NASAs) for 2016-2022.

Fluctuations in resource availability, as presented in the NASA, can be explained by multiple factors (Figure 2; Figure 4). In 2017, Global Fund expenditure was higher than in other years due to bulk procurement, which explains the significant increase in expenditure over 2016 (Asante, 2024). This increase in 2017 is also due to a reported rise in public domestic funding because of a change in the methodology to track Government of Ghana expenditure (Asante, 2024; GAC, 2024).

New Resource Needs Estimates (RNEs) in the Ghana HIV Investment Case for achieving the 95-95-95 targets by 2030 reveal an expanding funding gap (Figure 9)[3]. The Investment Case reports that reaching the targets at the program's current level of efficiency will require a total of $1.87 billion from 2023 through 2030, a cumulative increase of 122% over the next seven years (Figure 3).

[3] This comparison includes only Government of Ghana and International Development Partner expenditure since out-of-pocket expenditures (OOP), although captured in NASAs, are for items like transport and lost wages that are not costed in the NSPs. Domestic private contributions (other than OOP) are also excluded as they are minimal and it is unclear from the past NASAs how private expenditure aligns with NSP costing (GAC, 2021).

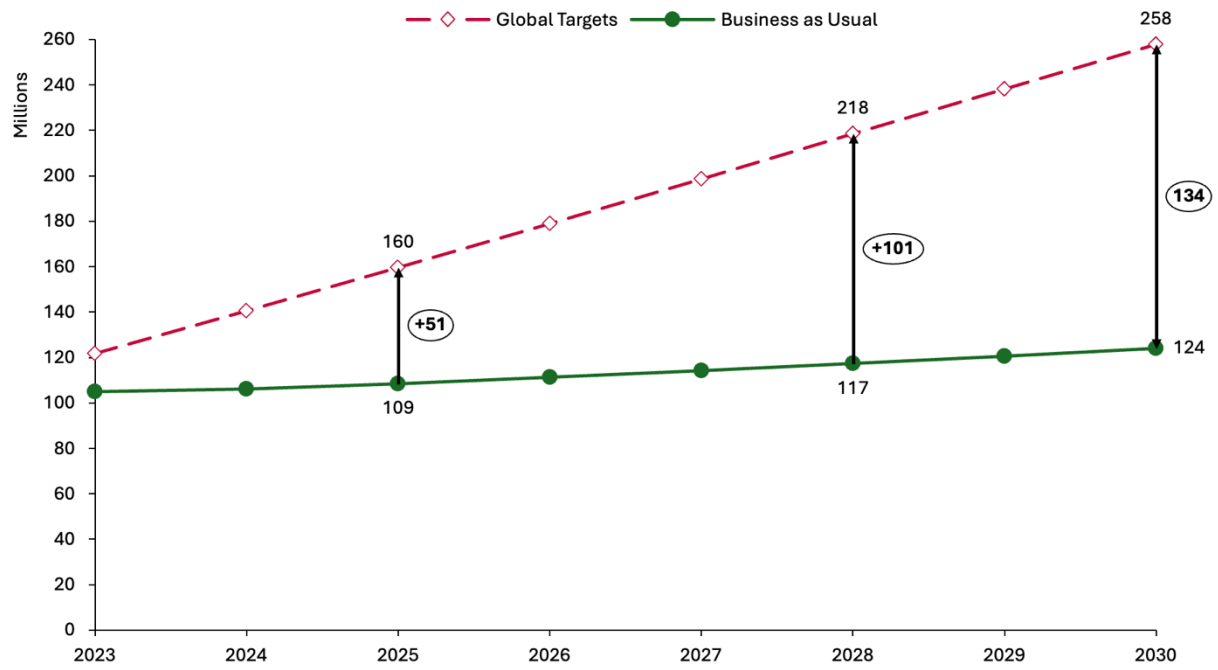


Figure 3. Resource Needs Estimates for 2023-2030 for Ghana's National HIV Response to Achieve the Global Targets in 2030 (95-95-95) compared to a Business as Usual scenario.

Thus far, Ghana has only been able to mobilize an annual maximum of $106 million (in 2022; Figure 2) for its HIV response, far from the $258 million required in 2030 to achieve the Global Targets (Figure 3). This $106 million includes $54 million from donors and $52 million from the Government of Ghana (GAC, 2022)[4].

Risk 1. Funding from Development Partners is expected to remain flat or decline and will account for a small and diminishing share of total needs. That level of funding may be reduced if Ghana fails to provide its share of domestic funding ("co-financing") as agreed with the Global Fund.

International Development Partners have played a key role in Ghana's HIV response over the past twenty years. The Global Fund has been the largest international donor in Ghana, contributing over $400 million since 2003 (CCM, 2018). Ghana also receives significant support from PEPFAR, which has committed over $132 million since 2007 (US Embassy, 2024), and the Joint United Nations Team on AIDS[5]. Development Partners have supported key areas including procurement of drugs, tests, and other commodities, prevention campaigns, and services delivered by civil society organizations. International donors have generally contributed a majority of annual expenditure on HIV for the past decade (Figure 4). However, this share is expected to decrease as program costs increase while international contributions flatten at their current level of around $52 million a year (Figure 5).

[4] Much of this is the imputed value of government health workers' time spent on HIV-related tasks ($23.5 million, "Personnel costs") as well as associated overhead ($17.7 million, "Operational and program management costs") (GAC, 2022).

[5] The Joint United Nations Team on AIDS is composed of 11 UN system organizations, coordinated by UNAIDS to achieve universal access to HIV prevention, treatment, care, and support (UN, 2024).

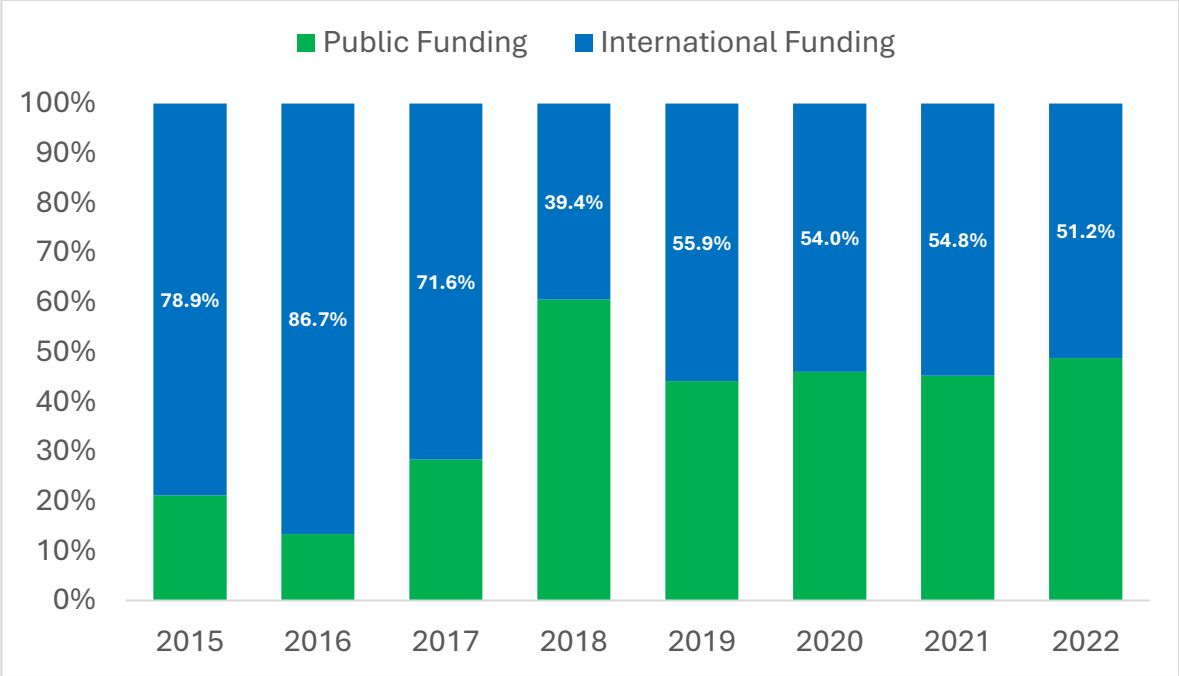


Figure 4. Relative share of international and public expenditure for Ghana's HIV response from 2015-2022.
Note: The NASA changed its calculation of the government's HIV expenditure starting in 2017.

Ghana became a lower-middle-income country (LMIC) in 2011 and as it progresses towards upper-middle-income status, relationships with donors are expected to change, with external financing declining and Ghana's domestic financing needing to increase in absolute and relative terms (Moss and Majerowicz, 2012). Several development partners such as GAVI and FCDO have started transitioning out of the country in other non-AIDS areas of health (MoH, 2020; GAVI, 2017). Cofinancing levels on Global Fund grants have also increased. In interviews, the Global Fund and PEPFAR indicated that their funding for HIV will likely remain flat (Global Fund, 2024; PEPFAR, 2024; Figure 5). As a result, Ghana will have to look increasingly to domestic sources to support and sustain the HIV response. This domestic orientation also aligns with the overall Ghana Beyond Aid strategy (Government of Ghana, 2019).

Despite Ghana starting to transition from some donor funding, 27.1% ($398 million) of MoH revenues came from donors in 2022 (MoH, 2022). Ghana has a concentrated donor environment, with seven donors accounting for 95% of donor funding as of 2018: United States (28%), Global Fund (27%), GAVI (14%), Canada (9%), Japan (4%), World Bank International Development Agency (4%), and the United Kingdom (4%) (Mao et al., 2021). The World Bank has become a more prominent health donor in Ghana after approving $300 million of IDA support in 2022. Half of this is for Public Financial Management for Service Delivery Program, which will assist government resource mobilization and budget execution (World Bank, 2022b). The other half, which is bolstered by $31 million in cofinancing from the Global Finance Facility, is for a Primary Health Care Investment Program to scale up Ghana's Network of Practice program (World Bank, 2022). This is considered in detail under Risk 6 as it relates to opportunities for greater program integration.

While there were earlier health sector discussions during 2016-20 on coordinating declining donor health aid led by the Ministry of Finance, these meetings appear to have been discontinued – this could complicate the task of coordinating the phasing down of external financing for health programs in line with Ghana's fiscal capacity and fiscal space policies.

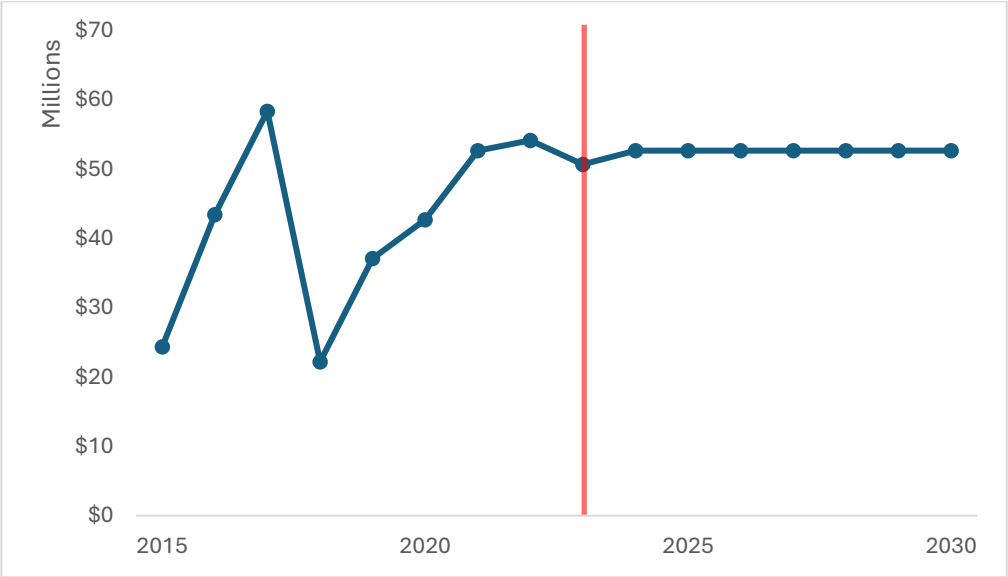


Figure 5. International Funding for Ghana's HIV response since 2015 and projected out to 2030.

The Global Fund Co-Financing Challenge. While Ghana will need to mobilize significant additional funding to reach the global HIV goals, the government's short-term inability to meet its co-financing commitments could compromise funding from Global Fund grants. In GC6 (2021-2023), Ghana committed to procuring $45.3 millions of commodities across the three diseases (HIV, TB, malaria). However, Ghana only spent $5.8 million during GC6, leaving an outstanding commitment of $39.5 million (MoH, 2023; Global Fund, 2024).

The Global Fund has raised the possibility that already approved grant financing for GC7 (2024-2026) could be jeopardized by Ghana's failure to meet its cofinancing pledges over the past 3 years. Other countries in similar situations (e.g., Cameroon) have had their grants cut by the Global Fund.

Government of Ghana Dependence on Partner Support in Critical Areas ~~Costs~~. As Ghana seeks to reduce new infections and increase the number of people who are virally suppressed, bridging the large gap from the current cascade achievement of 67-69-89, expenditures on prevention, testing, and treatment will increase (Figure 6). International support for these areas will not be able to keep pace with the growing need, and thus Ghana will have to mobilize significant domestic funding. As highlighted below, the parts of the program most at risk include ARVs and tests for identifying PLHIV and treating them successfully (currently costed at $23 million a year, rising to $47 million annually by 2030 in the Investment Case) and prevention services especially for key populations which are mainly implemented by civil society organizations (currently costed at $12.8 million annually and rising to $28.5 million by 2030).

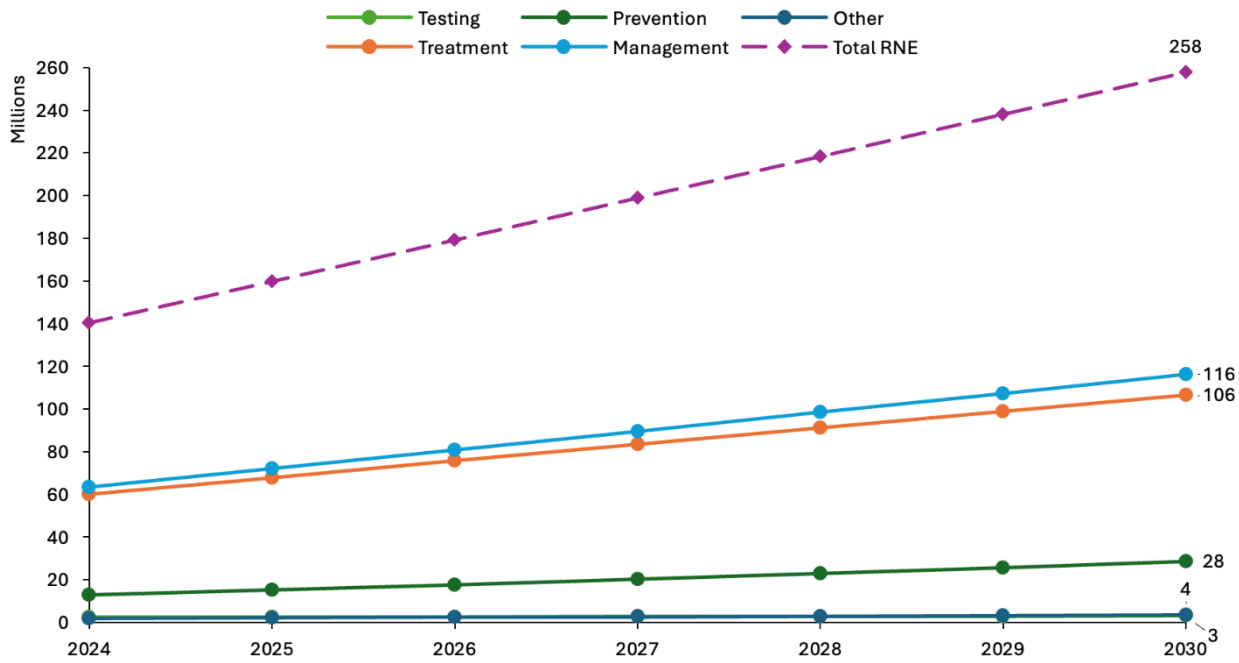
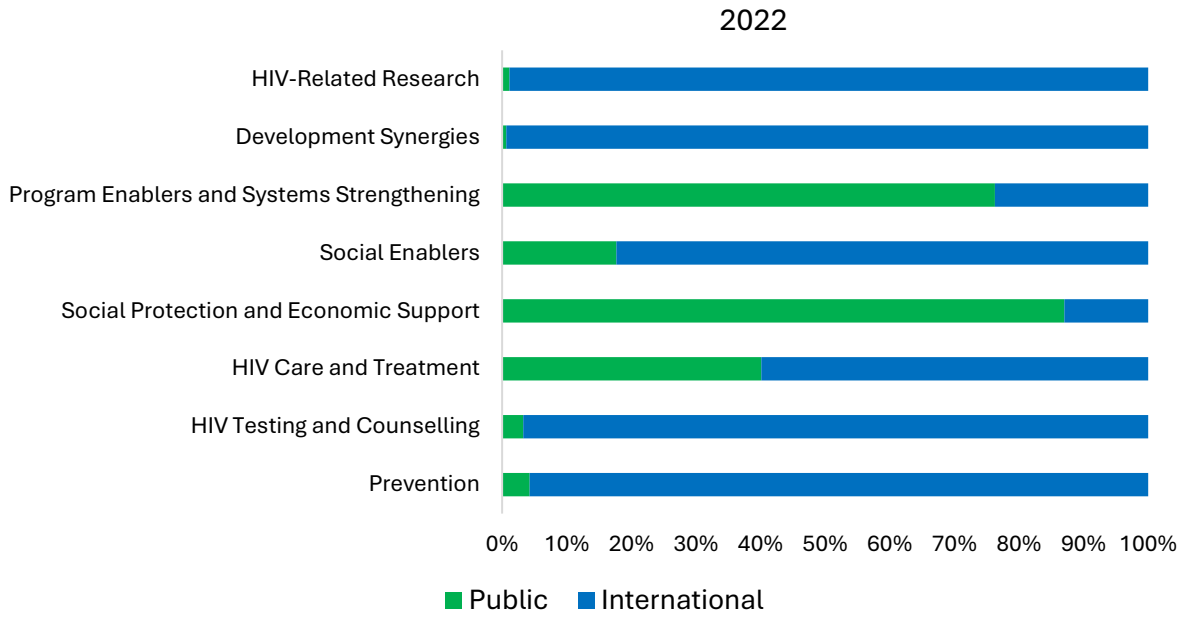


Figure 6. Breakdown of Resource Needs Estimates according to key program categories for 2024-2030.

International Development Partners fund a majority of HIV care and treatment (59.8% of $47.8 million), HIV testing and counseling (97.1% of $4.6 million), and prevention[6] (96.1% of $9.1 million) (Figure 7).



[6] $3.1 million of prevention spending was specifically for key and vulnerable populations.

Figure 7. Relative expenditure from public (Government of Ghana) and international sources broken down by program area for 2022.

If donors pull back their funding, the repercussions for those at risk of infection and those on treatment could be profound. Global Fund procures the majority of HIV commodities (antiretroviral medications, testing kits, lab reagents, etc.) for HIV Care and Treatment and HIV Testing Services, accounting for $21 million of the $36 million expended in 2022 (GAC, 2022). The Global Fund provides support for prevention and program enablers, covering salaries, trainings, and administrative/office consumables at NACP and CSOs (GAC, 2022).

Cost Area	GC7 Allocation (millions)
Salaries – program management	$10.9 M
Salaries – community-based	$1.1 M
Cash incentives	$8.2 M
Training related per diems/transport/other costs	$3.1 M
Supervision related per diems/transport/other costs	$4.9 M
Meeting/Advocacy related costs	$4.7 M

Table 3. Global Fund HIV Human Resource Allocations in GC7 (2024-2026)

The Global Fund also contributes significant resources towards healthcare worker incentives and training (Table 3). As the program expands and the share of donor support contracts, the Government will have to absorb the additional costs for training, supervision, and program management. Of particular concern are the cash incentives provided to nurses, case managers, community workers, and peer-educators, and whether the Government of Ghana will be able to absorb that cost. The Global Fund provides salary support for headquarters staff at the National AIDS and STI Control Program (NACP) and staff at implementing CSOs (WAPCAS and CHAG). This poses a sustainability risk if the positions are no longer supported by Global Fund. While the Government of Ghana has already absorbed salaries for 233 data officers at regional offices, it is important that these other headquarters staff (37 total) are also transitioned smoothly to the national budget.

Health Products Cost Area	GC7 Allocation (millions)
Antiretroviral medicines	$23.7 M
Molecular testing reagents, test kits and consumables	$4.4 M
Rapid diagnostic tests	$11.4 M
Freight and insurance costs	$4.0 M
Warehouse and storage costs	$3.4 M
In-country distribution costs	$2.5 M

Table 4. Global Fund GC7 (2024-2026) Allocations for Health Products Costs.

The Global Fund contributes significant resources to the purchasing, storage and distribution of HIV commodities in Ghana (Table 4). In interviews with USAID, which also provides technical assistance for supply chain operations in Ghana, it was noted that many health products distribution systems rely indirectly on Global Fund support (USAID, 2024c).

Risk 2. Under challenging macroeconomic conditions, Ghana has not been able to mobilize sufficient financial resources to address the growing and expected future funding gap – even though there are numerous opportunities for resource mobilization that could be exploited.

Macroeconomic and Fiscal Factors. In the 2000s and 2010s, Ghana had strong economic growth. However, the country faced a severe economic crisis in 2022 due to a combination of pre-existing vulnerabilities and external shocks including the COVID-19 pandemic and related economic dislocation (IMF,2024). This resulted in record inflation, sharp depreciation of the cedi, fiscal imbalances with large budget deficits, and slow economic growth (IMF, 2024; Medina, 2024). An expanding public sector also contributed to economic challenges, with employee compensation consuming over 39.5% of government revenues from 2001-2022, above the average for lower-middle-income countries (MoF, 2018-2022; Institute for Fiscal Studies, 2019; World Bank, 2021, 2024).

Ghana's greatest struggle economically has been with high levels of debt which have been growing since 2006 (Pinto, 2023). Reaching a breaking point, Ghana suspended most external debt payments in December 2022 (Akorlie and Inveen, 2022). After entering discussions with the International Monetary Fund in July 2022, Ghana began an extensive debt restructuring and the IMF approved a $3 billion Extended Credit Facility arrangement (Medina, 2024). Ghana's progress includes a significant decline in inflation and reduced volatility in the value of the Cedi (Medina, 2024). However, Ghana's total debt to GDP ratio in September 2023 was still 66.4% (down from 73.1% in 2022) (Figure 8; MoF, 2024).

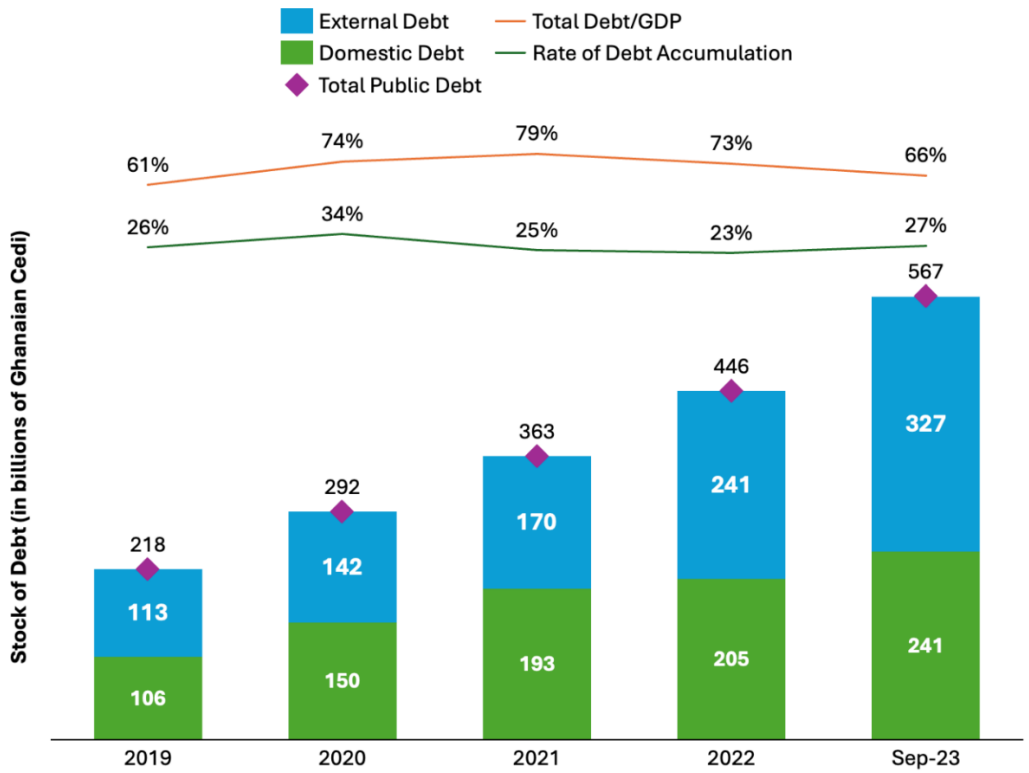


Figure 8. Ghana's Total Debt 2019-2023 in Ghanaian Cedi (MoF, 2024).

Despite these fiscal challenges, Ghana's revenue and expenditure as shares of GDP are like the ratios of peer countries and LMIC and Sub-Saharan Africa averages, although its budget deficit is a larger proportion of GDP (Table 5). At the same time, its tax collections and total health spending as a share of GDP are below LMIC and Sub-Saharan Africa averages[7].

Country	Govt. Expenditure (%GDP)	Govt. Revenue (%GDP)	Govt. Deficit (%GDP)	Health Spending (%GDP)	Per capita health spending (US$)
Ghana	21	13	-7	3	75
Cote d'Ivoire	17	15	-2	3	75
Nigeria	13	8	-5	3	71
SSA	23	20	-3	5	109
LMIC	29	26	-3	5	133

Table 5. Comparison of macro indicators and health spending across countries (JLN, 2022)

Ghana's GDP is expected to grow by 2% per year for the next five years, with government expenditures projected to increase slightly faster at 2.4% per year (IMF, 2023). This leaves little room for growth in government health expenditure, assuming that the share of the budget for health remains the same (Table 6). This is shown in the dashed green line in Figure 9. To close the HIV funding gap, Ghana will need to boost its domestic spending through other measures aimed at mobilizing additional funds for health and HIV.

Metric	Units	2023	2024	2025	2026	2027	2028
Real GDP, 2022 USD	Billions	$73.1	$75.0	$78.5	$82.4	$86.5	$90.8
GHE-D, 2023 USD	Billions	$19.8	$20.3	$21.2	$22.3	$23.4	$24.6
GHE-Dpc, 2023 USD	Ones	$40	$40	$41	$41	$42	$43

Table 6. Projections of GDP and Government Health Expenditure 2023-2028. GHE-D = Domestic Government Health Expenditure; GHE-Dpc = Domestic Government Health Expenditure per capita.

Note: Projections generated by Pharos utilize IMF (2023) projections of GDP and population growth. Assume that government expenditure grows at the same rate as GDP and domestic government health expenditure remains a fixed share of total expenditure (8.00%, as was the case in 2022).

While in some countries allocated health budgets are not fully spent, this is not the case in Ghana. In 2022, the Ministry of Health reported 98% budget execution of a budget total of $1.3 billion (MoH, 2022). In the year prior, budget execution was 114% (MoH, 2021b). In 2022 and 2023, GAC

[7] A recent UNAIDS report concludes that increase tax revenue is a key strategy to addressing HIV funding gaps in West and Central Africa. However, the report acknowledges that Ghana's debt service is so large (89.9% of revenues) that any additional revenues will likely be totally consumed by debt service (UNAIDS, 2024b). In discussions with stakeholders, it was also clear that increasing taxes is not politically feasible in the short- to medium-term (Key Informants, 2024). This this report analyzes alternative options for increasing domestic financing for HIV.

expenditure exceeded revenue, although the gap was smaller in 2023 than 2022 (GAC, 2023b). This indicates that funds are expended when they reach the health sector and HIV response. The funding challenge is upstream with the supply of funding.

If Ghana is unable to mobilize additional resources, this report and the HIV Investment Case suggest that the funding gap to achieve the 95-95-95 targets, as set out in the NSP 2021-2025, could grow to $134 million in 2030 (Figure 9). Under these severe constraints, Ghana would have to make difficult and painful spending decisions on its program goals, making the Global Targets out of reach.

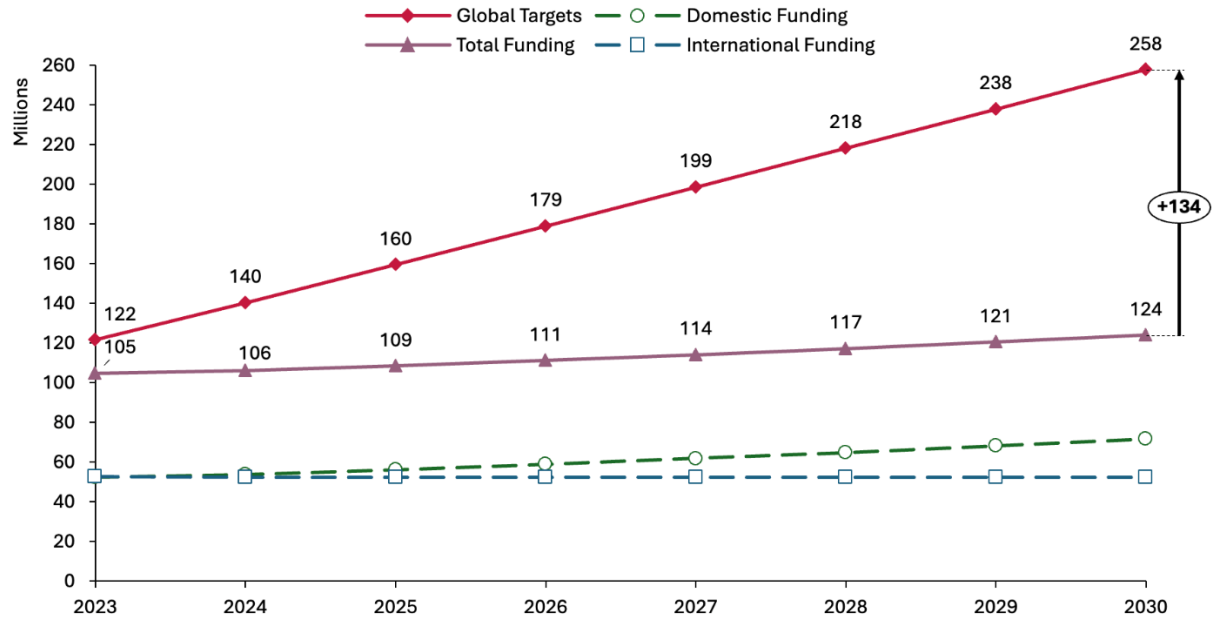


Figure 9. Estimate of the funding gap in 2030 to reach the Global Targets, as modeled in the Investment Case, if trends continue (additional domestic resources are not mobilized and international funding remains flat).

Note: Domestic resources for HIV are fixed at 3.30% of government domestic health expenditure, which is fixed at 8.00% of government total expenditure, which is projected to grow at the same rate as GDP, as estimated by the IMF (2023). International donor funding for HIV is held flat at 2023 levels.

Domestic HIV Resource Mobilization and Allocation Options. Ghana will therefore need to design and implement new and creative yet realistic methods for increasing domestic public allocations to HIV amidst a constrained overall fiscal environment. To do so, the Government established the National HIV and AIDS Fund in 2016 (GAC, 2016), with official pronouncements that $100 million would be committed as seed funding (GAC, 2022b). This was to be buttressed through innovative financing mechanisms, drawing on tax revenues, corporate contributions, and citizen donations. However, the Fund was not operationalized until 2023, the $100 million pledged by the Government has yet to materialize, and no innovative sources drawing on taxes or private corporations have so far been enacted (GAC, 2024).

Although the GAC has been developing options to raise more domestic funding for HIV, these have not until now been analyzed in depth for their technical feasibility nor met with the requisite political

will (GAC, 2021b). As part of this Sustainability Assessment and Roadmap, the study team carried out an in-depth review of domestic resource mobilization options and has initiated high level discussions with senior government officials from health, national health insurance, finance, the office of the Vice-President, and the Ghana parliament.

Based on these discussions, three scenarios of potential resource availability, built upon different assumptions regarding future donor support and domestic fiscal apace and allocations to HIV (especially the use of earmarked funds in national health insurance and excise taxes), have been modeled: (1) business as usual, (2) moderate priority, and (3) increased priority. These scenarios are compared to resource need estimates (RNEs), developed in the Investment Case using the GOALS methodology, to reach the 95-95-95 Global Targets by 2030, to elucidate the potential future funding gaps and what might be achieved in various scenarios (Figure 10).

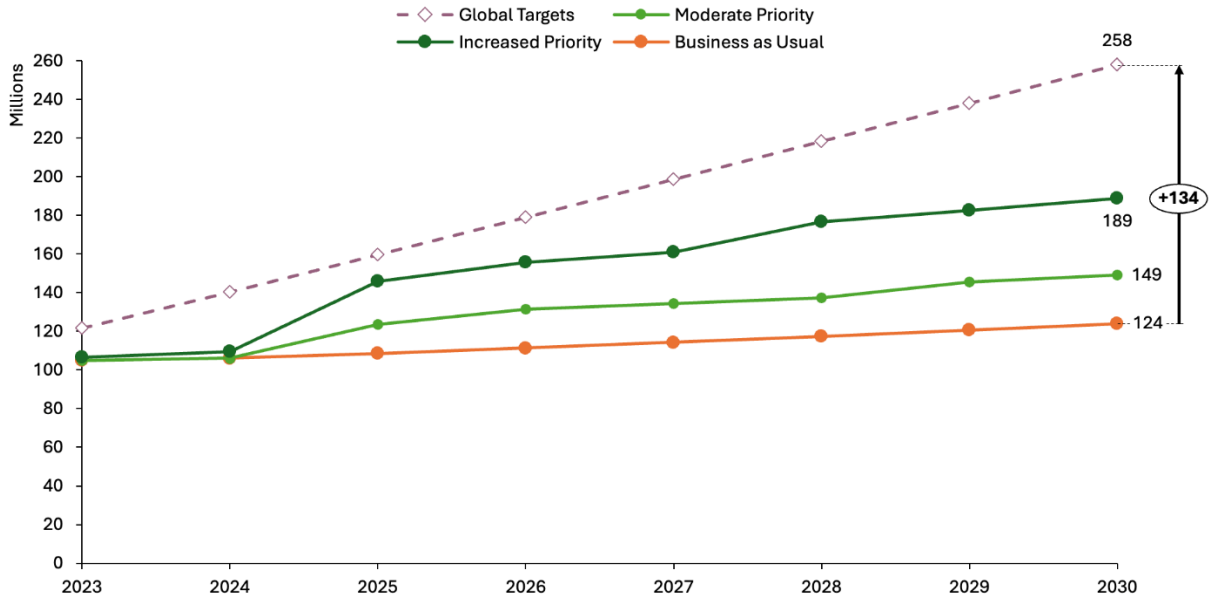


Figure 10. Comparison of financing availability scenarios and resource needs estimates to achieve the Global Targets by 2030.

Business as Usual. This scenario assumes that the Government of Ghana sustains its support for HIV, but other competing priorities do not allow for a relative expansion of funding. This scenario assumes that donors remain committed to Ghana, but international funding remains flat through 2030.

Domestic public funding for HIV is held constant at 3.3% (2022) of domestic health expenditure (MoH and NHIA spending combined), which remains at the current 8% of government total expenditure (NASA, 2022; MoH, 2022; NHIA, 2023; IMF, 2023). Government total expenditure is assumed to grow at the same rate as GDP through 2030 (IMF, 2023). International donor funding is held constant (Global Fund at GC7 commitment, PEPFAR at the already approved COP level for 2025, and other donors at their 2022 level).

Moderate Priority. This scenario assumes that the Government of Ghana mobilizes additional domestic funding by drawing on one of the major innovative sources identified in this report and discussed in detail in Chapter 3 – the COVID-19 levy repurposed into a Health/Epidemic Preparedness Fund or a share of the expanded allocations to the National Health Insurance Fund. International donor funding is held constant as in the Business as Usual scenario.

Increased Priority. This scenario assumes that the Government of Ghana recognizes that the HIV program is lagging behind other LMIC peers and indicators are worsening, and thus decides to maximize domestic funding via a combination of several measures including funding of HIV clinical care in the NHIS Benefits Package, assigning to HIV a portion of the repurposed COVID-19 Levy, and obtaining a major contribution from private sector firms via corporate social responsibility (CSR). Under this scenario, the share of overall public spending for health is also assumed to rise from 8% in 2022 to 10% in 2030, as the Government gives relatively greater priority to health against other sectors.

Outcomes Under These Scenarios. Under a Business as Usual scenario, there is a large estimated $134 million funding gap in 2030 to reach the Global Targets ($590 million cumulative funding gap for 2024-2030) (Table 7). Under this scenario, Ghana would only be able to achieve modest gains beyond maintaining constant coverage (as of 2022 achievement[8]): 14% lower new infections and 16% lower AIDS deaths compared to constant coverage (Avenir, 2024). This would fall far short of achieving Ghana's goals.

Indicator	Business as Usual	Moderate Priority	Increased Priority
2024-30 HIV Expenditure	$802 M	$927 M	$1,120 M
Remaining gap to achieve 95-95-95 goals	$590 M	$465 M	$273 M
Infections averted	7,750	24,000	42,000
Cost per infection averted	$4,400	$4,000	$5,700
Deaths averted	9,000	26,000	45,000
Cost per deaths averted	$3,800	$3,700	$5,400
DALY's averted	230,000	690,000	1,200,000
Cost per DALY averted	$150	$140	$200

Table 7. Expenditure and outcomes under modeled financing scenarios for 2024-2030 (Avenir, 2024).

In the Moderate Priority scenario, the funding gap in 2030 is estimated to fall somewhat to $109 million and the cumulative funding gap for 2024-2030 to decrease by $125 million to $465 million, as compared with Business as Usual (Table 7). With the additional funding mobilized, treatment coverage could expand to 60-70% of need, new infections and AIDS deaths would be 41% and 47% below constant coverage levels, respectively. In 2030, new infections and number of deaths would be about equal, indicating Ghana would be approaching epidemic transition (Avenir, 2024). This is a

[8] According to analysis in the Investment Case

significant improvement over the Business-as-Usual scenario, but Ghana would again come up short of achieving its targets.

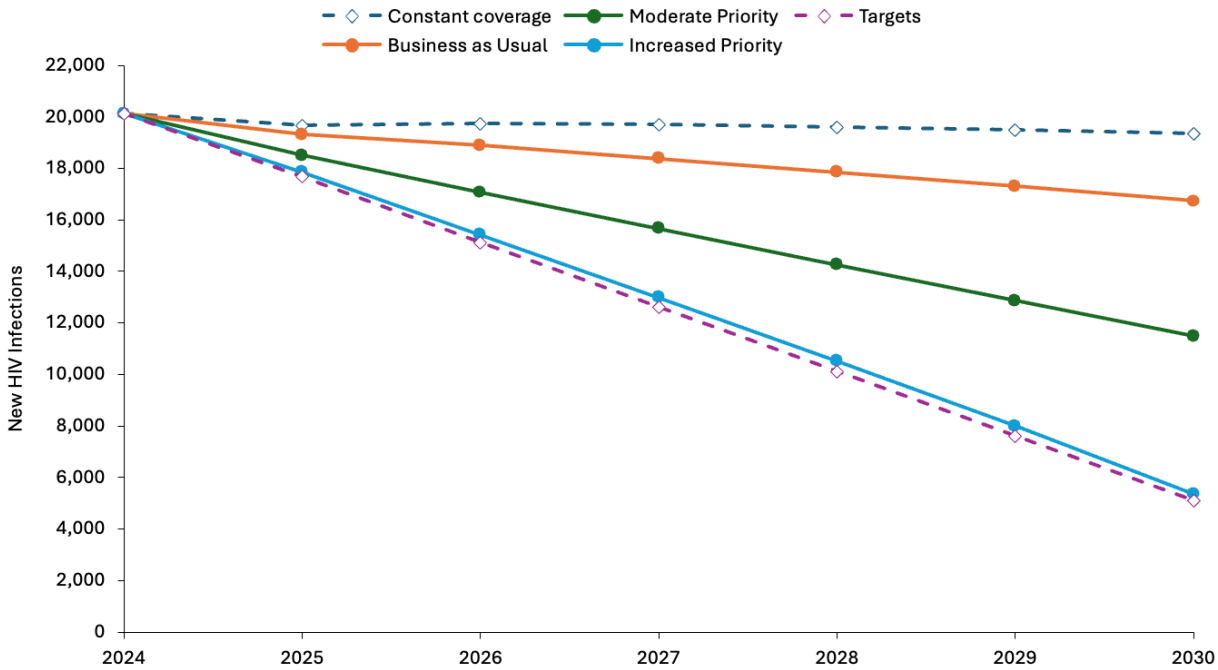


Figure 11. Annual new HIV infections 2024-2030 under each financing scenario, as modeled by Avenir Health (2024)

Under the Increased Priority scenario, the funding gap in 2030 is estimated to fall to $69 million, and the cumulative funding gap for 2024-2030 is projected to drop to $273 million (Table 7). Under this Increased Priority scenario, new infections and AIDS deaths would be 74% and 77% below constant coverage levels, respectively, approaching the global targets. Significantly, by 2030, the number of new infections would be considerably below AIDS deaths (Figure 11), indicating that the number of PLHIV would be declining (Avenir, 2024). This optimistic scenario is possible, but only if Ghana implements multiple actions to stimulate higher domestic fiscal outlays for HIV and improves program efficiencies[9]. How to do this is discussed in Chapter 3.

Risk 3. High level of out-of-pocket spending is a barrier to sustained antiretroviral treatment and a deterrent to accessing care. These out-of-pocket expenses appear to be growing, precisely at a time when they should be shrinking.

Ghana has been heralded among African nations for its National Health Insurance Scheme (NHIS), a significant step towards achieving Universal Health Coverage. The NHIS, launched in 2002, replaced the previous "cash and carry" system, which required patients to pay before receiving services (Sarkodie, 2021). On paper, the NHIS covers over 95% of diseases in Ghana and does not permit user fees to be charged at the point of service (NHIS, 2024). As of December 2022, 55% of

[9] See Risks 4-7 for health systems and programmatic sustainability risks that could be addressed to improve program efficiency

Ghanaians were enrolled (NHIS, 2023). Nevertheless, out-of-pocket (OOP) payments remain a challenge (Sarkodie, 2021). A recent study of NHIS-credentialed facilities found that although the NHIS provides some protection for enrollees, OOP payments remain common and can still be financially catastrophic (Table 8). These OOP payments include payments for medications, clinical tests, fees for outpatient and inpatient visits, and transportation to facilities (NHIS, 2024).

OOP Metrics	Insured patients	Uninsured patients
Incidence of OOP payments	65.5%	86.1%
OOP payments that are catastrophic	10.62%	17.85%
Average Inpatient OOP payment	55 cedi	133 cedi
Average Outpatient OOP payment	300 cedi	350 cedi

Table 8. Key statistics about OOP payments for NHIS-insured and uninsured patients (NHIS, 2023).

Treatment for HIV is not covered by the NHIS benefits package, but patients are covered when seeking care for opportunistic infections (NHIS, 2024). HIV treatment and comprehensive care are supposed to be fully financed by the government and donors through direct subsidies to the HIV program, but in practice it is rapid tests and ARVs that are distributed free of charge, while there are multiple other OOP costs for additional nutrition requirements, lab testing, and clinical services that hinder PLHIV from accessing and sustaining treatment (Asante, 2018). PLHIV report that transportation costs to health facilities are also a significant barrier, especially for those who travel to distant facilities to avoid stigma and discrimination (GHS, 2024; Sustainability Dialogue, 2024).

A 2018 study estimated OOP expenditure for PLHIV, but several methodological and data concerns limit the reliability of its results (Asante, 2018). However, regardless of the exact share of OOPs in total HIV spending (this was estimated at 19-26% of HIV spending in the 2019-2021 and 2022 NASAs), it is clear that OOP expenditures are a burden on patients seeking care (NHIS, 2023; Sarkodie, 2021; GAC 2019-2021, 2022; GHS, 2024).

Although not the sole contributor, high OOP payments help explain Ghana's struggle to achieve the UNAIDS 95-95-95 targets. Facing extra expenses for lab testing, facility copayments, and transportation costs, PLHIV are less likely to be able to initiate and remain consistently on treatment, limiting achievement of the second and third 95s. If the NHIL revenues are "uncapped" (Risk 2 above), this would also provide considerable extra budgetary space for the National Health Insurance Fund to cover HIV services and lower the chances that PLHIV will include OOPs.

Systems

Risk 4	Continued inability to resolve challenges in procurement and supply chain hinder service delivery and achievement of the third 95 target
Risk 5	Shortages of human resources in key positions and their continued reliance on external funding create a major vulnerability and sustainability risk to the HIV response.
Risk 6	The social protection needs of the communities to reduce vulnerability to HIV are not well addressed
Risk 7	The sustainability of the community-led response, in behavioral prevention and other service areas and in legal protections/advocacy, is jeopardized by overdependence on two international donors and lack of resource mobilization strategies, including social contracting, to support CSO
Risk 8	Incomplete integration of HIV services into the primary health care system undermines efforts to institutionalize HIV programming, threatening continuity of care and long-term programme sustainability .

Risk 4. Continued inability to resolve challenges in procurement and supply chain hinder service delivery and achievement of the third 95 target

Efficient procurement is essential for the success of Ghana's HIV response. Treatment is the biggest area of program expenditure, and commodities (ARVs, reagents, test kits) accounted for 26% of program expenditure in 2022 (GAC, 2022). The Global Fund is the main funder of health products, responsible for $20 million in 2022, with the Government of Ghana procuring an additional $7.7 million in commodities (GAC, 2022). There are significant challenges with procurement and distribution hindering the performance of the response.

Delayed Port Clearance and Import Duties. While the Global Fund normally requires a mandatory tax exemption for donated commodities, the blanket waiver for import duties was removed by Ghana in 2017 (Global Fund, 2023). After this, port clearance took an average of 169 days, since the Government had to pay import duties and penalties for the accumulated delays and extra port storage required. This issue has continued to worsen, and in March 2024 Ghana had over $45 million of commodities for HIV, TB, and malaria stuck in the ports that had accumulated since August 2023 (Global Fund, 2024).

While all commodities were eventually cleared, this incident highlighted two sustainability risks. First, inefficient procurement runs the risk of creating stock outs of tests and medicines in the HIV program[10]. Second, weak and fragmented communication between and within the Ministries of Health and Finance on procurement and port costs/clearance aggravates the situation, as it did this year (Key Informants, 2024). Even though the Global Fund highlighted this issue during a visit to

[10] There is a ratified tax exemption for Global Fund commodities awaiting final approval by Parliament, which could address this problem.

Accra in March 2024, it was not until June that there was significant movement to release the commodities following public advocacy by CSOs.

High Quality Forecasting and Quantification. Forecasting and quantification of HIV commodity needs are completed by NACP in a high quality and timely manner with minimal input from donors. In a 2020 analysis, NACP received the highest capability score and had some of the most accurate forecasts and supply chains (USAID, 2020). However, NACP then sends requests to the Ghana Health Services procurement team, where there can be long delays in purchasing commodities. This is in part due to the overlapping and sometimes unclear roles of GHS and MoH in procurement -- a challenge identified in the Health Commodity Supply Chain Master Plan 2021-2025 (MoH, 2021). A new Supply Chain Management Agency (SCMA) was proposed to harmonize supply chain responsibilities and better integrate across the health system, but the Agency has yet to be implemented.

Inefficient domestic procurement. While the Global Fund utilizes their global pooled procurement mechanism to obtain the lowest prices, Ghana uses a tender process that, with smaller volumes, purchases ARVs at a unit cost of $78.39 per annual course, compared to a Global Fund price of $50 (Avenir Health, 2024). Under the GC7 grant from the Global Fund, Ghana has committed to purchase $17.1 millions of ARVs (MoH, 2023). If Ghana were to instead utilize the global pooled procurement mechanism (Wambo), they could save $6.2 million on ARV spending for the same quantity of drugs during 2024-26 and a cumulative $18.6 million from now to 2030[11].

Data Quality and Reporting. A final sustainability challenge in procurement relates to data reporting as an area for improvement and integration. While NACP was found to have high on-time and complete Logistics Management Information System (LMIS) reporting rates (USAID, 2020)[12], the scope of data reported by the programs is limited and the different parts of the paper-based LMIS including HIV, TB, family planning, malaria, and essential medicines still need to be fully digitized and integrated. (Figure 12).[13]

[11] In GC7, Ghana is procuring ARVs to cover 2025 and 2026 (MoH, 2023), meaning total grant cycle savings average out to $3.1 million per year based on the current procurement split of ARVs. If this split remains through 2030, this equates to $18.6 million in savings. Additional savings, totaling $4.9 million in 2030, can also be expected for the additional patients requiring ART through 2030.

[12] GHS also reports that NACP has strong capabilities and is responsive in addressing any issues with data quality or completeness raised by GHS (GHS, 2024b).

[13] Ghana is seeking to address this lack of integration through transitioning to the Ghana Integrated LMIS (GhiLMIS). However, there are multiple lines of reporting and several LMIS tools being utilized (MoH, 2021; GHS, 2023). Many facilities do not have standard operating procedures in place and there are concerns about internet connectivity, which is vital for an electronic system to function. Many facilities do not have supply chain or LMIS in job descriptions, there is insufficient training, and not enough staff for supply chain or health in general (USAID, 2020; MoH, 2021; GHS, 2023). GHS is working to train more healthcare workers to use the new GhiLMIS but the rollout is still nascent (GHS, 2024b).

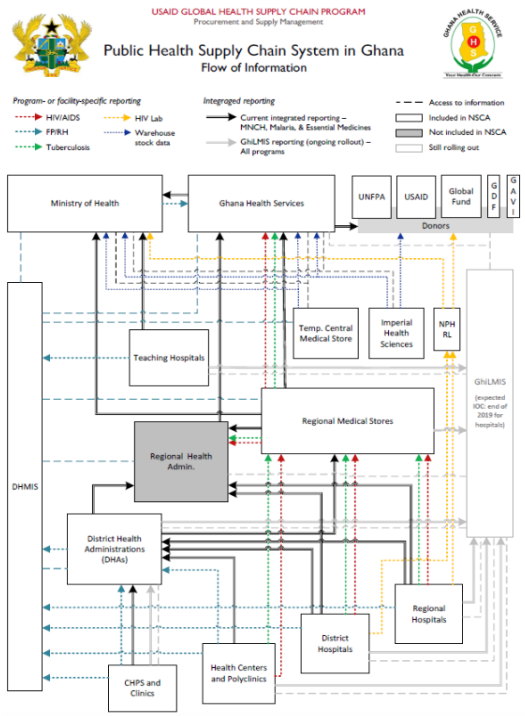


Figure 12. Map of the information flow within Ghana' supply chain system (USAID, 2020).

As the Government of Ghana gradually takes over the financing of HIV health products, it will need to use national procurement systems that are further strengthened and integrated above and beyond what has been achieved in recent years.

Risk 5. Shortages of human resources in key positions and their continued reliance on external funding create a major vulnerability and sustainability risk to the response.

Brain drain has long strained the health sector, with recent estimates that 50% of doctors and 24% of nurses trained in Ghana are working abroad (UNDP, 2024). Ghana only has 68% of the health workforce required for achieving Universal Health Coverage (World Bank, 2022). Reasons include suboptimal working conditions and higher pay offered in other countries (UNDP, 2024; Key Informants, 2024). Fiscal constraints prevent Ghana from being able to compete on salary, but the GHS has attempted to offer non-financial initiatives such as education benefits to incentivize staff to stay (GHS, 2024b). MoH has also increased the volume of training to counteract the flow of workers leaving the country (GHS, 2024b). Nevertheless, the effects of this flight are felt throughout the system. In supply chain, for example, there are vacancies ranging from 24% at district hospitals to 44% at GHS headquarters (MoH, 2021).

As HIV becomes more integrated through the Network of Practice being implemented for primary care, insufficient human resources at the lower-level community-based health planning compounds (CHPS) and health centers could be exacerbated. This would impact the availability of HIV services such as testing. While test kits may be in stock, the health workers may not have the capacity to provide testing because they are trying to meet high demand for other PHC services (GHS, 2024b).

Some task sharing has been implemented, with nurses taking a larger role in the provision of ART care and lay workers playing an expanded role (NACP, 2022b), but human resources shortages still threaten the sustainability of an integrated, primary care-based approach to HIV.

PEPFAR has attempted to address these challenges in the 3 regions[14] where they provide targeted support by recruiting 110 extra nurses.[15] (USAID, 2024b). The additional nurses have been critical in enabling the 3 regions to exceed the national treatment cascade averages, owing to significant improvements in testing and treatment linkage and retention (USAID, 2024b; PEPFAR, 2024). To promote eventual absorption of these posts by the Government, PEPFAR pays the nurses according to the prevailing national salary structure and involves the regional health directorates in hiring and training the nurses. While they generate positive short-term results, these externally funded HIV workers may be hard to sustain if PEPFAR financing is withdrawn.

It is crucial that the Government of Ghana develop plans to absorb critical positions throughout the response. This was successfully completed when 233 data officers were transitioned to domestic funding and should be replicated for other mission-critical staff.

Risk 6. The social protection needs of the communities to reduce vulnerability to HIV are not well addressed.

The NSP 2021-2025 highlights the need to mitigate the social and economic impacts facing PLHIV due to continued challenges with discriminatory access to health, education, housing, work and other social services (GAC, 2020). The impacts of stigma and discrimination on PLHIV's access to care is considered under Risk 3. It also emphasizes the need to offer comprehensive sexual education to young people, in particular young women and girls, as part of the prevention package (GAC, 2020). PLHIV report challenges managing their health (accessing care and treatment – to initiate and sustain ART) whilst facing economic hardship and existential threats towards their identity (Key Informants, 2024).

While there are some social protection mechanisms that can be accessed by PLHIV, such as Livelihood Empowerment Against Poverty (LEAP), PLHIV report that they had limited information about how to access such programs (Key Informants, 2024).

Early conversations with CSO representatives found that they had the expectation that the international community will support social protection programs in the same way they have supported HIV programs (Key Informants, 2024). But it is unlikely that development partners supporting CSO work will use substantial resources to invest in social protection activities, including income-generating activities. PEPFAR does not mention any social protection prioritization for Ghana in their Regional Operational Program for West Africa (PEPFAR, 2022). In Ghana's GC7 funding request to the Global Fund, several interventions are included under the "social protection"

[14] PEPFAR supports service delivery in the following regions: Western, Western North, and Ahafo
[15] There has been some disruption with the recent change in implementing partner, but the initiative to utilize additional nurses continues.

category, but they are primarily to support linkage with existing institutions that provide social protection services, and there are no specific interventions to promote income-generating activities or provide education or employment support (CCM, 2023).

While it may not currently be the mandate of HIV-focused CSOs to provide broader social supports to their communities, they could play a role in linking PLHIV to existing public programs that could address their socioeconomic needs. CSOs could also have influential roles as advocates to expand the eligibility and benefits of social support programs.

Risk 7. The sustainability of the community-led response, in behavioral prevention and other service areas and in legal protections/advocacy, is jeopardized by overdependence on two international donors and lack of resource mobilization strategies, including social contracting, to support CSO.

The NSP 2021-2025 recognizes the contribution of communities across the entire continuum of care, from prevention and testing to promoting an enabling environment free of stigma and discrimination. The GAC is mandated to ensure stewardship and inclusion of communities in decision-making processes and mobilize resources to support CSOs in their capacity as implementers (GAC, 2020; GAC, 2016; Key Informants, 2024).

Overdependence on donors. CSOs are funded by donors to conduct prevention activities, HIV testing and counseling (for KVPs and the general population), and support adherence and retention on ART, among other activities. CSOs accounted for 5-16% of total HIV spending in 2019-21 with 100%[16] of their funding coming from international donors, namely the Global Fund and PEPFAR (GAC, 2022; Table 11). However, donor support is flattening and could decrease if Ghana is not able to meet its cofinancing commitments to the Global Fund, as discussed in Risk 1 (GAC, 2021b).

HIV CSO	Global Fund	PEPFAR[17]
CHAG	$2,465,970	-
GHANET	$131,373	-
Hope for Future Generations	$125,260	-
WAPCAS (and SRs)	$4,116,787	-
National CSO	-	$475,000
International NGO (and SRs)	-	$7,928,377
Total	*$6,839,390*	*$8,403,377*

Table 11. Funding for HIV CSOs by Global Fund and PEPFAR in 2022 (GAC, 2022).

Lack of resource mobilization strategies. While designing and implementing resource mobilization (RM) activities is occasionally mentioned in CSOs' strategic documents, none of them currently have a RM strategy in place or a RM unit/person within their organigrams (CEPEHRG, 2021; GHANET, 2023; NAP+, 2023; Key Informants, 2024). Without such strategies, CSOs have no contingency plans if

[16] 92% of funding comes from the Global Fund and PEPFAR. The other 8% comes from other international funders and domestic private entities. There is no government funding for HIV CSOs reported in the NASA (GAC, 2022)
[17] Specific national and international CSOs funded are not specified in 2022 NASA

there were to be a reduction in support from International Development Partners, and they have not actively pursued private sector donations, either national or international.

No domestic funding for CSOs. No Government financing for HIV is allocated for CSOs (GAC, 2022). CSOs can be registered to work on HIV and support KVPs and there are line items within the GAC budget to fund CSOs (UNAIDS, 2019; PEPFAR, 2021). However, without Global Fund financing, GAC does not fund any CSOs since it receives no government funding to do so (GAC, 2022). There are also no laws governing social contracting arrangements, which would support sustainable public financing for CSOs (PEPFAR, 2021). CSO representatives reported that social contracting has been occasionally mentioned during meetings with government, but the topic is not often included in conversations (Key Informants, 2024). Social contracting is not mentioned in the NSP 2021-2025 (GAC, 2020).

Risk 8. Incomplete integration of HIV services into the primary health care system undermines efforts to institutionalize HIV programming, threatening continuity of care and long-term programme sustainability.

HIV integration with other diseases and health conditions. Due to initial generous donor support, the HIV response was established in the late 1990s as a vertical program (along with TB, Malaria, and other donor-supported diseases). However, as the Government of Ghana has continued strengthening its overall health system, HIV and other disease control have become more integrated with primary health care. This can help improve sustainability.

HIV and TB are already well-integrated. Patients diagnosed with TB are tested for HIV and HIV patients are systematically screened for TB (NACP, 2022). The Differentiated Service Delivery Guidelines for HIV cover HIV/TB integration including training, location of services, and screening (NACP, 2022b).

HIV is also integrated with family planning and reproductive and child health services. All pregnant women who come to clinics are tested for HIV and receive counselling depending on the test result (NACP, 2022). Pregnant women are provided with a First Response combo testing kit for HIV/syphilis duo and Hepatitis B where kits are available (Figure 13). 51% of HIV tests in 2020 were for pregnant women in antenatal care (NACP, 2022b).

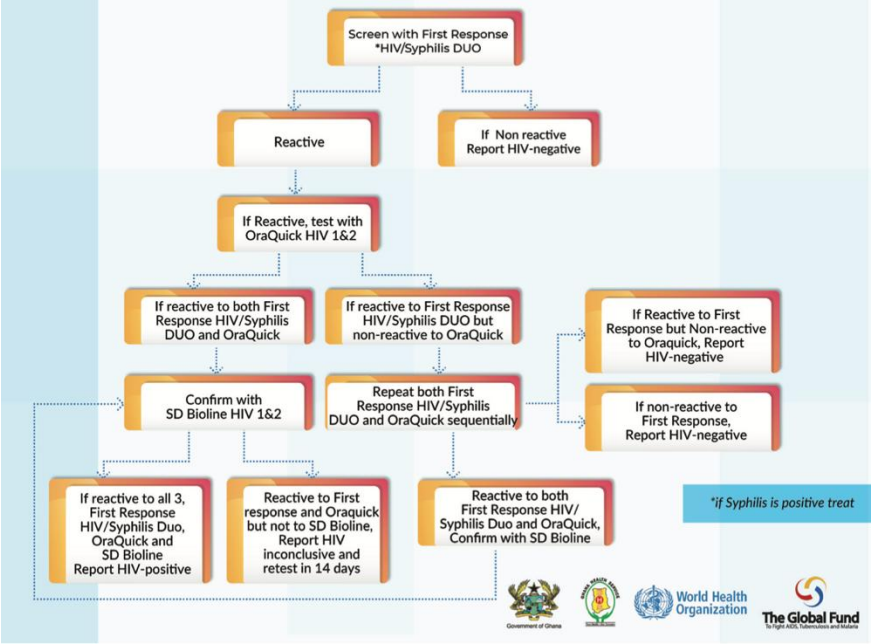


Figure 13. HIV Testing Algorithm for Antenatal clients (NACP, 2022).

The latest HIV care guidelines recommend integrated health education and screening for hypertension and diabetes during clinical review visits for ART care (NACP, 2022b). The health information system and special surveys need to measure and report on the extent to which this integration is occurring on the ground.

While there are some integration challenges with data tools (covered under Risk 4), the latest HIV Care Guidelines emphasize integrating data collection and reporting tools to eliminate duplication of effort by healthcare workers (NACP, 2022). Data is already integrated in some instances, with PMTCT reported as part of antenatal care indicators in a single registry (NACP, 2022). Efforts are ongoing within the HIV program and the health system overall to integrate all the various data streams, with positive early signs in the transition from paper to electronic records (GHS, 2024b).

Network of Practice reform of primary care. The Network of Practice initiative by the GHS and MoH to improve the quality of primary care delivery in Ghana can further promote integration of HIV with other health services (GHS, 2024c). The initiative, supported by the World Bank with a total commitment of $181 million[18] (World Bank, 2022), creates PHC networks organized around a health center, known as a "hub", which is being strengthened to provide comprehensive preventive and curative services (Figure 14)[19]. The "spokes" of the network, connecting to the hub are mostly CHPS compounds but can include other local facilities. Complex cases can be referred to a district hospital but the goal of the Network of Practice is that, with capabilities strengthened at the health

[18] $150 million credit and two grants of $15 million and $16 million.

[19] Under past MoH plans, health centers were largely ignored in favor of strengthening CHPS compounds and district hospitals. Health centers were supposed to be the link between CHPS compounds and district hospitals, as part of the "gatekeeper system" to deliver care at the most appropriate and lowest level possible. However, neglected health centers were a major obstacle to the success of this system (GHS, 2024c).

center level, most care can be delivered locally with technical, data, and clinical support offered by the health center.

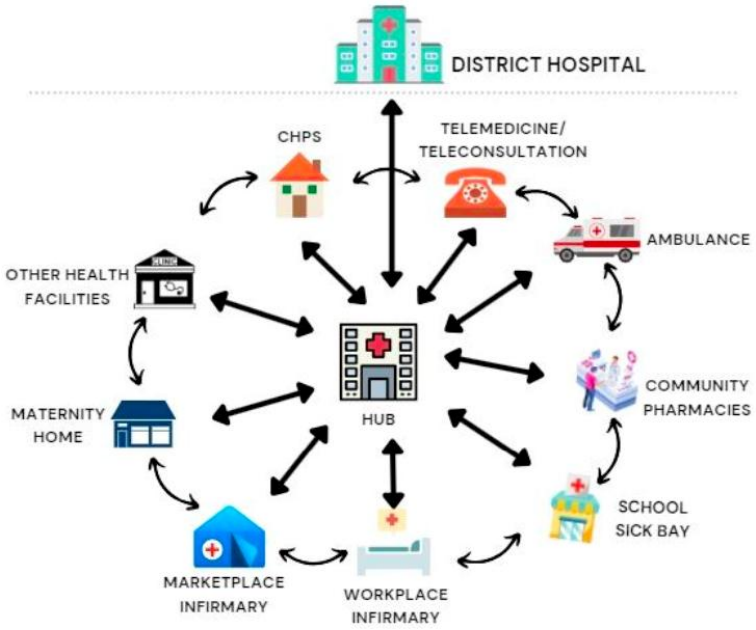


Figure 14. Structure of a Network of Practice (GHS, 2024c).

Critical to the success of the Network of Practice is making all primary facilities Model Health Centers delivering an "essential package of services" (GHS, 2024c) to include preventive, diagnostics, and treatment services for HIV (World Bank, 2022). GHS is running a pilot in 600 facilities to test ways to better integrate HIV care into the CHPS compounds (GHS, 2024b). The Global Fund is providing $1.6 million in matching funds to support integrated CHPS implementation in two districts (CCM, 2023).

Although integration was not identified as a prioritized risk by stakeholders participating in the HIV Sustainability workshops, it is important to monitor progress and continue to identify further opportunities for integration. Recent momentum in this area should be maintained and intensified to ensure that integration is completed and sustained.

Services and Solutions

Risk 9: Without significantly increased investments in targeted HIV prevention, testing and linkage to care, Ghana will not be able to achieve and sustain high levels of treatment coverage

Prevention and programmatic sustainability. Ghana utilizes combination prevention as the main vehicle for preventing new HIV infections (GAC, 2020). NACP is responsible for the clinical aspects of the package: PrEP, HIV testing services, male and female condoms, lubricants, ART for HIV-positive partners in sero-discordant couple and STI prevention and management (NACP, 2022). In addition to clinical service components, the NSP 2021-2025 also includes behavioral prevention

activities such as provision of information, comprehensive sexuality education, and provision of information as part of the combination prevention package (GAC, 2020). These services are primarily delivered by CSOs. The GAC is responsible for public messaging campaigns to raise awareness and share knowledge about HIV (GAC, 2016; GAC, 2019). Although the combination prevention package is well-defined in strategic documents and guidelines, prevention targets have not been met (Table 9).

Prevention Outcome	Achievement	Target
Young men condom use	39%	90%
Young women condom use	27%	90%
Sex worker condom use	90%	95%
Sex work client condom use	44%	95%
Condom use at last anal sex	48%	90%
Adult men condom use	39%	90%
Adult women condom use	17%	90%
Virally suppressed men LHIV	22%	73%
Virally suppressed women LHIV	37%	73%
New HIV Infections	14,000	4,400

Table 9. HIV Program Coverage and Achievement Against Targets in 2020.

Of particular concern is low condom use among youth, especially among adolescent girls and young women who account for 23% of new infections (GAC, 2020; Table 9). At the same time, there are data gaps in several areas such as numbers of people on PrEP and utilization of harm reduction services among people who inject drugs (UNAIDS, 2020; UNAIDS, 2023), as well as gaps on population size estimates for KVPs including FSW and MSM, which limits the ability of the response to use data-informed strategies to implement tailored prevention campaigns (UNAIDS, 2023).

Public messaging has also not achieved its goals. At present, the GAC does not have the resources to run effective campaigns (Key Informants, 2024; GAC, 2022). Stakeholders across government and the private sector unprompted and repeatedly mentioned that part of the struggles for HIV are that there is no messaging anymore and nobody thinks about HIV or places it as a priority (Key Informants, 2024). This is reflected in the inadequate public knowledge about HIV (Table 10).

Population	Comprehensive knowledge of HIV transmission and prevention (%)
Adolescent and young men	20%
Adolescent girls and young men	17%
Female sex workers	36%
Men who have sex with men	51.1%

Table 10. Comprehensive Knowledge of HIV Transmission and Prevention (GAC, 2020).

Stakeholders and strategic plans highlight a lack of funding for prevention as a root cause of weak performance (GAC, 2019; Key Informants, 2024). In the 2025 HIV Prevention Roadmap, stakeholders identified donor dependence as a risk for prevention programming (GAC, 2024). Donors contributed 96.1% of prevention funding in 2022 (GAC, 2022; Figure 7). The only documented Government contribution was $300,000 for "social and behavioral communication for change for population other than key populations" (GAC, 2022). This also explains the stakeholder feedback about the lack of prevention messaging from the GAC since they currently receive minimal funding from donors (GAC, 2022; Key Informants, 2024).

Access to HIV testing, particularly for men, and programmatic sustainability. While in general HIV testing is widely available in Ghana, with 6,945 HIV testing sites across Ghana and 6,648 antenatal care sites offering PMTCT services (NACP, 2023), there are important gaps, especially in male testing in the general (non-KVP) population (the Investment Case points out that although KVPs have higher prevalence, most new infections come from men living with HIV). This priority of better targeting men with HIV testing to optimize yield and link more people to ART is already included in the NACP HIV Care Guidelines (NACP, 2022). The Guidelines prioritize high-yield strategies, such as index testing at the facility and in the community and social network-based testing in communities, for men since they do not come to clinics for testing as often as women. However, funding for such targeted outreach, which is supposed to be coordinated by the GAC, is limited.

While this was not identified by stakeholders in interviews or the sustainability workshops as a top risk, it is an area that merits additional attention as key steps and frameworks are put in place (Key Informants, 2024). Part of any additional funding mobilized for HIV could be directed at this targeted testing for men and training of outreach workers under the Network of Practice could also focus on male testing.

Linkage and retention of PLHIV in care and programmatic sustainability. A third programmatic issue relates to insufficient linkage to treatment and retention in care. Only 69% of PLHIV who know their status are on ART, and just 63% of newly diagnosed PLHIV in 2023 were linked to care (Avenir Health, 2024). To address this challenge the Investment Case recommends (a) expanding and integrating HIV clinical care services through the primary health care network; (b) utilizing community-led monitoring to ensure that engagement with clients is sustained; and (c) implementing incentive schemes to motivate staff to reach linkage and retention targets, however this approach could be potentially unsustainable when funds diminish.

The first recommendation should be bolstered through integration of HIV with the new Networks of Practice for primary care but will require close attention from NACP and others to ensure that linkage and retention are prioritized in the Networks.

Enabling Laws and Policies

Risk 10	A legal and political environment that hinders the effectiveness of community-led responses and jeopardizes efforts to reduce HIV infections and save lives

Risk 8. A legal and political environment that hinders the effectiveness of community-led responses and jeopardizes efforts to reduce HIV infections and save lives.

A conducive legal environment and absence of stigma and discrimination are crucial social enablers for a successful HIV response (Stangl et al., 2022). When countries pass and enforce punitive laws, criminalizing behaviors and entire populations, key vulnerable populations (KVPs) are forced underground and away from vital services, such as HIV testing, counseling, and treatment (Global Fund, 2022). Stigma and discrimination can have similarly damaging effects, reducing treatment quality and accessibility for PLHIV (Global Fund, 2022; Stangl et al., 2022).

Community- and people-centered programming is another important component of successful and sustainable HIV responses (UNAIDS, 2022; Stangl et al., 2022). Community-led responses can increase stakeholder ownership of national HIV responses, and improve HIV knowledge, safe behaviors, and increase treatment adherence and viral suppression (Ayala et al., 2021). Civil Society Organizations (CSOs) are responsible for service delivery and advocating on behalf of their communities to improve the quality, range, and specificity of services available.

Although Ghana's National HIV & AIDS Strategic Plan 2021-2025 recognizes the importance of engaging with KVPs and PLHIV in partnership with CSOs, the broader sociolegal environment is not in alignment (GAC, 2020). PLHIV and KVPs report numerous forms of stigma and discrimination, negatively impacting not just their access to HIV services, but their overall wellbeing (Key Informants, 2024; GAC, 2019b; Figure 15). Ghana has long had laws that criminalize behaviors of certain populations such as men who have sex with men (MSM), female sex workers (FSW), Transgender people, People who Use Drugs (PUD) and Prisoners, as well as PLHIV (Laar and DeBruin, 2017).

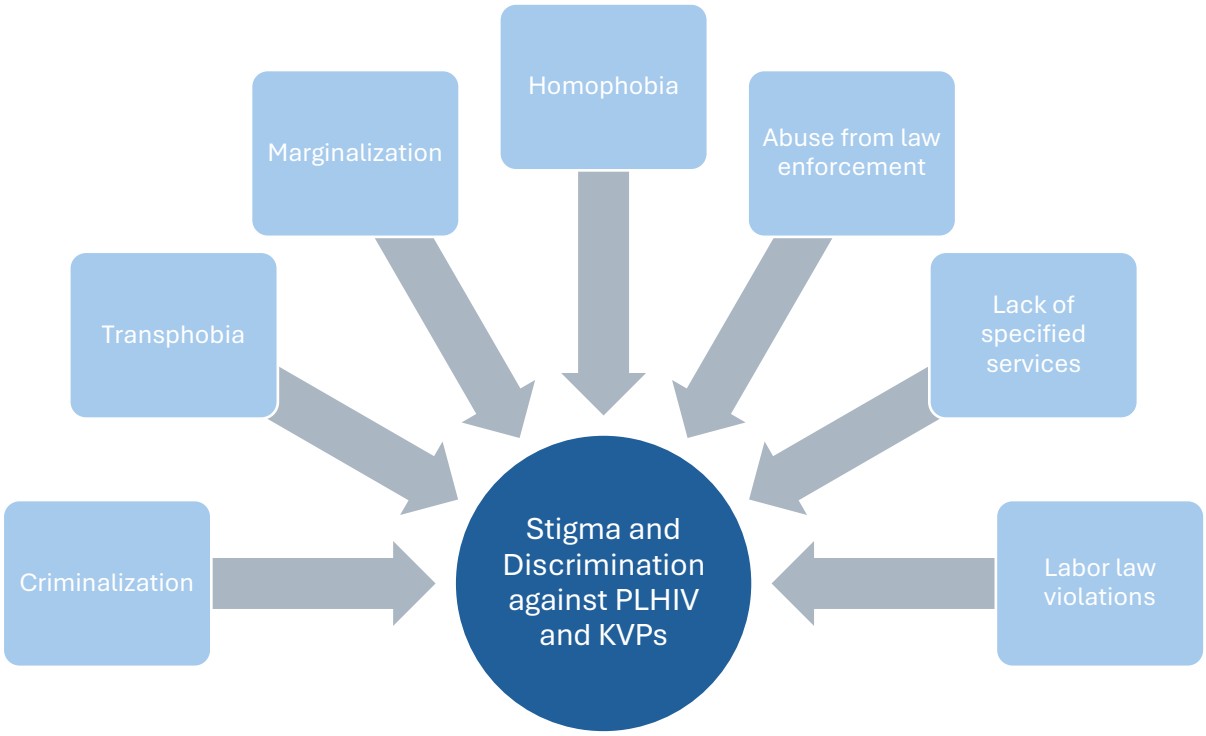


Figure 15. Common forms of stigma and discrimination against KVPs and PLHIV in Ghana.

The "Ghana Baseline Assessment of Human Rights related barriers to HIV Services" was conducted in 2017 to assess the human rights, stigma and discrimination barriers for HIV. It evaluated these barriers and interviewed PLHIV and KVPs to understand the challenges they faced and generate solutions. The Assessment identified several major human rights barriers to services inhibiting program achievement, including stigma and discrimination against PLHIV and KVPs; punitive laws, policies, and practices; gender inequality and gender-based violence; and poverty and economic and social inequality (Global Fund, 2018).

Ghana was included in the Global Fund's Breaking Down Barriers Initiative in 2018. Progress assessments were completed in 2021 and 2023, and the Stigma Index 2.0 was completed in 2023.

Stigma and Discrimination against PLHIV. According to the Breaking Down Barriers Initiative Assessment 2023, Ghana has made significant progress in scaling up programs to address human rights barriers to HIV services. Implementers successfully integrated human rights activities into HIV prevention, care and treatment, and human rights trainings are routinely provided to community volunteers. This has resulted in good progress in the program areas on HIV-related legal literacy, as well as improved access to justice. Furthermore, there has been significant work to reduce HIV-related stigma and discrimination, including broader healthcare sector initiatives (Global Fund, 2023b). These assessments showed that the costs of the S&D programs are modest and generate

significant gains, measured in term of access to services and reduced HIV infections and efficiency improvements resulting from greater ease in reaching vulnerable populations.

Mixed gains in the legal and human rights environment were also represented in the Stigma Index Study 2.0:

- Abuses related to HIV status decreased from 2014-2020, with a more than 10.0% reduction in people losing jobs due to their HIV status.
- Internalized stigma increased marginally
- Externalized stigma scores reduced significantly, especially a 17.0% decrease in verbal assault/harassment (NAP+ Ghana, 2024).

KVPs and PLHIV continue to face multiple challenges in terms of stigma & discrimination as well as human rights violations. Sex work, homosexuality, and drug use are criminalized in Ghana, requiring CSOs to develop discrete modes of engagement to safely offer services for KVPS. For example, CSOs establish safe spaces where MSM can drop in and access HIV prevention services and legal advice when they face discrimination. Safe places can be meeting offices run by CSOs or small businesses owned by members of the community who are trained to provide support. These spaces have been, until now, known and tolerated in the neighborhoods where they are located (CCM, 2023; Key Informants, 2024).

Punitive Laws, Policies, and Practices. Ghana's Commission for Human Rights and Administrative Justice (CHRAJ) has become more proactive and engaged in removing rights-related barriers to HIV services, particularly at the community level. CHRAJ has collaborated with the Ghana Police Service to lower HIV infections among law enforcement and reduce law enforcement-related rights violations against KVPs (Global Fund, 2023b).

There have also been changes in the legal environment that are paving the way for a rights-based approach to drug policy. The 2020 Narcotic Control Commission Act is notable as it allows for alternatives to incarceration for drug use offenses, stating that a person "who purchases a narcotic drug or plant for personal use" may be directed to a court of law "to seek treatment and rehabilitation in a facility approved by the Commission in consultation with the Ministry of Health" (Global Fund, 2021).

Gender inequality and gender-based violence. Since 2020, there was more funding and initiatives devoted towards addressing HIV-related gender discrimination, especially in relation to women and girls:

- At the national level, on June 8th, 2023, the Ghana CCM launched the Network for the Prevention of Sexual Exploitation, Abuse and Harassment. It seeks to eliminate all forms of sexual exploitation, abuse and harassment (SEAH) in its programs, offering a safe space for individuals to report cases of SEAH and for members to act as facilitators to address SEAH issues across Ghana. CHRAJ is tasked with overseeing issues identified by the network.

- CHAG received funding earmarked to address increased gender-based and intimate partner violence due to the COVID-19 pandemic. To implement activities with this additional funding, CHAG has been working closely with its HIV SR, HFFG, NAP+ Ghana, GHANET, DOVVSU, the Ministry of Gender, Children and Social Protection, WAAF, Society for Women and AIDS in Africa, and GAC.
- WAPCAS continues to support survivors of abuse and violence by providing medical care as well as legal and psychosocial support services. Where necessary, they also link survivors to shelters. Importantly, WAPCAS works closely with DOVVSU – in addition to referring cases to DOVVSU, where appropriate, they are also supporting DOVVSU coordinators and investigators to provide timely services to survivors.
- The USAID-supported Care Continuum has supported various activities to reduce and respond to gender-based violence and intimate partner violence. This includes conducting gender-based violence sensitizations, as well as training case managers, peer educators and health facility staff to screen and provide first-line support for such violence. The Care Continuum also works with M-Friends and M-Watchers to strengthen community-level responses to gender-based violence. USAID also partners with transgender individuals, training them on HIV screening, testing and treatment (Global Fund, 2023b).

In May 2023, the Global Fund supported a gender assessment for the three diseases (HIV/AIDS, TB, Malaria) in Ghana. The assessment made recommendations that could make current programming more gender transformative, including implementing community outreach on positive masculinity and scaling up tailored services for women who use drugs. It also made recommendations on conducting research and implementing programming for groups left behind, including persons with disabilities, women who work as porters, and migrants (Global Fund, 2023b).

New Bill Threatens Progress. On February 28th, 2024, the Parliament of Ghana passed the Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill that will imprison for up to 3 years anyone who is identified as a member of the LGTBQ+ community. While not yet a law, the bill is already paralyzing the community (Key Informants, 2024). Community leaders reported that MSM are already expressing anguish and fear, often refusing to be reached for prevention and testing services. Safe spaces like the ones described above are being closed, outdoor activities have stopped, and engagement via social media outreach is decreasing. The cost of reaching additional MSM with a combined prevention package is becoming higher, and hence less cost-effective (Key Informants, 2024).

The capacity for CSOs to influence political decision-making is low. CSOs reported that they usually focus on service provision, and, while vocal when asked their opinion, have modest capacity (in terms of knowledge, experience and resources) to design, implement, monitor and evaluate effective advocacy strategies (Key Informants, 2024). According to stakeholders, while CSOs have positive working relationships with the GAC and the NACP, they lack sufficient influence with other key actors, such as parliamentarians who proposed the Promotion of Proper Human Sexual Rights and Ghanaian Family Values bill (Key Informants, 2024).

CSO leaders have made a conscious decision to limit their media visibility because they believe public exposure could interfere with community members accepting their services. However, with the new bill and the significant port clearance delays, CSOs have become more vocal advocating for their communities. Public pressure applied by CSOs was critical to ending the port clearance delays.

Ghana's new legal developments also have serious financial implications for the country. If the Promotion of Proper Human Sexual Rights and Ghanaian Family Values bill is passed into law, Ghana's Ministry of Finance estimates that Ghana "is likely to lose US$3.8 billion in World Bank Financing over the next five to six years" (MoF, 2024). This could have knock-on effects including derailing the IMF-ECF program which "will have dire consequences on the debt restructuring exercise and Ghana's long term debt sustainability" (MoF, 2024).

Governance and Political Leadership

Risk 11	Fragmented and overlapping governance structures impede cohesion within key areas of the response
Risk 12	Low level of political commitment towards HIV response policy, social, financial and legal enabling environment

Risk 11. Fragmented and overlapping governance structures impede cohesion within key areas of the response.

Multiple actors are engaged in the national HIV response in Ghana. Within government, Ghana AIDS Commission (GAC), National AIDS/STI Control Program (NACP), other divisions of the Ghana Health Service and Ministry of Health, at the Regional and District Health Directorates, are key actors. These entities have their own separate decision-making structures and boards. There are also multiple Civil Society Organizations (CSOs) and private sector providers involved. Representatives of civil society and government come together on the board of the GAC and in the Country Coordinating Mechanism (CCM) (CCM, 2023; GAC, 2020; Key Informants, 2024).

The GAC is a supra-ministerial and multi-sectoral body established under the Chairmanship of H. E. the President of the Republic of Ghana by Act 2016, Act 938 of Parliament. On paper, the objective of the Commission is to formulate policy on the HIV and AIDS epidemic and to direct and coordinate activities in response to HIV and AIDS. This includes a range of competencies including resource mobilization, policy formation, technical support to CSOs, and coordination of diverse stakeholders, just to name a few (GAC, 2016, Parliament of Ghana, 2020).

However, GAC is also a sub-recipient of the Global Fund grant, with contractual obligations towards the Principal Recipient (PR), the Ministry of Health/Ghana AIDS Service (CCM, 2023). That means that the GAC must coordinate and integrate the HIV response related work of the MoH, while at the same time reporting to the Ministry of Health on Global Fund-supported activities. Additionally, neither the GAC Act nor the GAC Legislative Instrument clearly define the different roles and

responsibilities of the GAC Board versus the GAC Secretariat, generating further confusion about decision making (GAC, 2016; Parliament of Ghana, 2020; Key Informants, 2024).

The National AIDS/STI Control Program, which is within the Ghana Health Service and under the Ministry of Health, implements activities that are supposed to be aligned with the National HIV Strategic Plans, which are produced by the GAC, but also with the current Ghana Health Service Strategic Plan and Health Sector Strategic Framework (GHS, 2024). As a result, multiple strategic documents from different levels of authority have to be considered, making alignment challenging.

Other activities related to health system strengthening (procurement and supply chain, labs, HRH, health information systems, etc), many supported by the Global Fund and overseen by the CCM, are under the responsibility of other divisions of the GHS (CCM, 2023), without a clear understanding of the role that the GAC should play in coordinating and monitoring them.

Key Informants (2024) agreed that while roles and responsibilities for different actors in the National HIV Response may look well-defined on paper, in practice, there is confusion that results in breakdowns and delays in program implementation. A good example is the long port clearance delays and increased cost of importing HIV, TB, and Malaria commodities, and the resulting stock shortages. Who is responsible – the GAC, who "directs and coordinates", the NACP that is meant "To provide care and support services for Persons Living with HIV (PLHIV)", or the Supplies, Stores and Drugs Management Division (SSDM) of the GHS?

From this analysis, Ghana needs to review, clarify and possibly simplify its HIV Governance model and find the right balance between sustaining a multi-sectoral response that meaningfully engages all key actors while avoiding arrangements that are confusing, redundant and inefficient.

Risk 12. Low level of political commitment towards HIV response policy, social, financial and legal enabling environment

A change towards a more supportive environment for HIV response activities by political leadership would help advance the collective efforts in addressing HIV response needs. However, a low level of political commitment towards HIV response policies, as well as insufficient social, financial, and legal enabling environments, significantly undermines Ghana's efforts to sustain and advance its HIV response.

Insufficient political will can lead to delays in procuring and distributing essential HIV medications. For instance, over 270,000 individuals on antiretroviral therapy (ART) in Ghana faced potential treatment interruptions due to stock-outs, as the government had not fulfilled its financial commitments for timely procurement of these drugs. Such disruptions not only jeopardize individual health outcomes but also risk increasing drug resistance, thereby complicating future treatment efforts and escalating costs.[20]

[20] GNA: https://gna.org.gh/2024/03/address-challenges-facing-ghanas-hiv-and-aids-response-global-fund/#utm_source=chatgpt.com

A lack of political commitment also manifests in inadequate legal protections and social support for individuals living with HIV. Stigma, discrimination, and punitive laws against key populations deter individuals from seeking testing and treatment services. Without proactive policies to address these issues, the HIV response remains fragmented and less effective (Abdulai et al., 2023).

Also, Effective HIV response requires not just policy formulation but also robust implementation mechanisms. Low political commitment can result in insufficient staffing, poor coordination among stakeholders, and inadequate monitoring and evaluation systems. These challenges impede the successful execution of HIV programs and the achievement of national targets.

Chapter 3. Recommendations to Address the Main Sustainability Risks

Introduction

In the matrix below, we summarize the 12 key risks to the sustainability of Ghana's national HIV response. The matrix shows these risks "at a glance", rates them according to their severity (as judged by stakeholders and consultants), includes recommended actions to address them, and identifies the intended high-level outcomes. A red light is for top priority risks, orange lights for important risks, and yellow lights for moderate risks.

Below the matrix, this chapter provides further description and rationale for each of the 28 recommended actions and the expected high-level outcomes from their implementation for the 12 risks. These actions have been vetted and refined by national stakeholders to ensure that they are targeted, impactful, and feasible. The analysis in this chapter forms the basis for the roadmap in Chapter 4 which provides a detailed set of steps and timelines to implement the roadmap actions.

Key Risk	Level	Recommended Actions	High Level Outcome	Goal
Sustainable and Equitable Financing				
R1. Funding from Development Partners is expected to remain flat or decline and will account for a small and diminishing share of total needs. That level of funding may be reduced if Ghana fails to provide its share of domestic funding ("co-financing") as agreed with the Global Fund and other partners.		• Establish a sustainable and reliable domestic funding mechanism through strategic partnerships with the private sector and civil society to meet HIV response needs and mitigate the effect of the decline in external funding. • The Government of Ghana, in collaboration with partners, should develop and implement a phased plan to gradually absorb donor-funded positions and capacity-building activities into the national system.	The Government of Ghana strengthens domestic resource mobilization and forges strategic partnerships with the private sector to mitigate the impact of declining donor funding, while ensuring the establishment of a sustainable and nationally led HIV response through a well-executed transition plan.	To achieve a sustainable and equitable financing model for Ghana's HIV response by 2030 through sustained donor support, increased domestic funding, enhanced private sector participation, and reduced out-of-pocket costs to ensure universal access to HIV care

R2. Under challenging macroeconomic conditions, Ghana has not been able to mobilize sufficient financial resources to address the growing and expected future funding gap – even though there are numerous opportunities for resource mobilization that could be exploited.		• To collaborate with CSOs and academia in advocating for the revision of fiscal policies to transform the COVID-19 levy into a sustainable Pandemic Levy Fund, with an earmarked allocation specifically for HIV response activities. • To engage stakeholders in advocating for the inclusion of the HIV services in the proposed Ghana Medical Care Trust Fund (Mahama Care) • Develop policies and incentives that encourage businesses and private sector to allocate a defined portion of their Corporate Social Responsibility (CSR) contributions toward HIV programs, ensuring sustained private sector support for the HIV response.	The Government of Ghana ensures sustainable HIV response funding by reforming domestic revenue policies with strengthening private sector participation.	
R3. High level of out-of-pocket spending is a barrier to sustained antiretroviral treatment and a deterrent to accessing care. These out-of-pocket expenses may be growing, precisely at a time when they should be shrinking		• Advocate for the expansion of NHIS coverage to include all HIV services to eliminate financial barriers and reduce out-of-pocket expenses for patients. • Expand the availability and geographic reach of clinics providing ARVs by increasing the number of healthcare facilities offering ARVs across all regions and implement decentralized ART delivery models, such as community-based distribution and mobile clinics, to improve access for PLHIV.	User fees (including unofficial charges) and other out-of-pocket spending are reduced, leading to wider and more equitable access to HIV care for all Ghanaians	

Systems				
R4. Continued inability to resolve challenges in procurement and supply chain hinders service delivery and achievement of the third 95 target.		• Implement policy reforms to exempt donated health commodities from import taxation, streamlining customs procedures to ensure timely availability and distribution of essential medical supplies • Facilitate the Government of Ghana's participation in international pooled procurement mechanisms, such as the Global Fund, WHO, UNICEF, UNFPA, or UNOPS, to reduce the cost of HIV commodities. • Strengthen collaboration between HIV response stakeholders and GHS to streamline data systems, ensuring interoperability, real-time reporting, and improved data-driven decision-making. • Align procurement systems with the Supply Chain Master Plan by integrating coordination mechanisms, reducing redundancies, and enhancing transparency. • Develop and assess options for local manufacturing of ARVs, including impact on commodity security and on price.	Ghana will optimize procurement and supply chain systems to minimize stockouts and improve cost savings that will enable reinvestment in key components of the HIV response.	By 2030, strengthen Ghana's healthcare systems and community networks to expand equitable HIV services through integration into primary healthcare, improved supply chain management, enhanced workforce capacity, and stronger CSO-government coordination.
R5. Shortages of human resources in key positions and their continued reliance on external funding create a major vulnerability and sustainability risk to the HIV response		• Establish a sector-wide working group to explore financial and non-financial strategies for improving healthcare worker retention and begin to staunch the brain drain. • Develop and implement comprehensive training	Ghana strengthens training and retention systems for healthcare workers to enhance supply chain and data management capacity, increasing the availability of HIV	

		initiatives that equip healthcare workers with the skills needed for effective HIV service delivery, data management, and supply chain oversight.	testing and treatment services for PLHIV.	
R6. The social protection needs of PLHIV and key and vulnerable populations (KVPs) are not well addressed increasing their vulnerability.		• Promote inclusion by establishing targeted programs and policies that integrate young KVPs into economic empowerment initiatives and social protection frameworks through strengthen collaboration between government departments, development partners, and community organizations.	Ghana improves the coordination between CSOs and Government social protection programs to ensure improved access to services that address the socioeconomic needs of KVPs	
R7. The sustainability of the community-led response, in behavioral prevention and other service areas and in legal protections/advocacy, is jeopardized by overdependence on two international donors and a lack of resource mobilization strategies, including social contracting, to support CSOs.		• Develop and deliver targeted technical assistance to CSOs to strengthen their capacity in designing, implementing, budgeting, and monitoring resource mobilization strategies tailored to their needs, ensuring diversified and sustainable funding. • Provide technical assistance to support CSOs in adopting cost and expenditure analysis, optimizing service delivery models, refining labor policies, and clarifying staff roles and responsibilities. • Provide targeted training, resources, and strategic support to CSOs, enabling them to implement safe and effective outreach programs for KVPs.	CSOs expand resource mobilization and strengthen organizational capacity to deliver a wider range of efficient and sustainable services for PLHIV.	
R8. Incomplete integration of HIV services into the primary health care		• Enhance the integration of HIV services into primary healthcare systems by embedding HIV prevention,	Ghana will enhance the integration of HIV/AIDS care and services into primary	

system undermines efforts to institutionalise HIV programming, threatening continuity of care and long-term programme sustainability		treatment, and support services within routine care as the Network of Practice expands.	healthcare to optimize resource utilization and expands access to HIV testing and treatment, improving outcomes across the treatment cascade.	
Services and Solutions				
R9. Without significantly increased investments in targeted HIV prevention, testing and linkage to care, Ghana will not be able to achieve and sustain high levels of treatment coverage		• Collaborate with regional and district stakeholders to develop comprehensive HIV prevention plans and alignment with the Network of Practice to enhance coordination, knowledge sharing, and effective program execution. • Review and restructure the HIV Prevention Technical Working Group (TWG) to establish it clear roles, composition, functionality and strengthen coordination mechanisms to ensure strategic oversight of the prevention programs. • Identify and implement diverse domestic funding mechanisms to mobilize resources to sustainably fund HIV prevention activities and reduce over-reliance on donor support. • Strengthening the efficiency and capacity of GAC, NACP, and CCM by enhancing their governance, resource mobilization, and leadership in prevention efforts to ensure effective oversight of the HIV response.	Ghana enhances prevention strategies and improve care linkages to reduce new HIV infections and increase the number and percentage of PLHIV achieving viral suppression.	By 2030, to strengthen Ghana's HIV prevention strategies and improve care linkages to reduce new infections and increase the number of People Living with HIV (PLHIV) achieving viral suppression, ensuring a more effective and accessible HIV response in Ghana
Enabling Laws and Policies				

R10. A legal and political environment that hinders the effectiveness of community-led responses and jeopardizes efforts to reduce HIV infections and save lives.		• Engage high-level leadership to lead advocacy efforts, educating the public and policymakers on the bill's negative health impacts on society through strategic communication campaigns • Advocate for anti-discrimination laws will provide legal safeguards for KPs and PLHIV against workplace, social, and healthcare-related discrimination. • Advocate for the development of a structured and sustainable policy to integrate PLHIV into NHIS without requiring premium payments, ensuring comprehensive insurance coverage for HIV care.	Ghana has an effective advocacy wing that prevent the enactment of discriminatory laws and promote a supportive legal environment that protects and improves conditions for PLHIV and KVPs.	By 2030, strengthen Ghana's legal and policy framework to prevent discriminatory laws and promote a supportive, rights-based environment that protects and enhances the well-being of People Living with HIV (PLHIV) and Key Vulnerable Populations (KVPs)
Governance and Political Leadership				
R11. Fragmented and overlapping governance structures impede cohesion within key areas of the response		Assess and define the roles and responsibilities of public stakeholders in the National HIV Response. This process will identify overlaps, address authority gaps, and develop a targeted sub-roadmap for improving HIV governance and coordination	Ghana has a well-constituted and efficiently operating governance structure for the HIV response, strengthened by sustained political leadership and commitment leading to achieving the 2030 HIV targets and beyond.	To establish by 2030 a well-constituted, efficient, and accountable governance structure for Ghana's HIV response, driven by strategic coordination and strong political commitment to achieve Ghana's 2030 HIV targets and sustaining progress beyond.
R12. Low level of political commitment towards HIV response policy, social, financial and legal enabling environment		Advocate for the creation of an inter-ministerial committee to enhance political leadership and accelerate an enabling financial, social, and legal policy environment for the HIV response. This includes prioritizing the removal of administrative barriers, such as customs delays, to ensure timely access to HIV commodities.		

Sustainable and Equitable Financing – Details of Needed Actions

Key Risk	Recommended Actions
● **R1.** Funding from Development Partners is expected to remain flat or decline and will account for a small and diminishing share of total needs. That level of funding may be reduced if Ghana fails to provide its share of domestic funding ("co-financing") as agreed with the Global Fund.	• Establish a sustainable and reliable domestic funding mechanism through strategic partnerships with the private sector and civil society to meet HIV response needs and mitigating the effect of decline in external funding. • The Government of Ghana, in collaboration with partners, should develop and implement a phased plan to gradually absorb donor-funded positions and capacity-building activities into the national system.

Establish a sustainable and reliable domestic funding mechanism through strategic partnerships with the private sector and civil society to meet HIV response needs and mitigating the effect of decline in external funding.

Under current cofinancing commitments, the Government of Ghana is required to procure a portion of the commodities for HIV. For the upcoming Global Fund grant cycle (GC7, 2024-2026), Ghana has committed to purchasing $17.1 million ($5.7 million per year) of ARVs for HIV as part of an overall cofinancing commitment of $45.3 million (MoH, 2023). The only currently utilized domestic funding mechanism for this procurement comes from the NHIA's fixed 10% set aside for the Ministry of Health from its allocation formula. The Ministry of Health spends much of this funding on meeting cofinancing, including for HIV but also malaria, TB, childhood immunization, and other donor-backed commodities. Given fluctuations in NHI funding, this source is unreliable, and the amount allocated to HIV has been insufficient to meet the cofinancing commitments with the Global Fund (Figure 16).

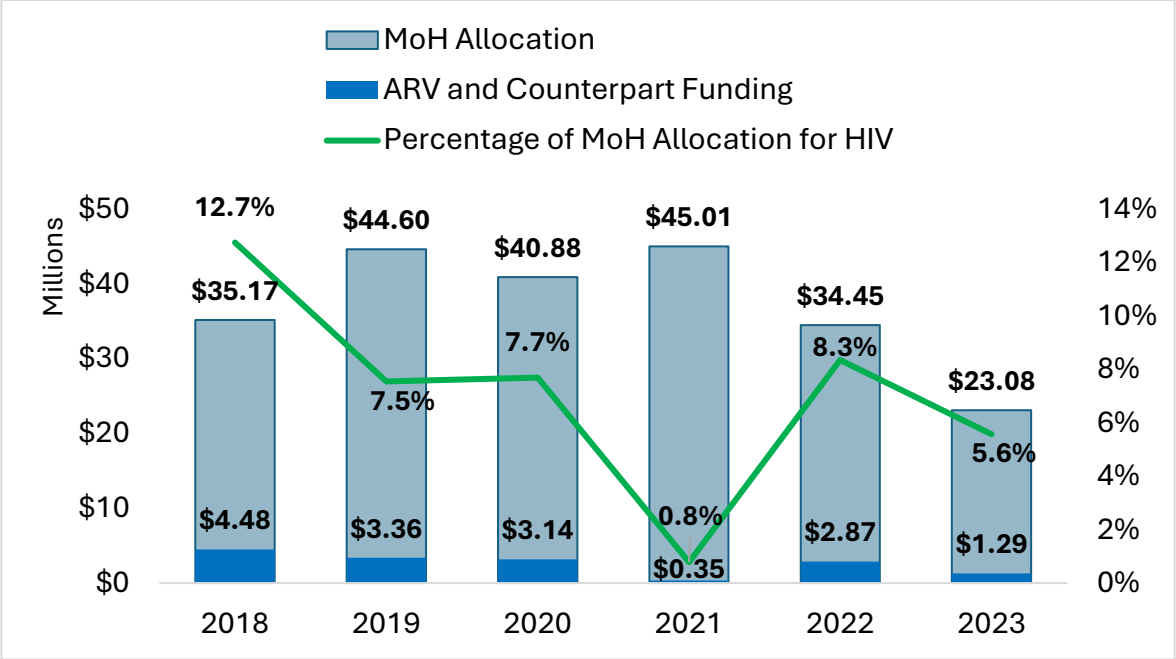


Figure 16. Historical Allocations to MoH from the NHIA Allocation Formula and the Share for HIV.

To meet cofinancing commitments and avoid the risk of deductions from future grant cycles, the Government of Ghana must establish a **sustainable and reliable domestic funding mechanism through strategic partnerships with the private sector and civil society to meet HIV** a larger and more reliable and sufficient source of funding for cofinancing.

One idea under discussion would be to create a defined line item in the Ministry of Health annual budget, rather than a fluctuating allocation from the NHI allocation to the Ministry of Health. This line item in the overall budget would be a more stable source and less reliant on NHI funding, which varies from year-to-year and is subject to a funding cap. It could also come as part of an expanded NHIS benefits package which includes HIV clinical services, with funding set aside for MoH procurement of HIV commodities. The details of this are explored under the recommended actions for Risk 2.

The Government of Ghana, in collaboration with partners, should develop and implement a phased plan to gradually absorb donor-funded positions and capacity-building activities into the national system.

Although the Government of Ghana has absorbed the 233 data officers at regional offices for HIV, the HIV response is still reliant on international donors, the Global Fund in particular, for human resources and capacity building. In GC7, Global Fund is paying full salaries for 204 people across the National HIV response (31 at MoH, 47 at CHAG, 22 at WAPCAS, and 104 at other Implementing Partners). This is in addition to the incentives for other staff and $12.7 million for training, supervision, and meetings (Table 3).

The Government of Ghana currently has no plans to absorb these personnel or to start covering

training and meeting costs. Even if donor support remains at the current level, achieving the 95-95-95 targets will require a growth in expenditure on personnel and capacity building. Future National HIV and AIDS Strategic Plans and Medium-Term Policy Frameworks need to account for the absorption of these costs and activities into domestic budgets and programs. Phased transition to domestic funding needs to be a part of the dialogue between the government and the two lead funding partners.

Key Risk	Recommended Actions
●**R2.** Under challenging macroeconomic conditions, Ghana has not been able to mobilize the sufficient financial resources to address the growing and expected future funding gap – even though there are numerous opportunities for resource mobilization that could be exploited.	• To collaborate with CSOs and academia in advocating for the revision of fiscal policies to transform the COVID-19 levy into a sustainable Pandemic Levy Fund, with an earmarked allocation specifically for HIV response activities. • To engage stakeholders in advocating for the inclusion of the HIV services in the proposed Ghana Medical Care Trust Fund (Mahama Cares). • Develop policies and incentives that encourage businesses and private sector to allocate a defined portion of their Corporate Social Responsibility (CSR) contributions toward HIV programs, ensuring sustained private sector support for the HIV response.

Approach. The analytic team started its assessment with the resource mobilization options identified by the GAC (2022b) in the Technical Paper for the Operationalization of the National HIV and AIDS Fund. To identify the most promising sources for domestic resource mobilization, the options were assessed according to their potential annual yield, political feasibility, and alignment with broader program goals such as integration and private sector engagement. Following these criteria, three sources were selected as the most promising and are presented below. The other options considered can be found in Annex G. While they were not prioritized in the current environment, they could become more feasible or generate greater yields in the future and thus become bigger priorities.

To collaborate with CSOs and academia in advocating for the revision of fiscal policies to transform the COVID-19 levy into a sustainable Pandemic Levy Fund, with an earmarked allocation specifically for HIV response activities.

The COVID-19 Health Recovery Levy was implemented in March 2021 to "support COVID-19 expenditures and to provide for related matters" (GRA, 2021). The levy is imposed on goods and services in the country as well as imported goods and services, and funds are collected in a COVID-19 Health Recovery Levy sub-account of the Consolidated Fund. Since it was first imposed, the COVID-19 levy has collected nearly $500 million (Table 12).

Year	Amount Raised (GHC, millions)	Amount Raised (USD, millions)
2021	889 M	150 M
2022	1,121 M	132 M
2023	2,534 M	217 M

Table 12. Revenues collected by the COVID-19 levy (MoF, Fiscal Budgets, 2021-2023). Currency converted using the average exchange rate for each year.

As COVID-19 has become less of an acute health threat in Ghana, discussions among CSOs and academia[21] have increased about how to utilize the levy moving forward. Although some organizations have called for the levy to be repealed, many others including the Africa Center for Tax Policy Research and SEND Ghana, have advocated for the levy to be repurposed into a health fund which could then be allocated to critical needs (Affre, 2023; Kwafo, 2023). Given the burden of HIV in Ghana and is epidemic status, HIV could justify receiving a portion.

If, for example, just 10% of the converted COVID-19 levy was allocated to HIV, the response would have received an additional $49 million over 2021-2023. That additional funding could support a range of HIV services including prevention programs, ARV procurement and cofinancing requirements, and workforce training. Figure 17 considers how this source might be utilized in combination with the below recommendation for tapping the NHIL.

To engage stakeholders in advocating for the inclusion of the HIV services in the proposed Ghana Medical Care Trust Fund (Mahama Care)

The National Health Insurance Authority (NHIA) is funded by four sources: (1) the National Health Insurance Levy (NHIL), which is a 2.5% tax on goods and services (as part of the VAT); (2) 2.5% of the SSNIT contributions on wages; (3) returns on NHI Fund investments; and (4) premiums paid by informal sector enrollees (NHIS, 2024). The NHIL and SSNIT contributions represent over 90% of the NHIA's annual revenues (NHIA, 2022, 2023). However, Ghana passed the Earmarked Funds Capping and Realignment Act in 2017 that limited the overall allocation of earmarked levies to earmarked/statutory funds to 25% of government revenues (Adin-Darko, 2021). As a result, since 2017 the NHIA has not been receiving the full value of the NHIL revenues being collected in the name of national health insurance. Per the National Health Insurance Allocation Formula (2022, 2023), between $101 million - $325 million has been held back from the NHIA from 2019 to 2021 (Table 13).

Year	NHIL and SSNIT Collections (millions)	Releases to NHIA (millions)	Amount Withheld (millions)
2019	236.0 M	134.8 M	101.3 M
2020	408.3 M	138.1 M	270.3 M

[21] Academia and Civil Society Call for the Establishment of a Public Health Emergency Fund in Ghana. https://www.advocacyincubator.org/featured-stories/2023-07-11-academia-and-civil-society-call-for-the-establishment-of-a-public-health-emergency-fund-in-ghana. Retrieved 24th March 2024

2021	347.3 M	21.5 M*	325.7 M

Table 13. NHIA Collections and Releases 2019-2021 (NHIA, 2022; NHIA, 2023)

** The NHIA reported receiving a total of $235 million from the Government of Ghana in 2021, however, only $21.5 was attributable to NHIL and SSNIT collections in 2021.*

Fully allocating the NHIL and SSNIT collections to the NHIA would not only help the Fund to cover current claims but would expand the services and conditions covered by the NHIS Benefits Package. The NHIA currently only covers "HIV/AIDS symptomatic treatment for opportunistic infections", excluding all other direct and indirect costs for HIV (NHIS, 2024). HIV was initially excluded due to its high cost and extensive donor support, as were malaria and TB. However, as treatment costs have decreased and donor support stagnates and eventually contracts, many national stakeholders argue that HIV care should be integrated into the NHIS benefits package. For illustrative purpose, if again 10% of the average amount withheld from the NHIF from 2019 to 2021 was allocated to HIV to cover clinical services, this would generate and additional $23 million each year for HIV.
Figure 17 show how the additional funds from the repurpose COID-19 Levy and uncapping the NHIL might be used to reimburse providers for HIV services, build staff capacity, and procure ARVs. The NHIL revenue for procuring commodities could continue to pass through the NHIA to the MoH. Funding for capacity building might flow through NHIA allocation to GHS to conduct trainings. The funds from repurposing the COVID-19 levy could also be used to purchase HIV commodities such as test kits and lab reagents and could support prevention services and communications by CSOs and the GAC.

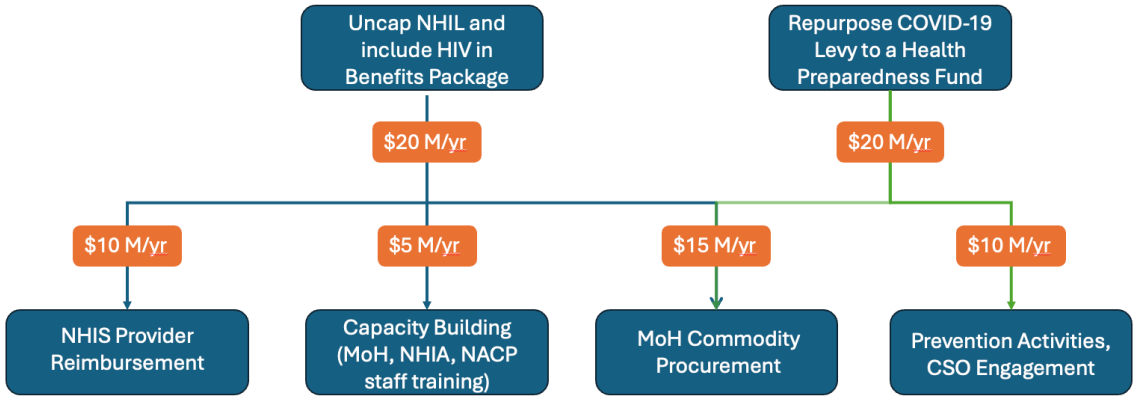


Figure 17. Potential funding flows for newly mobilized resources.

Develop policies and incentives that encourage businesses and private sector to allocate a defined portion of their Corporate Social Responsibility (CSR) contributions toward HIV programs, ensuring sustained private sector support for the HIV response.

Additional funding could be mobilized for HIV through a defined earmark of Corporate Social Responsibility (CSR) contributions. CSR started with extractive industries (e.g., mining) in response to criticism by civil society, but has become a proactive way of engaging with communities (Amponsah-Tawiah and Dartey-Baah, 2011). Research has found that mining operations increase the risk for HIV infection substantially in surrounding communities (Dietler et al., 2022). Despite this,

there are no reported instances of CSR contributions, from mining companies or others, being used for HIV (CSR has been used for malaria initiatives (Ghana Chamber of Mines, 2024)). CSR contributions to HIV have been successful in other countries such as India and can benefit companies by protecting and improving the health of their employees (USAID, 2010).

The GAC could advocate with private companies and their chambers to utilize a greater share of their CSR contributions for HIV. This could be done through contributing to the National HIV and AIDS Fund or spending a designated share of annual CSR contributions according to guidelines created by the GAC, as is done for spending on HIV through the DACF. Preliminary analysis[22] by the GAC estimated that if 5% of CSR contributions were allocated to HIV, there could be an additional $4.5 million available for the response each year.

Mobilizing these three sources could generate an additional $44.5 million per year for HIV (Table 14).

Domestic Funding Source	Estimated Annual Yield
Uncap NHIL and include HIV in NHIS benefits package	$23 million
Repurpose COVID-19 Levy into a Health Preparedness Fund	$17 million
Increase private contributions through CSR	$4.5 million
Total: $44.5 million/year	

Table 14. Summary of estimated annual yield of domestic funding sources

Key Risk	Recommended Actions
● **R3.** High level of out-of-pocket spending is a barrier to sustained antiretroviral treatment and a deterrent to accessing care. These out-of-pocket expenses may be growing, precisely at a time when they should be shrinking.	• Advocate for the expansion of NHIS coverage to include all HIV services in order to eliminate financial barriers and reduce out-of-pocket expenses for patients. • Expand the availability and geographic reach of clinics providing ARVs by increasing the number of healthcare facilities offering ARVs across all regions and implement decentralized ART delivery models, such as community-based distribution and mobile clinics, to improve access for PLHIV.

Advocate for the expansion of NHIS coverage to include all HIV services to eliminate financial barriers and reduce out-of-pocket expenses for patients.

[22] Based on publicly available data, the GAC estimated that CSR contributions from 47 companies in 2020 amounted to approximately $88 million. This is likely an under-estimate because not all companies report their CSR contributions.

At present, some companies are helping to subsidize premiums on a limited basis, but many PLHIV are still required to pay premiums. Given that financial challenges are identified by PLHIV as a barrier to accessing care, offering free enrollment by adding PLHIV who are not already enrolled to the NHIS premium exemption list could help to ensure that services are accessible.

Expand the availability and geographic reach of clinics providing ARVs by increasing the number of healthcare facilities offering ARVs across all regions and implement decentralized ART delivery models, such as community-based distribution and mobile clinics, to improve access for PLHIV.

Transportation is one of the largest OOP expenditures for PLHIV, particularly those living in rural areas (Ankomah et al., 2016). Apanga et al. (2012) found that for many PLHIV in rural areas, the cost of transportation to access ART exceeded their cost for ARVs. PEPFAR has reported success bringing ARVs to PLHIV outside of the clinic in their regions. Integration with the Network of Practice could also help increase the number of clinics offering ART.

Systems– Details of Needed Actions

Key Risk	Recommended Actions
● **R4.** Continued inability to resolve challenges in procurement and supply chain hinders service delivery and achievement of the third 95 target.	• Implement policy reforms to exempt donated health commodities from import taxation, streamlining customs procedures to ensure timely availability and distribution of essential medical supplies. • Facilitate the Government of Ghana's participation in international pooled procurement mechanisms, such as the Global Fund, WHO, UNICEF, UNFPA, or UNOPS, to reduce the cost of HIV commodities. • Strengthen collaboration between HIV response stakeholders and GHS to streamline data systems, ensuring interoperability, real-time reporting, and improved data-driven decision-making. • Align procurement systems with the Supply Chain Master Plan by integrating coordination mechanisms, reducing redundancies, and enhancing transparency. • Develop and assess options for local manufacturing of ARVs, including impact on commodity security and on price.

Implement policy reforms to exempt donated health commodities from import taxation, streamlining customs procedures to ensure timely availability and distribution of essential medical supplies.

The Government of Ghana's inability to efficiently clear donated commodities from the ports is primarily attributed by stakeholders to a lack of exemption from import duties. If unaddressed, it could threaten Ghana's relationship with donors, particularly the Global Fund. Although the Global Fund's Framework Agreement requires that commodities acquired with funding using Global Fund grants are exempted from taxation (or reimbursements are made for any paid taxes), Ghana continues to levy taxes against imported donated commodities from the Global Fund, causing the delays in the ports (Global Fund, 2024; 2014). The Government of Ghana could pass an exemption for all donated health commodities, which would speed port clearance of commodities, help to alleviate stock outs, and prevent unnecessary friction with donors.

Facilitate the Government of Ghana's participation in international pooled procurement mechanisms, such as the Global Fund, WHO, UNICEF, UNFPA, or UNOPS, to reduce the cost of HIV commodities.

The Government of Ghana agrees to procure HIV commodities as part of the co-financing agreement with the Global Fund. Despite having access to the Global Fund's Pooled Procurement Mechanism, Ghana utilizes its own tender process to procure ARVs and other commodities (MoH, 2024; Tenders, 2024). Based on analysis in the Investment Case, and summarized in Chapter 2, the Government of Ghana could save an estimated $23.5 million on ARV procurement through 2030 by utilizing global pooled procurement.

Strengthen collaboration between HIV response stakeholders and GHS to streamline data systems, ensuring interoperability, real-time reporting, and improved data-driven decision-making.

As the GHS advances with implementation of the Network of Practice, it would be beneficial to align data reporting systems and healthcare worker responsibilities for data entry and management. This could be a part of the broader implementation of the GhiLMIS tool to ensure there is a unified system that decreases the burden on healthcare workers.

Align procurement systems with the Supply Chain Master Plan by integrating coordination mechanisms, reducing redundancies, and enhancing transparency.

Although the recommendation of creating a SCMA in the 2015-2020 Supply Chain Master Plan has not been adopted, the 2021-2025 Master Plan still recommends the development of harmonized supply chain responsibilities across Government stakeholders. Specific "strategic interventions" include clarifying the division of roles and responsibilities and institutionalizing strategic planning practices and monitoring frameworks at all levels of the healthcare system. Fully implementing these interventions could help to clarify and improve the function of the procurement structures

within the MoH and GHS, which could help address stock outs and improve rates of ART initiation and retention (the second and third 95's of the treatment cascade).

Develop and assess options for local manufacturing of ARVs, including impact on commodity security and on price.

Developing and exploring options for local manufacturing of antiretroviral (ARV) drugs in Ghana presents a strategic response to the persistent challenges in procurement and supply chain systems that hinder effective HIV service delivery. By exploring local production, Ghana can reduce its dependency on international suppliers, mitigate risks associated with global supply chain disruptions, and enhance commodity security. Local manufacturing could also shorten lead times, ensure more predictable availability of ARVs, and potentially reduce costs through economies of scale. Together, these improvements would directly support the continuous and reliable provision of treatment services, thereby advancing progress toward achieving the third 95 target—ensuring that 95% of people on treatment achieve viral suppression.

Key Risk	Recommended Actions
●**R5.** Shortages of human resources in key positions and continued reliance on external funding are a vulnerability and increase sustainability risk.	• Establish a sector-wide working group to explore financial and non-financial strategies for improving healthcare worker retention and begin to staunch the brain drain. • Develop and implement comprehensive training initiatives that equip healthcare workers with the skills needed for effective HIV service delivery, data management, and supply chain oversight.

Establish a sector-wide working group to explore financial and non-financial strategies for improving healthcare worker retention and begin to staunch the brain drain .

Brain drain places a significant strain on Ghana's health system. This is particularly acute at the lowest levels of care, which are increasingly asked to do more, particularly with the implementation of Network of Practice. It is a key priority to capacitate these lower levels to handle the increased demands, which will require adding and retaining more healthcare workers (GHS, 2024b). Combined with the ongoing work by GHS, HIV and other disease stakeholders could convene a working group to assess options for buttressing the integrated health workforce. This group should prioritize implementing activities supported by the World Bank as part of the Network of Practice initiative (Table 15). This group could also consider incentives (financial and non-financial) and how to utilize the trained nursing workforce that is not yet deployed by the MoH.

Develop and implement comprehensive training initiatives that equip healthcare workers with the skills needed for effective HIV service delivery, data management, and supply chain oversight

It was identified by multiple stakeholders as well as strategic plans that there is a lack of sufficient training for healthcare workers to manage supply chain and data entry/reporting responsibilities (GHS, 2024b; MoH, 2021). The Network of Practice is intended to address this by increasing communication and coordination between facilities and healthcare workers to improve the diffusion of knowledge across the healthcare system. However, additional steps could be considered to ensure that there is a critical mass of healthcare workers who are directly trained to manage supply chain and data responsibilities. It is recommended that health stakeholders, led by GHS, collaborate to identify opportunities to integrate training to include competencies in HIV, data entry/reporting, as well as information about other disease programs that would benefit from improved integration.

Key Risk	Recommended Actions
● R6. The social protection needs of PLHIV and key and vulnerable populations (KVPs) are not well addressed increasing their vulnerability.	Promote inclusion by establishing targeted programs and policies that integrate young KVPs into economic empowerment initiatives and social protection frameworks through strengthen collaboration between government departments, development partners, and community organizations.

Promote inclusion by establishing targeted programs and policies that integrate young KVPs into economic empowerment initiatives and social protection frameworks through strengthen collaboration between government departments, development partners, and community organizations.

Poverty, irregular income, unemployment, and underemployment contribute to increases in risky sexual behaviors, particularly among young members of the community. Social protection activities led by the Government could add KVPs and PLHIV to their beneficiary lists and take further actions to increase accessibility of the programs. Political will for such changes can be stimulated by evidence-based advocacy strategies led by CSOs capacitated to that purpose.

Key Risk	Recommended Actions
●R7. The sustainability of the community-led response, in behavioral prevention and other services areas an in legal protections/advocacy, is jeopardized by overdependence on two international donors and lack of resource mobilization strategies, including social contracting, to support CSOs.	• Develop and deliver targeted technical assistance to CSOs to strengthen their capacity in designing, implementing, budgeting, and monitoring resource mobilization strategies tailored to their needs, ensuring diversified and sustainable funding • Provide technical assistance to support CSOs in adopting cost and expenditure analysis, optimizing service delivery models, refining labor policies, and clarifying staff roles and responsibilities. • Provide targeted training, resources, and strategic support to CSOs, enabling them to implement safe and effective outreach programs for KVPs.

Develop and deliver targeted technical assistance to CSOs to strengthen their capacity in designing, implementing, budgeting, and monitoring resource mobilization strategies tailored to their needs, ensuring diversified and sustainable funding.

Resource mobilization requires professional know-how to be maximally effective. Currently, CSOs in Ghana do not have the institutional capacity for effective resource mobilization beyond their current donor sources. Expanding their capacity could utilize specialized technical support that helps CSOs to develop competences and skills, and a comprehensive strategy that includes, but is not limited to:

- Analysis of their funding record and key patterns/findings,
- Mapping of potential new international and national funding streams,
- Conceptualization of projects that align with donors' priorities,
- Defining and implementing donor network cultivation activities,
- Exploring private funding coming from national philanthropy and the Ghanaian diaspora and pilot crowdfunding tools for specific products that could have a better marketing profile.

The strategy should include its own resource need assessment, budget, and funding sources. In other terms, there must be a plan to mobilize resources to do resource mobilization.

Provide technical assistance to support CSOs in adopting cost and expenditure analysis, optimizing service delivery models, refining labor policies, and clarifying staff roles and responsibilities.

Sustainability also requires achieving better outcomes with available resources or doing the same with less resources. CSOs could regularly interrogate their costs and how they relate to organizational achievement. This includes, but it is not necessarily limited to assessing financial and human resource allocation, analyzing the efficiency of organizational model and the job roles and responsibilities, conducting costing exercises, reviewing labor policies and practices, and creating financial resilience plans.

This approach goes beyond the current financing practices, which are usually limited to accounting, expenses control, the collection of payment evidence and other contractual obligations. CSOs could move from simply completing donor financial requirements to utilizing their own comprehensive financial management model. CSOs may benefit from technical assistance to develop the competencies and skills to implement these more robust practices.

Provide targeted training, resources, and strategic support to CSOs, enabling them to implement safe and effective outreach programs for KVPs.

The GAC can engage in social contracting, but a lack of domestic funding has limited the use of this framework. Ghana should utilize some of the additional domestic resources mobilized under

previous recommended actions to support CSOs (Figure 18). Under an expanded funding envelope, the government could channel funding to CSOs through the GAC to conduct activities such as KVP outreach and prevention messaging campaigns.

Other Integration Actions Already Identified

Many of the activities identified for the other risks have implications for integration. For example, under Risk 2, it is recommended that the NHIL be uncapped, and HIV clinical services be included in the NHIS benefits package. This action would integrate HIV clinical services within the broader health system. Under Risk 5, it is recommended that job descriptions throughout the health system are reviewed to identify opportunities to add responsibilities for supply chain and data management. This will support efforts to integrate data management systems through GhiLMIS and simplify the data entry and reporting processes across diseases and health programs. It is further recommended to integrate training for healthcare workers to ensure staff are capacitated to manage a range of health conditions as well as fulfill administrative duties such as data entry and reporting.

Key Risk	Recommended Actions
●R8. Incomplete integration of HIV services into the primary health care system undermines efforts to institutionalise HIV programming, threatening continuity of care and long-term programme sustainability	• Enhance the integration of HIV services into primary healthcare systems by embedding HIV prevention, treatment, and support services within routine care as the Network of Practice expands.

Enhance the integration of HIV services into primary healthcare systems by embedding HIV prevention, treatment, and support services within routine care as the Network of Practice expands.

The Network of Practice program being implemented by the GHS is seeking to reform Ghana's primary healthcare system. It is investing in health centers and bringing services closer to communities. In the past decade, HIV has already become more integrated with other diseases and health system components, and the Network of Practice is an opportunity to further strengthen this integration. Pilots are already underway with the Network of Practice and Global Fund to strengthen HIV service offerings at CHPS compounds. These pilots need to be monitored and assessed and findings leveraged in strategic plans to scale up further integration. Regular communication between GHS and GAC will be key to ensure that all stakeholders are coordinated and contribute to this effort.

Utilizing World Bank support, MoH and GHS are also conducting activities to improve human resources, laboratory access, and procurement and data management systems (Table 15). The GAC should work with GHS to include HIV in these activities to enhance integration.

Activity	Estimated Cost	Implementer
Develop an integrated human resource for health information system	$100,000	MoH
Deploy and train end-users on human resource for health management information system	$200,000	MoH
Develop and disseminate human resource productivity manual	$200,000	MoH
Review staffing norms for the Primary Health Care level	$100,000	MoH
Procurement information management system	$150,000	MoH
Address data and monitoring and evaluation gaps identified through the verification process	$150,000	MoH
Service delivery indicators survey at endline	$900,000	GHS
Planning to improve access to laboratory services at the sub-district level	$250,000	GHS
Enhance verification and use of NHIs and DHIMS databases	$1,100,000	NHIA
Development of guidelines to expand services to vulnerable populations	$200,000	NHIA

Table 15. Key Activities in Network of Practice Implementation for HIV Integration (World Bank, 2022)

Services and Solutions– Details of Needed Actions

Key Risk	Recommended Actions
R9. Without significantly increased investments in targeted HIV prevention, testing and linkage to care, Ghana will not be able to achieve and sustain high levels of treatment coverage	• Collaborate with regional and district stakeholders to develop comprehensive HIV prevention plans and alignment with the Network of Practice to enhance coordination, knowledge sharing, and effective program execution. • Review and restructure the HIV Prevention Technical Working Group (TWG) to establish it clear roles, composition, functionality and strengthen coordination mechanisms to ensure strategic oversight of the prevention programs. • Identify and implement diverse domestic funding mechanisms to mobilize resources to sustainably fund HIV prevention activities and reduce over-reliance on donor support. • Strengthening the efficiency and capacity of GAC, NACP, and CCM by enhancing their governance, resource mobilization, and leadership in prevention efforts to ensure effective oversight of the HIV response.

Collaborate with regional and district stakeholders to develop comprehensive HIV prevention plans and alignment with the Network of Practice to enhance coordination, knowledge sharing, and effective program execution.

GAC already has prevention assessment tools, but they are not structured for subnational use. While many prevention indicators are behind, others have insufficient data to track their progress. The 2025 Prevention Roadmap review suggests that prevention assessment tools should be analyzed and implemented broadly at the regional and district levels to better identify needs and support detailed plans (GAC, 2024). Such plans could then be integrated with the Network of Practice to ensure that prevention interventions are implemented within the primary care system.

Review and restructure the HIV Prevention Technical Working Group (TWG) to establish it clear roles, composition, functionality and strengthen coordination mechanisms to ensure strategic oversight of the prevention programs.

The 2025 HIV Prevention Roadmap recognizes that although there has been significant progress integrating HIV into the broader health system, aspects of prevention such as testing are poorly covered (GAC, 2024). Stakeholders identified that oversight of HIV prevention is poorly coordinated, with key community voices often missing from the conversation. They recommended that the TWG be reorganized and reconstituted to provide oversight, guidance, and ensure necessary perspectives are considered in the prevention program.

Identify and implement diverse domestic funding mechanisms to mobilize resources to sustainably fund HIV prevention activities and reduce over-reliance on donor support.

The GAC is mandated to lead and coordinate Ghana's HIV response and especially to support prevention including behavior change communications for the general population and for KVPs, working with civil society. In addition to regaining access to donor funding for such behavior change programming, the GAC could create a costed plan and finance it using the domestic sources (e.g., the repurposed COVID-19 levy) and mechanisms (e.g., the HIV and AIDS Fund) mentioned earlier under Risk 2. This should include costing for communication strategies, which are not explicitly included in NSP 2021-2025, as mentioned under Risk 3.

Strengthening the efficiency and capacity of GAC, NACP, and CCM by enhancing their governance, resource mobilization, and leadership in prevention efforts to ensure effective oversight of the HIV response.

The GAC, NACP, and CCM are meant to work closely together to effectively deliver treatment services, run prevention programs, and mobilize resources for HIV. A sustainable HIV response depends on the efficient collaboration and performance of these three organizations. Opportunities to refine the mandates and methods of coordination should be explored to improve the ability of the three organizations to complete their distinct functions.

Enabling Laws and Policies– Details of Needed Actions

Key Risk	Recommended Actions
●R10. A legal and political environment that hinders the effectiveness of community-led responses and jeopardizes efforts to reduce HIV infections and save lives	• Engage high-level leadership to lead advocacy efforts, educating the public and policymakers on the bill's negative health impacts on society through strategic communication campaigns • Advocate for anti-discrimination laws will provide legal safeguards for KPs and PLHIV against workplace, social, and healthcare-related discrimination. • Advocate for the development of a structured and sustainable policy to integrate PLHIV into NHIS without requiring premium payments, ensuring comprehensive insurance coverage for HIV care.

Engage high-level leadership to lead advocacy efforts, educating the public and policymakers on the bill's negative health impacts on society through strategic communication campaigns.

Proponents of the Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill are utilizing societal prejudices and fears about the LGTBQ community to garner support for the bill. To counter these prevailing narratives, advocates could increase efforts to educate the public about the consequences of the bill on human rights, Ghana's economic stability and development, and health. Evidence-based advocacy strategies could be designed and implemented. Advocacy could address the immediate crisis of the bill, but it should also be sustained to change public attitudes and prevent future threats to KVPs.

High-level leaders concerned about the consequences of the bill could be motivated to utilize their political capital and social influence to educate the general. This can be done through public statements, media campaigns, networking and coordinating with other stakeholders, and by engaging opinion leaders and influencers as allies.

Advocate for anti-discrimination laws will provide legal safeguards for KPs and PLHIV against workplace, social, and healthcare-related discrimination.

Existing modes of KVP outreach are being jeopardized by an increasingly hostile environment. If safe spaces are being closed and social media outreach is becoming less productive, new ways of working with KVPs, MSM and transgender people (TG) in particular, need to be developed. Focus groups with MSM and TG people, anonymous reporting systems, and interviews with grassroot leaders can help monitor the evolving situation and generate ideas to continue reaching and supporting PLHIV and KVPs. Routine data collection can also help identify emerging issues and develop potential solutions.

Strengthen advocacy and public messaging by developing and implementing targeted awareness campaigns, community engagement initiatives, and policy interventions to reduce

stigma and discrimination, fostering a supportive environment for PLHIV to seek care closer to home.

In addition to increasing access to treatment, it is important the PLHIV feel safe and comfortable accessing treatment in their local communities. However, there is a lack of large-scale messaging campaigns that raise awareness across Ghana and sensitize the public, decreasing stigma and discrimination. It is critical that Ghana, through the GAC, allocate additional funding (donor or domestic) to reinvigorate messaging campaigns. Behavior change communication was not explicitly costed in the latest NSP but was included in the previous NSP 2016-2020 with an average annual need of $777,000 (GAC, 2015).

Governance and Political Leadership – Details of Needed Actions

Key Risk	Recommended Actions
●**R11.** Fragmented and overlapping governance structures impede cohesion within the response	Assess and define the roles and responsibilities of public stakeholders in the National HIV Response. This process will identify overlaps, address authority gaps, and develop a targeted sub-roadmap for improving HIV governance and coordination

Assess and define the roles and responsibilities of public stakeholders in the National HIV Response. This process will identify overlaps, address authority gaps, and develop a targeted sub-roadmap for improving HIV governance and coordination.

The Ghana HIV Response includes multiple public partners whose roles and responsibilities overlap or leave gaps unattended. This has contributed to a situation where there is no clear, accountable body responsible for persistent structural problems, like those related to commodity stock outs.

An exercise to review and clarify the roles and responsibilities of GAC, NACP, MoH/GHS, and MoF would help to make governance and stewardship more efficient. An external Technical Advisor could offer an independent view, analysis and recommendations, which ultimately will need to be adopted and reflected in an updated Governance structure agreement.

Key Risk	Recommended Actions
●**R12.** Low level of political commitment towards HIV response policy, social, financial and legal enabling environment.	• Advocate for the creation of an inter-ministerial committee to enhance political leadership and accelerate an enabling financial, social, and legal policy environment for the HIV response. This includes prioritizing the removal of administrative barriers, such as customs

	delays, to ensure timely access to HIV commodities.

Advocate for the creation of an inter-ministerial committee to enhance political leadership and accelerate an enabling financial, social, and legal policy environment for the HIV response. This includes prioritizing the removal of administrative barriers, such as customs delays, to ensure timely access to HIV commodities.

The sustainability of Ghana's HIV response is intricately linked to the level of political commitment. The Ghana HIV Response are saddled with layers of social, financial and legal barriers. This has led to bureaucratic barriers that lead to delays in procuring and distributing essential HIV medications, poor coordination among stakeholders, inadequate legal protections and social support for individuals living with HIV, and inadequate government investment leading to low allocation of resources between treatment and prevention.

Addressing the challenges outlined requires a high-level political leadership and commitment to prioritize HIV on the national agenda, allocate sufficient resources, and implement supportive legal and social policies. Such commitment is essential to close funding gaps, enhance program effectiveness, and ultimately lead to the achievement of the 2030 HIV targets and beyond.

Chapter 4. The Ghana HIV Sustainability Roadmap

What Should a Strong Roadmap Look Like?

Consistent with UNAIDS and Global Fund guidelines, the draft Ghana Roadmap presented here is a concrete, action-oriented plan with full buy-in from all stakeholders, including Government, civil society, and partners. It presents a limited number of high-value actions with roles, responsibilities, and deadlines explicitly assigned to relevant stakeholders. It is proposed that the Roadmap be overseen by an institutional accountability mechanism (led by the Ghana AIDS Commission, with strong support from the Ghana Health Service, the National Health Insurance Authority, Civil Society Organizations, and Development Partners) to coordinate implementation and hold all parties accountable for their respective responsibilities. Where needed, it is suggested that Ghana use focused Thematic Groups to bring lead organizations together around key areas of the Roadmap including Financing, Health Systems and Programmatic Sustainability, Legal Environment and CSOs, and Governance. Actions, timelines, and proposed financial investments need to be grounded in realistic expectations for the gradual transition of donor-supported activities to the Government over time.

Roadmap Process

A draft version of the Roadmap was presented to the Technical Working Group and other stakeholders during a day-long workshop in Accra on 27 June 2024. The workshop participants and agenda can be found in Annexes E and F, respectively. Participants had a chance to review the findings of the Sustainability Assessment, which were previously assessed and validated during an in-person workshop on 14 March 2024 and a follow-up meeting of the TWG on 9 May 2024. The workshop participants were oriented to the objectives of the Roadmap and then split into breakout groups to closely analyze and provide feedback on a defined subset of the risks. The groups debated and edited the entire Roadmap from the "Recommended Action" through to the proposed "Deadlines". Each group's findings were shared and further debated in a plenary session. Consensus findings were incorporated into the final Roadmap.

Development and Structure of the Roadmap

Based on the identification, assessment, and ranking of risks to the HIV program (see Chapters 1-3) as well as substantial written, virtual, and in-person feedback from a wide range of key stakeholders, the team has drafted the Roadmap matrix below.

The first column of the matrix reproduces the key risks highlighted earlier in this report for each of the four pillar areas along with their color-coded severity ratings. For each risk, "Recommended Actions" are shown. These Actions are further broken down into detailed "Implementation Steps." For each step, the key organization/s (e.g., GAC, NACP/GHS, Ministry of Health, PEPFAR, Global Fund, etc.) are highlighted as "Responsible" for implementation and results, and which organization(s) should be considered "Collaborating Actors" for key inputs and coordination. The column on "Due Date" indicates the proposed deadline for accomplishing the task and/or producing the output described in the step.

Content of the Roadmap

Ghana stakeholders identified a total of 11 major risks to sustainability and assigned 28 Recommended Actions to those risks.

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
Sustainable and Equitable Financing					
●**R1.** Funding from Development Partners is expected to remain flat or decline and will account for a small and diminishing share of total needs. That level of funding may be reduced if Ghana fails to provide its share of domestic funding ("co-financing") as agreed with the Global Fund	Establish a sustainable and reliable domestic funding mechanism through strategic partnerships with the private sector and civil society to meet HIV response needs and mitigating the effect decline in external funding.	Work with MoF and MoH to identify the most appropriate source for stable commodity funding (e.g., MoH line item) and to comply with overall Global Fund co-financing commitments.	GAC	MoH, MoF, NHIA, UNAIDS, WHO	June 2025
		Develop a proposal for inclusion of HIV commodity allocations in the budgets of MoH, MoF	GAC	MoH, MoF, NHIA, UNAIDS	August 2025
		Advocate for inclusion of identified source in the next budget.	GAC	MoH , CSOs, UNAIDS	October 2025
		Develop medium term (5 years) transition plans for government to absorb Global Fund financing Eg. Legal support, ARVs, commodities)	GAC	MoH, NHIA, MoF, NDPC, OGM, DACF, UNAIDS	December 2025
		Monitor and report actual HIV budgets and spending annually across implementing agencies	MoH, MoF, NHIA, DACF, GAC	MDAs, CSOs, UNAIDS	June 2026
		Identify and include high-profile government personnel to take responsibility for meeting co-financing requirements (e.g., politicians, dep. Ministers, ministers, cabinet ministers, chief execs. for gov. orgs.)	GAC	MoH, MoF, OGM, Parliamentary Select Committee on Health	Start in: September 2025
	The Government of Ghana, in collaboration with partners, should develop and implement a phased plan to gradually absorb donor-	Develop HRH inventories to clearly identify donor-funded positions and costs across the HIV response	GAC, NACP	Global Fund, PEPFAR, CSOs	November 2025
		Design an HRH transition plan (within the NSPs for HIV, TB and malaria) to absorb the cost of donor-	MoH, NACP	GAC, MoF	April 2026

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
	funded positions and capacity-building activities into the national system.	funded positions and capacity building activities and include in line item budgets			
		Monitor progress under HRH transition plan, and report results to government and stakeholders.	MoH	GAC, CSOs	December 2027
●**R2.** Under challenging macroeconomic conditions, Ghana has not been able to mobilize sufficient financial resources to address the growing and expected future funding gap – even though there are numerous opportunities for resource mobilization that could be exploited.	To collaborate with CSOs and academia in advocating for the revision of fiscal policies to transform the COVID-19 levy into a sustainable Pandemic Levy Fund, with an earmarked allocation specifically for HIV response activities.	Develop proposal for a defined portion of the COVID-19 levy to be allocated to HIV (standalone proposal or integrated with overall plan to repurpose the levy). MoH to lead the process of bringing all health stakeholders to agree on the allocation.	MoH	GAC, UNAIDS	December 2025
		Advocate with MoF and Parliament to enact allocation from COVID-19 Fund for HIV.	GAC	MoH, CSOs, UNAIDS	October 2025
		Monitor and report on use of funds from COVID-19 Levy funding for HIV.	GAC	MoH	June 2026
	To engage stakeholders in advocating for the inclusion of the HIV services in the proposed Ghana Medical Care Trust Fund (Mahama Care)	Develop proposal with NHIA and MoH to include HIV clinical services in NHIS benefits package (costing, actuarial analysis, definition of payment).	GAC	NHIA, MoH, UNAIDS, WHO	July 2025
		Amend NHIS Benefits Package to include HIV clinical services	NHIA	GHS, GAC	September 2025
		Advocate the inclusion of ARVs and other HIV products under Medical Trust Fund “MahamaCares”.	MoH	NHIA, MoF, , UNAIDS, WHO, CSOs	September 2025
	Develop policies and incentives that encourage businesses	Develop proposal to engage corporations in HIV response through CSR contributions – analyze	GAC	Ministry of Trade & Industry, Trade Chambers,	March 2025

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
	and private sector to allocate a defined portion of their Corporate Social Responsibility (CSR) contributions toward HIV programs, ensuring sustained private sector support for the HIV response.	companies, existing CSR, refine request for HIV contribution, guidelines for contributions, etc.		Industry Associations, Corporate bodies	
		Develop guidance and estimates for differentiated types of CSR investments in HIV: (1) workplace programs, (2) community projects, and (3) cash donations to HIV-AIDS Fund	GAC	Trade Chambers, Industry Associations, Corporate bodies	August 2025
		Meet with corporations and associations to advocate for their participation	GAC	Civil Society, Corporations, FBOs, UNAIDS	September 2025
		Sign MOUs with corporations/associations	GAC	Government	September 2025
		Work with corporations to report their CSR contributions and activities and monitor results	GAC	Trade Chambers, Industry Associations, Corporate bodies	June 2026
●R3. High level of out-of-pocket spending is a barrier to sustained antiretroviral treatment and a deterrent to accessing care. These out-of-pocket expenses may be growing,	Advocate for the expansion of NHIS coverage to include all HIV services to eliminate financial barriers and reduce out-of-pocket expenses for patients.	Review the current subsidization of NHI membership program supported by the private sector	GAC	NHIA, MoH, CSOs, UNAIDS	November 2025
		Develop proposal to further expand this free/subsidized membership scheme to all PLHIV	GAC	NHIA, MoH, CSOs, UNAIDS, UNICEF	November 2025
		Advocate with and present proposal to Parliament to add PLHIV to the premium exemption list	GAC	NHIA, CSOs, Parliament, UNAIDS	March 2026

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
precisely at a time when they should be shrinking		Implement nationwide scheme exempting PLHIV from premium payments and enroll PLHIV on NHIS	NHIA	CSOs, GAC	December 2026
		Monitor results – coverage, ease of implementation, and impact on out of pocket payments	NHIA	GAC, CSOs, Parliament, NDPC, UNAIDS	Ongoing, annual
	Expand the availability and geographic reach of clinics providing ARVs by increasing the number of healthcare facilities offering ARVs across all regions and implement differentiated ART delivery models, such as community-based distribution and mobile clinics, to improve access for PLHIV.	Develop a costed strategy, taking into account the PEPFAR model and efforts to integrate HIV with primary care via Networks of Practice, to expand the number of facilities offering differentiated ART services	NACP	MoH, GHS, GAC, UNAIDS	November 2025
		Implement strategy against agreed milestones, aligning with reforms to primary care (Network of Practice)	NACP	GHS, GAC, UNICEF	January 2026
		Ensure that NHIF payments for HIV reach all eligible providers including the expanded and decentralized network of ART facilities	NHIA	MoH, CSOs	January 2026
		Conduct studies to assess whether improved access investments are resulting in reduced out of pocket payments	GAC	GHS, UNICEF	December 2026
Systems					
● **R4.** Continued inability to resolve challenges in procurement and supply chain hinders service delivery and achievement of the third 95 target.	Implement policy reforms to exempt donated health commodities from import taxation, streamlining customs procedures to ensure timely availability and	Form a **coalition** of health stakeholders (ATM, vaccines, etc.) to advocate with Parliament to pass a blanket exemption for import duties and Global Fund agreement awaiting ratification	MoH	GAC, CSOs, MoF, UNAIDS	August 2025
		Develop proposal for Parliament to pass a blanket exemption, stressing	Coalition		December 2025

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
	distribution of essential medical supplies.	the impact on health and donor relationships			
		Meet with Parliament to present proposal	Coalition	Parliament	January 2026
		Pass blanket exemption for health commodities	Parliament		September 2026
	Facilitate the Government of Ghana's participation in international pooled procurement mechanisms, such as the Global Fund, WHO, UNICEF, UNFPA, or UNOPS, to reduce the cost of HIV commodities.	Identify any legal barriers to procurement contracts and identify best pooled procurement mechanisms (Global Fund, WHO, UNICEF, UNFPA, UNOPS)	GHS	GAC, MoH, MoF, Global Fund, WHO, UNICEF, UNFPA, UNOPS	July 2025
		Adopt the use of global pooled procurement for national procurement of HIV commodities, reinvesting savings into the HIV response	MoH	GAC, MoF	July 2025
	Strengthen collaboration between HIV response stakeholders and GHS to streamline data systems, ensuring interoperability, real-time reporting, and improved data-driven decision-making.	NACP and GHS to map data systems and identify opportunities for interoperability	GHS	GAC, UNICEF, WHO, UNAIDS	June 2025
		Identify potential funding opportunities to support accelerated implementation (such as support for training, internet service, etc.)	GHS	GAC, UNICEF, WHO, UNAIDS	September 2025
		Implement identified opportunities to improve data integration and entry/reporting	GHS	GAC, UNICEF, WHO, UNAIDS	December 2025
	Align procurement systems with the Supply Chain Master Plan by integrating coordination	GHS to continue working with health stakeholders to implement recommendations in SCMP 2021-2025	GHS	GAC, MoH, WHO	December 2025

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
	mechanisms, reducing redundancies, and enhancing transparency.				
	Develop and assess options for local manufacturing of ARVs, including impact on commodity security and on price.	Develop and assess options for local manufacturing of ARVs and other HIV commodities, including impact on commodity security and on price. Work with Ghanaian industry to receive WHO approval	GAC	MoH, GNCCI, MoF, MoTI, Pharmaceutical Society of Ghana, FDA, WHO, UNDP	December 2025
● **R5.** Shortages of human resources in key positions and their continued reliance on external funding create a major vulnerability and sustainability risk to the HIV response	Establish a sector-wide HRH working group to explore financial and non-financial strategies for improving healthcare worker retention and begin to reverse the brain drain.	Identify stakeholders, domestic and external, to join the sector-wide HRH working group	GHS	GAC, World Bank, MoH, MoF, Global Fund, WHO, stakeholders	December 2025
		HRH Working group to study challenges with human resources for health and identify opportunities to retain more healthcare workers. This work should consider and build upon existing initiatives funded by World Bank. Also generate innovative ways to utilize available cadre of nurses.	GHS	HRH Working Group, MoH, Global Fund, WHO, Stakeholders,	June 2026
		Implement identified options to improve workforce retention and mobilize available nurses	GHS	HRH Working Group, MoH, Stakeholders	December 2025
		Include and increase more health workers (e.g., nurses, physicians, PAs) on government spending for HIV	GHS	MoH, GAC	December 2026
	Develop and implement comprehensive training	Review trainings for health system and vertical disease programs to	MoH	GHS, GAC, NTCP, NMCP,	January 2026

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
	initiatives that equip healthcare workers with the skills needed for effective HIV service delivery, data management, and supply chain oversight.	identify opportunities to integrate. Special focus on training offerings for lowest level staff who are often required, in practice, to manage data systems.		Regional Health Directorates	
		Develop revised training protocols that integrate trainings where possible, including competencies for supply chain and data management. Protocols should consider how to offer training programs for existing health workforce in addition to new recruits. Explore opportunities to combine with Network of Practice implementation and receive buy-in from stakeholders. Include monitorable outcomes (i.e., completeness of data entry and reporting, supply chain coordination between levels, staff surveys reporting responsibilities and competencies for supply chain and data management).	MoH	GHS, GAC, NTCP, NMCP, Regional Health Directorates	June 2026
		Implement new training protocols throughout health system.	MoH	GHS, Regional Health Directorates	December 2026
		Monitor success of new training according to defined endpoints and update according to performance.	GHS	GAC	December 2027, annually
R6. The social protection needs of	Promote inclusion by establishing targeted	Map out economic development and social protection policies &	GAC	CSOs, Ministry of Gender,	September 2025

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
PLHIV and key and vulnerable populations (KVPs) are not well addressed increasing their vulnerability.	programs and policies that integrate young KVPs into economic empowerment initiatives and social protection frameworks through strengthened collaboration between government departments, development partners, and community organizations.	programs that can address the needs of young KVPs.		Children & Social Protection (MoGCSP), UNAIDS, WFP	
		Identify potential program improvements (breadth of services, accessibility, etc.) to address the specific needs of PLHIV and KVPs.	GAC	CSOs, MoGCSP, Ministry of Education	October 2025
		Assess and promote policies to ensure KVPs know how to access available resources, and track utilization.	GAC	CSOs, MoGCSP	December 2025
		Engage with government and international development partners to improve programs and expand coverage of KVPs in need.	GAC	CSOs, MoGCSP	June 2026
●R7. The sustainability of the community-led response, in behavioral prevention and other service areas and in legal protections/advocacy, is jeopardized by overdependence on two international donors and a lack of resource mobilization strategies, including social contracting, to support CSOs.	Develop and deliver targeted technical assistance to CSOs to strengthen their capacity in designing, implementing, budgeting, and monitoring resource mobilization strategies tailored to their needs, ensuring diversified and sustainable funding.	Define a TA process to capacitate CSOs to effectively manage and mobilize additional resources	GAC	UNAIDS, CSOs	February 2026
		Draft TORs for the TA, including a budget and funding support/sources	GAC	UNAIDS, CSOs	March 2026
		Advertise call for TA and select the appropriate consultant, with preference for being familiar with Ghanaian context	GAC	UNAIDS, CSOs	April 2026
		Implement TA for resource mobilization, addressing the following: baseline assessment, financial SWOT, business model, potential funding modalities,	Consultant	GAC	June 2026

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
		donor/funder mapping, product development, etc.			
		Monitor TA results to assess strength and capacity of CSOs	GAC	UNAIDS, CSOs	December 2026
	Provide technical assistance to support CSOs in adopting cost and expenditure analysis, optimizing service delivery models, refining labor policies, and clarifying staff roles and responsibilities.	*See above steps. Important for the TAs to be complementary*	*See above*	*See above*	*See above*
		Implement the TA to increase resource management efficiency: assess organizational model, staff roles and responsibilities, time management, business model, staff performance approach and evaluation, labor policies, salary scales/models, purchasing protocols, etc.	Consultant	GAC	September 2026
		Monitor TA results to assess strength and capacity of CSOs	GAC		December 2026
	Provide targeted training, resources, and strategic support to CSOs, enabling them to implement safe and effective outreach programs for KVPs	Develop a costed plan for CSO social contracting that defines the scope of activities funded, oversight structures, financing mechanisms (i.e, funds for CSOs flow through the GAC)	GAC	CSOs, MoH, MoF, UNAIDS	November 2025
		Include line item in the GAC annual budget for social contracting	GAC		November 2025
		Fund CSOs and monitor results	GAC	CSOs	April 2026
●**R8.** Incomplete integration of HIV services into the primary health care system	Enhance the integration of HIV services into primary healthcare systems by embedding	Establish regular meetings to coordinate implementation of HIV services into the primary health care system.	GAC	GHS, CHAG, MoH, MLJE, UNAIDS, WHO	January 2026

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
undermines efforts to institutionalise HIV programming, threatening continuity of care and long-term programme sustainability.	HIV prevention, treatment, and support services within routine care as the primary health care system.	Develop HIV integration strategy aligned with the primary health care system and supporting integration of HIV with other key health services (mental health, NCDs, etc.) within the primary care delivery system.	GAC	GHS, MoH, MLJE, CHAG, CSOs, WHO, UNAIDS	June 2026
		Monitor results of pilot integrations of HIV in the primary health care system and implement key findings.	GHS	GAC, MLJE, WHO, CSOs	June 2026
Services and Solutions					
R9. Without significantly increased investments in targeted HIV prevention, testing and linkage to care, Ghana will not be able to achieve and sustain high levels of treatment coverage	Collaborate with regional and district stakeholders to develop comprehensive HIV prevention plans and alignment with the Network of Practice to enhance coordination, knowledge sharing, and effective program execution.	Review existing prevention assessment tools and adapt for regional and district level implementation	GAC	GHS, CSOs, UNAIDS, UNICEF	August 2025
		Incorporate assessment findings into a costed prevention strategy that is integrated with the structure and objectives of the Network of Practice	GAC	GHS, CSOs, UNAIDS, Global Fund, PEPFAR, UNICEF	September 2025
		Monitor results of the prevention strategy, and update the strategy with new assessment findings at a defined cadence (annual, biannual, etc.)	GAC	GHS, CSOs, UNAIDS	December 2026
	Review and restructure the HIV Prevention Technical Working Group (TWG) to establish clear roles, composition, functionality and strengthen coordination	Re-establish TWG described in 2025 HIV Prevention Roadmap with broad representation including key civil society contributors and ensure the TWG meets regularly.	GAC	GHS, Ministry of Labour, Jobs and Employment (MLJE), CSOs, UNAIDS, WHO, Information Service	September 2025

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
	mechanisms to ensure strategic oversight of the prevention programs.			Department (ISD),	
	Identify and implement diverse domestic funding mechanisms to mobilize resources to sustainably fund HIV prevention activities and reduce over-reliance on donor support.	Develop a domestic resource mobilization strategy for HIV prevention. This should be costed and integrated with broader resource mobilization and program implementation strategies such as the 2025 HIV Prevention Roadmap (under Risk 2). External TA can be explored if and as needed.	GAC	UNAIDS, GHS, MOH, WHO	November 2025
		Implement resource mobilization strategy.	GAC		December 2025
		Review success of resource mobilization and impact of additional resources on prevention interventions. Revise strategies based on review.	GAC	GHS, CSOs	October 2026
Enabling Laws and Policies					
●**R10.** A legal and political environment that hinders the effectiveness of community-led responses and jeopardizes efforts to reduce HIV infections and save lives.	Engage high-level leadership to lead advocacy efforts, educating the public and policymakers on the "Family Values" bill's negative health impacts on society through strategic communication campaigns.	Map out key opinion leaders and social media influencers. Identify those who may support social cohesiveness (leaving no one behind) approaches	GAC	GHS, CSOs, UNAIDS	August 2025
		Develop key message and public communication pieces to be used to make the case – how social cohesiveness benefits the entire society	GAC	CSOs, UNAIDS	October 2025
		Engage high-level leaders from the government and allies to promote	GAC	CSOs, MoH, CHRAJ, Offices	December 2025

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
		the key messages directly to multiple audiences. Messages should be adapted according to the target audience		of the President and First Lady, UNAIDS	
	Advocate for anti-discrimination laws will provide legal safeguards for KPs and PLHIV against workplace, social, and healthcare-related discrimination.	Create a costed strategy for expanded public messaging, targeted education and information, utilizing different methods (social media, TV, radio, public adverts, etc.)	GAC	CSOs, GHS, NCCE, CHRAJ, UNAIDS	July 2025
		Identify funders/funding (domestic or external) to support revised HIV strategy	GAC	MoF, MoH, NDPC, CHRAJ	December 2025
		Implement cost strategy for expanding public messaging and education	GAC	CSOs, CHRAJ, Traditional Leaders, others identified by strategy	January 2026
		Carry out surveys of PHLIV to estimate OOPEs and monitor the impact of measures to lower these payments	GAC	CSOs, NHIA	December 2025
		Analyze impacts of stigma campaigns and iterate plans based on findings	GAC	CSOs, UNAIDS	Start: January 2025
	Advocate for the development of a structured and sustainable policy to integrate PLHIV into NHIS without requiring premium payments,	Determine to what extent the number of users of services for KVPs has declined in recent months (2024)	GAC	CSOs, UNAIDS	September 2026
		Identify alternative outreach strategies to reach out to hard-to-reach KVPs impacted by hostile	GAC	CSOs, UNAIDS	October 2025

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
	ensuring comprehensive insurance coverage for HIV care.	environment, and assess cost-effectiveness			
		Capacitate CSOs to implement identified cost-effective interventions	GAC	CSOs, Donors (new & existing)	April 2026
	Governance and Political Leadership				
●**R11.** Fragmented and overlapping governance structures impede cohesion within key areas of the response	Assess and define the roles and responsibilities of public stakeholders in the National HIV Response. This process will identify overlaps, address authority gaps, and develop a targeted sub-roadmap for improving HIV governance and coordination	Define a TA process to help clarify roles and responsibilities, and clearly map how stakeholders work (in practice and on paper) across different aspects of the response (procurement, prevention, advocacy, etc.)	GAC	MoH, GHS, MoF, AG, NDPC, CCM, OoP, UNAIDS	August 2025
		Draft TORs for the TA including a budget and funding support/sources	GAC	MoH, GHS, CCM, AG, MoF, UNAIDS	September 2025
		Advertise call for TA and select the appropriate consultant, with preference for being familiar with Ghanaian context	GAC	Inter-agency task team (MoH, GHS, CCM, AG, CSO)	October 2025
		Complete the assignment with a report outlining validated key recommendations	Consultant	GAC, Inter-agency task team	February 2026
	Strengthen the efficiency and capacity of GAC, NACP, and CCM by enhancing their governance, resource mobilization, and leadership in prevention efforts to ensure	Implement recommendations from the validated report on a comprehensive national HIV response governance plan	GAC	MoH, GHS, MoF, AG, NDPC	December 2025
		Convene dialogue to discuss and clarify the mandates of GAC, NACP, and CCM with key stakeholders to identify and avoid overlaps	GAC	GHS, CCM, AG, MoH	March 2026

Key Risk	Recommended Action	Implementation Steps	Responsible Actor(s)	Collaborating Actors	Deadline
	effective oversight of the HIV response.	Constitute Governance Working Group (GWG) to oversee the implementation of recommendations from the TA process in **action 8.1**	GAC	MoH, CCM, GHS, MoF, AG, OoP	June 2026
		Hold quarterly review meetings of the GWG on the progress and implementation of the report from the TA	GAC	GWG	December 2026
● R12 Low level of political commitment towards HIV response policy, social, financial and legal enabling environment	Advocate for the creation of an inter-ministerial committee to enhance political leadership and accelerate an enabling financial, social, and legal policy environment for the HIV response. This includes prioritizing the removal of administrative barriers, such as customs delays, to ensure timely access to HIV commodities.	Draft a formal proposal or establish the committees terms of reference (ToR), secretariat, and operational guidelines by outlining the purpose, scope, structure, and functions of the proposed committee	GAC	UNAIDS	July 2025
		Identify relevant ministries, government agencies, development partners, and civil society organizations (CSOs) and organize preliminary consultations to build consensus on the need for an inter-ministerial committee.	GAC	UNAIDS, NDPC	August 2025
		Present the concept note and evidence showing how bureaucratic and legal bottlenecks hinder HIV response	GAC	MoH, MLJE, NDPC	October 2025
		Engage key political figures (e.g., Ministers of Health, Finance, and Justice) to secure buy-in.	GAC	MoH, GHS, MoF, AG, NDPC, UNAIDS	December 2025

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SUSTAINABLE AND EQUITABLE FINANCING

>> Nature of Success

Goal: To Achieve a sustainable and equitable financing model for Ghana's HIV response by 2030 through increased domestic funding, enhanced private sector participation, and reduced out-of-pocket costs to ensure universal access to HIV care.

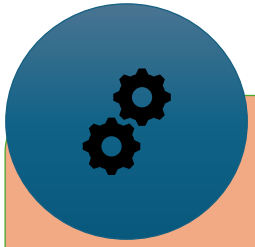
High Level Outcomes	Barriers/Risk	Pathway for Change/Recommendations
• Government of Ghana strengthens domestic resource mobilization and forges strategic partnerships with the private sector to mitigate the impact of declining donor funding, whiles ensuring the establishment of a sustainable and nationally led HIV response through a well-executed transition plan.	• **R1.** Funding from Development Partners is expected to remain flat or decline and will account for a small and diminishing share of total needs. That level of funding may be reduced if Ghana fails to provide its share of domestic funding ("co-financing") as agreed with the Global Fund	• Establish a sustainable and reliable domestic funding mechanism through strategic partnerships with the private sector and civil society to meet HIV response needs and mitigating the effect decline in external funding. • The Government of Ghana, in collaboration with partners, should develop and implement a phased plan to gradually absorb donor-funded positions and capacity-building activities into the national system
• The Government of Ghana ensures sustainable HIV response funding by reforming domestic revenue policies with strengthening private sector participation.	• **R2** Under challenging macroeconomic conditions, Ghana has not been able to mobilize sufficient financial resources to address the growing and expected future funding gap – even though there are numerous opportunities for resource mobilization that could be exploited.	• To collaborate with CSOs and academia in advocating for the revision of fiscal policies to transform the COVID-19 levy into a sustainable Pandemic Levy Fund, with an earmarked allocation specifically for HIV response activities. • To engage stakeholders in advocating for the inclusion of the HIV services in the proposed Ghana Medical Care Trust Fund (Mahama Care). • Develop policies and incentives that encourage businesses and private sector to allocate a defined portion of their Corporate Social Responsibility (CSR) contributions toward HIV programs, ensuring sustained private sector support for the HIV response
• User fees (including unofficial charges) and other out-of-pocket spending are reduced, leading to wider and more equitable access to HIV care for all Ghanaians	• **R3** High level of out-of-pocket spending is a barrier to sustained antiretroviral treatment and a deterrent to accessing care. These out-of-pocket expenses may be growing, precisely at a time when they should be shrinking	• Advocate for the expansion of NHIS coverage to include all HIV services to eliminate financial barriers and reduce out-of-pocket expenses for patients • Expand the availability and geographic reach of clinics providing ARVs by increasing the number of healthcare facilities offering ARVs across all regions and implement decentralized ART delivery models, such as community-based distribution and mobile clinics, to improve access for PLHIV.

SERVICES AND SOLUTIONS

>> Nature of Success

Goal: By 20230, to strengthen Ghana's HIV prevention strategies and improve care linkages to reduce new infections and increase the number of People Living with HIV (PLHIV) achieving viral suppression, ensuring a more effective and accessible HIV response in Ghana

High Level Outcomes	Barriers/Risk	Pathway for Change/Recommendations
• Ghana enhances prevention strategies and improve care linkages to reduce new HIV infections and increase the number and percentages of PLHIV achieving viral suppression by 2030.	• R7 Without further investments in targeted HIV prevention, testing and linkage to care, Ghana will not be able to achieve and sustain decreased new infections and high levels of treatment coverage	• Collaborate with regional and district stakeholders to develop comprehensive HIV prevention plans and alignment with the Network of Practice to enhance coordination, knowledge sharing, and effective program execution.
		• Review and restructure the HIV Prevention Technical Working Group (TWG) to establish it clear roles, composition, functionality and strengthen coordination mechanisms to ensure strategic oversight of the prevention programs.
		• Identify and implement diverse domestic funding mechanisms to mobilize resources to sustainably fund HIV prevention activities and reduce over-reliance on donor support.
		• Strengthened the efficiency and capacity of GAC, NACP, and CCM by enhancing their governance, resource mobilization, and leadership in prevention efforts to ensure effective oversight of the HIV response

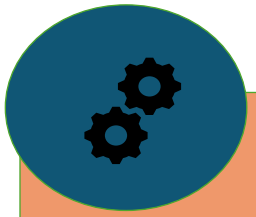


SYSTEMS

>> Nature of Success

Goal: By 2030, strengthen Ghana's healthcare systems and community networks to expand equitable HIV services through integration into primary healthcare, improved supply chain management, enhanced workforce capacity, and stronger CSO-government coordination.

High Level Outcomes	Barriers/Risk	Pathway for Change/Recommendations
• Ghana will enhance the integration of HIV/AIDS care and services into primary healthcare to optimize resource utilization and expands access to HIV testing and treatment, improving outcomes across the treatment cascade.	• R8 Incomplete integration of HIV services into the primary health care system undermines efforts to institutionalise HIV programming, threatening continuity of care and long-term programme sustainability	• Enhance the integration of HIV services into primary healthcare systems by embedding HIV prevention, treatment, and support services within routine care as the Network of Practice expands.
• Ghana will optimize procurement and supply chain systems to minimize stockouts and improve cost savings that will enable reinvestment in key components of the HIV response.	• R4. Continued inability to resolve challenges in procurement and supply chain hinders service delivery and achievement of the third 95 target	• Implement policy reforms to exempt donated health commodities from import taxation, streamlining customs procedures to ensure timely availability and distribution of essential medical supplies
		• Facilitate the Government of Ghana's participation in international pooled procurement mechanisms, such as the Global Fund, WHO, UNICEF, UNFPA, or UNOPS, to reduce the cost of HIV commodities.
		• Strengthen collaboration between HIV response stakeholders and GHS to streamline data systems, ensuring interoperability, real-time reporting, and improved data-driven decision-making.
		• Align procurement systems with the Supply Chain Master Plan by integrating coordination mechanisms, reducing redundancies, and enhancing transparency
		• Develop and assess options for local manufacturing of ARVs, including impact on commodity security and on price.
• Ghana strengthens training and retention systems for healthcare workers to enhance supply chain and data management capacity, increasing the availability of HIV testing and treatment services for PLHIV	• R5. Shortages of human resources in key positions and continued reliance on external experts are a vulnerability and increase sustainability risk	• Establish a sector-wide working group to explore financial and non-financial strategies for improving healthcare worker retention
		• Develop and implement comprehensive training initiatives that equip healthcare workers with the skills needed for effective HIV service delivery, data management, and supply chain oversight
• Ghana improves the coordination between CSOs and Government social protection programs to ensure improved access to services that address the socioeconomic needs of KVPs	• R6 The social protection needs of the PLHIV and key and vulnerable populations (KVPs) are not well addressed increasing their vulnerability.	• Promote inclusion by establishing targeted programs and policies that integrate young KVPs into economic empowerment initiatives and social protection frameworks through strengthen collaboration between government departments, development partners, and community organizations.



SYSTEMS

>> Nature of Success

Goal: By 2030, strengthen Ghana's healthcare systems and community networks to expand equitable HIV services through integration into primary healthcare, improved supply chain management, enhanced workforce capacity, and stronger CSO-government coordination.

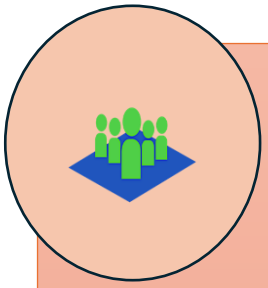
High Level Outcomes	Barriers/Risk	Pathway for Change/Recommendations
CSOs expand resource mobilization and strengthen organizational capacity to deliver a wider range of efficient and sustainable services for PLHIV.	R7 The sustainability of the community-led response, in behavioral prevention and other service areas and in legal protections/advocacy, is jeopardized by overdependence on two international donors and a lack of resource mobilization strategies, including social contracting, to support CSOs.	• Develop and deliver targeted technical assistance to CSOs to strengthen their capacity in designing, implementing, budgeting, and monitoring resource mobilization strategies tailored to their needs, ensuring diversified and sustainable funding
		• Provide technical assistance to support CSOs in adopting cost and expenditure analysis, optimizing service delivery models, refining labor policies, and clarifying staff roles and responsibilities.
		• Provide targeted training, resources, and strategic support to CSOs, enabling them to implement safe and effective outreach programs for KVPs

ENABLING LAWS AND POLICIES

>> Nature of Success

Goal: By 2030, strengthen Ghana's legal and policy framework to prevent discriminatory laws and promote a supportive, rights-based environment that protects and enhances the well-being of People Living with HIV (PLHIV) and Key Vulnerable Populations (KVPs)

High Level Outcomes	Barriers/Risk	Pathway for Change/Recommendations
• Ghana has an effective advocacy wing that prevent the enactment of discriminatory laws and promote a supportive legal environment that protects and improves conditions for PLHIV and KVPs.	• R10 A legal and political environment that hinders the effectiveness of community-led responses and jeopardizes efforts to reduce HIV infections and save lives"	• Engage high-level leadership to lead advocacy efforts, educating the public and policymakers on the bill's negative health impacts on society through strategic communication campaigns
		• Advocate for anti-discrimination laws will provide legal safeguards for KPs and PLHIV against workplace, social, and healthcare-related discrimination
		• Advocate for the development of a structured and sustainable policy to integrate PLHIV into NHIS without requiring premium payments, ensuring comprehensive insurance coverage for HIV care



GOVERNANCE AND POLITICAL LEADERSHIP

>> Nature of Success

Goal: To establish by 2030 a well-constituted, efficient, and accountable governance structure for Ghana's HIV response, driven by strategic coordination and strong political commitment to achieve Ghana's 2030 HIV targets and sustaining progress beyond.

High Level Outcomes	Barriers/Risk	Pathway for Change/Recommendations
• Ghana has a well-constituted and efficiently operating governance structure for the HIV response, strengthened by sustained political leadership and commitment leading to achieving the 2030 HIV targets and beyond.	• **R11**. Fragmented and overlapping governance structures impede cohesion within key areas of the response	• Engage an external technical advisor to assess and define the roles and responsibilities of public stakeholders in the National HIV Response. This process will identify overlaps, address authority gaps, and develop a targeted sub-roadmap for improving HIV governance and coordination
	• **R12** Low level of political commitment towards HIV response policy, social, financial and legal enabling environment.	• Advocate for the creation of an inter-ministerial committee to enhance political leadership and accelerate an enabling financial, social, and legal policy environment for the HIV response. This includes prioritizing the removal of administrative barriers, such as customs delays, to ensure timely access to HIV commodities.

Implementation Arrangements

To drive implementation of the Roadmap, it is suggested that the GAC publish its final and official version of the report once it is endorsed by the governing board of the GAC. It is further recommended that several Thematic Groups (TGs) be formed during the second half of 2024, under the aegis of the GAC's Board to develop and oversee detailed work plans for key action areas in each of the four pillars: Sustainable Financing, Health Systems and Program Sustainability, Legal Environment and CSO, and Governance. Given the pressing need to expand domestic financing of the response (Risk 2) and the opportunity to do so following the national elections later this year, it is recommended that the TG for fiscal space/financing be established as a first priority, to work with the Ministry of Finance and the NHIA and to advocate for new and expanded sources of domestic financing for HIV.

The detailed ToRs of these Thematic Groups including the suggested composition, chair, mandate, and expected deliverables will need to be developed, ideally in the next few months to maintain momentum. Each TG would ideally be composed of a small number (5-10) of senior officials with technical skills and the ability to put their findings in front of top decision makers in their respective organizations. The capacity of the TGs could be augmented with part-time technical assistance to ensure that data are collected and analyzed, models/templates designed and used, and key reports produced.

The Ghana HIV Roadmap represents a huge effort and investment by all stakeholders – public sector, CSO, PEPFAR, Global Fund, UNAIDS, and others – to come together to identify challenges to sustainability of the Ghana HIV program and forge a common plan that everyone buys into, endorses, and commits to implement. As the matrix and accompanying materials show, there are multiple actions for each stakeholder to carry out and be accountable for. It is recommended that, as part of implementation, all principal stakeholders, including GAC, NACP/GHS, Ministry of Health, Ministry of Finance, PEPFAR, Global Fund, Civil Society, and UNAIDS, have their "checklist of key individual actions".

Next Steps

- Moving forward, each stakeholder group should review, refine, and verbally subscribe to the key list of actions that it is expected to undertake as part of the Roadmap.
- The GAC to consider creating a small internal team/secretariat to coordinate implementation and monitoring of the Roadmap.
- The Thematic Groups to be established as needed, to develop their work plans, and lead on their respective implementation and coordination responsibilities.
- The major actions listed in the Roadmap to be reflected in the key policy, planning, and budget documents of the three main funding organizations (Government, PEPFAR, and Global Fund) that will drive the sustainability roadmap implementation. This should include the Government's costing of the HIV NSP, the Medium-Term Expenditure Framework, and annual government budget; PEPFAR's ROP 24-25 and ROP 26-27; and the Global Fund's GC8 Funding Request and Grant Agreements (and any reprogramming of GC7 and C19RM grants), including its Funding Landscape Tables, grant budgets, performance frameworks, and the Government's cofinancing

commitment letter. Experience from other countries shows that the Ghana Roadmap will have maximum impact if it is translated closely into financing decisions by the main funding agencies for the HIV response.

Annexes

Annex A: Technical Working Group Members

S/N	Institution	Representative	Title
1.	Ghana AIDS Commission	Dr. Kharmacelle Prosper Akanbong	Acting Director General
2.	Ghana AIDS Commission	Mr. John Eliasu Mahama	Acting Director, Policy and Planning
3.	Ghana AIDS Commission	Dr. Fred Nana Poku	Director, Technical
4.	Ghana AIDS Commission	Mr. Abdul-Siddique Moomen	Director, Finance and Administration
5.	Ghana AIDS Commission	Mr. Isaiah Doe Kwao	Director, Research, Monitoring and Evaluation
6.	Ghana AIDS Commission	Mr. Kingsley Amoako	Head, Internal Audit
7.	Ministry of Health	Mrs Emma Ofori Agyemang	Director, PPME
8.	Ministry of Finance	Mr Isaac Fraikue	Acting Director, Budget
9.	National Health Insurance Authority	Mr. Raymond Avinu	Director of Administration
10.	National Development Planning Commission (NDPC)	Richard Tweneboah-Kodua	Director of Research
11.	Ghana Health Service/ National AIDS Control Programme	Dr Emmanuel Teviu	Acting Programme Manager, NACP
12.	Office of the President	Abigail N Odoi	Deputy Director
13.	Ghana Statistical Service (GSS)	Dr. Emmanuel Boateng	Principal Statistician
14.	State Interest and Governance Authority (SIGA)	Joseph Sarpong	Manager, PME Regulatory Sector
15.	Ministry of Gender, Children and Social Protection	Victor Emefa	Programme Officer
16.	Commission on Human Rights and Administrative Justice (CHRAJ)	Mrs Mary Nartey	Director, Human Rights
17.	University of Ghana, Institute of Statistical, Social and Economic Research (ISSER)	Rev. Prof Adobea Owusu	Researcher
18.	University of Ghana, School of Public Health (SPH)	Prof. Kwasi Torpey	Dean, UG-SPH
19.	SEND Ghana	Siapha Kamara	CEO
20.	Longwood	George Ayeh	CEO
21.	Network of Associations of Persons Living with HIV (NAP+) Ghana	Mrs Elsie Ayeh	National President
22.	PEPFAR	Renicha (Nish) McCree	Regional Coordinator
23.	PEPFAR/USAID	Heather Robinson	Infectious Disease Team Lead
24.	GFATM/CCM	Mr. Samuel Hackman	Executive Secretary
25.	UNAIDS	Héctor Sucilla Pérez	Country Director

Annex B: Key Stakeholders Consulted (in 2024)

Name	Title	Organization
Kyeremeh Atuahene	Director General	Ghana AIDS Commission
Ernest Ortsin	President; Acting Chair	Ghana HIV & AIDS Network; CCM
Kwakye Kontor	Head of Planning and Budget	Ministry of Health
Nat Otoo	Former Chief Executive	National Health Insurance Authority
Pat Youri	Consultant	
Stephen Ayisi Addo	Program Manager	National AIDS and STI Control Program
Anthony Ashinyo	Deputy Program Manager	National AIDS and STI Control Program
Kwadwo Kodua Owusu	Head of Procurement and Supplies Management	National AIDS and STI Control Program
Yvonne Quansah	Director of Resource Mobilization and Economic Relations	Ministry of Finance
Mac-Darling Cobbinah	Executive Director	Center for Popular Education and Human Rights
John Mahama	Acting Director of Policy and Planning	Ghana AIDS Commission
Elsie Ayeh	Executive Director	Network of Persons Living with HIV/AIDS
Dan Craun-Selka	Interim PEPFAR Coordinator	PEPFAR
Heather Robinson	Infectious Disease Team Lead	USAID
Tony Ao	Country Director	CDC
Kofi Diaba	Programs Manager	WAPCAS
Naa Ashiley	Technical Advisor	West Africa AIDS Foundation
Senyo Wosornu	Executive Director	Maritime Life Precious Foundation
Juliette Puret	Senior Program Manager	GAVI
Stephen Duku	Health Financing Specialist	USAID
Fred Nana Poku	Director of Technical Services	Ghana AIDS Commission
Isaiah Doe Kwao	Director of Research Monitoring and Evaluation	Ghana AIDS Commission
Joshua Karume	Consultant	
Nicole Delaney	FPM	Global Fund
Martin Wenzl	Health Financing Advisor	Gloal Fund
Nat Otoo	Senior Felow	Results for Development
Nii Odoi Odotei	Principal Planning Analyst	National Development Planning Commission
Nicholas Gyabaah	Director of RMU	Ministry of Health

Alhaji Hafiz Adam	Chief Director	Ministry of Health
Alberta Adjebeng Biritwum-Nyarko	Director of PPME	Ghana Health Services
Ruby Aileen Mensah Annan	Acting Director of Strategic Health Purchasing	National Health Insurance Authority
Dan Nuer	Head of Tax Policy Unit	Ministry of Finance
Stephen Atasige	Ghana Coordinator	Global Health Advocacy Incubator
Anthony Kwasi Nyame-Baafi	CEO	Africa Trade Initiative for the Future
Eugene Abramah	Manager of Research and Communications	Ghana Employers Association
Andrews Ayim	Deputy Director of Information, Monitoring and Evaluation Department	Ghana Health Services
Emmanuel Essandoh	Program Management Specialist	USAID
Innocent Ibegbunam	Country Director	Chemonics International
Collins Kabuga	Acting Head of the UN Desk	Ministry of Finance
Isaac Fraikue	Chief Budget Analyst	Ministry of Finance
Ernest Owusu Sekyere	Principal Economic Officer	Ministry of Finance
Grace Akosua Dzeble	Head of Marketing	Ghana National Chamber of Commerce & Industry

Annex C: First Sustainability Dialogue Attendees

S/N	Name	Organization
1.	Dr. Anthony Nsiah-Asare	Office of the President
2.	Dr. Kyeremeh Atuahene	Ghana AIDS Commission
3.	Dr. Fred Nana Poku	Ghana AIDS Commission
4.	Abdul-Moomen Siddique	Ghana AIDS Commission
5.	Isaiah Doe Kwao	Ghana AIDS Commission
6.	John Eliasu Mahama	Ghana AIDS Commission
7.	Derick Oppong Agyare	Ghana AIDS Commission
8.	Charles Oduro	Ghana AIDS Commission
9.	Dr. Hafez Adam Tahr	Ministry of Health
10.	Dr. Adeyanis Fernandez	Ministry of Health
11.	Akotuah Safoah Sheila	Commission on Human Rights and Administrative Justice
12.	Dr. Stephen Ayisi-Addo	National AIDS/STI Control Program
13.	Nii Odoi Odotei	National Development and Planning Commission
14.	Lovia Afoakwei	National Development and Planning Commission
15.	Dr. Emmanuel Boateng	Ghana Statistical Service
16.	Jemima A. Boadu	Public Sector Reform
17.	Fidelist T. Aayeo	State Interest and Governance Authority
18.	Millicent Mensah	Public Interest and Accountability Committee
19.	Prof. Kwasi Torpey	School of Public Health
20.	Dr. Emmanuel Asensu Mensah	Bank of Ghana
21.	Samuel Hackman	Country Coordinating Mechanism
22.	Renicha McCree	UNAIDS
23.	Belynda Amankwa	UNDP
24.	Adwoa Yenyi	UNFPA
25.	Yusutor Avah-Davies	UNFPA
26.	Dr. Kafui Senya	WHO
27.	Eunice Mensah	UNAIDS
28.	Dr. Paul Dsane-Adu	UNICEF
29.	Dr. Tony Ao	USAID
30.	Heather Robinson	USAID
31.	Daniel Craun-Selka	PEPFAR
32.	Elikem Gadzekpo	CDD-Ghana
33.	Nicole Delaney	Global Fund
34.	Flacia Kirova	Global Fund
35.	Vuyiseka Dubula	Global Fund
36.	Brigitte Money	Global Fund
37.	Karen Kelley	Global Fund
38.	Annelihe Blalenhea	Global Fund
39.	Reynolds Asare	WAPCAS

40.	Elsie Ayeh	NAP+
41.	Mac Darling Cobbinah	CEPEHRG
42.	Maame Yaa A. Boateng	CEPEHRG
43.	Benedicta hanson	Organized Labor
44.	Comfort Atuah	SEND Ghana
45.	Yussif Abdul Rahman	John Snow International
46.	Fauzia Duut	Hope for Future Generations
47.	Ama Essel	KPMG
48.	Rev. Cyril Fayor	Christian Council
49.	Sheikh Kpakp Addo	Federation of Muslim Council
50.	Dinah Akukumah	Ghana AIDS Commission
51.	Anthony Kingsley Amoako	Ghana AIDS Commission
52.	Margaret Yamoah	Ghana AIDS Commission
53.	Jewel Lamptey	Ghana AIDS Commission
54.	Joesphine Oppong-Adusah	Ghana AIDS Commission
55.	Gladys Semefa Agbenyo	Ghana AIDS Commission
56.	Ellis Dowuona	Ghana AIDS Commission
57.	Patricia Anum Dorhusu	Ghana AIDS Commission
58.	Robert Hecht	Pharos Global Health
59.	Jeremy Otridge	Pharos Global Health
60.	John Stover	Avenir Health
61.	Joan Tallada	Pharos Global Health & Avenir Health
62.	Michel Tchuenche	Avenir Health
63.	Peter Godfrey-Faussett	Avenir Health
64.	Assegid Hellebo	Genesis Analytics
65.	Prof. Felix Asante	University of Ghana
66.	Prof. Ama Fenny	University of Ghana

Annex D: First Sustainability Dialogue Agenda

Time	Session	Presenter
Session theme: opening and setting the scene		
08:30-09:00	Arrivals and Registration	
09:00-09:15	Introductions	
09:15-09:25	Chairman's Opening Remarks	Dr. Anthony Nsiah-Asare, Presidential Advisor on Health
09:25-09:35	Welcome and Purpose	Dr. Kyeremeh Atuahene, Director General, Ghana AIDS Commission
09:35-09:40	Statement	Alhaji Hafiz Adam, Chief Director, Ministry of Health
09:40-10:05	Solidarity Statement / Brief Presentations	PEPFAR Coordinator-Ghana
		Global Fund Portfolio Manager
		UNAIDS Country Director
Session theme: the new sustainability approach		
10.05-10.30	The need for a transformative pathway for a sustainable HIV response towards and beyond 2030: Overview of the sustainability roadmap development process, support and guidance	Jaime Atienza Azcona, Director, Equitable Finance, UNAIDS
10:30-10.50	Introducing the Ghana HIV sustainability roadmap process	John Eliasu Mahama, Ag. Director, Policy and Planning, GAC
11:20-11:35	Questions and discussion (facilitated)	UNAIDS-Ghana Country Office
11:35-11:50	**SNACK BREAK**	
Session theme: country preparation—harnessing the sustainability roadmap process and next steps		
11:50-12:10	National HIV Sustainability Assessment and Plan	Robert Hecht, Pharos Global Health Advisors
12:10-12:30	HIV Investment Case	John Stover, Avenir Health
12:30-12:50	Discussions and agree roadmap scope	
12:50-1:40	**LUNCH BREAK**	
Session theme: defining the long-term vision for sustainability of the HIV response in country		
1:40-2:00	Goal setting	John Stover, Avenir
2:00-2:20	Achievements, challenges and constraints	Robert Hecht, Pharos
2:20-2:40	Brainstorming / putting out some solutions	GAC/Avenir/Pharos
Session theme: group work, discussion, summary and next steps		
2:40-3:15	Breakout group discussion: (1) Political commitment, governance, (2) human rights and legal environment (3) Programme efficiencies and finance (4) Data quality	GAC/Pharos/Avenir
3:15-3:45	Report back	Working groups rapporteurs
3:45-3:55	Summary and next steps	GAC/Pharos/Avenir
3:55-4:00	Closing remarks	Director General Ghana AIDS Commission

Annex E: Second Sustainability Dialogue Attendees

Name	Organization
1. Dr. Kyeremeh Atuahene	Ghana AIDS Commission (GAC)
2. Dr Fred Nana Poku	GAC
3. Isaiah Doe Kwao	GAC
4. John Eliasu Mahama	GAC
5. Charles Oduro	GAC
6. Derick Oppong-Agyare	GAC
7. Anthony Kingsley Amoako	GAC
8. Ernest Owusu Sekyere	Ministry of Finance (MoF)
9. Ernest Bonney	Ministry of Finance (MoF)
10. Henry Mensah	Ministry of Finance (MoF)
11. Abigail N Odoi	Office of the President (OoP)
12. Ama Asare Korang	Office of the Attorney General & Ministry of Justice (OAG&MoJ)
13. Victor Emefa	Ministry of Gender, Children and Social Protection (MoGCSP)
14. Dr Emmanuel Boateng	Ghana Statistical Service (GSS)
15. Theophilus Owusu-Ansah	National Health Insurance Authority (NHIA)
16. Hilda Adjei	National Health Insurance Authority (NHIA)
17. Mary Nartey	CHRAJ
18. Dr. Stephen Ayisi Addo	NACP
19. Dr. Anthony Ashinyo	NACP
20. Caroline Adonadaga	NACP
21. Doris Awudi	NACP
22. Dr Michael Kusi Appah	National Development Planning Commission (NDPC)
23. David Kodua	National Development Planning Commission (NDPC)
24. Richard Tweneboah-Kodua	National Development Planning Commission (NDPC)
25. Jemima Boadi	Public Sector Reform (PSR)
26. Heather Robinson	PEPFAR/USAID
27. Laura Nyarko-Ampem	PEPFAR
28. Emmanuel Essandoh	USAID
29. Grace Akosua Dzeble	Ghana National Chamber of Commerce and Industry (GNCCI)
30. Isaac Kwakye-Appiah	AngloGold Ashanti Malaria Control (AGAMal)
31. Dr. Kofi Odoi-Larbi	West Africa Program for Combating AIDS & STIs (WAPCAS)
32. Evans Memsah	West Africa Program for Combating AIDS & STIs (WAPCAS)
33. Richard Agodzo	NAP+ GHANA
34. Dr. Vera Opata	West Africa AIDS Foundation (WAAF)
35. Ernest Ortsin	Ghana HIV & AIDS Network (GHANET)
36. Bernice Ababio	Ghana HIV & AIDS Network (GHANET)
37. Joana Polley	Ghana HIV & AIDS Network (GHANET)
38. Dr Nii Akwei Addo	EQUIP Health Ghana
39. Angelina Kodua Nyanor	EQUIP Health Ghana
40. Nancy Ansah	Hope for Future Generation (HFFG)
41. Watara Yahaya	Network of Young Key Populations (NYKP)

42.	Emmanuel Antwi	Network of Young Key Populations (NYKP)
43.	Lavoe Gifty	African Network of Young Leaders and Sustainable Development
44.	Martin Ame Niiquaye	Young Health Advocate Ghana (YHAG)
45.	Sydney Kwaku Danso	Country Coordinating Mechanism (CCM)
46.	Rev. Prof Adobea Owusu	ISSER, UG, Legon
47.	Dinah Akukumah	GAC
48.	Margaret Akosua Yamoah	GAC
49.	Josephine Oppong-Adusah	GAC
50.	Gladys Semefa. Agbenyo	GAC
51.	Ellis Dowuona	GAC
52.	Daniel Kpogo	GAC
53.	Dennis Annang	GAC
54.	Mabel Mends-Wesley	GAC
55.	Delali Kemavor	GAC
56.	Albert Tsiquaye Junior	GAC
57.	Klutsey Maurice	GAC
58.	Victoria Wilson-Sey	GAC
59.	Amanda Achaab	GAC
60.	Andrew Atitsu	GAC

Annex F: Second Sustainability Dialogue Agenda

Time	Session	Presenter
08:30-09:00	Arrivals and Registration	
09:00-09:05	Opening Prayer	Charles Oduro, Deputy Director, GAC
09:05-09:15	Introductions	Margaret Akosua Yamoah
09:15-09:25	Welcome and Purpose of Dialogue	Dr. Kyeremeh Atuahene, Director General, GAC
09:25-09:35	Remarks	Héctor Sucilla Pérez, UNAIDS Country Director
09:35-10:30	The Ghana HIV Sustainability Roadmap	GAC & Pharos Global Health Advisors
10:45-11:00	**SNACK BREAK**	
11:00-1:00	Breakout Session on the Ghana HIV Sustainability Roadmap (4 Groups, 2 risks each)	Pharos & GAC
1:00-2:00	**LUNCH BREAK**	
2:00-3:00	Plenary Session: Presentation of Roadmap	
3:00-3:15	Next steps	GAC
3:15-3:25	Closing Remarks	Director General, GAC
3:25-3:30pm	**Closing Prayer & Departure**	

Annex G: Alternative Domestic Resource Mobilization Options

Alternative domestic source	Estimated potential annual yield
1 cedi monthly contribution from public and private sector employees	$1.8 million
Increase HIV share of DACF from 0.5% to 2%	$7.5 million
5% earmarked share of communications service tax	$4.5 million
5% of the tourism levy	$131,000

1 cedi monthly contribution from public and private sector employees

There are approximately 1.8 million people active enrolled in SSNIT (SSNIT, 2024). If all SSNIT enrollees contributed 1 cedi per month to the National HIV and AIDS Fund, this could make available an additional $1.8 million per year. This funding could be used to support prevention campaigns and workplace programming across Ghana. Beyond the financial benefit, this contribution could also increase awareness about HIV and increase public buy-in to the success of the response. This was not included as a priority source because implementation would be challenging (voluntary contributions would require significant investment in advocacy that could exceed yield and passing a law to mandate contribution could be unpopular) and the yield is low compared to the three priority sources.

Increase HIV share of DACF from 0.5% to 2%

PLHIV receive 0.5% of the District Assembly Common Fund allocation each year. Over 2018-2022, this allocation averaged $1.8 million per year (MoF, 2018-2022). Funding is released to district assemblies, with broad parameters about how it should be spent. However, there are reports that little of the funding available is expended. One identified reason was that the amount of funding when divided amongst the districts was so small they struggled to spend on meaningful interventions (Tengzu, 2024). It is recommended that the allocation for PLHIV be increased from 0.5% to 2% which would bring it in line with allocations for other vulnerable groups such as people with disabilities. This would have increased the average annual allocation to $7.5 million over 2018-2022. To support expenditure of this additional funding, the GAC could agree on new guidelines with the DACF that would include more specific interventions for funding. This was not included as a priority source because its yield was lower than the selected public sources and implementation would be challenging to ensure that funds were fully expended.

5% earmarked share of communications service tax

The Communications Service Tax (CST) is a 5% levy for the use of communications services provided by electronic communications service providers. The CST used to be charged at a rate of 9% but was reduced in 2020 during the pandemic (GRA, 2024). If 5% of the CST was earmarked for HIV it would have yielded an average of $4.5 million per year 2018-2022 (MoF, 2018-2022). Telecommunications is an expanding sector and revenues from the CST could grow in the coming years. This was not included as a priority source because 20% of the revenues are already allocated towards the

National Youth Employment Programme and other tax sources could generate greater yields with clearer rationales for contributing to HIV.

5% of the tourism levy

The tourism levy was established in 2012 to support the Tourism Development Fund. It is a 1% tax on the net cost of services or products purchased from a tourism enterprise (GTA, 2024). Revenues are not included in the MoF fiscal budgets, but the Tourism Development Fund Administrator reported average collections of $2.6 million from 2017-2022. However, many tourism entities have not registered with the Fund and are therefore not contributing revenues (Obeng, 2023). If 5% of the reported collections were allocated to HIV, an additional $131,000 would have been available to the response annually from 2017-2022. Research has identified that international travel and tourism are linked to higher rates of new HIV infections (Du et al., 2022). This was not included as a priority source because yields are lower than other public sources and there remains uncertainty about the exact collections from the levy since they do not appear in the MoF fiscal budgets.

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