

Ghana

HIV/AIDS epidemiological summary

HIV surveillance information on antenatal clinic women has been available in Ghana since 1990. Information is available only from Accra in 1990, but, by 1994, 20 sentinel surveillance sites were reporting HIV prevalence. The rate among pregnant women slowly increased between 1990 and 1998. There are three sites that are included as the major urban areas: Accra (two reporting sites in 1997), Kumasi and Tamale. HIV prevalence among antenatal clinic women tested increased from 1% in 1990 to 3% in 1998. In 1998, HIV prevalence ranged from 2% to 7%. Outside of the major urban areas, HIV prevalence also increased, from 1% in 1991 to 3% in 1998. In 1998, HIV prevalence among the 14 sites ranged from 2% to 12%.

HIV prevalence rates among sex workers increased from 2% in 1986 to nearly 40% in 1991. By 1997, HIV prevalence among sex workers tested in Accra had reached 73%.

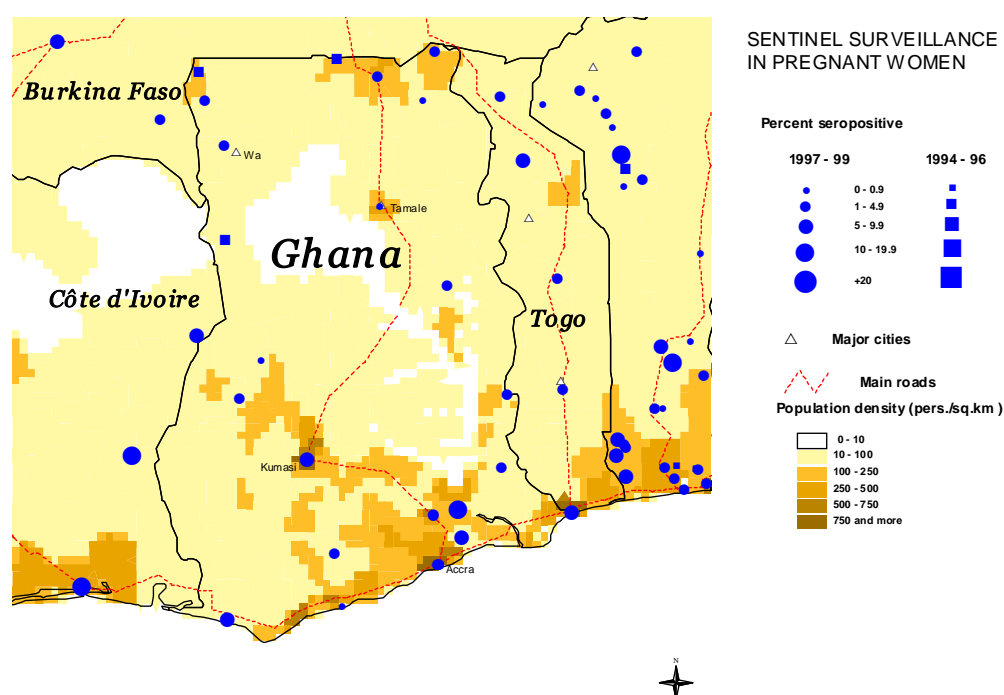
HIV prevalence among STI clinic patients in Accra increased from 2% in 1988 to nearly 9% in 1991. In 1998, HIV infection among female STI patients tested in Adabraka, Greater Accra region, had reached 27%.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	340 000	330 000	3.60	180 000	14 000

Demographic impact of HIV/AIDS	Year	Estimate	Source
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic	1999	170 000	UNAIDS/WHO, June 2000
Estimated AIDS deaths	1999	33 000	UNAIDS/WHO, June 2000

Behavioural indicators	Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)	-	-	-	-
Reported non-regular sexual partnership over a 12-month period (%)	-	-	-	-

Measured HIV prevalence	Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)	1998	3.4	2.2	6.6



Economic impact of HIV/AIDS

Summary of the economic impact of HIV/AIDS

Data on the economic impact on Ghana are limited. Of the sectors explored here, the studies in health demonstrate that there is a large gap in funding to meet the full needs of a scaled-up care and prevention programme, which would cost approximately 1.3% of GDP. The current primary school enrolment is 43%. Although this figure is already low compared with other developing countries, AIDS could reduce it still further. A model developed by UNAIDS and UNICEF in 2000 shows that increasing mortality rates due to AIDS lead to discontinuity in teaching, with many pupils losing or having a change in their teachers. The potential impact on other sectors, including agriculture, households and firms, shown in other African nations to increase costs and expenditure, reduce savings and shift productivity patterns due to labour losses, must be carefully monitored.

Macroeconomic impact

Not available

Economic impact of HIV/AIDS on households

Not available

Economic impact of HIV/AIDS on agriculture

Not available

Economic impact of HIV/AIDS on firms

Not available

Economic impact of HIV/AIDS on education

Supply: A model developed by UNAIDS and UNICEF in 2000 shows that, of around 2.4 million primary school students, 11 000 would have lost a teacher to AIDS in 1999 (1).

Demand: Not available

Economic impact on the health sector

Supply: Not available

Demand: 1995 study for the Ministry of Health estimates AIDS-related bed occupancy to be 50% in 2000 and over 90% in 2010 (2).

Resource gap: The annual cost of scaling-up HIV/AIDS programmes nationwide is estimated to be between US\$ 55 million and US\$ 87 million (3).

Management and implementation of the national response to HIV/AIDS

Policy formulation

Existence of national HIV/AIDS policy (either a written document or part of one)

Yes	No
x	

Comments/Key elements: Draft National HIV/AIDS & STI Policy Documents, produced by the National AIDS and STD Control Programme, was due for completion in August 2000.

Supported by UNAIDS at the beginning, currently supported by USAID Policy Project.

Source: UNAIDS

Date: 26 June 2000

Existence of HIV/AIDS policy in the following sectors:

Sector	Yes	No
Agriculture		x
Education		x
Health	X	
Military	X	
Workplace	X	
Sports		X
Others		X

Comments/Key elements:

Source: UNAIDS

Date: 26 June 2000

Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV

Yes	No
	X

Comments/Key elements:

Source: UNAIDS

Date: 26 June 2000

Organizational structure**Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-Ministerial Committee, Presidential-level bodies)

Yes	No
	X

Comments/Key elements: The National AIDS Commission being developed will be chaired by the President.

Source: UNAIDS

Date: 26 June 2000

Planning and programming**Existence of national strategic plan on HIV/AIDS**

Yes	No
	X

Comments/Key elements: Expected to be finalized at the end of July.

Source: UNAIDS

Date: 26 June 2000

National strategic plan on HIV/AIDS includes clearly identified priorities

Yes	No
X	

Comments/Key elements: The following priorities are identified in the document currently being finalized: Youth, decentralization, sex workers, women, PLWA, STIs.

Source: UNAIDS

Date: 26 June 2000

Existence of budget for implementation of the national strategic plan

Yes	No
	NA

Comments/Key elements:

Source: UNAIDS

Date: 26 June 2000

General demographic and socioeconomic indicators

Demographic indicators	Year	Estimate	Source
Total population (thousands)	1999	16 678	UNPOP
Population aged 15–49 (thousands)	1999	9150	UNPOP
Annual population growth (%)	1990–1998	3.0	UNPOP
% of population urbanized	1998	36	UNPOP
Average annual growth rate of urban population (%)	1990–1998	3.6	UNPOP
Economic indicators	Year	Estimate	Source
GNP per capita (US\$)	1997	390	World Bank
GNP per capita average annual growth rate (%)	1996–1997	1.7	World Bank
Human Development Index rank (HDI)	2000	129	UNDP
% population economically active	-	-	-
Unemployment rate	-	-	-
Education indicators	Year	Estimate	Source
Total adult literacy rate	1995	65	UNESCO
Adult male literacy rate	1995	76	UNESCO
Adult female literacy rate	1995	54	UNESCO
Male secondary school enrolment ratio	1996	37.8	UNESCO
Female secondary school enrolment ratio	1996	24.0	UNESCO
Health indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	37	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	9	UNPOP
Maternal mortality rate (per 100 000 live births)	1990	740	WHO
Life expectancy at birth	1998	60	UNPOP
Total fertility rate	1998	5.1	UNPOP
Infant mortality rate (per 1000 live births)	1999	64	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990–1999	22	UNICEF/UNPOP
% of births attended by trained health personnel	1990–1999	39	UNICEF
% of one-year-old children fully immunized-DPT	1995–1998	68	UNICEF

References

- (1) UNICEF. *The Progress of Nations 2000*. Background paper. New York, UNICEF, 2000.
- (2) Asamoah-Odei, E., Antwi, P., and Dickerson, D. *AIDS in Ghana*. Accra, Ghana, National AIDS/STD Control Programme. Ministry of Health. 1995.
- (3) World Bank and UNAIDS. *Costs of Scaling HIV Programmes to a National Level for Sub-Saharan Africa*. Draft report, April, 2000.