

HIV/AIDS IN GHANA DR YASMINE HARDY (FWACP, DTM&H) HIV CLINIC, KOMFO ANOKYE TEACHING HOSPITAL, KUMASI EACS HIV SUMMER SCHOOL, MONTPELLIER, FRANCE. AUG 28TH – SEPT 3RD 2018

INTRODUCTION



Ghana is a middle-income country in West Africa. It shares boundaries with the Gulf of Guinea in the South, Ivory Coast in the West, Burkina Faso in the North and Togo in the East.

Rich in gold, manganese, bauxite, timber.

Population size (2018 Est. = 29,519,470.)

HIV EPIDEMIOLOGY

Current HIV prevalence has dropped from 2.1% in 2011 to 1.7% in 2018. PMTCT coverage has almost doubled from 29% in 2010 to 56% in 2016. Number receiving HTC increased from 955,674 in 2015 to 1,271,347 in 2017.

SITUATION OF GHANA AIDS EPIDEMIC IN 2017:

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Prevalence of HIV among adults	1.7 [1.4 -2.0]
Women aged 15 to 49 HIV prevalence rate	2.3 [1.9 - 2.8]
Men aged 15 to 49 HIV prevalence rate	1.0 [0.7 - 1.2]
HIV prevalence among young women	0.9 [0.4 - 1.4]
HIV prevalence among young men	0.3 [0.1 - 0.4]

PREVALENCE AMONG KEY POPULATIONS

GROUP	%
MSM	17.5%
FSW	6.9%
Prisoners	2.3%
Injecting Drug Users (IDU)	-

UNAIDS 90-90-90 target: Where are we?

INDICATOR	2016	2017
People living with HIV who know their status	40%	74%
People diagnosed with HIV who are on sustained ART	39%	48%
People receiving ART with viral suppression	58%	

FIRST LINE ART: One combination from group A and one from group B		
A	В	
TENOFOVIR (TDF) + LAMIVUDINE (3TC)/EMTRICITABINE (FTC) OR ZIDOVUDINE (AZT) + 3TC/FTC	NEVIRAPINE OR EFAVIRENZ	
SECOND LINE ART: One combination from group A + group B		
A	В	
AZT + 3TC/FTC OR TDF + 3TC/FTC	LOPINAVIR/RITONAVIR	

CHALLENGES ENCOUNTERED

- **Stigma** hindering testing. 2016 UNAIDS report 67.7% repondents said they wouldn't buy vegetables from a shopkeeper who was HIV positive
- **Poor knowledge of HIV** myths/cultural beliefs HIV is a curse and the curse has to be reversed.
- Poor adherence to ART— assurance of cure by herbalists and pastors.
- Non disclosure to partner confidentiality issues, GBV
- Funding
- **Poor treatment access** for hard to reach populations
- Low socio-economic status of many PLWH affecting labs, monitoring
- Non availability of drug resistance testing
- Poor psychosocial support of PLWH

ACHIEVEMENTS

- Adoption of test and treat policy
- Viral load machine- one in all but 1 of the 10 regions in Ghana
- Adoption of Option B+
- Community HIV testing
- Increase in ART coverage from 16,968 in 2015 to 26,969 at the end of 2017 and marked decline in drug stockout
- AIDS related deaths have dropped from 34000 (2005) to 15000 (2016)
- Fall in HIV prevalence
- Poor psychosocial support of PLWH

* Case

35 yr old woman (model of hope/peer educator) HIV positive for about 14 years. WHO stage at presentation - Stage 1V (Kaposi's Sarcoma). CD4 count of 1 cell/mm³. Viral load wasn't available. Started on ART ...AZT + 3TC + EFV.... and has been very compliant. Doing well. Viral load has been undetectable for the past year. CD4 – 1230cells/mm³. HIV antibody test repeated on 2 occasions over the past year has been found to be negative. What explains this?