Globally, the number of new HIV infections per 100 adults (aged 15–49) recorded each year declined by 44% between 2001 and 2012; between 2004 and 2014, AIDS-related deaths fell by 40% worldwide. In 2015, in the time it takes to read this brief, three new people will get their first access to life-saving HIV treatment.

In Ghana, through the Joint UN Team on AIDS, the UN provided technical assistance to the Ghana AIDS Commission and the Ghana Health Service in developing the first National Strategic Plan for HIV (2011–15), the Prevention of Mother to Child Transmission of HIV Scale-up Plan (2011–15), and in conducting yearly HIV “sentinel surveys” to monitor infection rates among pregnant women. Together, these endeavors accelerated efforts to mobilize resources for universal access to HIV treatment, resulting in dramatic increases in the numbers of infected people receiving life-saving treatment and care:

- HIV treatment sites in Ghana increased from just 5 to 197 between 2004 and 2014;
- over 14,500 more people began treatment in 2014 alone;
- new infections across all ages were reduced by 47%, from 21,000 to 11,000 between 2004 and 2014; and
- AIDS-related deaths fell by 52%, from 19,000 to 9,200 between 2004 in 2014.

The significant progress made by Ghana over the lifespan of the MDGs has placed it among the countries that have recorded a decline of more than 20% in new infections, which means that the spread of HIV/AIDS has been halted and begun to be reversed, thereby achieving MDG target 6b.

**Drivers of success:** In 2012, UNAIDS and the President of Ghana, John Dramani Mahama, launched the Protect the Goal Campaign to raise awareness of HIV and push for preventive measures through sports, entertainment and cultural activities targeting young people. By 2015, through social media and traditional media outreach, the campaign had reached more than 7 million of the country’s young people, and over half a million people, including celebrities and political and youth leaders, had signed the Protect the Goal pledge board.

**Challenges:** Despite these successes, there is more work to be done. HIV treatment in Ghana covers 62% of adults, much lower than the corresponding figures of 81% for Kenya or 95% for Botswana, for example. Although practicing safe sex is the best way to reduce the chance of contracting the virus, risky sexual behavior and a lack of relevant knowledge about HIV – for example, that condoms and monogamy prevent HIV transmission, and that a healthy-looking person can be HIV positive – remain at alarmingly high levels among young people. Condom use among young women actually fell from 33% to 19% between 2003 and 2014, and from 50% to 39% among young men.1

Further progress is also needed in pediatric HIV testing and treatment. In 2014, antiretroviral coverage for children stood at just 22%, and early infant diagnosis at 17%.

**PROGRESS ON MALARIA**

Worldwide, an estimated 3.3 billion people are at risk of malaria. Between 2000 and 2013, an expansion of malaria interventions helped to reduce the incidence of the disease by 30% globally, and by 34% in Africa. Over this period, the malaria mortality rate fell by 47% worldwide and by 54% in Africa.2
Ghana has pursued an integrated approach to the control of malaria, incorporating inter-sectoral collaboration with private sector and community involvement. Interventions have focused both on diagnosis and treatment, and on prevention; the latter have included periodic preventive treatment for pregnant women, nets impregnated with long-lasting insecticide, indoor insecticide spraying, and killing larvae at source.

Between 2000 and 2012, a substantial scaling-up of anti-malaria interventions led to a reduction of parasite prevalence from 62.5% to 27.5%. Malaria case management has also improved, with the case fatality rate declining from 1.32% to 0.54% between 2010 and 2014.

**Challenges:** Since 2012, about 12 million bed-nets treated with long-lasting insecticide have been distributed and hung nationwide, amounting to universal coverage; however, the difficulty has been in making sure they are used. Although bed-net use has increased over the years, more than half of all Ghana’s children are still not sleeping under them.

The UN in Ghana is helping the health sector to reduce the burden of tuberculosis (TB) through screening, detection and early treatment of new cases. Ghana has also focused on improving successful treatment of multidrug-resistant TB and reducing deaths among people infected with both TB and HIV.

Progress has been made in controlling TB, with the cure rate increasing from 22% to 85% (the WHO recommended level) between 1996 and 2010. Moreover, the rate of patients discharging themselves before the end of their treatment fell from 11% (substantially over the WHO recommended maximum of 5%) to 2.6% between 2005 and 2010.

**Challenges:** The case detection rate of TB has remained low at 22%. Moreover, the prevalence of TB among the general population stands at 264 per 100,000—almost three times the WHO recommended maximum of 92 per 100,000 population.

### TRANSITIONING TO THE SDGs

The unfinished business of MDG 6 can be tackled over the next 15 years through SDG 3, which sets out an overarching goal on health issues of ensuring healthy lives and promoting well-being for all at all ages. For Ghana to implement SDG 3 successfully, the following issues need to be addressed:

- In terms of **HIV/AIDS/TB**, testing for HIV/TB needs to be further scaled up by training both non-health personnel and health staff, including nurses, midwives and laboratory technicians. Furthermore, although Ghana has received support from development partners, it has become clear, especially since 2010, that public finance constraints are hampering the country’s ability to provide the necessary logistical and human resources to sustain an adequate response to the epidemic. If SDG 3 is to be achieved, it will be essential to mobilize more domestic resources, including by setting up an AIDS fund.

- In terms of **malaria**, the use of insecticide-treated bed-nets by poor people needs to be improved. Furthermore, limitations on available (mainly financial) resources to scale up malaria control programmes need to be tackled. Finally, weak coordination of waste management systems and inadequate waste disposal nationwide, coupled with poor drainage systems, needs to be addressed, as mosquitoes and their larvae thrive in such conditions.

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*This brief was compiled from information provided by UNAIDS, UNICEF and WHO.*