

FACTSHEET – UPR 2017, GHANA

3rd CYCLE UNIVERSAL PERIODIC REVIEW

STIGMA and DISCRIMINATION OF HIV : TOWARDS THE FIGHT TO ELIMINATE AIDS DEATH IN GHANA.

SUMMARY OF KEY ISSUES FROM PREVIOUS UPR CYCLES AND RECOMMENDATIONS MADE

In the 2012 UPR, it was recommended that Ghana “Continue to implement programs and measures to prevent and combat HIV/AIDS” as well as “Continue to implement the HIV/AIDS prevention, care and treatment programmes to further reduce the prevalence.” Ghana committed to “Avail itself of additional funds for HIV/AIDS programmes, thereby encouraging the international community to match the funds in the fight against the HIV/AIDS epidemic.”

NATIONAL FRAMEWORK

In addition to 1992 Constitution which mandates the protection of the human rights of the citizenry, Ghana is a state party to several international instruments that protect the rights of persons including the right to Health. These include the Convention on the Elimination of all forms of Discrimination against Women (CEDAW), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention against Torture (CAT), the African Charter on Human and Peoples’ Rights (ACHPR) and the Protocol on the Rights of Women in Africa (Maputo Protocol). Others are the Convention on the Rights of the Child, the Universal Declaration of Human Rights, and the Convention on the Rights of Persons with Disabilities.

Ghana is party to the Universal Health Coverage and its related promotion of Primary Health Care for All as stipulated by the WHO guidelines as well as SDG Goal 3 which targets to end epidemic of AIDS and prevent number of new HIV infections per 1000 uninfected population by sex, age and key population by 2030. Conséquent to that is the Ghana AIDS Commission Act 2016, (Act 938) which replaces the previous Act 613. The new law gives full protection to persons with HIV and AIDS.

Ghana is classified as having a generalized HIV epidemic. According to the 2014 GDHS, HIV prevalence in Ghana was 2.0%. There was lower prevalence among males (15-49years- 1.1%) than females (2.8%) in the same group. The 2015 HIV Sentinel Survey indicated the epidemic is more prevalent in urban areas (2.4%) than rural areas. (1.4%) and the 2014 GDHS found that comprehensive knowledge about HIV decreased from 25% in 2008 to 18% in 2014 among women and from 33% in 2008 to 30% in 2014 among men.

The 2014 GDHS further showed that the percentage of adults with accepting attitudes towards persons living with HIV decreased from 19% in 2008 to 14% in 2014 for males and from 11% to 8% for females. This is much lower than the 50% targeted for the National Strategic Plan (NSP) for 2015. This, coupled with the 2013 Stigma Index Study clearly confirm that stigma is a challenge in the country.

Ghana has a number of policy initiatives that drive health care programs including the Ghana Shared Growth Development Agenda 2, the Health Sector Medium-Term Development Plan and the Health Sector Country Year Plan. Others are the TB , MALARIA and HIV /AIDS strategic plans as well as the UN SDGs on Health. Ghana has adopted the UNAIDS Fast Track agenda for ending AIDS by 2030.

Focus is to achieve 90% of persons living with HIV knowing their HIV Status, 90 of those who know their HIV status put on treatment and 90% of those who know their HIV status attain viral suppression. These efforts will lead to preventing HIV among young people and reducing HIV related stigma against PLWHIV and key Populations. The totality of these interventions will culminate in an end to AIDS by 2030.

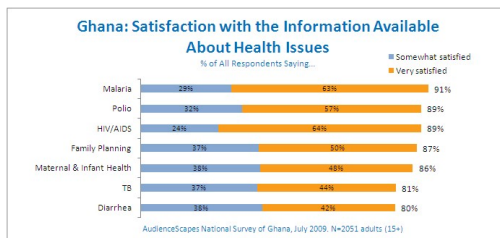


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CHALLENGES

1. The Intermittent Non Availability HIV/ AIDS medication and timely dispensing of ART to persons living with the disease.(The break in essential medicine distribution chain)

2. Stigma and discrimination as well as low awareness levels persist especially among men having sex with men (MSM)



3. Low financing

RECOMMENDATIONS

1. Government must ensure the availability of HIV/ AIDS medication and timely dispensing of same to persons living with the disease.

2. Government must ensure strict enforcement of the new Ghana AIDS Commission law and put in place a fast-track compliance mechanism to address stigma and discrimination

3. Government must provide an efficient system that can guarantee readily available funding to address HIV and AIDS

IMPACT

1. Many persons living with HIV are denied timely access to their medication which hampers management of the disease and their ability to in live comfort. In some cases, patients deteriorate faster than they otherwise would have and die sooner than they would have died.

2. Stigma and Discrimination issues hamper the fight against HIV / AIDS and thus complicate the fight to end the disease.

HIV Testing is also low among young persons. In 2014, only 10.6% of young men 15-24 years have ever tested for HIV compared to 22.4% of men aged 15-49 years and about 0.8% people aged 15-24 living with HIV.

3. The lack of adequate resources if not addressed will impede the government national response which is governed by the three- ones principle although much is expressed in the new AIDS Commission Act 2016, (Act 938) which makes provision for the establishment of a fund to deal with HIV and other related matters, a lot more funding regime is required to ensure effective compliance of the Law and thus implement fully the National Response on the One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners One national HIV/AIDS coordinating authority with a broad based multi-sector mandate.

ABOUT THIS FACT SHEET

This Factsheet was Prepared by: Mind Freedom Ghana/Concern Health Education/ Gender Violence Survivors Support Network/ Network of Women in Growth Ghana/ Amnesty International/ Community and Family Aid Foundation/ Women in the Lord’s Vineyard/ Grace to Grace Foundation/ Society and Youth Foundation/ Re-live Ghana/ The Light Foundation Ghana (TLF)/ One Love Initiative Foundation/ Community Outreach Alliance/ Patient Friend Foundation (PFF)/ Community Youth Development Foundation (CYDEF)/ POS Foundation/ KASA Initiative under the auspices of the Ghana Human Rights NGO Forum.

REFERENCES:

The Ghana Shared Growth Development Agenda
Programmatic Strategic Plan of TB / HIV 2016-18
Ghana Demographic Health Survey 2014
UPR recommendation 2012
UNAIDS
Ghana AIDS Commission Act 2016, (Act 938).