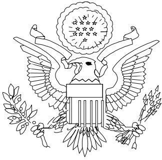

United States Department of State

Washington, D.C. 20520

FY 2015 Ghana Country Operational Plan (COP)

The following elements included in this document, in addition to "Budget and Target Reports" posted separately on www.PEPFAR.gov, reflect the approved FY 2015 COP for Ghana.

1) *FY 2015 COP Strategic Development Summary (SDS)* narrative communicates the epidemiologic and country/regional context; methods used for programmatic design; findings of integrated data analysis; and strategic direction for the investments and programs.

   Note that PEPFAR summary targets discussed within the SDS were accurate as of COP approval and may have been adjusted as site-specific targets were finalized. See the "COP 15 Targets by Subnational Unit" sheets that follow for final approved targets.

2) *COP 15 Targets by Subnational Unit* includes approved COP 15 targets (targets to be achieved by September 30, 2016). As noted, these may differ from targets embedded within the SDS narrative document and reflect final approved targets.

Approved FY 2015 COP budgets by mechanism and program area, and summary targets are posted as a separate document on www.PEPFAR.gov in the "FY 2015 Country Operational Plan Budget and Target Report."

Ghana Country Operational Plan

COP 2015

Strategic Direction Summary

1 August 2015

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ACRONYMS

ADRA	Adventist Development Relief Agency
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Care
APR	Annual Program Results
ARV	Antiretroviral (drugs)
ART	Antiretroviral Therapy/Treatment
BCC	Behavior Change Communication
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
CEE	Core Essential Element
CHRAJ	Commission on Human Rights and Administrative Justice
CMS	Central Medical Store
CN	Concept Note
COP	Country Operational Plan
CRIS	Country Response Information System
CSO	Civil Society Organization
DBS	Dried Blood Spot
DFID	United Kingdom Department for International Development
DHAPP	U S Department of Defense HIV/AIDS Prevention Program
DHIMS	District Health Information Management System
DHS	Demographic Health Survey
DIC	Drop-In Center
DOD	Department of Defense
DRM	Domestic Resource Mobilization
EA	Expenditure Analysis
EID	Early Infant Diagnosis
e-MCT	Elimination of Mother to Child Transmission
EQA	External Quality Assurance
ER	Eastern Region
ETWG	Expanded Technical Working Group
EWS	Early Warning System
FP	Family Planning
FSW	Female Sex Worker
FY	Fiscal Year
GAC	Ghana Aids Commission
GAF	Ghana Armed Forces
GAR	Greater Accra Region
GF	Global Fund To Fight Against AIDS, Tuberculosis and Malaria
GHC	Ghana Cedis
GHS	Ghana Health Service
GNI	Gross National Income
GOG	Government of Ghana
GSM	Gender and Sexual Diversity
HIS	Health Information System

HIV	Human Immunodeficiency Virus
HIVDR	HIV Drug Resistance
HSS	Health Systems Strengthening
HSS	HIV Sentinel Survey
HTC	HIV Testing and Counseling
IBBS/IBBSS	Integrated Biological and Behavioral Surveillance Survey
ILB	International Laboratory Branch, Division of Global HIV/AIDS, Center for Global Health, CDC
IM	Implementing Mechanism
KP	Key Populations
KPIS	Key Populations Implementation Science
KPLHIV	Key Populations Living With HIV
LINKAGES	Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV Project
LTC	Linkage to HIV Care and Treatment Services
MCC	Millennium Challenge Corporation
MCH	Maternal and Child Health
MICS	Multiple Indicator Cluster Survey
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOT	Modes of Transmission Study
MSM	Men Who Have Sex With Men
MTE	Midterm Evaluation
NACP	National AIDS Control Program, GHS
NAP+	National Association of Persons Living with HIV and AIDS
NASA	National AIDS Spending Assessment
ND	No Data
NFM	New Funding Model
NGO	Nongovernmental Organization
NIH	National Institutes for Health
NSP	National Strategic Plan
NTB	National Tuberculosis Program, GHS
OGAC	Office of the Global AIDS Coordinator
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain Reaction machine (DNA amplifier)
PEPFAR	President's Emergency Plan for AIDS Relief
PHDP	Positive Health and Dignity Program
PITC	Provider Initiated Testing and Counseling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PPAG	Planned Parenthood Association of Ghana
PT	Proficiency Testing
PWID	People Who Inject Drugs
QA	Quality Assurance
QI	Quality Improvement
QM	Quality Management

RISK	HIV/AIDS Response through Innovative Strategies for Key Populations Project
SGBV	Sexual and Gender Based Violence
SI	Strategic Information
SID	Sustainability Index and Dashboard
SIMS	Site Improvement Monitoring System
SLIPTA	Stepwise Laboratory Improvement Process
SMS	Short Message Service
SOP	Standard Operating Procedures
SPI-POCT	Stepwise Process for Improving the Quality of HIV-related Point of Care Testing
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TBD	To Be Determined
TWG	Technical Working Group
UIC	Unique Identifier Code
UNAIDS	Joint United Nations Programme on HIV-AIDS
USAID	United States Agency for International Development
UNFPA	United Nations Population Fund
USG	United States Government
VL	Viral Load
VMMC	Voluntary Medical Male Circumcision
WAPCAS	Ghana-West Africa Program to Combat AIDS and STI
WAHO	West African Health Organization
WHO	World Health Organization
WHO AFRO	World Health Organization, Regional Office for Africa

Goal Statement

PEPFAR Ghana is committed to working with the Government of Ghana (GOG) and other stakeholders including the Global Fund (GF), UNAIDS, and civil society organizations to achieve sustained epidemic control. The achievement of 90-90-90 among the general population in Ghana requires that 202,039 persons living with HIV (PLHIV) know their status and that 181,835 of them are retained in antiretroviral treatment (ART) by 2020. There is a significant treatment gap in Ghana due to limited external and domestic resources and there are only enough antiretroviral drugs (ARVs) to treat 76,000 ART clients (GF supports a cohort of 61,000 ART clients and the GOG supports a cohort of 15,000 ART clients).

Female sex workers (FSW) and men who have sex with men (MSM) continue to be disproportionately affected by HIV in Ghana. The PEPFAR Ghana goal is to assist the Government of Ghana to achieve 81% coverage of key populations (KP) on ART by the end of FY 2017 in high burden regions/districts in southern Ghana. PEPFAR interventions will be coordinated with the Global Fund/Ghana AIDS Commission whose objective is to reach 40% of the KP in Ghana in 2016 and 2017. The PEPFAR Ghana targets are to achieve 90-90-90 among 60% of the KP in southern Ghana by the end of FY 2017.

PEPFAR Ghana will support the GOG and other stakeholders to strengthen the national policies and systems needed to ensure that all PLHIV are enrolled and sustained in HIV care and treatment services. Specifically, PEPFAR Ghana will provide technical assistance to the GOG to increase the numbers of HIV-infected KP who know their HIV status and to accurately monitor and evaluate the enrollment and retention in HIV care and treatment services of PLHIV. Technical assistance will include support for interventions to ensure the quality of HIV diagnostic testing and viral load testing; to rebuild and decentralize supply chain systems; to improve data quality, availability and use; to reduce stigma and discrimination of PLHIV; and to increase institutional GOG and civil society capacity.

PEPFAR Ghana will continue to work with the GOG to coordinate support for KPLHIV prevention interventions among PEPFAR- and GF-supported NGOs. PEPFAR Ghana and the GF are further intensifying their collaboration to address several critical areas of the National HIV/AIDS Response: 1) improving the evidence base for programming, with an emphasis on data collection, quality and use; 2) integrating Quality Assurance/Quality Improvement (QA/QI) activities into all levels of HIV service delivery, including laboratory services (e.g., viral load testing to identify clients with treatment failure; 3) developing a continuum of care framework to strengthen linkages between care, treatment and support services at all levels from health facility to community setting; 4) supporting the GHS to develop and pilot a HIV module for the GHS client-centered tracking system to facilitate the monitoring and case management of individual PLHIV (DHIMS2); and 5) continuing with institutional strengthening of local NGOs. PEPFAR

Ghana will also continue to provide technical assistance, quality assurance and logistic support to NGO and GOG recipients of GF funding.

1.0Epidemic, Response, and Program Context

1.1 Summary statistics, disease burden and country or regional profile
Ghana, population 25,331,552, is a lower-middle income country with a Gross National Income (GNI) per capita of $1,490 (Ghana Statistical Services 2013). The HIV/AIDS epidemic in Ghana is a low-level generalized epidemic with high prevalence rates among female sex workers (FSW) and men who have sex with men (MSM). Table 1.1.1 shows key national epidemiologic and demographic data for Ghana. In 2013, HIV prevalence in the general population was estimated to be 1.3% in adults aged 15-49, and an estimated 224,488 persons, including 34,557 children, were living with HIV/AIDS. HIV prevalence is not evenly distributed throughout the country and HIV prevalence among pregnant women in five of ten regions (Ashanti, Brong-Ahafo, Eastern, Greater Accra and Western) exceeds two percent (NACP 2013 HSS). HIV prevalence is higher in urban areas than in rural areas, and in 2013, HIV prevalence among pregnant women living in urban areas was 2.2% and in rural areas it was 1.3%. Prevalence among adult females (15-49 years of age) continues to be higher than among adult males (1.6% vs 1.0%) and prevalence among young adults (15-24 years of age) is relatively low (0.4% in females and 0.3% in males).

HIV incidence has been decreasing in the general population (from 0.37% in 1996 to 0.04% in 2013 among adults 15-49 years) and the estimated annual number of new infections in Ghana have been less than the estimated annual number of AIDS-related deaths since 2005 (2013 NACP Annual Report). In 2013, there were an estimated 7,812 new HIV infections and 10,074 AIDS-related deaths (table 1.1.1). Of the estimated 7,812 new infections that occurred in 2013, 76% were in adults aged 15-49 years of age; 18% occurred in infants and were associated with mother-to-child transmission of HIV, and 6% occurred in persons 50 years and older (2013 NACP HIV Estimates).

Results of the 2014 Modes of Transmission (MOT) Study, indicate that among adults (15-49 years of age), 48% of new HIV infections are associated with casual heterosexual sex[1], 28% are associated with FSW, their clients and the partners of their clients, and MSM and their partners, and 24% are associated with stable heterosexual couples.

In 2011, HIV prevalence measured in key populations (11.1% in FSW and 17.5% in MSM) was much higher than that of the general population. There is evidence that prevalence among FSW may be decreasing especially among the younger mobile sex workers ("roamers"), the majority type of

[1]Casual heterosexual sex includes people who have casual heterosexual sex have multiple sex partners or sex with a non-regular, non-cohabiting partner and the partners of those who have casual heterosexual sex.

FSW in Ghana. The 2011 IBBSS surveys conducted among FSW and MSM indicate that HIV testing rates among key populations are quite low, especially among men who have sex with men (MSM). Very little is known about people who inject drugs (PWID) in Ghana and their risks of HIV infection. The proportion of HIV-infected key populations in HIV care and treatment services is completely unknown.

HIV prevalence among members of the Ghana Armed Forces (GAF) was estimated to be 1.0% at the end of 2005 (PEPFAR 2006), but no follow up studies have been performed since. The DOD identifies military personnel as a priority population for HIV interventions due to their extensive travel and the concentration of FSW around military installations (IBBS among members of the Togo Armed Forces, 2014). There are approximately 15,500 military in Ghana (The World Bank 2013).

The NACP reported that as of December 2013, 84,169 PLHIV in Ghana had initiated antiretroviral treatment (ART) since 2004 and that a reported 90% (71,855 adults and 3,907 children) were still receiving ART (NACP 2013 Annual Report). However, a preliminary study by NACP of available data indicated that only 72% of ART clients who initiated treatment between 2010 and 2013 were alive and on treatment at the same healthcare facility 12 months after they had initiated ART[2]. If 72% of all PLHIV who initiated ART were still on treatment by the end of 2013, it would mean that 27% of the estimated 224,488 HIV-infected persons in the country are currently receiving antiretroviral treatment.

Table 1.1.2 shows the cascade of HIV diagnosis, care and treatment in Ghana which has been improving. In 2013, 76% of the identified HIV-infected pregnant women received antiretroviral drugs; 14,299 PLHIV initiated ART; and high proportions of the FSW (45,891/51,937 or 88%) and MSM (34,490/34,470 or 100%) populations were reached with HIV prevention services although fewer received testing and counseling (28% or 11,881 FSW and 17% or 5,740 MSM).

Major gaps affecting the achievement of epidemic control among the general population and among key populations include limited external and domestic resources affecting the availability of antiretroviral drugs (ARVs) and HIV test kits; limited geographic access to HIV care and treatment services in some parts of the country; high levels of stigma and discrimination against KP and PLHIV; limited knowledge regarding the sizes and locations of key populations in Ghana including FSW, MSM and PWID[3]; unavailability of client-centered data which are needed to provide quality services and to monitor the continuum of care of PLHIV (e.g., retention of identified PLHIV in care and treatment services); and under-supported laboratory services which are needed to ensure accurate HIV test results, to identify HIV-infected infants (e.g., early infant diagnosis (EID)) and to identify PLHIV with anti-retroviral treatment failure (e.g., measure HIV

[2] NACP HIV Data Quality and Quality of Service Assessment in Ghana: ART and PMTCT (Draft, July 2014).
[3] Much more information will become available in 2015 and 2016. PEPFAR is supporting an IBBS among MSM; KP mapping and population size estimate; and an IBBS among PWID. GF is supporting an IBBS among FSW.

viral load (VL)). Figure 1.1.1 shows the availability of ARVs for treatment of eligible PLHIV in Ghana per treatment goal in 2015. ARVs are not available for approximately 50,000 PLHIV with a CD4 count less than 350. In order to achieve 90:90:90 funding would be needed for ARVs for an additional 100,000 PLHIV.

Limited external and domestic resources have had a serious impact on national supplies of antiretroviral drugs (ARVs) and HIV test kits. Figure 1.1.1 shows that the treatment gap at the CD4 threshold of 350 is 48,526; at the CD4 threshold of 500 is 85,857; and for 81% coverage (90-90-90) is 104,965.

Figure 1.1.1: Availability of ARVs for Treatment of Eligible PLHIV in Ghana per Treatment Goal, 2015

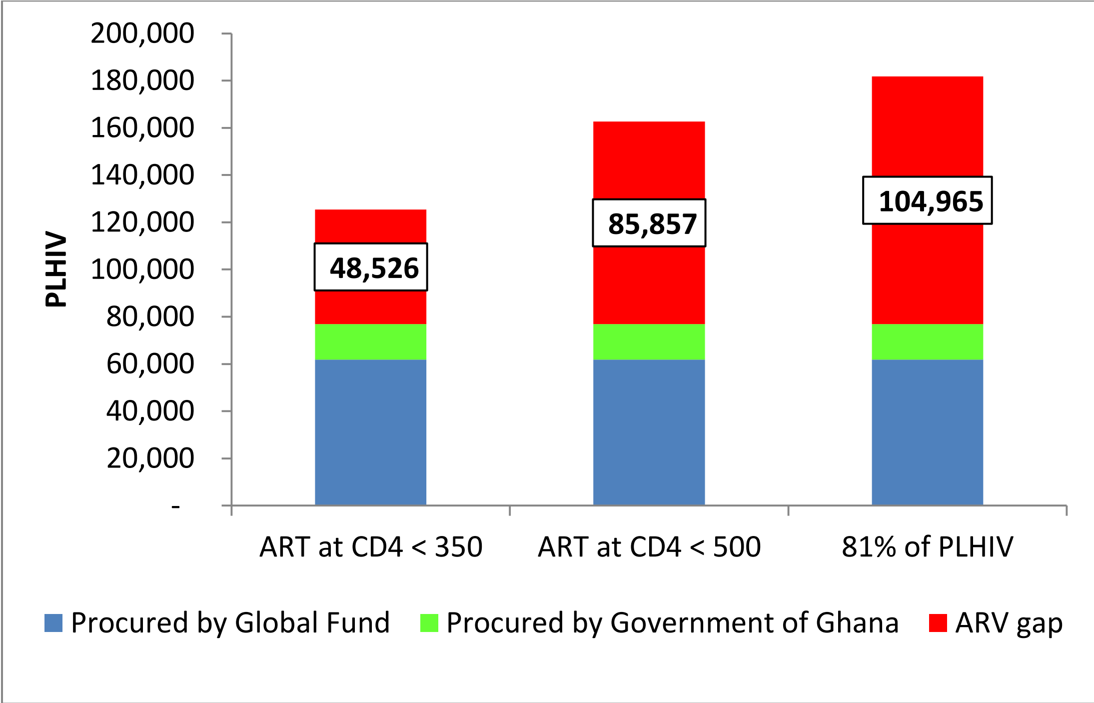

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Table 1.1.1 Key Demographic and Epidemiological Data, Ghana	Total		0-14 yrs		0-14 yrs		15+		15+		Source
	N	%	FEMALE	%	MALE	%	FEMALE	%	MALE	%	
GENERAL POPULATION											
Total Population	25,331,552		4,680,978	18.5%	4,923,670	19.4%	8,071,200	31.9%	7,655,704	30.2%	2013 Est
Prevalence (15-49 years)	165,780	1.3%					101,555	1.6%	64,225	1.0%	2013 Est
Prevalence (0-15+)	224,489	0.9%	16,829	0.4%	17,728	0.4%	114,909	1.4%	75,023	1.0%	2013 Est
PLHIV (0-15+)	224,489	0.9%	16,829	0.4%	17,728	0.4%	114,909	1.4%	75,023	1.0%	2013 Est
AIDS deaths	10,074		1,095		1,153		3,698		4,128		2013 Est
Incidence	7,812	0.03%	1,173	0.03%	1,234	0.03%	3,156	0.04%	2,249	0.03%	2013 Est
New infections	7,812	0.03%	1,173	0.03%	1,234	0.03%	3,156	0.04%	2,249	0.03%	2013 Est
Annual births (Spectrum)	772,929	3.1%									2013 Est
Annual births (GOG)	1,013,262	4.0%									MOH 2013
% >= 1 ANC visit		97.3%									MICS 2011
Pregnant women needing ARVs (Spectrum)	11,682	1.5%									2013 Est
Pregnant women needing ARVs (GOG)	19,672	1.9%									NACP 2013
Orphans	991,108										2013 Est
TB cases	15,541	0.06%									NTB 2013
TB/HIV co-infections	2,386/10,781	22.1%									NTB 2013
Males circumcised		91.6%									DHS 2008
KEY POPULATIONS AND OTHER PRIORITY POPULATIONS											
Estimated MSM	30,579	0.48%									IBBS 2011
MSM HIV prevalence (estimate)	6,032	17.5%									IBBS 2011
Estimated FSW	51,937	0.80%									IBBS 2011
FSW HIV prevalence (estimate)	5,765	11.1%									IBBS 2011

Table 1.1.2 Cascade of HIV diagnosis, care and treatment, Ghana 2013											
				HIV Care and Treatment, 2013				HIV Testing and Linkage to ART, 2013			
	Population Size Estimate (#)	HIV Prevalence (%)	Total PLHIV (#)	In Care (#)	Initiated on ART (#)	Retained on ART 12 Mos (est)	Viral Suppression 12 Months	Reached	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	25,331,552	0.89%	224,488	23,362	14,299	ND	ND	ND	668,929	37,279	ND
Population < 15 years	9,604,648	0.36%	34,557	1,647	843	ND	ND	ND	13,960	1,896	ND
Pregnant Women	772,929	1.9%	11,682	NA	7,266	ND	ND	971,342	492,622	9,508	ND
MSM	34,470	17.5%	6,032					34,490	5,740	429	ND
FSW	51,937	11.1%	5,765					45,891	11,881	620	ND
PWID											

* Sources of data include 2013 NACP Annual Report; 2013 NACP HIV Prevalence Estimates; FY 2013 PEPFAR Ghana APR; ANC registration data.

1.2 Investment Profile

Ghana is a lower-middle income country with a gross national income (GNI), of $1,490 USD per capita (Ghana Statistical Service, 2013). The major sources of funding for the $444 million National Strategic Plan for HIV and AIDS for 2011-2015 (NSP) are the GF, PEPFAR and the GOG. The UN System provides much technical assistance especially for HIV and AIDS systems strengthening and monitoring and evaluation. Prevention of new HIV infections makes up the largest share of the NSP budget, representing 47% of the entire NSP budget driven mainly by the budget for the Most at Risk Populations ($82 million). Treatment, care and support makes up 18% of the NSP budget ($79 million). In 2012 and 2013, reported care and treatment expenditures were twice the amount budgeted for in the NSP and reported prevention expenditures were significantly less than the amount budgeted for (NASA 2012 and 2013). In 2012 and 2013, approximately $9 million was spent on Most at Risk Populations (NASA 2012 and 2013).

International funding accounted for 80% of HIV and AIDS expenditures in 2012 and for 60% in 2013, while public sector funds, mainly GOG funds accounted for 4% of expenditures in 2012 and 10% in 2013 (NASA 2012 and 2013). In 2012 and 2013, household funds accounted for almost all of the private funds spent on HIV and AIDS-related expenses. Table 1.2.1 describes investments by program area and by type of funding agent as reported in the NASA report for 2012 and 2013. Expenditure data are not available for community-based care, priority population prevention, laboratory or SI (surveillance and surveys) interventions.

The Global Fund is by far the largest external source of funding for the HIV/AIDS sector. Ghana has been the recipient of three HIV/AIDS GF grants. Rounds 1 and 5 funding (2002-2011) were awarded to the Ministry of Health (MOH)/Ghana Health Service (GHS) for clinical service provision, focused on health system strengthening and the scale-up of prevention, treatment and care. To-date, Ghana has signed with GF for a cumulative total of $160.6 million to address HIV-AIDS ($14.1 million in Round 1, $97.1 million in Round 5 and $49.4 million in Round 8). Round 1 ended in December 2007 and Round 5 ended in April 2011. The current Round 8 grant (2009-2013) focuses on gaps identified in HIV prevention services among the general population and key populations; integration of services; and strengthening of institutional capacity and community systems.

Round 8 has five Principal Recipients (PRs) with the majority of funding going to the GHS/National AIDS Control Program (NACP) for clinical service provision (including procurement of anti-retroviral drugs) and training and to the Ghana AIDS Commission (GAC) for management and coordination of HIV-AIDS community-based interventions and for policy and strategy development. The other two PRs are two non-governmental organizations (NGOs) – Adventist Development and Relief Agency (ADRA) and Planned Parenthood Association of Ghana (PPAG).

Since April 2014, GF interim funding has been used to buy ARVs for 60,000 ART clients and to support the Prevention of Mother To Child Transmission (PMTCT) program with HIV test kits and ARVs. For 2015-2017, the funding cycle for the proposed GF New Funding Model, Ghana is requesting $110 million[4] to respond to the HIV and TB epidemics. The budget is allocated primarily toward ART (39%) with 14% for PMTCT, 14% for TB care and prevention and TB/HIV, 7% for HIV prevention among FSWs, and 3% for HIV prevention among MSM. Almost 20% of the entire budget is for laboratory commodities including HIV rapid test kits and commodities needed for CD4, EID and VL testing. It should be noted that the amount budgeted for ART will only provide for the treatment of 60,000 PLHIV per year.

Table 1.2.1: Investment Profile by Program Area and by Funding Agent Type, 2013*

NSP Intervention Area	Public	Private	International Organizations	Grand Total
Prevention	1,872,328	54,571	13,682,767	**15,609,666**
Care and treatment	1,771	19,592,484	10,418,544	**30,012,799**
Orphans and vulnerable children (OVC)	-	-	98,208	**98,208**
Programme management and administration	3,762,861	84,223	5,512,803	**9,359,887**
Human resources	872,632	6,735	7,110,999	**7,990,366**
Social protection and social services (excluding OVC)	-	-	2,653,735	**2,653,735**
Enabling environment	321,216	-	190,396	**511,612**
HIV and AIDS-related research	-	-	790,392	**790,392**
Total	**6,830,808**	**19,738,013**	**40,457,844**	**67,026,665**

In 2011, the GOG pledged 150 million Ghana Cedis (GHC) as additional funding to reduce the resource gap that exists after GOG budget allocations and donor funding for the National HIV and AIDS Response. This high level commitment was meant to be released over the period of the NSP. The annual release of these funds and other GOG funds allocated for the procurement of ARVs is often delayed due to the difficult economic situation in Ghana[5]. Cutting spending is a critical component of the GOG response to the current economic situation and spending by the Ministry of Finance has profoundly decreased.

[4] The full request amount from Ghana was for $123.7 million - $ 109.5 million within the allocation set by GF and $14.3 million for incentive funding. Ghana was not awarded the incentive funding.
[5]GHC 35 million (23.3%) of the committed GHC 150 million had been released by the end of 2013.

The funding that has been released to date has not been enough to initiate new clients on ART since the end of 2014 or to implement other important HIV prevention interventions including HIV testing and counseling (HTC). This is especially critical as the number of patients in need of ART will increase significantly when Ghana rolls out the New National HIV Care and Treatment Policy to initiate all HIV-infected pregnant women and all PLHIV with CD count of ≤500 on ART.

Table 1.2.2 is a summary of the procurement profile for key commodities in Ghana 2014 and Table 1.23 is a summary of United States Government investments.

Table 1.2.2 Procurement Profile for Key commodities-Ghana, 2014

Program Area	Total Expenditure	% PEPFAR	% GF	% GOG	% UNFPA & WAHO
ARVs	$20,811,948	0%	67%	33%	0%
Rapid test kits	$2,257,675	0%	100%	0%	0%
Lab reagents	$7,761,0289	0%	100%	0%	0%
Condoms	$1,744,614	62%	0%	0%	38%
Total	$32,575,265	10%	73%	14%	2%

Notes

1. The reported data are in respect to calendar year 2014 (Jan-Dec 2014).
2. PEPFAR provided ARVs for Ghana using the Emergency Commodity Fund ($1.9 million loan).
3. For condoms, the PEPFAR figure is for condoms donated through the PEPFAR/USAID commodity fund
4. For condoms," other" is for condoms received from UNFPA and WAHO

Table 1.2.3 Non-PEPFAR Funded Investments and Integration and PEPFAR Central Initiatives

Funding Source	Total Non-COP Resources	Non-COP Resources Co-funding IMs	# Co-Funded IMs	PEPFAR COP Co-Funding	Objectives
DOD Ebola	50,000				
PEPFAR KP Challenge Fund (2013)	1,056,260			934,000	PWID Assessment & IBBS
PEPFAR Local Capacity Initiative (2013)	710,000				Local advocacy building
PEPFAR KPIS (2013)	1,550,000				KP HIV Cascade
USAID Malaria (FY15)	28,000,000	12,760,000	2	891,802	Evaluation; Supply Chain
USAID MCH (FY15)	8,000,000	500,000	1	0	Evaluation; Supply Chain
USAID Family Planning (FY15)	15,000,000	1,300,000	1	0	Evaluation; Supply Chain
USAID Water (FY15)	8,000,000	300,000	1	0	Evaluation
USAID Nutrition (FY15)	7,000,000	350,000	1	0	Evaluation; Supply Chain
Total	**69,366,260**			**1,825,802**	

1.3 National Sustainability

The GOG faces challenges in achieving sustained epidemic control. Some domains/elements scored better than others during the recently conducted Sustainability Index analysis exercise. The results of the assessment reflect the lack of funding available from the Government to fight the epidemic and challenges in commodity security and supply.

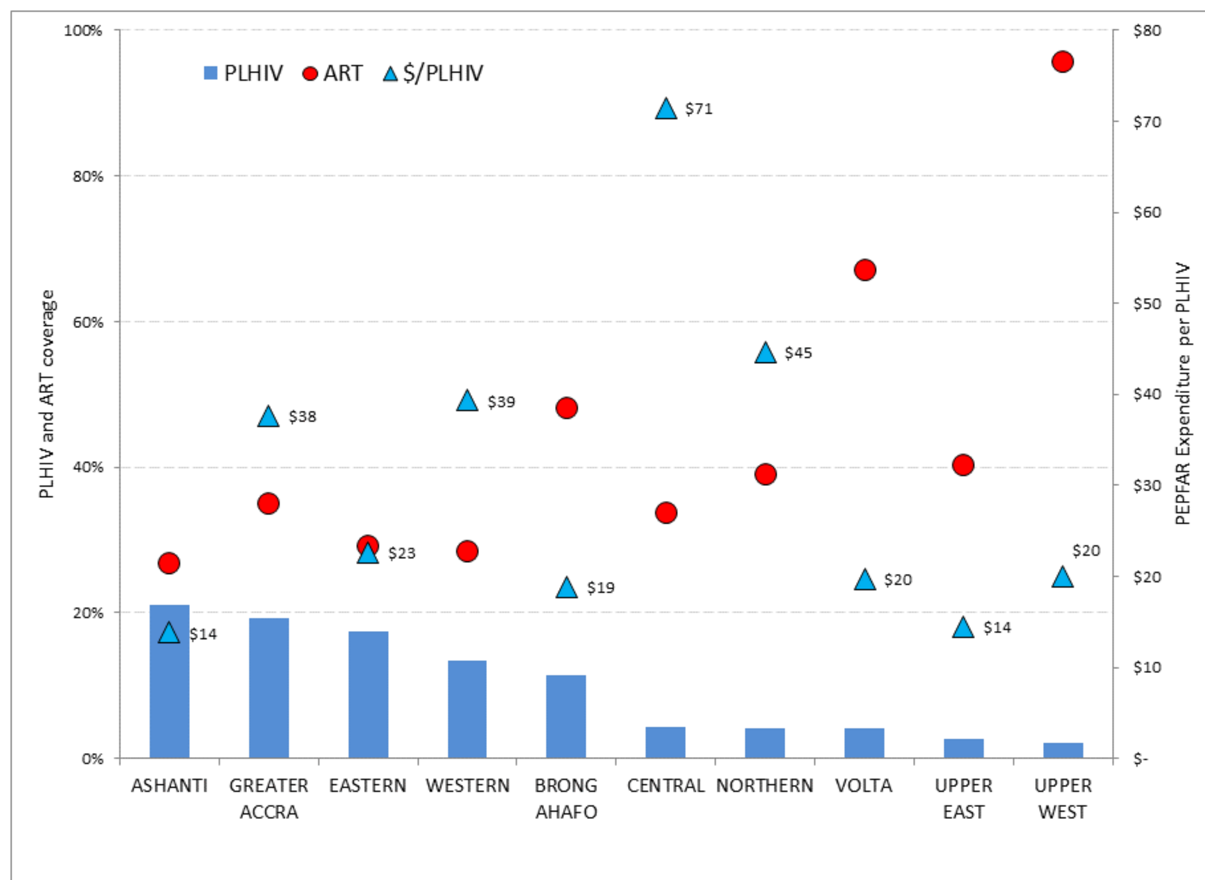
Health Financing and Strategic Investment: Between 2011 and 2013, GOG expenditures on health were at least 15% of total expenditures, but in 2014, they dropped to 11.5% (Ghana MOH 2015 DRAFT Annual Program of Work). GOG funds accounted for 4% of HIV and AIDS expenditures in 2012 and 10% in 2013 (table 1.2.1) making Ghana heavily dependent on contributions from her two partners, the GF and the USG.

Commodity Security and Supply Chain: Of all elements, the supply chain in Ghana requires the most urgent action, as exemplified by a major stock out in 2014 that necessitated a $1.9 million loan from the USG Emergency Commodity Fund and the January 2015 fire at the Central Medical Store (CMS) which resulted in a loss of over $81.7 million in medical commodities, which included about $13 million in ARVs and 600,000 in HIV test kits. The supply chain situation is now considered a national emergency. A National Steering Committee for Supply Chain Reform was inaugurated after the fire and the issue was highlighted in President John Mahama's February State of the Nation Address.

The challenges existing within Ghana's supply chain affect the entire health sector, and many donor partners are working to address these issues across the system, including PEPFAR; USAID Malaria, Maternal and Child Health (MCH) and Family Planning (FP); Global Fund; United Kingdom Department for International Development (DFID) and United Nations Population Fund (UNFPA). As a short-term response to the CMS fire, the donor partners are moving to a private storage and distribution system to ensure that medical supplies reach health facilities, while supporting government reform. Over the next year, donor partners are working with the GOG to re-establish a system with private sector companies with government oversight that is decentralized such that commodities are delivered to either Regional Medical Stores and/or directly to facilities.

Domestic Program and Service Delivery: Ghana recently revised its National HIV Treatment and PMTCT Guidelines to include the World Health Organization (WHO) 2013 HIV Care and Treatment recommendations. The GHS had planned to begin implementing the new guidelines in 2015, but the loss of ARVs and other supplies in the CMS fire has delayed the planned rollout. In addition, access to ART (figure 1.4.1) is not uniform throughout the country because ART is only provided at 175 sites (mainly District Hospitals). Finally, it should be noted that currently the GF and the GOG are the only sources of funding for ARVs –enough to maintain 76,000 PLHIV on ART (GF cohort is 61,000 ART clients and GOG cohort is 15,000 ART clients).

Figure 1.4.1: PLHIV burden and ART coverage by Region and 2014 PEPFAR expenditure per PLHIV, Ghana FY 2014

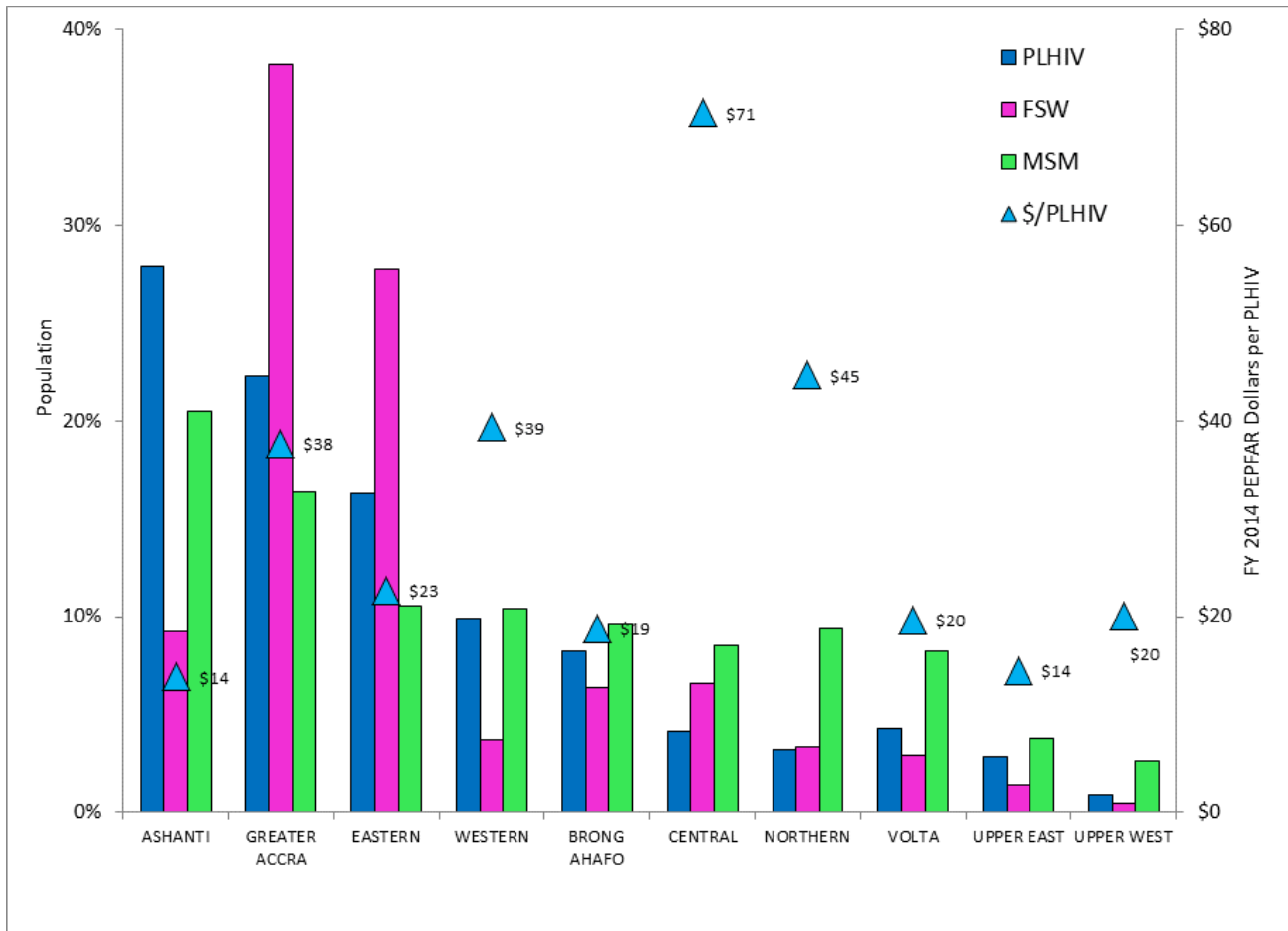


Institutionalized Availability of Epidemiological and Health Data: The GOG has shown great commitment to improving the District Health Information System (DHIMS 2) that hosts health facility-level data and the Country Response Information System (CRIS) which hosts community-level HIV intervention data. This commitment has resulted in improved availability of community and district-level health services data. In 2014, the reporting of HIV service delivery data was fully migrated into the DHIMS2 system. However, significant improvements in the quality of health service data from both the DHIMS2 and CRIS systems are needed before the data can be useful for program monitoring at the district, community and facility levels. In addition, there is still no common platform for both facility and community level data (i.e., the DHIMS2 and CRIS systems have not been integrated) making it difficult to monitor the impact of the epidemic response at all levels. Finally, although viral load data, CD4 and EID data are being collected, they are not being reported into DHIMS2 making it difficult to monitor program impact and making it challenging to plan for program interventions where and when they are needed.

1.4 Alignment of PEPFAR investments geographically to disease burden

The HIV epidemic among the general population in Ghana meets the definition of being under control (e.g., more deaths than new infections each year). Nevertheless, FSW and MSM continue to be disproportionately affected by HIV and to have less access to HIV prevention, care and treatment services. Furthermore, there are significant gaps impacting the effectiveness of the National HIV Response as described in Section 1.1. The high prevalence of HIV among FSW and MSM must be addressed in order to achieve sustained epidemic control in Ghana. PEPFAR Ghana will focus on FSW and MSM populations in five regions in southern Ghana where 83% of all PLHIV, and 85% of FSWs and 67% of MSM are located (Figure 1.4.2, Table 4.1.1). Analyses of the FY2014 APR data and the 2014 Expenditure Analysis support the PEPFAR decision to shift support toward high-yield sites in the five southern regions of Ghana where HIV prevalence is higher and where there are higher numbers of KP. Global Fund is also shifting funding support to these critical regions and PEPFAR Ghana is working closely with programs receiving funding from the Global Fund to demarcate areas of intervention and attribution of results.

Figure 1.4.2: Percent PLHIV, FSW and MSM per Region and FY 2014 PEPFAR Expenditure per PLHIV, Ghana



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Only 32% of all PLHIV in these five regions in southern Ghana have initiated ART (Table 4.1.1) and the proportion of those who are still in treatment is unknown. The proportion of KP who know their HIV status is thought to be low and ART initiation and retention rates among FSW and MSM in Ghana are completely unknown. The proportion of PLHIV with viral load suppression in Ghana is also unknown given that viral load testing is not widely available.

Planned strategic investments by PEPFAR Ghana, including the incorporation of patient laboratory test result data into DHIMS2 and the expansion of the DHIMS2 client tracking mechanism to support the monitoring of individual HIV-positive clients will generate much needed continuum of care data (e.g., proportions of identified HIV-positive clients in care and proportions of clients in care with viral suppression). These activities will be initiated in the PEPFAR Ghana scale-up regions and districts.

The majority (78%) of PEPFAR expenditures in FY 2014 were KP-FSW; KP-MSM; community-based care, treatment and support; laboratory systems strengthening; and HIV testing and counseling in alignment with the PEPFAR Ghana core program areas. Above-national and national expenditures comprised 38% of the total expenditure, while sub-national expenditures amounted to 62% of the total. The majority of the costs were HSS (33%), program management (21%) and personnel (15%).

During FY 2014, the majority (77%) of PEPFAR's sub-national investments were focused on the five priority regions. Expenditure per PLHIV in these regions ranged from $13.82 per PLHIV in the Ashanti Region to $39.34 per PLHIV in the Western Region (Figure 1.4.3). In the other five regions, expenditure per PLHIV ranged from $14.45 per PLHIV in the Upper East Region to $71.44 per PLHIV in the Central Region. The costs per KP reached ranged from $8.76 per FSW reached in the Brong Ahafo Region to $1,207.85 per MSM reached in Northern Region (Figure 1.4.3). The PEPFAR Ghana cost per FSW reached in FY 2014 was $42.70 and per MSM reached was $51.20[6].

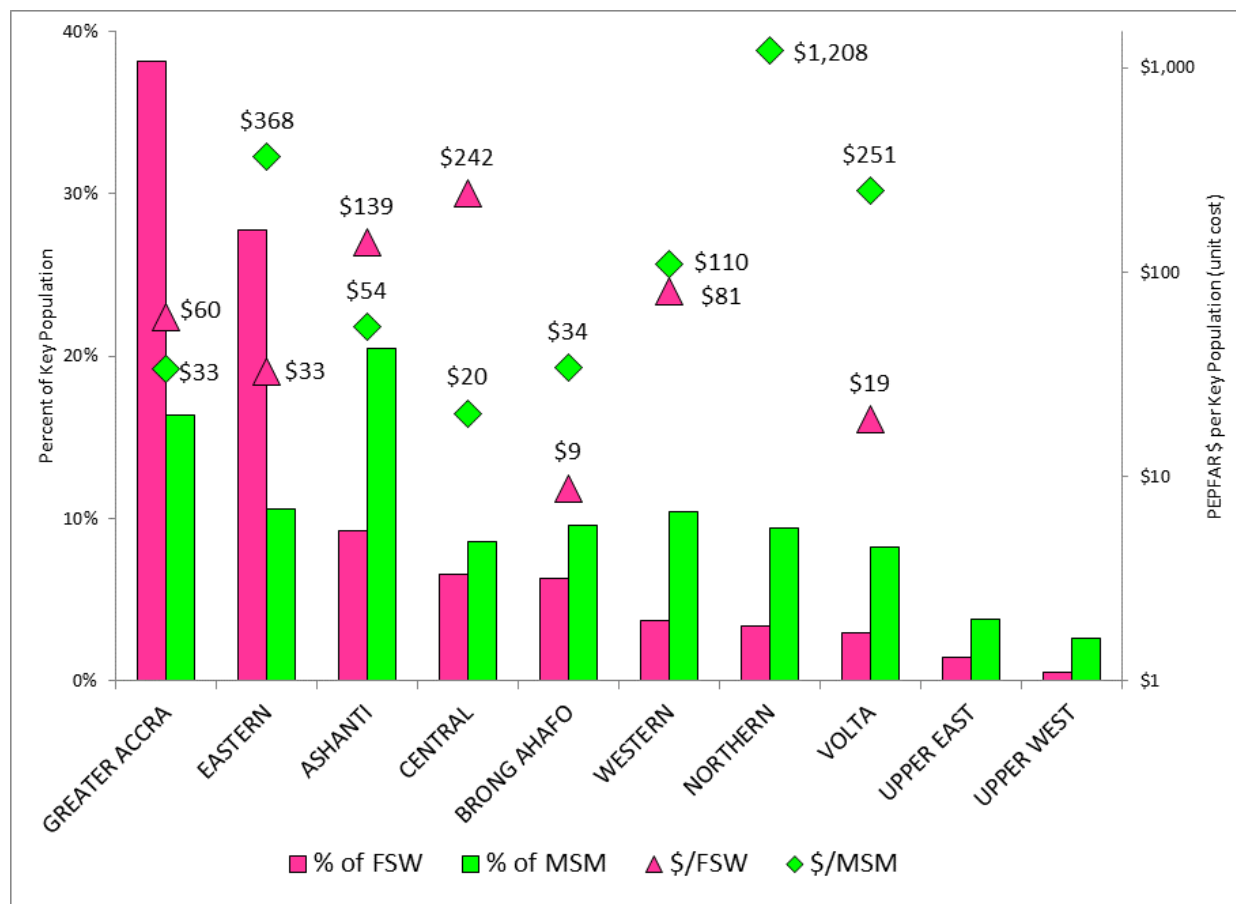
In FY 2016, PEPFAR Ghana will transition out of the four non-scale-up regions (Northern, Upper East, Upper West and Volta) except among the military population. Some investments will continue in the Cape Coast area in the Central Region where HIV prevalence among MSM is three times the general population (MSM IBBS, 2011).

The regional level data presented in figure 1.4.2 showing the distribution of PLHIV, FSW and MSM and also PEPFAR FY 2014 investment per PLHIV by region informed the PEPFAR program focus for COP 2015. PEPFAR Ghana is supporting the GOG to strengthen data collection and reporting and national, regional and district HIV program data that are gradually becoming more available. PEPFAR Ghana will be able to identify scale-up districts (i.e., high prevalence districts with KP communities) within the five scale-up regions as reliable strategic information (SI) data become available at the district, community and facility levels. Figure 1.4.1 shows the distribution

[6] The unit cost used in the 2014 GF NFM CN budget was $107 per FSW reached and $126 per MSM reached.

of PLHIV and ART coverage[7] as well as PEPFAR FY 2014 investment per PLHIV by region. ART coverage levels range from 27% in the Ashanti Region to 96% in the Upper West Region and appear to be relatively higher in the regions with fewer PLHIV. ART coverage among KP is unknown.

Figure 1.4.3: Percent FSW and MSM per Region and PEPFAR Expenditure per KP Reached by Region, Ghana, FY 2014



1.5 Stakeholder Engagement

For COP15 development, PEPFAR consulted the Ghana AIDS Commission (GAC), Ghana Health Service/National AIDS Control Program (GHS/NACP), the Global Fund Global Fund Country Coordinating Mechanism (CCM), civil society organisations (CSOs) in Ghana and Global Fund staff in Geneva to optimize the alignment of program focus and resource allocations. PEPFAR has formal and informal relationships with different stakeholders, through participation in the following: the Midterm Evaluation (MTE) of the NSP 2010-2015; consultations of the GOG

[7] ART coverage is expressed as the proportion of total PLHIV who are on ART.

technical working groups including the Ghana AIDS Commission Key Populations Technical Working Group; the Expanded Technical Working Group (ETWG); the Research, Monitoring and Evaluation TWG; and the NACP TWGs for Care and Treatment and for HIVDR; Regional and District AIDS Coordinating Committee meetings; GF CCM meetings; and the annual HIV Partnership Forum hosted by the Ghana AIDS Commission.

Government of Ghana: PEPFAR Ghana meets semi-annually with the leadership of GAC to discuss strategic vision and alignment of programs. This platform was established for the implementation of the USG-GOG Partnership Framework. Formal strategic engagement on the 2015 COP process began with feedback to national stakeholders after the PEPFAR team participated in the 2014 COP review meetings in Washington D.C. in late July 2014. The outcomes of the Washington meetings were shared in meetings with Government of Ghana representatives and with PEPFAR implementing partners outlining the realignment of the PEPFAR Ghana program to harmonize with PEPFAR 3.0 goals and activities. The PEPFAR Ghana team also communicated its new vision and priorities going forward at the annual GAC Partnership Forum held in November 2014. Conclusions from the Partnership Forum and its Business meeting culminated in an Aide Memoire reflecting a shared commitment by the Government of Ghana, development partners, and stakeholders to attain the goals of the National HIV Strategic Plan.

Multilateral Institutions: PEPFAR works in close partnership with the Global Fund Portfolio Manager and his team in Geneva to discuss program planning and priorities. Most recently, PEPFAR Ghana supported the development of the Investment Case and geo-health mapping prioritization for Ghana's New Funding Model (NFM) Concept Note (CN) submitted to the Global Fund. PEPFAR Ghana and Global Fund collaborate extensively in planning support for prevention and testing sites for KP and in ensuring that efforts from implementing partners in both portfolios are complementary and mutually beneficial. In implementing the new COP15 requirement for the Sustainability Index Workshop, PEPFAR Ghana and the Global Fund co-sponsored this event which engaged high level GOG representatives and began a cross-sectoral dialogue on critical issues affecting the sustainability of the National Response to HIV in Ghana. Finally, PEPFAR Ghana is also engaging with UNAIDS in its efforts to increase its outreach to and communication with civil society.

CSOs: Given the emphasis on community systems strengthening for KP and PLHIV, PEPFAR Ghana agencies have always engaged and funded CSOs to support program planning and activity implementation at the community level. This year, PEPFAR Ghana will take steps to formalize its engagement with the broader networks of CSOs. Recently, the Ambassador's Self Help Fund brought together 100 CSO representatives to inform them of PEPFAR funding opportunities and parameters. As described above, PEPFAR Ghana recently engaged with UNAIDS's CSO forum to share information about the PEPFAR Ghana portfolio and to solicit CSO concerns and experiences for consideration and inclusion in PEFPAR Ghana supported strategies and activity development. PEPFAR Ghana will regularly engage this CSO forum for ongoing feedback on PEPFAR-supported activities.

2.0 Core, Near-Core and Non-Core Activities

PEPFAR Ghana has prioritized program activities as core, near-core, or non-core based on the review of available epidemiological data, the Ghana Investment Profile for the National HIV/AIDS Response, the results of the Sustainability Index and Dashboard assessment, and the USG comparative advantages.

The PEPFAR Ghana *core* activities include:

- Key Populations and PLHIV
  - Prevention
  - HIV Testing and Counseling
  - Stigma and discrimination
  - Retention and continuum of care
  - Policy
  - Institutional and civil society capacity building
- Supply chain management
- Strategic information
- Laboratory systems and viral load testing

PEPFAR Ghana has also identified several areas in need of support that are being covered, at least in part, by the GOG and GF or do not directly contribute to the achievement of the 90-90-90 goal and thus are not core activities for PEPFAR. These *near-core* activities include TB/HIV, technical assistance for laboratory systems strengthening and HIV commodities and supplies procurement.

Several investments made in previous COPs were identified as non-core for PEPFAR Ghana as these programs either had delivered on their objectives, were covered by other stakeholders, or did not align with the achievement of the PEPFAR Ghana goal of ensuring that KP are reached with prevention messages, know their HIV status, and those who test positive are referred to a health care system that is sensitive to their needs, and capable of initiating and maintaining patients on ART. Activities deemed to be non-core include laboratory accreditation/certification; general population prevention and HTC; OVC; and PMTCT.

These decisions are largely consistent with those made during PEPFAR Ghana's COP Review meeting in Washington DC though core activities have been expanded to address additional gaps, specifically continuum of care, and laboratory systems. For additional rationale to the decision for each program area, please review Appendix A.

3.0 Geographic and Population Prioritization

HIV prevalence among FSW and MSM is 11.1% and 17.5% respectively, much higher than the 1.3% among the general population. As presented in Tables 1.4.2 and 1.4.3, five regions (Ashanti, Brong-Ahafo, Eastern, Greater Accra and Western) and the Cape Coast area in the Central Region encompass 83% of PLHIV, 85% of estimated FSW, and 67% of estimated MSM. In addition, site-volume analysis of PEPFAR HTC site data demonstrated that only three PEPFAR sites outside of the five scale-up regions identified four or more HIV-positive individuals.

While HIV-infected FSW and MSM make up less than 0.5% of the total population, they may be associated with as much as 24% of new infections among adults aged 15-49 years of age in Ghana (MOT 2014). The highest numbers of FSW and MSM are in the PEPFAR scale-up regions and nearly two thirds of all FSW are located in either Greater Accra or Eastern Region (2011 FSW IBBSS). Regional-specific data on HIV prevalence among KP are not available. However, program data from both PEPFAR- and GF-supported NGOs indicate that KP around major cities are particularly at risk. Prevalence among MSM in Accra is estimated to exceed 30%.

PEPFAR Ghana has already begun implementing the right things in the right places and is in the process of transitioning out of non-core activities and in in lower risk populations. By the end of FY15, PEPFAR Ghana will have transitioned all general population prevention and HTC, OVC, PMTCT and laboratory accreditation activities over to the GOG. By the end of FY15, PEPFAR Ghana will have completely transitioned out of four regions (Northern, Upper East, Upper West, and Volta). Not only do these four regions have a lower HIV burden, it is generally more expensive to reach KP in these regions with prevention or HTC interventions (figure 1.4.3).

In 2013, PEPFAR Ghana reached 100% of the estimated MSM population and 88% of the estimated FSW population in Ghana; however, only 26% of the FSW and 17% of the MSM who were reached by PEPFAR received HIV testing and counseling. PEPFAR Ghana will expand its efforts to assist Key Populations Living with HIV (KPLHIV) to know their status and link and retain them in HIV care and treatment services in the five regions with the largest KP populations and the highest burden of HIV disease. During FY 2016 and FY 2017, the PEPFAR Ghana objectives are to support the Government of Ghana to reach 60% of the FSW and MSM; to assist 90% of those who are infected with HIV to learn their status; and to link and retain 100% of those in HIV care and treatment in southern Ghana. PEPFAR interventions will be coordinated with the Ghana AIDS Commission which will be supporting the provision of HIV prevention and care services to 40% of FSW and 40% of MSM each year in 2016 and 2017.

The Ghanaian military face challenges of access and continuity of HIV/AIDS services due to their frequent mobility, extended deployments and “command approach” which restricts movement

out of the army base. Ultimately, this affects the uptake of services along the HIV cascade – HTC, enrollment in care, ART initiation and ART retention.

Currently, the GAF HIV program is focusing on; demand creation for HIV/AIDS services, risk reduction, increasing early detection of HIV positive individuals through provider initiated HIV testing and counseling (PITC) and targeted mobile HTC as well as condom education and distribution. In the future, targeted prevention services may be extended to the FSW that are within and around military garrisons. The GAF program will continue to work closely with the other FSW projects which target FSW within the civilian hotspots.

4.0 Program Activities for Epidemic Control in Scale-up Locations and Priority Populations

4.1 Targets for scale-up locations and priority populations

Table 4.1.1 shows the estimated numbers of KP, PLHIV and FY 2020 targets for epidemic control in Ghana. The PEPFAR Ghana team goal is to assist the GOG to achieve 81% ART coverage among KP by the end of FY 2020 in the five southern regions and in Cape Coast, in the Central Region, the areas with the highest HIV burden and the highest numbers of KP.

Table 4.1.1: Estimated numbers of FSW and MSM, PLHIV and KPLHIV and FY 2020 targets for epidemic control, Ghana

	Total pop	HIV+	90% dxed	90%-ART
Ghana	25,331,552	224,488	202,038	181,835
FSW	51,937	5,765	5,189	4,670
MSM	30,579	5,351	4,816	4,335
FSW in southern Ghana	44,289	4,916	4,424	3,982
MSM in southern Ghana	20,921	3,661	3,295	2,965

PEPFAR Ghana will support the GOG to strengthen the national policies and systems needed to ensure that all PLHIV are enrolled and sustained in HIV care and treatment services. Specifically, PEPFAR Ghana will provide technical assistance to the GOG to increase the numbers of HIV-infected KP who know their HIV status and to accurately monitor and evaluate the enrollment and retention in HIV care and treatment services of PLHIV. Technical assistance will include support for interventions to ensure the quality of HIV diagnostic testing and viral load testing; to rebuild and decentralize supply chain systems; to improve data quality, availability and use; to

reduce stigma and discrimination of PLHIV; and to increase institutional GOG and civil society capacity.

PEPFAR interventions will be coordinated with the Ghana AIDS Commission which will be supporting activities to reach 40% KP in Ghana each year in 2016 and 2017 using NFM funds from the GF. PEPFAR Ghana FY 2017 targets for 60% of the KP in southern Ghana are shown in table 4.1.2. Coverage targets may need to be adjusted as data from the district and community levels become more reliable and the results from the IBBS surveys being conducted in 2015 and 2016. In addition, it is assumed that the sizes of KP populations have been growing and are higher than the population size estimates from the 2011 MSM and 2011 FSW IBBS surveys.

Table 4.1.2: National and PEPFAR Ghana Targets for Achieving 90-90-90 among Key Populations Living with HIV in Five Regions in Southern Ghana

	Total	GOG 2020 Targets		PEPFAR 2017 Targets	
Southern Ghana	KPLHIV	Identify	ART	Identify	ART
FSW	4,916	4,424	3,982	2,655	2,389
MSM	3,661	3,295	2,966	1,977	1,799

KP Prevention Target: PEPFAR Ghana will assist the GOG to achieve the objective of reducing the number of new HIV infections associated with KP by coordinating with the GAC and its partners to ensure that 100% of the estimated KP in the five scale-up regions are reached with prevention messages. PEPFAR Ghana will continue to work with the GOG to coordinate support for KPLHIV prevention interventions among PEPFAR- and GF-supported NGOs.

KP HIV Testing and Counseling: Results of the 2011 FSW and MSM IBBS surveys indicate that knowledge of HIV status remains unacceptably low among KP, particularly MSM. Increasing the number of KP tested is essential to ensure that HIV-positive individuals are identified and referred to care.

PEPFAR Ghana will assist the GOG to increase HTC rates among KP in the five scale-up regions and in the Cape Coast area with the goal of supporting the GOG to achieve 90-90-90 among KP in southern Ghana by 2020. Table 4.1.3 shows the FY 2016 and FY 2017 PEPFAR annual targets for achieving 90-90-90 among 60% of KP in southern Ghana. The annual HTC are higher than the numbers who received PEPFAR supported HTC during FY 2014 when services provided by PEPFAR-supported NGOs slowed due to the closing of a major KP project. Still, the annual targets should be achievable given that in FY 2013, 11,881 FSW and 5,740 MSM received HTC and 620 FSW and 429 MSM were identified as HIV-positive through PEPFAR supported services.

Table 4.1.3: FY 2016 and FY 2017 PEPFAR Annual Targets for achieving 90-90-90 among 60% of Key Populations in Five Regions in Southern Ghana

	Southern Ghana		PEPFAR (60%)		PEPFAR Annual Targets for 2016 and 2017			
	Pop	HIV+	Pop	HIV+	Reach 100%	HTC	Identify 90% of KPLHIV	Treat 90%
FSW	44,289	4,916	26,573	2,950	26,573	13,273	1,327	1,195
MSM	20,921	3,661	12,553	2,197	12,553	6,590	989	890
Total	65,210	8,577	39,126	5,146	39,126	19,863	2,316	2,085

4.2 Priority population prevention

PEPFAR Ghana and the GF plan are further intensifying their collaboration to address several critical areas of the National HIV/AIDS Response: 1) improving the evidence base for programming, with an emphasis on data collection, quality and use; 2) integrating Quality Assurance/Quality Improvement (QA/QI) activities into all levels of HIV service delivery, including laboratory services (e.g., viral load testing to identify clients with treatment failure; 3) developing a Continuum of Care framework to strengthen linkages between care, treatment and support services at all levels from health facility to community setting; 4) supporting the GHS to develop and pilot a HIV module for the GHS client-centered tracking system to facilitate the monitoring and case management of individual PLHIV; and 5) continuing with institutional strengthening of local NGOs. PEPFAR Ghana will continue to provide technical assistance, quality assurance and logistic support to NGO and GOG recipients of GF funding.

In collaboration with the Ghana Armed Forces, DHAPP will undertake a bio-behavioral survey among the military that will establish the HIV prevalence among the military in Ghana. Results from this study will be used for strategic operational planning.

4.3 Voluntary medical male circumcision (VMMC)

VMMC is a non-core activity. PEPFAR Ghana will not support any VMMC because Ghana is estimated to have a relatively high circumcision rate (documented as 92% in the DHS 2008) and because VMMC is not a priority area in the 2011-2015 Ghana National HIV Strategic Plan (NSP).

4.4 Preventing mother-to-child transmission (PMTCT)

Elimination of Mother to Child Transmission (e-MCT) is a national priority that is supported with GF funding. PMTCT has been categorized as a non-core activity by PEPFAR Ghana because it does not directly contribute to the PEPFAR Ghana goal of contributing to 90-90-90 coverage among KP in southern Ghana. PEPFAR Ghana will not directly support this program area in FY 2016.

4.5 HIV testing and counseling (HTC)

At least 80% of the estimated numbers of FSW and MSM in Ghana are being reached each year with prevention services, however, less than one quarter (in FY 2013, 25.9% of FSW; 16.7% of MSM) are being tested for HIV and the positivity rates of those tested (5.2% - FSW; 7.5% - MSM in FY 2013) are far below the prevalence estimates for these KP (11.1% -FSW; 17.5% MSM in 2010-2011). PEPFAR Ghana will provide technical assistance to the GOG to develop and implement strategies to contribute to higher uptake of HTC and HTC yield among KP.

PEPFAR Ghana, through USAID and CDC, received a Key Population Implementation Science (KPIS) award for $1.5 million over three years from the OGAC Office of Research and Science and Office of Technical Leadership. The PEPFAR Ghana team will 1) characterize the status of linkage and retention in care and treatment for HIV-positive FSW and MSM; 2) identify barriers and facilitators at each stage of the HIV continuum of care; 3) use the results of (1) and (2) to design and implement interventions to improve linkages and retention in care and treatment; and 4) determine whether the interventions improve outcomes along the HIV continuum of care. CDC will conduct the research to examine the barriers and facilitators to KP access of HIV services in the continuum of care and will identify the interventions needed to ensure KP engagement and retention along the continuum of prevention, care and treatment services. Through the Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project, USAID will train and coordinate NGOs to ensure standardization in the implementation of these interventions, which will then be monitored and evaluated by CDC with respect to health outcomes.

Five million US dollars were budgeted for rapid HIV test kits for 2015-2017 in the NFM CN submitted to the GF. PEPFAR Ghana will support the purchase of rapid HIV test kits for the PEPFAR target populations in southern Ghana for FY 2016 and FY 2017 and will continue support to the GHS to assure the quality of rapid HIV testing and to optimize the accuracy of HIV test results. PEPFAR investments in FY 2015 and 2016 are supporting the decentralization of the national quality assurance program for HIV diagnostic testing and with the objective of ensuring that the national external quality assurance (EQA) program is optimally functioning in high burden districts in southern Ghana. Key laboratory activities including external quality assurance (EQA) to ensure the accuracy of HIV-positive test results prior to putting patients on treatment and increased access to viral load testing to confirm viral suppression will continue to be supported as critical core elements for the achievement of the 2020 90-90-90 goals.

4.6 Facility and community-based care and support

PEPFAR Ghana does not directly support clinical service delivery but, does invest in strengthening mechanisms and linkages to improve KP and PLHIV access to HIV services and retention in care and treatment. Peer educators, trained KP-friendly service providers at drop-in centers and clinics and also the Models of Hope (peer PLHIV case managers) provide KP clients

with referrals to health and social services and ensure that HIV-positive clients are appropriately linked to and enrolled in HIV care and treatment services.

In FY 2016, Models of Hope who serve as the liaison between community and clinical settings will increase their efforts to support KPLHIV to remain in care and treatment and to conduct ART defaulter tracing for KPLHIV that are lost to follow-up. PEPFAR Ghana will also continue to support the use of social media to complement these interventions in order to reach specific populations (e.g., older and more affluent MSM reached through social network testing).

Stigma and discrimination against PLHIV is quite high in Ghana, adversely affecting people's willingness to get tested for HIV as well as PLHIV adherence to antiretroviral therapy (Stigma Index, 2014). PEPFAR Ghana will intensify its messaging for KP and PLHIV to engender adoption of positive behavioral practices for HIV prevention and for communities to counter stigma and discrimination. Peace Corps' community level interventions will focus on small group prevention training activities with PLHIV, their families and immediate communities to adopt positive behavioral practices for HIV prevention, as well as addressing stigma and discrimination. The Ambassadors Self Help program will continue working with CSOs that work with FSW and PLHIV in the five scale-up regions.

The Department of State's Public Diplomacy grant mechanism (PD) will support outreach and education programs targeted at gender and sexual minority (GSM) populations. Selected smaller Non-Governmental Organizations (NGO's) will be supported to carry out information sharing programs among: Gender Sexual Minority (GSM) including Men who have sex with Men (MSM) and People living with HIV. Person-to-person engagements, press work and digital engagement with these populations will be focused on programs to address issues of self-stigma and stigmatization to promote understanding and practice of fundamental human rights principles.

The Standard Operating Procedures (SOPs) for implementing HIV programmes among KP was recently developed to ensure that a standardized set of services are provided to all KP in a non-stigmatizing and confidential manner and to meet the need for sustained HIV prevention, care and treatment services, especially among KP. The SOPs are divided into four parts (project management, behavioural, biomedical and structural interventions) and guide users including health care workers, peer educators, program staff and implementers, as well as policy makers to effectively design, manage, implement and monitor quality, evidence-informed, rights-based, and community-owned HIV interventions among FSW and MSM. PEPFAR Ghana is collaborating with GAC and other KP stakeholders to roll out the training and use of the KP SOPs, beginning with a training-of-trainers with representatives from GAC, USG, and GF partners working with KP and continuing with successive trainings. PEPFAR Ghana will also continue its operations research focus to identify and refine the composition and rollout of services targeted to KP to ensure risk reduction, modes of service delivery and accessibility to information and services.

The U S Department of Defense (DHAPP) programming will focus on comprehensive HIV/AIDS prevention and service delivery interventions for the Ghana Armed Forces (GAF) military personnel and their family members, GAF civilian staff and surrounding community members. Positive Health and Dignity programs (PHDP) will be implemented for PLHIV and their family members.

Public Affairs (PAS) will in COP15 continue to employ prevention & engagement strategies by delivering HIV education and PEPFAR messages through traditional media engagement and various online platforms, including Facebook, and Twitter.

4.7 TB/HIV

The National TB prevalence survey which was supported by the USG and implemented in 2014, revealed that Ghana's TB prevalence is 290 per 100,000, more than four times higher than initially estimated by WHO and that the rate of case detection is extremely low at 20.7%. These data and other newly available data indicate that TB/HIV should be considered a priority area for programming in the near future. USAID is currently preparing a concept paper for submission to OGAC and to USAID/Washington outlining proposed activities with the National TB Program to improve diagnosis and treatment of persons co-infected with HIV and TB.

4.8 Adult treatment

PEPFAR Ghana will continue to provide technical assistance to the GOG HIV Care and Support Program; to promote packages of care and support services for HIV-infected persons; to assess the quality of care services; to establish linkages within the continuum of HIV services from clinical to community settings; and to extend support services through Models of Hope (peer PLHIV case managers) to improve adherence to PLHIV treatment and retention in care.

This year, the USG will increase its efforts to support the recruitment of KP PLHIV as Models of Hope to better resonate and communicate with their peers seeking services. PEPFAR Ghana will support a client tracking system to facilitate case management of HIV-infected persons and will support the Models of Hope to track individuals that are lost-to-follow up for re-enrollment into care and treatment. Viral load testing will be introduced in high burden districts to monitor the proportion of PLHIV with viral suppression and to identify those with treatment failure.

4.9 Pediatric treatment

Both Elimination of Mother to Child Transmission (e-MCT) and pediatric treatment are national priorities supported by the Global Fund. Pediatric treatment has been categorized by PEPFAR Ghana as a non-core activity because it will not directly contribute to 90-90-90 among KP in southern Ghana.

For COP 2014, PEPFAR Ghana is providing short-term technical assistance to the GHS to support a sustainable system for laboratory sample transport and laboratory results transmission for the National Early Infant Diagnosis (EID) Program, and in COP 2015, PEPFAR Ghana will continue to provide support for the National EID Program secondary to its support for the roll out of viral load testing in high burden districts in Eastern and Greater Accra Regions[8]. EID facilitates the early diagnosis and treatment of HIV-infected infants and will contribute to the achievement of the national 90-90-90 goal.

4.10 Orphans and Vulnerable Children (OVC)

Based on the current data and priorities in Ghana, the OVC program area has been categorized as a non-core activity; therefore, all OVC programming with PEPFAR Ghana support will end July 2015.

5.0 Program Activities to Sustain Support for Other Locations and Populations

5.1 Sustained package of services in other locations and populations

PMTCT and ART services have generally not been considered as core direct activities under PEPFAR Ghana, as they have traditionally been provided by the GOG with support from the Global Fund. PEPFAR's role in Ghana is largely that of technical leadership and quality improvement, working with the government to ensure appropriate implementation of activities supported by its large Global Fund grants. This role has enabled the USG to focus on building capacity and strengthening systems to ensure quality, in contrast to direct provision of services.

PMTCT: The GOG provides PMTCT with funding principally from the Global Fund. The entry point into the PMTCT program is through routine antenatal care provided to all pregnant women and is integrated into reproductive and child health services. After testing, HIV-negative pregnant women are counseled to help them remain uninfected. Pregnant women who test positive receive follow-up counselling and are referred to treatment and care services. All seropositive pregnant women receive ARVs for PMTCT. HIV-exposed infants receive the normal standard care for a newborn, ARV prophylaxis for the first six weeks of life, and opportunistic infection (OI) prophylaxis (cotrimoxazole) for the duration of breastfeeding. HIV-exposed infants are assessed regularly for HIV seroconversion using the dried blood spot (DBS) method for early infant diagnosis (EID) at six weeks and at 12 months. All HIV-exposed infants confirmed as HIV positive are referred for HIV care and treatment. Some facilities implement community-based

[8] The Ghana NFM Concept Note budget includes EID testing supplies to test all HIV-exposed infants during 2015-2017, and there are PCR machines to conduct EID tests in eight of the ten regional hospitals.

services to ensure the continuum of care at the community level between regularly scheduled facility visits.

ART: Antiretroviral therapy is initiated when PLHIV, including HIV-positive pregnant women, satisfy the following criteria: CD4 count less than 350 cells /ml and / or symptomatic with HIV infection in WHO clinical stage 3 and 4. Fixed dose combinations are preferred to single dose preparations when available because they improve adherence to treatment. The first line regimen is the first option for treatment and the second line regimen is used when there is evidence of treatment failure with the first line regimen. This is normally confirmed preferably by CD4 and/or viral load monitoring. A third line or salvage therapy is recommended for heavily treatment experienced patients and those who have failed second line treatment.

PEPFAR support is shifting to HIV services for KP in high yield sites/districts within the five scale-up regions. HIV services in the other sites/districts in all ten regions should not be affected given that PEPFAR's role in Ghana has largely been that of technical assistance and quality improvement.

5.2 Transition plans for redirecting PEPFAR support to scale-up locations and priority populations

Current ongoing support to the Government of Ghana includes: investments in communities with high numbers of KPs including HTC investments; support for quality assurance of Global Fund supported interventions and sites; supply chain management; OVC support in ten districts; and general population HTC support targeting high risk and vulnerable populations; laboratory accreditation; strategic information; and supply chain management. By the end of FY 2015, PEPFAR Ghana support for those activities categorized as either low yield or non-core will have been transitioned and will not be included in the COP 2015 program (see Appendix A, Table A.3).

PMTCT: PEPFAR Ghana began transitioning from PMTCT TA sites in 2014, these sites will now be covered by GHS with GF support. To ensure quality of services, PEPFAR Ghana in collaboration with the GHS/NACP will implement Quality Assurance and Quality Improvement (QA/QI) activities at all service delivery levels to improve the continuum of HIV services from testing through retention in care.

OVC: In July 2015, OVC programming will be transitioned to the Government of Ghana partners, including the Department of Social Welfare at the district level. As part of transition process, the OVC criteria and database have been adapted and transferred to district government officials. The project is also seeking out corporate sponsorships to fund completion of academic and vocational programs for 134 OVC.

Vulnerable populations HIV prevention and HTC: PEPFAR Ghana will discontinue its support for HTC services targeting various sub-populations considered high risk in favor of investments informed by available data and research documenting that KP are at highest risk.
Laboratory Certification/Accreditation: The PEPFAR Ghana supported National Laboratory Accreditation Program does not directly contribute to the achievement of the PEPFAR Ghana goal of achieving 90-90-90 among KP in southern Ghana. PEPFAR Ghana is discontinuing the majority of its laboratory accreditation efforts as of March 2015, although the laboratory accreditation program for the Ghana Armed Forces (GAF) will be completed in September 2015. The laboratories who participated in the laboratory accreditation program will lead PEPFAR-supported initiatives including the decentralization of the national quality assurance program for rapid HIV testing and the strengthening of regional EID and viral load testing programs.

Capacity has been built at two levels to ensure an effective transition of this program to the GHS. At the site level, PEPFAR Ghana supported each laboratory to develop sustainability plans, which clearly outline how the laboratory and its management at the site level will use locally built human resource capacity to sustain the program and to ensure quality client services. At the national level, PEPFAR Ghana has intensely invested in GHS to build capacity to monitor and support public health laboratories and to provide technical assistance as needed through local mentors, trainers and quality auditors. The Ghana Health Service Clinical Laboratory Unit in the Institutional Care Division will continue to provide overall oversight and monitoring of laboratory management and services.

6.0 Program Support Necessary to Achieve Sustained Epidemic Control

6.1 Laboratory strengthening

Achievement of the 90:90:90 goals among KP living in the five scale-up regions in southern Ghana will require 1) increased HIV testing in high-yield populations, 2) ensuring accuracy of HIV test results of HIV-positive patients prior to putting them on treatment and 3) measurement of viral load to confirm that they are successfully being treated (i.e. they have viral suppression). These key laboratory activities should continue to be supported as core elements since they are critical to achieve 90-90-90 goals. The following investments in enhancing and ensuring quality and accuracy of testing and support uptake and coverage are critical.
Quality of and access to HIV, EID and CD4 testing and a lack of routine viral load testing to assess adherence and effectiveness of ART are key bottlenecks in the continuum of HIV diagnosis and care services in Ghana. As part of its support to Ghana to reach the 90:90:90 goals among KP, PEPFAR Ghana will focus its core laboratory activities on:

1) Quality assurance programs for HIV rapid testing, CD4 testing, early infant diagnosis (EID) and HIV viral load testing
2) In-service training for healthcare workers conducting HIV rapid testing, CD4 testing, early infant diagnosis (EID) and HIV viral load testing
3) Monitoring and supervision of laboratories and testing sites by peer lead testers and mentors
4) Technical assistance and support for sample transport network and for logistics management and supply chain for laboratory commodities
5) Technical assistance to improve the transmission of laboratory test results to healthcare providers

For the past four years, PEPFAR Ghana has supported laboratory quality improvements for 16 national and regional level laboratories through the WHO Regional Office for Africa (WHO AFRO) Stepwise Laboratory Improvement Process (SLIPTA) Program. The capacity built among laboratories in the five scale-up regions of Ghana will be used to further improve HIV rapid testing, CD4 testing, EID and HIV viral load testing. These laboratories will serve as the reference points for decentralizing these laboratory programs to the district and community levels.

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. IMs	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016	ID		8. HIV Testing	9. (LTC)	10. ART uptake	11. Other Comb/ prevent	12. Viral suppres sion
Implement a HIV Rapid Testing Quality Assurance Program in high yield KP sites **Use the Stepwise Process for Improving the Quality of HIV-related Point of Care Testing (SPI-POCT) checklist to help testing sites and facilities to recognize quality gaps, identify areas for improvement to ultimately improve the quality patient (KP) testing. **Decentralize proficiency testing and internal quality control for HIV RT to regional hospital laboratories **Increase the use of standardized logbook/HTC register for ongoing quality assurance (QA) purposes and for monitoring test kit usage ** Establish and strengthen a peer lead training and mentoring program to support testing sites at the district and community levels **Strengthening of the workforce through training, retraining and certification **Continuous TA/monitoring/ supportive supervisory visits	**200 high yield/KP testing sites in 2 regions participating in the HIV RT PT program and using the HIV standardized logbooks to routinely document test results, test kits details, testing algorithm. ** 20 peer testers trained and certified and supporting 200 test sites in the 2 regions	**400 high yield/KP testing sites in 5 regions participates in the PT program and using the HIV standardized logbook to routinely document test results, test kits details, testing algorithm ** 50 peer testers train and certified and supporting 400 sites in the 5 regions	HLAB *[REDACTED]*	HLAB *[REDACTED]*	11951	COP TG Pages 201-207 CEE 13.2-13.9 CEE 14.1-14.4	Yes	Yes	Yes	Yes	No

Establish a system to Strengthen and improve VL, EID and CD4 ** Provide TA to GHS/NACP to strengthen and increase VL, EID and CD4 testing in scale-up regions **Strengthen and improve the Proficiency testing and internal quality control programs for VL and EID using the CDC ILB VL and EID EQA Program. **Provide continuous TA/monitoring/ supportive supervisory visits ** Provide TA and support to establish and effective and efficient logistics management and supply chain systems for VL, EID and CD4 commodities **Standardized specimen referral system for transport of specimen to testing centers and delivery of results to requesters.	** CD4, VL and EID testing centers in 2 regions enrolled in the PT program and actively testing and reporting data routinely (x tests/month) ** National Baseline data on laboratory logistics management and supply chain available ** Specimen referral and results delivery system established in 2 regions (GAR and ER)	** CD4, VL and EID testing centers in 5 regions enrolled in the PT program and actively testing and reporting data routinely ** A functional laboratory logistics management and supply chain in operation (no stock outs) ** Specimen referral and results delivery system established in 5 regions	HLAB *[REDACTED]*	HTXS *[REDACTED]* PDTX *[REDACTED]*	11951	SID Domain A, Q4 COP TG Pages 201-207 CEE 13.2-13.9 CEE 14.1-14.4	Yes	Yes	Yes	No	Yes

6.2 Strategic information (SI)

High quality data to inform decision making for Ghana's HIV program is a core priority for PEPFAR Ghana. As part of the assessment of the continuum of service cascade, PEPFAR Ghana will focus its core SI activities on:

1) Surveillance of priority key populations, including updating size estimations for key populations. Monitoring key indicators that measure risk behaviors, stigma and access to HIV care and treatment services. Monitoring continuum of care data for key populations.
2) Technical assistance to GOG and to CSOs to improve data quality, availability and use to be able to report on all key indicators in the continuum of response and to use data for strategic planning and program planning.
3) Consolidating the HIV components of the national health information system (DHIMS) to generate useful information needed for effective strategic planning and program planning.
4) Generation and utilization of acquired HIV drug resistance (HIVDR) surveillance data, viral load suppression and continuation of care data.
5) National Key Populations Impact Evaluation of the national HIV prevention program for KP based on a plausibility analytical research design (or data triangulation) that synthesizes data from multiple sources including routine monitoring data, performance evaluation data, an assessment of contextual events, program costs, and IBBSS 2011 and 2015 with FSW and MSM and any other relevant data collection and analysis efforts.

1. Brief Activity Description	Deliverables		Budget codes and allocation ($)		6. Imple-menting Mechanism(s)	7. Relevant Sustainability Element and Score	Impact on epidemic control				
	2. 2015	3. 2016	4. 2015	5. 2016	ID		8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.Other Combination prevention	12. Viral suppression
Integrated Biological Behavioral Surveillance Survey and Population Size Estimates of MSM in all 10 regions	IBBSS among MSM Conducted. National and Regional level MSM prevalence, Population Size Estimates, Risk behavior, Stigma and Access to HIV Care Services data for all regions available to inform program design, and implementation	Secondary level regression analysis and data on associations between behavior, prevalence and geographic location available to inform KP program design, and implementation and also access and use to HIV services, including HTC and ART	HVSI *[REDACTED]*	HVSI *[REDACTED]*	13475	SID Domain A, Q5 COP TG, p 148; 180	Yes	Yes	Yes	Yes	Yes
Integrated Biological Behavioral Surveillance Survey of PWID and Population Size Estimates in identified high concentration regions/districts	PWID Formative assessment Conducted. PWID Formative assessment results indicating risk behavior, sizes estimates, and possible interventions sites available to inform KP program design, and implementation	National and Regional level PWID Data on HIV Prevalence, Population Size, Risk behaviors, Stigma and Access to HIV Care and Treatment Services	HVSI *[REDACTED]*	HVSI *[REDACTED]*	13475	SID Domain A, Q5 COP TG, p 148; 180	Yes	Yes	Yes	Yes	Yes
Integrated Biological Behavioral Surveillance Survey of the military	Prevalence assessment of HIV among the military in the GAF	National level military data on HIV prevalence, risk behaviors, stigma and access to HIV care and treatment services	HVSI *[REDACTED]*	HVSI *[REDACTED]*	11049	SID Domain A	Yes	Yes	Yes	Yes	Yes

Data Quality Assurance Program - Data Quality assessment of facility and community based programs; Implementation of Data Quality Improvement Plans	Annual Data quality assessment conducted and results and data quality improvement plans implemented for continuum of care indicators in 2 scale-up regions.	Annual Data quality assessment conducted and results and data quality improvement plans implemented for HIV continuum of care indicators in 5 scale-up regions.	HVSI *[REDACTED]*	HVSI *[REDACTED]*	13475	SID Domain A CEE 24.3; COP TG pg 25, 99, 250	Yes	Yes	Yes	Yes	Yes
Strengthen Program Data Collection and Use Strengthen National Health Information Systems (DHIMS) and Strengthen Country Response Information Systems (CRIS). Supervisory monitoring; data quality assessment; integration of continuum of care variable.	Aligned PEPFAR indicators with National Indicators; 90% Completeness and Timeliness of HIV program data and of National, Regional and district level HIC continuum of care data	90% of all districts reporting continuum of care data; One common platform for viewing facility and community based continuum of care data(Number KP Reached, Number Tested and Yield)	HVSI *[REDACTED]*	HVSI *[REDACTED]*	11951 13475	SID Domain A CEE 24.4; 24.5 COP TG pg 252	Yes	Yes	Yes	Yes	Yes
Continuum of care Data Reporting, In-depth Analysis and Use. Accessible and validation national Data. Publication, dissemination and use of national validated community and facility based Data	Verified, Validated, Published and dissemination of National/Regional level HIV and AIDS Estimates, Facility and community level Response Intervention data. Strategic Information Dissemination Forum 2 Scale-up Regions Routine review and analysis of data base dashboard on priority interventions by managers and use to plan and monitor activities	Verified, Validated, Published and dissemination of National/Regional level HIV and AIDS Estimates, Facility and community level Response Intervention data. Strategic Information Dissemination Forum 5 Scale-up Regions Routine review and analysis of data base dashboard on priority interventions by managers and use to plan and monitor activities	HVSI	HVSI	11951	SID Domain A CEE 24.4; 24.5 COP TG pg 252	Yes	Yes	Yes	Yes	Yes

Acquired HIV Drug Resistance Survey	Nationally representative prevalence estimates of VL suppression and of HIVDR in populations receiving ART for 12 months	Nationally representative prevalence estimates of VL suppression and of HIVDR in populations receiving ART for 12 months and for >48 months	HVSI *[REDACTED]*	HVSI *[REDACTED]*	11951	COP TG pg 52; 112; 205; 207	No	No	No	No	Yes
Patient tracking system to manage patients and to monitor HIV continuum of care (using unique identifiers)	Pilot DHIMS integrated HIV E tracker system in place in 2 regions including in GAF facilities for patient management and program monitoring of HIV continuum of care	Roll out HIV E tracker system integrated into DHIMS in 5 regions for patient management and program monitoring of HIV continuum of care	HVSI *[REDACTED]*	HVSI *[REDACTED]*	11951	CEEs 1.1; 2.2; 11.1; 11.2; 11.3; COP TG pg 300	Yes	Yes	Yes	Yes	Yes
National KP Impact evaluation	Completed national stakeholder workshop to update available data and develop consensus on research questions	Impact evaluation of the national HIV prevention program for KP based on a plausibility analytical research design (or data triangulation) that synthesizes data from multiple sources completed Evaluation findings will convey the effectiveness of the KP national strategy and operational plan to inform then NSP 2016-2020.	HVSI *[REDACTED]*	HVSI *[REDACTED]*	17326 MEASURE Evaluation Phase IV	SIMS CEE: National Guidelines for KP (11.4) KP National Quality Norms (11.5) Data Collection/ Review (24.5) Data Use (24.6) Management Planning (24.7)					

6.3 Health System Strengthening (HSS)

Based on the lessons learned over the last decade of HIV programming, PEPFAR Ghana's core systems strengthening activities will continue to focus on institutional capacity building, national strategy and policy development, supply chain management, systems strengthening and improving service delivery for key populations – all of which have been designated core programs for Ghana. Each of the mechanisms below incorporates HSS activities that directly build upon strategic investments made in the last decade and address critical gaps that hinder full success of the National HIV Response. PEPFAR Ghana seeks to increase efforts that support the Ghana Government's capacity to plan, oversee and manage programs; to deliver quality services with the participation of civil society organizations; and, ultimately, to finance health programs.

Throughout the years, Ghana has made significant progress in building the enabling environment needed to support HIV programming, especially with respect to KP. PEPFAR Ghana was instrumental in persuading the Ghanaian Government to integrate KP into its National HIV Strategic Plan and will support the development of the next NSP 2016-2020. PEPFAR Ghana is also prioritizing continued institutional strengthening of local NGOs, for whom PEPFAR support to-date has enabled improved leadership and governance, project management, advocacy and representation. Using an organizational development model, PEPFAR Ghana will intensify its work with local NGOs (including those funded by Global Fund) with the aim that 3-5 organizations will gain sufficient capacity (individually or under an umbrella NGO) to effectively implement HIV programming and diversify their funding portfolio. PEPFAR Ghana will also support targeted capacity building trainings of individuals working across the HIV/AIDS spectrum including health care providers, laboratory personnel, M&E officers, police, program managers, etc. to improve service delivery, inform program operations and data collection processes, and ensure human rights of key populations.

This past January, the Central Medical Store (CMS) in Ghana suffered a devastating fire which resulted in the loss of $81.7 million of critical health commodities, including $13 million in antiretrovirals (ARV) and $600,000 in test kits. This tragedy comes on the heels of two other adverse events in 2013 affecting the supply chain -- the procurement of 110 million defective condoms and the ARV stock-out, both of which required emergency shipments from USG to help mitigate the impacts. In collaboration with UNFPA, PEPFAR Ghana initiated the development of the National Condom and Lubricant Strategy with the GOG to incorporate a market approach engaging the private sector and also integrating the country's condom and lubricant needs into one annual quantification exercise. In response to the CMS fire, the donor partners are currently developing an emergency action plan to create a viable supply chain system through the private sector that assures security, provision, storage and distribution of commodities to health facilities. The donor partners have all agreed to invest into this new system; PEPFAR Ghana will likewise contribute support for this objective. The overall objective of

USG technical assistance for the national supply chain system is to strengthen national capacity in forecasting, managing, monitoring and reporting on use of program commodities and to improve the availability and use of logistics information at all levels for decision making. Along those lines, the USG will continue its system strengthening activities to support quarterly supervision of M&E systems at regional and district levels to ensure availability of quality supply chain data for decision-making and the usage of the Early Warning System (EWS). The USG will also continue the weekly SMS-based stock reporting system to improve visibility into logistics information for health commodities throughout the public health supply chain.

Finally, PEPFAR Ghana and the Global Fund are planning to develop a joint QA/QI strategy to standardize and improve KP prevention intervention across all NGOs within both portfolios. The components of the QA/QI strategy will include use of a global tool designed by FHI 360 to assess and build NGO organizational capacity; implementation of supportive supervision systems for all KP program activities; support for Ghana's development of a Unique Identifier Code (UIC) system; training and dissemination of KP Standard Operating Procedures; strengthening of linkages between prevention and care and improving retention strategies for those enrolled in care; and implementation of participatory QA cycles for NGOs and selected clinics.

1. Brief Activity Description	**Deliverables**		**Budget codes and allocation ($)**		**6. Implementing Mechanism(s) ID**	**7. Relevant Sustainability Element and Score**	**Impact on epidemic control**				
	2. 2015	**3. 2016**	**4. 2015**	**5. 2016**			8. HIV Testing	9. Linkage to Care (LTC)	10. ART uptake	11.*Other Comb prevention	12. Viral suppression
Continue technical assistance to GOG in quantification , improvement in supply chain management, development of guidelines and strategies to ensure commodity security for the HIV programs	- Completed annual national quantification and supply chain reviews for health commodities •Completed implementation of National Quantification Guidelines	- Completed annual national quantification and supply chain reviews for health commodities •Completed implementation of National Quantification Guidelines	OHSS *[REDACTED]*	OHSS *[REDACTED]*	7522 DELIVER	SIMS CEE: Supply Chain (27.1-27.4) SID Elements: B.6- Commodity Security and Supply Chain (Score: 5.6)					

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	•Completed National Condom and Lubricant strategy costed implementation plan •Development of private sector supply chain system for commodity storage and distribution post-Central Medical Store crisis; •Completed quarterly end use verification visits at regional levels to accurately inform commodity availability and use •Implementation of Early Warning Systems (EWS) at regional and facility levels	•Completed National Condom and Lubricant strategy costed implementation plan •Monitoring of private sector supply chain system for commodity storage and distribution post-Central Medical Store crisis •Completed quarterly end use verification visits at regional levels to accurately inform commodity availability and use •Implementation of Early Warning Systems (EWS) at regional and facility levels									
Strengthen the institutional and technical capacity of GOG and local NGOs for HIV programming	- Completed 11 subawards to NGOs for community service delivery	- Completed 11 subawards to NGOs for community service delivery	OHSS *[REDACTED]*	OHSS *[REDACTED]*	17318 LINKAGES	SIMS CEE: HTC Referrals to HIV Care and Treatment (7.5)	Yes	Yes	Yes		

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	-Development of Continuum of Care framework for pilot implementation/KPIS study - Completed organizational development plans for all NGO subawards, including for NAP+ to support strengthened advocacy platform for PLHIV needs - Completed geographic mapping of community activities and analysis of existing data to inform service delivery (delineation btw PEPFAR and GF sites) - Technical Assistance to GOG for IBBSS FSW and MSM, NSP 2016-2020 and UIC guide for KP programming	-Completed evaluation of Continuum of Care framework for replication and/or scaleup/KPIS study - Increased capacity on NGO subawards and stronger advocacy platform utilized by NAP+ at CCM level to address PLHIV needs				Patient Tracking (2.1) Facility Linkage to Community Care and Support Services (2.3) Community-Based Care and Support Services (2.7) STI Screening (9.1) Gender Norms (10.2) KP Service Referrals System (11.3) KP Monitoring Outreach for KP (11.1) Peer Outreach Management (11.2) Patient Rights (22.1) Community Governance (22.2)					

						Stigma and Discrimination (22.3) Accessible services (22.4) Advocacy (22.5) SID Elements: A.1 – Epidemiological & Health data (Score: 8.2) A.3 – Performance data (Score: 18) B.4 – Access and Demand (Score: 10.8) B.7 – Quality Management (Score: 13.4) E. 14 – Policies/Laws/Regulations (Score: 15) E.15 – Planning & Coordination (Score: 17)					

Strengthen the institutional and technical capacity of local CBOs for effective HIV programming.	Two (2) FSW CBOs recently registered as local associations and now receiving subgrants	Two (2) FSW CBOs strengthened in activity implementation and institutional organizational structures needed	HVCT HVOP *[REDACTED]*	OHSS *[REDACTED]*	17049 Innovate for Health/ WAPCAS RISK Project	SIMS CEE: HTC Referrals to HIV Care and Treatment (7.5) Community-Based Care and Support Services (2.7) STI Screening (9.1) Gender Norms (10.2) KP Service Referrals System (11.3) KP Monitoring Outreach for KP (11.1) Peer Outreach Management (11.2) Patient Rights (22.1) Community Governance (22.2) Stigma and Discrimination (22.3)	Yes	Yes			

						Accessible services (22.4) Advocacy (22.5) Data Quality Assurance (24.2) Results Reporting (24.3)					
Strengthen Ghana Health service quality assurance/quality improvement (QA/QI) activities for clinical service delivery around Global Fund sites in selected targeted regions.	N/A – modified assessment needs to be completed for G2G agreement	Regional and district levels training for peer counseling and social support for People Living with HIV (PLHIV) Completed assessment of continuum of care framework pilot for intervention sites designed and implemented	HBHC *[REDACTED]*	OHSS *[REDACTED]*	17101 G2G GHS	SIMS CEE: KP National Quality Norms (11.5) Site Mgt- QM/QI (23.3-23.8) Data Quality Assurance (24.2) Results Reporting (24.3) Guidelines development (26.1) and distribution (26.2) SID Elements: A.1 –	Yes	Yes			

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						Epidemiological & Health data (Score: 8.2) A.3 – Performance data (Score: 18) B.4 – Access and Demand (Score: 10.8) B.7 – Quality Management (Score: 13.4) E. 14 – Policies/Laws/Regulations (Score: 15) E.15 – Planning & Coordination (Score: 17)					
Strengthen institutional capacity of police in anti-stigma, discrimination and human rights (including SGBV)	N/A – modified assessment needs to be completed for G2G agreement	500 Police officers trained Completed National HIV Strategic Plan 2016-2020 and M&E plan	OHSS *[REDACTED]*	OHSS *[REDACTED]*	16619	SIMS CEE: National Guidelines for KP (11.4) In-service training (21.6) Guidelines development (26.1) and distribution (26.2) SID Elements:					

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						B.4 – Access and Demand (Score: 10.8) B.5 – Human Resources for Health (Score: 11.6) B.7 – Quality Management (Score: 13.4) E. 14 – Policies/Laws/Regulations (Score: 15) E.15 – Planning & Coordination (Score: 17)					
Strengthen national strategy and policy frameworks	N/A – projected new central award o/a July 2015	Completed analyses and updates of policy and legal framework impacting KP and/or PWID (dependent on data) support, care and treatment services. Completed analyses of costs and barriers related to implementation of national strategy frameworks to inform NSP 2016-2020	OHSS *[REDACTED]*	OHSS *[REDACTED]*		SIMS CEE: National Guidelines for KP (11.4) Cost/Efficiency/Economic Analyses (20.5) SID Elements: A.2 – Financial/Expenditure Data (Score: 13.3) C.8 – DRM: Resource Generation (Score:					

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						12) C.9 – DRM: Resource Commitments (Score: 5) C.10 – Allocative Efficiency (Score: 16) C.11 – Technical Efficiency (Score: 13.5) D.12 – Public Access to Information (Score: 14) D.13 – Oversight and Stewardship (Score: 14.5) E. 14 – Policies/Laws/Regulations (Score: 15) E.15 – Planning & Coordination (Score: 17)					

7.0 Staffing Plan

PEPFAR Ghana agencies each reviewed their staffing patterns to ensure that current staffing meets the needs of the program pivot, including requirements for SIMS. For most agencies, the conclusion was that no major changes were needed at this time, particularly with the imminent hiring a Senior SI Advisor and of a full-time PEPFAR Country Coordinator. Given the increase in data to be collected, reported and analyzed across the portfolio, the PEPFAR Ghana team needs more than ever an SI advisor to serve the entire inter-agency team to manage and triangulate all program and financial data.

For COP 2015, CDC is requesting a deputy director and budget analyst that will be 50% cost-shared with global health security funds, which are expected to grow CDC Ghana's budget *[REDACTED]*. The increase in funds dedicated to health security will require the CDC Country Director to split his/her time between GHS and PEPFAR and result in additional management and oversight responsibilities. Having a deputy will ensure that the CDC team operates efficiently and the addition of a budget analyst will ensure proper stewardship of taxpayer funds.

APPENDIX A

Table A.1 Program Core, Near-core, and Non-core Activities for COP 15

Level of Implementation	Core Activities	Near-core Activities	Non-core Activities
Site level	• KP • Supply Chain • HSS • Strategic information • Laboratory systems and viral load testing		• Low yield sites • PMTCT • OVC
Sub-national level	• KP • Supply Chain • HSS • Strategic information • Laboratory systems and viral load testing		• Laboratory Accreditation/Certification • General Population Prevention/HTC • PMTCT
National level	• KP • Supply Chain • HSS • Strategic information	• TB-HIV • Procurement of supplies • TA for laboratory systems strengthening	• Laboratory Accreditation/Certification • General Population Prevention/HTC • PMTCT

Table A.2 Program Area Specific Core, Near-core, and Non-core Activities for COP 15

	Core Activities	Near-core Activities	Non-core Activities
HTC	• Increase uptake of HTC to 35% FSW and 40% MSM reached in high prevalence regions • Assess/evaluate drop-in-center (DIC) as intermediate access HTC site • Community mobilization for demand creation • Linking community HTC to HIV continuum of services for care and treatment through peer KP PLHIV case managers (Models of Hope), including defaulter tracing		
Care and Treatment	• Collaboration with Global Fund programs on integration of Quality Assurance/Quality Improvement (QA/QI) of service delivery and development of Continuum of Care framework • Peer KP PLHIV case managers (Models of Hope) engaged in defaulter tracing for adherence and retention		
Prevention	See KP section below		

	Core Activities	Near-core Activities	Non-core Activities
HSS	• Institutional strengthening of community NGOs • National Policy and Strategy development – NSP 2016-2020 • Policy and Legal Reviews – KP and PWID • TWG meets for donor and NGO coordination • Collaboration with Global Fund KP programs on institutional strengthening of community NGOs; Quality Assurance/Quality Improvement (QA/QI) of service delivery and Continuum of Care Framework • Targeted technical assistance to GAC and NACP in design and implementation of Unique Identifier Code (UIC) system • Data modelling and analyses for support of Global Fund program • National KP impact evaluation	• Human Rights reporting database • TB-HIV • Police in-service stigma and discrimination trainings	

	Core Activities	Near-core Activities	Non-core Activities
Key Populations	• Peer Education and community-based outreach • Counseling and referral support hotline with GHS counselors • STI prevention education • Referrals for STI, FP, TB and cervical cancer screening and treatment • Condom and lubricant distribution • Integration of Anti-stigma and Discrimination and Gender Diversity guidelines in all activities • Technical support to CHRAJ on KP reported cases of rights violations • Rollout of KP SOPs • Development of unique identifier code (UIC) guide for KP programming • Community crisis response for SGBV, and building of advocacy platforms • Operations research to refine KP interventions and site locations • Institutional and technical strengthening of community NGO organizations • Geographic sub-district mapping of PEPFAR and GF-supported KP intervention sites in coordination with GF • BCC and training material development		

	Core Activities	Near-core Activities	Non-core Activities
Supply Chain Management	• Support for annual national quantification and supply planning review for health commodities • Implementation of National Quantification Guidelines • Distribution planning and warehousing at regional medical store to facility level • Development and implementation of supply chain action plan post-CMS fire • Integrated supportive supervision and annual review meetings • Development of National Condom & Lubricant Strategy costed implementation plan for total market approach • National supply chain coordination meets • Strengthen information sharing on commodity availability at all levels • Quarterly end use verification visits at regional level • Implementation of Early Warning System (EWS) at regional and facility levels		

	Core Activities	Near-core Activities	Non-core Activities
Strategic Information	• Key population Surveillance and Surveys. Programmatic Data collection, Quality Assurance, analysis, validation, Dissemination and use • Retention and VL monitoring indicator and system for data collection		
Laboratory	• Provide Laboratory capacity to support KP monitoring at each stage of the continuum of care with focus on Rapid testing, Viral load and Early Infant Diagnosis		

Table A.3 Transition Plans for Non-core Activities

Transitioning Activities	Type of Transition	Funding in COP 15	Estimated Funding in COP 16	# of IMs	Transition End date	Notes
OVC	Transition to local district government after priority activities completed	$0	$0	1	July 2015	OVC criteria and database have been adapted with and transferred to district government officials; corporate sponsorships currently being sought to support 134 OVC to complete academic and vocational programs
Laboratory Accreditation Program	Transition to Government once priority activities completed	$0	$0	1	March 2015	Government to maintain laboratory quality management activities, while PEPFAR support focuses on priority lab activities for reaching 90-90-90 in scale-up regions
Totals						

APPENDIX B

Table B.1.1 Total Funding Level

Applied Pipeline	New Funding	Total Spend
$US 2,609,075	**$US 9,839,832**	**$US12,448,907**

Table B.1.2 Resource Allocation by PEPFAR Budget Code

PEPFAR Budget Code	Budget Code Description	Amount Allocated
MTCT	Mother to Child Transmission	0
HVAB	Abstinence/Be Faithful Prevention	0
HVOP	Other Sexual Prevention	2,130,000
IDUP	Injecting and Non-Injecting Drug Use	0
HMBL	Blood Safety	0
HMIN	Injection Safety	0
CIRC	Male Circumcision	0
HVCT	Counseling and Testing	828,907
HBHC	Adult Care and Support	1,490,000
PDCS	Pediatric Care and Support	0
HKID	Orphans and Vulnerable Children	0
HTXS	Adult Treatment	100,000
HTXD	ARV Drugs	0
PDTX	Pediatric Treatment	110,000
HVTB	TB/HIV Care	0
HLAB	Lab	540,425
HVSI	Strategic Information	1,250,000
OHSS	Health Systems Strengthening	1,583,604
HVMS	Management and Operations	1,806,896
TOTAL		9,839,832

USAID MECHANISMS

Policy Activity

[REDACTED]

USAID/DELIVER

The funding allotted for USAID/DELIVER central mechanism was based on historical data of funding supply chain systems strengthening activities. DELIVER is an integrated mechanism for the USAID/Health Office and PEPFAR funds are being leveraged with Maternal, Newborn and Child Health (MNCH), family planning (FP) and the President's Malaria Initiative (PMI). See Section 6.3 for an outline of DELIVER system strengthening activities. However, COP15 will also continue support for the post-crisis activities related to the 1/13 fire at Ghana's Central Medical Store fire (CMS) which destroyed the entire facility and all commodities within. Post-crisis activities are currently in planning discussions but will include the following redistribution and management of emergency support from partners for commodity security and the development of a new private sector supply chain system. The latter plan has not yet been developed but all the health donor partners, including USG, are expected to contribute to its implementation and maintenance. See section 6.3 for projected deliverables in COP15.

APC/DKT International

UPDATE: USAID/Health Office has ended its investment to this central mechanism. In the interim period of FY16, the storage and distribution of condoms and lubricants to Key Population NGOs that was planned under this mechanism will be handled by USAID/DELIVER.

MEASURE Evaluation Phase IV

The funding for MEASURE Evaluation Phase IV central mechanism was estimated based on historical data for past evaluation activities related to the National HIV/AIDS Response. Costs include stakeholder workshops, analysis of multiple data sources and additional data needs, and validation/dissemination workshops for final documents.

G2G with Ghana AIDS Commission

The funding for the Government-to-Government (G2G) bilateral agreement with Ghana AIDS Commission (GAC) was estimated based on historical data of funding the organization of GAC activities which included conducting police trainings and the NSP development using contracted local consultants. See section 6.3 for projected deliverables in COP15.

G2G with Ghana Health Service/National AIDS and STI Control Program

The funding for the G2G bilateral agreement with the Ghana Health Service/National AIDS and STI Control Program (GHS/NACP) was based on historical data involving development of national policy frameworks involving landscape assessment, stakeholder workshop, production and printing of final documents, and dissemination activities. See section 6.3 for projected deliverables in COP15.

[REDACTED]

LINKAGES

The funding for the LINKAGES central mechanism was based on the FY 2014 EA data and the historical data from the two previous KP HIV flagship projects including USAID/SHARPER and the results achieved. The LINKAGES mechanism was not active in FY2014, so there was no EA data.

[REDACTED]

KP Activity

[REDACTED]

Innovate/WAPCAS RISK

The funding for the WAPCAS RISK bilateral project was based on the FY 2014 EA data from the previous project with WAPCAS that included service delivery through two local CBOs as well as the results achieved.

DEPARTMENT OF DEFENSE MECHANISMS

The Department of Defense HIV Prevention Program (DHAPP) used a combination of historical data; expenditure costs for similar projects and discussions with its implementing partner to arrive at FY 2016 cost estimations. (The EA did not generate expenditure cost per unit items for DOD supported activities, thus making it impossible to use EA figures.)

IBBS *[REDACTED]*
DHAPP will be conducting a biological behavioral surveillance survey for the Ghana Armed Forces (GAF). The estimated cost of this study is estimated at *[REDACTED]* based on a similar survey conducted for the Togo Military in the later part of 2014. The approach used for the Togo survey will be adopted for the Ghana Military survey. Comparatively, the Ghana military has more sites and is larger than the Togo military however discussions with the epidemiology unit of the Department of Defense HIV/AIDS Program indicate the resources will be sufficient for the GAF survey.

FSW prevention - PHDP *[REDACTED]*
The other activity to be implemented is PHDP for HIV positive military personnel and their family members. Projection for resources was based on discussions with the implementing partner with reference to the package of activities to be implemented. The implementing partner was able to generate costing figures based on implementation of similar programs in Ghana and in other African countries.

CENTERS FOR DISEASE CONTROL AND PREVENTION MECHANISMS

Ghana Health Service/SI *[REDACTED]*

- **Patient Tracking System** *[REDACTED]:* The e-Tracker is an extension of the DHIMS 2 platform and will support management, data collection, and analysis of transactional or disaggregated data. The e-tracker HIV module will make it possible to monitor individual clients and client cohorts and will generate the data needed for the HIV cascade of care indicators. The e-tracker will also facilitate the case management of individual clients because it can be configured to generate SMS-reminders, track missed appointments and visit schedules. Module will integrate PLHIV Tracking into DHIMS 2 and will also incorporate unique KP IDs so that KP clients can be monitored. Costs are based on a budget for creating the e-tracker TB module. Costs covered include development of a prototype HIV module; integrating the module into DHIMS-2; and training and piloting it in one Region.

- **HIV Drug Resistance Survey** *[REDACTED]***:** COP 16 investments in HIVDR surveillance will support the generation of nationally representative prevalence estimates of VL suppression and HIV Drug Resistance. HIVDR surveillance is an ongoing activity and costs cover sample collection and testing; data analysis; and dissemination of the results and treatment recommendations to HIV clinicians. Cost is based on historical data and the FY 2014 EA Ghana Health Service above national SI cost of *[REDACTED]*.

- **Data Quality Assurance** *[REDACTED]***:** CDC is supporting the Ghana Government to establish a quality assurance system including data quality assessment and data quality improvement plans. The data quality assurance will cover both facility and community level data and strengthen the national DHMIS system to improve timeliness, completeness and consistency of HIV program reporting. The program combines above site and regional level activities and involves Ghana AIDS Commission and Ghana Health Service. Costs are based on the historical data of how much it cost to implement a national data quality exercise in 2014 and comparable with the EA GAC Strategic Information above National cost.

Ghana AIDS Commission/M&E *[REDACTED]*

- **MSM IBBS and Population Size Estimates** *[REDACTED]* Epidemiological data to support epidemic control in Ghana have a number of gaps including the estimated number of MSM in Ghana. COP 15 funds would be used to support ongoing IBBSS survey among MSM. COP 15 funds will support MSM Size Estimation in all ten regions in Ghana. Costing is based on a negotiated budget submitted by the Institution that will conduct the survey. The *[REDACTED]* will cover the costs of implementing RDS in 6 additional regions. Cost is comparable with FSW IBBSS Size Estimation funded by Global Fund.
- **Strengthen Program Data Collection and Use** *[REDACTED]* The focus of COP 15 investments in program data collection and use is to align national indicators with PEPFAR MER indicators, to promote easy access to the data and to promote regular review of data by district and regional level managers and the use of data for decision making. The program combines above site and regional level activities and involves Ghana AIDS Commission and Ghana Health Service. Costing was based on historical data from similar activities implemented in 2014 and also EA above national Strategic information costs for NACP, for GAC and also SI costs for Greater Accra *[REDACTED]*. The funds will be used to support data review meetings at the district and regional levels and data validation and use meetings at the national level.

Ghana Health Service/LAB PDTX *[REDACTED]*

Specimen transport (VL and EID): *[REDACTED]* GHS is a G2G mechanism for CDC Ghana and PEPFAR funds are being used for sample referral, collection and transportation of samples for EID. FY 2016 costs reflect the shift from a centrally managed program to a decentralized regional system which will eventually cover high yield sites within the five scale-up regions, ie: in FY 2016, GHS will focus on scale-up districts (high numbers of KP and high HIV prevalence) in scale-up regions. The current budget was arrived at using the National AIDS Control Program's historical expenditure data, current economic cost for materials, transportation cost and current GHS training and per diem rates. Costs of laboratory equipment are covered by another mechanism (SCMS).

Ghana Health Service/LAB *[REDACTED]*

QA for HIV Rapid Testing: The QA for HIV Rapid Testing program is adapted from the PEPFAR RTQII and in FY 2016 the program will be decentralized starting with two scale-up Regions using existing capacity developed through the SLMTA/SLIPTA program. Activities considered for the HIV Rapid Testing program include training/training materials of health workers in HIV rapid testing and use of HIV Standardized logbook; training/training materials of laboratory staff and health workers in the two regional hospital laboratories in DTSPT panel preparation; and supportive supervision and monitoring visits to HIV test sites as well as corrective actions to ensure the quality cycle is complete. The current budget was arrived at by taking into consideration the historical expenditure data, current economic cost for materials/logistics, transportation cost and current GHS training and per diem rates.

Ghana Health Service/LAB HTXS *[REDACTED]*

Improved Access to Viral Load: In FY 2016, the viral load program will be decentralized to two Regions using existing capacity developed through the SLMTA/SLIPTA program. Activities considered for this program include training of health workers to collect samples for EID and VL; development of a sustainable laboratory sample transport system; and a results transmission system. The current budget was arrived at using the National AIDS Control Program's historical expenditure data, current economic cost for materials, transportation cost and current GHS training and per diem rates. Costs of laboratory equipment are covered by another mechanism (SCMS).

PEACE CORPS MECHANISM

Volunteer Trainings and Small Grants *[REDACTED]:* Peace Corps will provide HIV technical training to ninety (90) Peace Corps Volunteers and their community counterparts. The training is expected to build their capacity to plan and implement small grant projects in their respective communities. Peace Corps' community level interventions will focus on small group prevention training activities with PLHIV, their families and immediate communities to adopt positive behavioral practices for HIV prevention, as well as addressing stigma and discrimination. The projection for the funding resource is based on historical data for similar activities in the past.

STATE PUBLIC AFFAIRS

Engagement of Key Populations *[REDACTED]:* Cost estimates are based on the history of PAS funded activities and anticipated proposals for FY 2016 from the field. The costs of engaging key populations in four regions in Ghana through direct and indirect programs were based on financial estimates by cost category (payment of trainers, training supplies, venue, and per diem for resource persons, office supplies and condoms).

STATE AMBASSADOR'S FUND

Self-Help Grants *[REDACTED]:* Budgeting was based on historical data and the total costs and results from previous projects. This mechanism was active in FY2014 and has EA data to support cost components. This mechanism targets FSWs and PLHIV (Models of Hope) to assist in clinical settings to help PLHIV enroll and remain in HIV care and treatment services. NGOs and CBOs are awarded grants which they use to work with key populations. CSOs are also supported to advocate to the government to invest more in HIV/AIDS activities for KP and PLHIV.

Ghana COP15 Targets by District: Clinical Cascade

	Number of individuals who received HIV Testing and Counseling services for HIV and received their test results	Number of HIV-positive adults and children newly enrolled in clinical care who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of HIV positive adults and children who received at least one of the following: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of adults and children newly enrolled on antiretroviral therapy (ART)
Abura Asebu Kwamankese	-	-	-	-
Accra Metro	5,742	-	-	-
Ada East	-	-	-	-
Ada West	-	-	-	-
Adansi North	-	-	-	-
Adentan Municipal	60	-	-	-
Agona East	-	-	-	-
Agona West	-	-	-	-
Ahanta West	40	-	-	-
Akuapim North	-	-	-	-
Akuapim South	-	-	-	-
Akyemansa	-	-	-	-
Amansie West	244	-	-	-
Amenfi East	-	-	-	-
Amenfi West	-	-	-	-
Aowin	-	-	-	-
Ashaiman Municipal	220	-	-	-
Ashanti Regional Medical Store	-	-	-	-
Ashiaman Municipal	-	-	-	-
Ashiedu Keteke	-	-	-	-
Asikuma Odoben Brakwa	-	-	-	-
Assin North	-	-	-	-
Assin South	-	-	-	-
Asuogyaman	-	-	-	-
Atiwa	-	-	-	-
Awutu Senya	-	-	-	-
Awutu Senya East	-	-	-	-
Ayawaso Sub Metro	-	-	-	-
Ayensuano	-	-	-	-
Bekawi Municipal	18	-	-	-
Berekum Municipal	2,179	-	-	-
Bia East	-	-	-	-
Bimbilla	-	-	-	-
Birim Central Municipal	59	-	-	-
Birim North	-	-	-	-
Birim South	-	-	-	-
Bodi	-	-	-	-
Bole/Bamboi District	-	-	-	-
Bolgatanga Municipal	-	-	-	-
Bosomtwe	-	-	-	-
Brong Ahafo Regional Medical Store	-	-	-	-
Cape Coast Metro	267	-	-	-
Central Regional Medical Store	-	-	-	-
Dormaa Municipal	48	-	-	-
East Akim	75	-	-	-
East Gonja	-	-	-	-
East Mamprusi	-	-	-	-
Eastern Regional Medical Store	-	-	-	-
Effutu Municipal	-	-	-	-
Ejisu-Juaben	-	-	-	-
Ejura Sekyedumase Municipal	89	-	-	-
Ekumfi District	-	-	-	-

Ghana COP15 Targets by District: Clinical Cascade

	Number of individuals who received HIV Testing and Counseling services for HIV and received their test results	Number of HIV-positive adults and children newly enrolled in clinical care who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of HIV positive adults and children who received at least one of the following: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of adults and children newly enrolled on antiretroviral therapy (ART)
Ellembele	-	-	-	-
Fanteakwa	-	-	-	-
Ga East	-	-	-	-
Ga East Municipal	-	-	-	-
Ga South Municipal	17	-	-	-
Ga West Municipal	17	-	-	-
Gomoa East	-	-	-	-
Gomoa West	-	-	-	-
Greater Accra Regional Medical Store	-	-	-	-
Ho Municipal	-	-	-	-
Ho Municipal	-	-	-	-
Hohoe Municipal	-	-	-	-
Jaman North	1,630	-	-	-
Jaman South	540	-	-	-
Jirapa	-	-	-	-
Jomoro	53	-	-	-
Jomoro	58	-	-	-
Kadjebi District	-	-	-	-
Karaga	-	-	-	-
Kassena Nankena	-	-	-	-
Ketu South	-	-	-	-
Kintampo Municipal	-	-	-	-
Kintampo North	18	-	-	-
Komenda Edina Eguafo Abrem	-	-	-	-
Kpando	-	-	-	-
Kpone Katamanso	-	-	-	-
Kumasi Metro	1,227	-	-	-
Kwabre	-	-	-	-
Kwaebibirem	-	-	-	-
Kwahu East	-	-	-	-
Kwahu North	-	-	-	-
Kwahu South	-	-	-	-
Kwahu West	-	-	-	-
La Dadekotopon Municipal	260	-	-	-
La Nkwantanan	860	-	-	-
Lambussie/Kani	-	-	-	-
Lawra	-	-	-	-
Ledzokuku Municipal	46	-	-	-
Lower Manya Krobo	119	-	-	-
Mampong Municipal	193	-	-	-
Mfantseman Municipal	-	-	-	-
Nadowli	-	-	-	-
New Juabeng Municipal	1,494	-	-	-
Ningo prampram	-	-	-	-
Nkoranza South	12	-	-	-
Northern Regional Medical Store	-	-	-	-
Nsawam Adoagyir Municipal	77	-	-	-
Nzema East	9	-	-	-
Obuasi Municipal	307	-	-	-
Offinso South Municipal	166	-	-	-
Prestea-Huni Valley	312	-	-	-
Savelugu -Nanton	-	-	-	-

Ghana COP15 Targets by District: Clinical Cascade

	Number of individuals who received HIV Testing and Counseling services for HIV and received their test results	Number of HIV-positive adults and children newly enrolled in clinical care who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of HIV positive adults and children who received at least one of the following: clinical assessment (WHO staging) OR CD4 count OR viral load	Number of adults and children newly enrolled on antiretroviral therapy (ART)
Sawla/Tuna/Kalba	-	-	-	-
Sefwi-Wiawso	14	-	-	-
Sekondi Takoradi Metro	1,577	-	-	-
Shai Osu Doku	-	-	-	-
Shama	18	-	-	-
Sissala East	-	-	-	-
Sissala West	-	-	-	-
South Dayi	-	-	-	-
Suhum Municipal	244	-	-	-
Suhum/Ayensuano	-	-	-	-
Sunyani Municipal	227	-	-	-
Sunyani West	-	-	-	-
Tain	40	-	-	-
Tamale Metropolitan	-	-	-	-
Tarkwa-Nsueam Municipal	841	-	-	-
Techiman Municipal	547	-	-	-
Tema Metro	916	-	-	-
Temporal National Medical Stores	-	-	-	-
Twifo Ati-Mokwa	-	-	-	-
Upper Denkyera	-	-	-	-
Upper Denkyira East	-	-	-	-
Upper East Regional Medical Store	-	-	-	-
Upper Manya Krobo	94	-	-	-
Upper West Regional Medical Store	-	-	-	-
Volta Regional Medical Store	-	-	-	-
Wa Municipal	-	-	-	-
Wassa Amenfi East	-	-	-	-
Wassa Amenfi West	-	-	-	-
Wenchi Municipal	59	-	-	-
West Akyim Municipal	386	-	-	-
West Gonja	-	-	-	-
West Mamprusi	-	-	-	-
Western Regional Medical Store	-	-	-	-
Yilo Krobo	238	-	-	-
Other_ Ghana	-	-	-	-
Total	**21,657**	**-**	**-**	**-**

Number of adults and children currently receiving antiretroviral therapy (ART)
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Number of adults and children currently receiving antiretroviral therapy (ART)
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Ghana COP 15 Targets by District: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Abura Asebu Kwamankese	-	-	-
Accra Metro	4,000	14,298	-
Ada East	-	-	-
Ada West	-	-	-
Adansi North	-	-	-
Adentan Municipal	-	383	-
Agona East	-	-	-
Agona West	-	-	-
Ahanta West	-	105	-
Akuapim North	-	-	-
Akuapim South	-	-	-
Akyemansa	-	-	-
Amansie West	-	698	-
Amenfi East	-	-	-
Amenfi West	-	-	-
Aowin	-	-	-
Ashaiman Municipal	-	552	-
Ashanti Regional Medical Store	-	-	-
Ashiaman Municipal	-	-	-
Ashiedu Keteke	-	-	-
Asikuma Odoben Brakwa	-	-	-
Assin North	-	-	-
Assin South	-	-	-
Asuogyaman	-	-	-
Atiwa	-	-	-
Awutu Senya	-	-	-
Awutu Senya East	-	-	-
Ayawaso Sub Metro	-	-	-
Ayensuano	-	-	-
Bekawi Municipal	-	50	-
Berekum Municipal	-	4,400	-
Bia East	80	-	-
Bimbilla	-	-	-
Birim Central Municipal	-	223	-
Birim North	80	-	-
Birim South	-	-	-
Bodi	-	-	-
Bole/Bamboi District	-	-	-
Bolgatanga Municipal	-	-	-
Bosomtwe	80	-	-
Brong Ahafo Regional Medical Store	-	-	-
Cape Coast Metro	-	425	-
Central Regional Medical Store	-	-	-
Dormaa Municipal	-	145	-
East Akim	-	269	-
East Gonja	-	-	-

Ghana COP 15 Targets by District: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
East Mamprusi	-	-	-
Eastern Regional Medical Store	-	-	-
Effutu Municipal	-	-	-
Ejisu-Juaben	-	-	-
Ejura Sekyedumase Municipal	-	217	-
Ekumfi District	-	-	-
Ellembele	-	-	-
Fanteakwa	-	-	-
Ga East	-	-	-
Ga East Municipal	-	-	-
Ga South Municipal	-	33	-
Ga West Municipal	-	34	-
Gomoa East	-	-	-
Gomoa West	-	-	-
Greater Accra Regional Medical Store	-	-	-
Ho Municipal	-	-	-
Ho Municipal	-	-	-
Hohoe Municipal	-	-	-
Jaman North	-	3,090	-
Jaman South	80	1,264	-
Jirapa	-	-	-
Jomoro	-	115	-
Jomoro	-	150	-
Kadjebi District	-	-	-
Karaga	-	-	-
Kassena Nankena	-	-	-
Ketu South	-	-	-
Kintampo Municipal	-	-	-
Kintampo North	-	45	-
Komenda Edina Eguafo Abrem	-	-	-
Kpando	-	-	-
Kpone Katamanso	-	-	-
Kumasi Metro	2,200	3,314	-
Kwabre	-	-	-
Kwaebibirem	-	-	-
Kwahu East	-	-	-
Kwahu North	-	-	-
Kwahu South	80	-	-
Kwahu West	-	-	-
La Dadekotopon Municipal	-	689	-
La Nkwantanan	-	1,782	-
Lambussie/Kani	-	-	-
Lawra	-	-	-
Ledzokuku Municipal	-	95	-
Lower Manya Krobo	-	380	-
Mampong Municipal	-	273	-

Ghana COP 15 Targets by District: Key, Priority, Orphan and Vulnerable Children Indicators

	Number of the target population who completed a standardized HIV prevention intervention including the minimum components	Number of key populations reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Mfantseman Municipal	-	-	-
Nadowli	-	-	-
New Juabeng Municipal	600	3,625	-
Ningo prampram	-	-	-
Nkoranza South	-	30	-
Northern Regional Medical Store	-	-	-
Nsawam Adoagyir Municipal	-	328	-
Nzema East	-	25	-
Obuasi Municipal	-	747	-
Offinso South Municipal	-	481	-
Prestea-Huni Valley	-	666	-
Savelugu -Nanton	-	-	-
Sawla/Tuna/Kalba	-	-	-
Sefwi-Wiawso	80	35	-
Sekondi Takoradi Metro	1,000	3,063	-
Shai Osu Doku	-	-	-
Shama	80	143	-
Sissala East	-	-	-
Sissala West	-	-	-
South Dayi	-	-	-
Suhum Municipal	-	621	-
Suhum/Ayensuano	-	-	-
Sunyani Municipal	-	909	-
Sunyani West	-	-	-
Tain	-	74	-
Tamale Metropolitan	-	-	-
Tarkwa-Nsueam Municipal	-	1,961	-
Techiman Municipal	80	2,096	-
Tema Metro	-	1,841	-
Temporal National Medical Stores	-	-	-
Twifo Ati-Mokwa	-	-	-
Upper Denkyera	-	-	-
Upper Denkyira East	-	-	-
Upper East Regional Medical Store	-	-	-
Upper Manya Krobo	130	370	-
Upper West Regional Medical Store	-	-	-
Volta Regional Medical Store	-	-	-
Wa Municipal	-	-	-
Wassa Amenfi East	-	-	-
Wassa Amenfi West	-	-	-
Wenchi Municipal	-	331	-
West Akyim Municipal	-	1,772	-
West Gonja	-	-	-
West Mamprusi	-	-	-
Western Regional Medical Store	-	-	-
Yilo Krobo	130	849	-
Other_ Ghana	600	-	-
Total	**9,300**	**52,996**	**-**