NATIONAL HIV PREVENTION ROADMAP

2026-2028

Empowering People, Expanding Services, Strengthening Systems.

GHANA AIDS COMMISSION

Under the Office of the President

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National HIV Prevention Roadmap 2026 - 2028

December, 2025

FOREWORD

This National HIV Prevention Roadmap 2026-2028 outlines Ghana's HIV and AIDS prevention measures (within the framework of the Global HIV Prevention Roadmap and 10-point Action Plan) which are based on the five core prevention pillars -Adolescent Girls and Young Women (AGYW), Adolescent Boys and Young Men (ABYM), Vulnerable Populations (VP,) Condoms and Anti-Retroviral (ARV) based Prevention.

Ghana has made strides in the national HIV response over the past three decades. Through sustained political commitment, the dedication of health workers, strong partnerships with multi-sectoral organizations, and the resilience of communities and vulnerable populations, the country has expanded access to testing, treatment, care and support for people living with HIV, those affected, as well as those at risk of acquiring HIV. During the period, Ghana also reduced new HIV infections and AIDS-related deaths.

These achievements, notwithstanding, the country is still not out of the woods. HIV remains a pressing public health challenge that demands renewed commitment, strategic interventions, and investment of resources. Certain populations continue to bear a disproportionate burden, and structural barriers such as human rights abuses, stigma and discrimination and inequalities threaten to slow the progress of the national response.

In light of these and related challenges, this National HIV Prevention Roadmap 2026-2028 proposes recommendations intended to end HIV as a public health threat. The plan prioritizes high-impact, people-centered prevention approaches such as expanding access to pre-exposure prophylaxis, strengthening condom programming, scaling up self-testing, and addressing the social and structural drivers that increase vulnerability.

Success will depend on partnership at every level - Government Ministries, Departments and Agencies, development partners, civil society, traditional and religious leaders, the private sector, and most importantly, the communities and vulnerable populations.

On behalf of the Government of Ghana, I reaffirm our unwavering commitment to accountability mechanisms and to a future where no one is left behind. May this roadmap facilitate our work to ensure that every person in Ghana has the information, tools, and support needed to prevent HIV and live with dignity and health.

Dr. Kharmae'lle Prosper Akanbong
Director General

ACKNOWLEDGEMENT

The Ghana HIV Prevention Roadmap (2026–2028) was developed through a broad and inclusive consultative process involving key HIV prevention stakeholders across the country. The process was led by the Ghana AIDS Commission (GAC) and a coordination team. We extend our sincere appreciation to all stakeholders from government, civil society organizations, UN agencies, development partners, and community members who contributed their time, expertise, and insights to the development of this roadmap.

We also recognize the invaluable contributions of the GAC Technical Services Team and UNAIDS, particularly the Director of Technical Services at GAC and the UNAIDS Prevention Acceleration Team (PAT), for their technical support in the development of the roadmap led by Dr. Annette Gerritsen.

ABBREVIATIONS & ACRONYMS

ABYM	Adolescent Boys and Young Men
AGYW	Adolescent Girls and Young Women
ARV	Antiretroviral
AYP	Adolescents and Young People
CAB-LA	Long-acting Injectable Cabotegravir
CACP	Comprehensive Abortion Care Programme
CBOs	Community-Based Organisations
CHRAJ	Commission on Human Rights and Administrative Justice
COP	Country Operational Plan
CSOs	Civil Society Organisations
DVR	Dapivirine Vaginal Ring
FSW	Female Sex Workers
GAC	Ghana AIDS Commission
GHS	Ghana Health Service
IBBS	Integrated Bio-Behavioural Surveillance
LEN	Long-acting Injectable Lenacapavir
MoF	Ministry of Finance
MoH	Ministry of Health
NACP	National AIDS/STI Control Programme
OAMT	Opioid Agonist Maintenance Therapy
PEP	Post-Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV

ABBREVIATIONS & ACRONYMS

PPMED	Policy, Planning, Monitoring and Evaluation Division (of GHS)
PrEP	Pre-Exposure Prophylaxis
PSAT	Prevention Self-Assessment Tool
RHE	Reproductive Health Education
SI	Strategic Information
SMEs	Small and Medium-scale Enterprises
SRH	Sexual and Reproductive Health
SSLN	South to South Learning Network
STIs	Sexually Transmitted Infections
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

Ghana has made notable progress in HIV prevention, with new infections decreasing by 32% across all ages between 2010 and 2024. Despite this progress, the country remains far from achieving the 2025 global target of an 82.5% reduction and the 2030 target of 90%. Condom use also remains a major challenge while 89% of female sex workers reported using a condom with their last paying client, only 58% of men who have sex with men and 27.4% of men and 10.6% of women in the general population reported condom use during their last sexual encounter. To accelerate prevention and maintain progress, Ghana has developed this HIV prevention roadmap 2026–2028, under the theme "Empowering People, Expanding Services, Strengthening Systems." This roadmap aligns with the Global AIDS Strategy 2021–2026 and the Global HIV Prevention Coalition (GPC) roadmap 2025 and sets out a clear national vision for reducing new HIV infections through data-driven, equitable, and people-centred interventions in a sustainable way.

The roadmap development was led by the Ghana AIDS Commission, with technical support from UNAIDS. It involved stakeholder discussions, a comprehensive desk review, and a review process. To respond to the challenges, Ghana's prevention roadmap focuses on the following priorities in the five core prevention pillars. This roadmap represents Ghana's strategic commitment to a future where no one is left behind in the HIV response. It provides a unified framework to sustain gains, close gaps, and reach the ambitious goal of ending AIDS as a public health threat by 2030.

A **Key Populations**

Ensure access to services throughout country

- Provider training
- Harm reduction
- Peer-led outreach
- Mobile/virtual access
- Young KP focus

B **AGYW**

Education, demand creation, and basic prevention services

- RHE nationwide
- Youth-friendly media
- PrEP for priority groups
- SRH + FP integration
- Stigma-free services

C ABYM

Basic prevention services, testing, and treatment linkage

- HIV education
- Condom promotion
- Youth-friendly services
- Male engagement
- Test and treat men

D Condom Programming

Increase condom distribution and usie

- Stronger supply chains
- More outlets
- Demand creation
- Peer educator training
- Implement CLS 2026-2030

E ARV-Based Prevention

Optimize access to a range of PrfEP products

- Expand PrEP options
- Community delivery
- HIV self-testing
- Integrate with FP/ANC/STI
- Supply + data systems

The roadmap is further operationalized through a 10-Point National Action Plan:

10-Point	Action Plan
Data-driven needs assessment: ***Address data gaps at regional level***	Complete the Prevention Self-Assessment Tools (PSAT) at the regional level to identify gaps and strengthen the program. Furthermore, develop annual HIV prevention access targets for each region as part of the formulation of the new National Strategic Plan (NSP).
Precision prevention approach: ***Addressing the gaps in prevention service delivery to those most in need***	Increase HIV awareness and strengthen demand creation for HIV testing and prevention among all populations at risk, including men. Ensure access to comprehensive reproductive health education and youth-friendly health services for both in-school and out-of-school youth. Scale up harm reduction services nationwide through collaboration with national institutions and by strengthening community engagement. The implementation of services for key populations in the three PEPFAR regions should be discussed and prioritized to mitigate the impact of the changes in US government commitments. Furthermore, expand the implementation of differentiated service delivery models, including self-care, to reach more people. Finally, the number of outlets providing condoms and lubricants should be increased to improve accessibility.
Define investment needs: ***Focus on diversified resource mobilisation approaches***	Diversified resource mobilization approaches should be pursued to ensure sustainable financing for HIV (prevention). The costing of the HIV prevention roadmap (2026-2028) should be updated to reflect changes highlighted in the current document. Additionally, HIV prevention budgets should be developed at both the regional and district levels as part of the next National Strategic Plan
HIV prevention leadership agencies: ***Enhance collaboration among all stakeholders***	The national HIV prevention coalition should be reconstituted and be more inclusive of all relevant actors involved in the HIV prevention response. Strengthen collaboration with the private sector to support the implementation of the HIV Wellness and Workplace Policy to enhance HIV prevention activities within workplaces. Furthermore, HIV prevention programmes for adolescents and young people should be mainstreamed into multi-sectoral initiatives, engaging sectors responsible for education, skills development, and social protection.

10-Point	Action Plan
Expand community-led services: ***Enable communities to lead the HIV prevention response***	Develop a national strategy and operational plan for community service delivery, including HIV prevention, that clearly outlines the key actors, their roles, and specific activities Additionally, a sufficient portion of the domestic HIV budget should be allocated to civil society organizations (CSOs) to operationalize the existing social contracting framework. This will enable the government to expand its role in supporting CSOs and strengthen their contribution to the national HIV prevention response to make the response more sustainable.
Remove social and legal barriers: ***Awareness raising about stigma and discrimination is key***	Community leadership should be mobilized to actively engage in efforts to prevent the adoption of the Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill by educating the public on its potential negative consequences for the entire society. Develop a comprehensive National Harm Reduction Strategy. Furthermore, advocacy efforts should be intensified to lower the age requirement for parental consent for accessing HIV testing, prevention, and sexual and reproductive health services, ensuring that Adolescents and Young People (AYP) can independently access services
Integration with related services: ***Fast-track integrating of HIV prevention services***	There is the need to fast-track the integration of HIV prevention services into family planning, antenatal and postnatal care, and sexually transmitted infection services. Additionally, options to integrate services for key populations within mobile and fixed clinics should be explored.
Introduction of new technologies: ***Accelerate rollout of new PrEP modalities and ensure commodity availability***	Accelerate the rollout of the dapivirine vaginal ring and long-acting injectable PrEP, such as cabotegravir and/or lenacapavir, as part of expanding the range of HIV prevention options available to individuals. Improve procurement and manufacturing processes and opportunities to leverage virtual platforms for the delivery of HIV prevention services.
Real-time prevention programme monitoring: ***Ensure visibility of data at the regional level***	Develop sub-national scorecards to track progress, identify gaps, and enhance accountability in the implementation of HIV prevention and response activities. Additionally, application that consolidates all HIV response data, including prevention data should be developed.

10-Point	Action Plan
Accountability for HIV prevention progress: ***Increase the responsibility of multiple sectors in the response***	Annual workplans should be developed to implement all interventions included in this roadmap. Re-institute quarterly coordination meetings to review the implementation and outcomes of the HIV prevention roadmap.

This roadmap represents Ghana's strategic commitment to a future where no one is left behind in the HIV response. It provides a unified framework to sustain gains, close gaps, and reach the ambitious goal of ending AIDS as a public health threat by 2030

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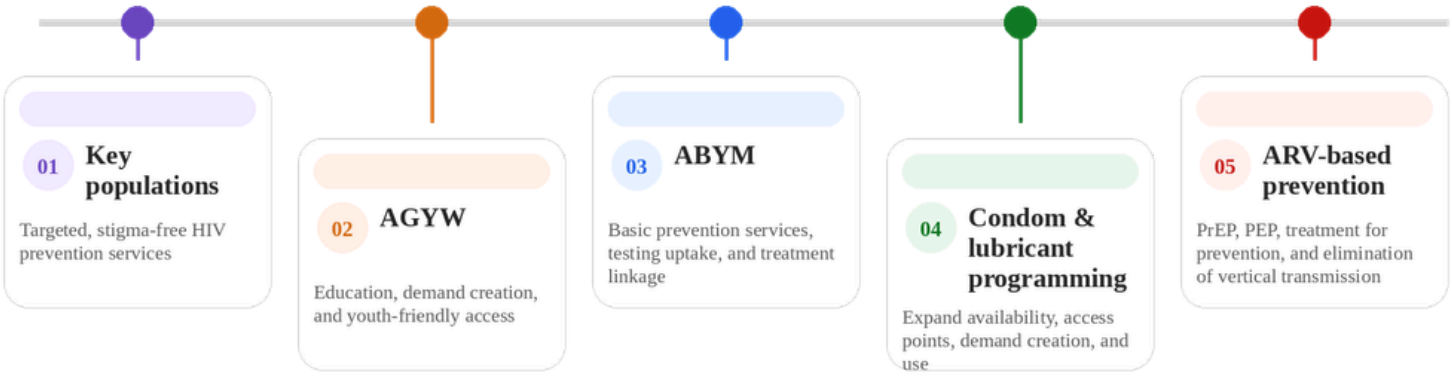
Background to the Ghana HIV prevention roadmap

Global HIV prevention roadmap

Alongside the HIV testing and antiretroviral treatment scale-up, countries have to continue implementation of combination HIV prevention responses that encompass biomedical, behavioural and structural interventions. Following the 2021 United Nations High-Level meeting on HIV and AIDS, a new Global AIDS Strategy 2021-2026 was released to provide countries with the needed guidance for improving HIV prevention. The Strategy introduces a new set of targets and commitments. The Global HIV Prevention Coalition (GPC), established by UNAIDS and UNFPA, aims to support countries in reinvigorating and scaling up HIV prevention efforts to meet the global commitment of reducing new HIV infections by 82.5% by 2025[1] and ensure that 95% of people at risk of HIV infection use appropriate, prioritized, person-centred and effective combination prevention options. The GPC also supports the creation of enabling legal and policy environments (including by achieving the 10-10–10 targets)[2].

The 2025 GPC roadmap[3] focuses on scaling up primary prevention of HIV infections and on introducing policy, legal and societal enablers that can prevent people from acquiring HIV infection. It also highlights the considerable complementarity and interaction between primary HIV prevention, testing, treatment and the prevention of vertical transmission of HIV. It describes five central pillars for national HIV prevention responses:

FIVE PREVENTION PILLARS



In addition, ten (10) essential country-level actions are outlined to guide countries in accelerating HIV prevention efforts. These actions emphasize the importance of a data-driven needs assessment, a precision prevention approach, defining investment needs for a sustainable response, establishing HIV prevention leadership, expanding community-based/led services, addressing social and legal barriers, integration of services, the introduction of new technologies, real-time programme monitoring and establishing a framework for accountability for HIV progress.

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[1] *Note that draft 2030 targets are now available: By 2030, reduce new HIV infections by 90% from 2010. https://www.unaids.org/sites/default/files/2025-03/recommended_2030_HIV_targets_livedocument_en.pdf*

[2] *Reduce to less than 10% the number of women, girls and people living with, at risk of and affected by HIV who experience gender-based inequalities and sexual and gender-based violence; Ensure that less than 10% of countries have restrictive legal and policy environments that lead to the denial or limitation of access to HIV services; Ensure that less than 10% of people living with, at risk of and affected by HIV experience stigma and discrimination.*

[3] *https://www.unaids.org/sites/default/files/media_asset/prevention-2025-roadmap_en.pdf*

Rationale and objective for the Ghana HIV prevention roadmap 2026-2028

Despite progress made, Ghana still faces significant challenges in achieving the (inter)national targets related to prevention (See also the section on HIV epidemic in Ghana). The number of new infections decreased by 32% across all ages between 2010 and 2024) but this is far from the 2025 global target of 82.5% and the 2030 target of 90%[4]. Furthermore, uptake and consistent use of HIV prevention options remain suboptimal, for example, condom use among Female Sex Workers (FSW) with paying clients during last sexual intercourse was 89.0%, according to the 2020 Integrated Biological and Behavioural Survey (IBBS)[5], and among men who have sex with men condom use during last sexual intercourse was 58% according to the 2023 IBBS[6]. Condom use in the is very low among the general population, based on the 2022 Demographic and Health Survey (DHS)[7]: 27.4% among men aged 15-49 and 10.6% among women aged 15-49. The Global AIDS Strategy 2021-2026 and the 2025 Global HIV Prevention Roadmap have provided Ghana with a technical framework to guide its prevention efforts to date. However, implementation gaps remain, particularly in community-led services, removal of social and legal barriers, integration with related services, and sustainable financing. These gaps may have likely worsened due to the changes in the funding landscape, and the overall prevention response. In response, the Ghana AIDS Commission, in collaboration with UNAIDS and other stakeholders, has embarked on an intensive process to develop a comprehensive, prioritized, and measurable HIV prevention roadmap (2026-2028) to guide the national prevention. This is the third prevention roadmap for the country, after earlier plans covering the periods 2017-2018 and 2019-2020.

Guiding principles for the roadmap

- **Aligned with national strategic plans:** The roadmap does not replace existing national strategic plans related to HIV. Rather it can be considered as a more detailed, step-by-step plan to achieve the country's prevention targets (annual numeric targets based on routine country needs estimations). This is done by listing specific actions and milestones over a defined timeframe. With respect to the costing, this is included in a separate document developed based on the draft priorities emerging from a range of meetings held to inform this roadmap, and which will be updated based on this final document. The newly developed national strategic plan and this roadmap will be aligned where needed.

- **National ownership:** All prevention programming efforts must be nationally owned and there should be one national prevention programme. Government should lead the prevention response, drawing on the expertise and comparative advantages of partners. Strong political leadership in the HIV (prevention) response is essential for facilitating high-level advocacy for domestic health investment and policy reforms.

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[4] *Draft new global targets: A 90% reduction in new HIV infections between 2010 and 2030 and a continued reduction of 5% per year post-2030. https://www.unaids.org/sites/default/files/2025-03/recommended_2030_HIV_targets_livedocument_en.pdf*

[5] *Population size estimates and integrated biological and behavioural survey among female sex workers and their intimate partners in Ghana report submitted to West Africa program to combat AIDS and STIs. June 2020.*

[6] *Population size estimates and integrated biological and behavioural survey among men who have sex with men in Ghana report submitted to Ghana health service. November 2023.*

[7] *Ghana Statistical Service (GSS) and ICF. 2023. Ghana Demographic and Health Survey 2022: Key Indicators Report. Accra, Ghana, and Rockville, Maryland, USA: GSS and ICF.*

- **Multisectoral leadership:** The nature of HIV prevention, including the need for different delivery platforms and the need to address structural factors, requires the involvement, collaboration and leadership of both health and non-health sectors, within and outside of government, Civil Society Organisations (CSOs), development partners, communities targeted by these interventions. This should apply in planning and implementations, as well as investment.

- **Person-centred interventions:** Approaches should seek to understand the risk of populations, access to prevention services, the use of prevention services and the enabling environment. Community self-care for HIV prevention, including self-testing and PrEP access from pharmacies, should be promoted.

- **Equity and human rights:** Programs must be designed with the greatest possible understanding of gender-related and other inequalities. Human rights, norms and principles must be integrated into prevention programs. Interventions must address barriers to the use of HIV prevention services, including those that are gender- and human rights-related.

- **Evidence-based:** The roadmap is informed by national and global evidence to ensure interventions are effective, efficient, and context-specific.

- **Sustainable:** The prevention response needs to focus on transformations required for sustainability, including programmatic, financial and political considerations. In programming terms, those with the highest exposure to HIV, based on behaviour and location should be targeted; service delivery should be integrated; and there should be an optimal mix and scale of interventions that maximizes impact on the number of new infections. With respect to funding, the country should prioritize the most cost-effective interventions for the current epidemic and reduce reliance on donor funding.

Development of the Ghana HIV prevention roadmap

The development of the national HIV prevention roadmap has been participatory in nature, ensuring involvement of all categories of stakeholders involved in the national HIV prevention response (i.e. Ghana AIDS Commission (GAC), National AIDS Control Programme (NACP) of the Ghana Health Service (GHS)/Ministry of Health), other Ministries and government entities part of the multi-sectoral response, civil society, community members, private sector, UN agencies and other development partners.

The process of developing the HIV prevention roadmap has been conducted in several steps:

- **Stakeholder discussions:** In 2024, a set of stakeholder consultations have been conducted: The 2025 HIV Prevention Roadmap Review and Milestone Setting Workshop, which took place in February 2024, the National HIV Prevention Summit in June 2024 and the HIV Prevention Roadmap Workshop in October 2024. These workshops brought together stakeholders involved in the national HIV prevention response with the aim to review the country's HIV prevention landscape, assess current HIV prevention efforts, identify gaps, develop a prioritized HIV prevention agenda including key commitments of partners, and establish priority actions and milestones for the 10-point action plan of the global 2025 roadmap[8], and subsequently refine the latter.

- **Desk review of documents:** Mid-2025 a consultant conducted a comprehensive desk review of documents, including outputs from the meetings (stakeholder discussions), global and in-country strategic documents and guidelines, survey reports, programme data, Prevention Self-Assessment Tools (PSATs)[9] completed by stakeholders. Based on this and further inputs from the coordination group, the HIV prevention roadmap was drafted. Documents were provided by UNAIDS Ghana (Prevention Acceleration Team) and were also sourced by the consultant. Key documents are referenced as footnotes throughout the roadmap.

- **Review and validation process by stakeholders:** The draft HIV prevention roadmap (2026-2028) narrative has been reviewed by key stakeholders and revised based on the feedback received. These included modifications based on the changes in the funding landscape that occurred after the initial stakeholder meetings. A validation meeting took place on 24 November 2025, followed by another review round, after which the roadmap was finalized**.**

2030 primary prevention targets in the Global AIDS Strategy 2026–2031

DENOMINATOR	COVERAGE	OUTCOME
People in need of HIV prevention	**95% of people in need of prevention reached with HIV prevention**	**90% of people in need of prevention use effective prevention options**
Young people and adults (in areas with elevated HIV) **Key populations** (sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs, people in prisons and other closed settings)	Translated into: • 95% of people reached with person-centered prevention programmes • 95% of country distribution need met for condoms, PrEP, PEP, needles, syringes, OAMT • 90% of adolescents and young people receive comprehensive sexuality education • 80% of people-centred HIV prevention programmes for key populations delivered by community-led organizations	Translated into: • 80% condom use with non-regular partners • Up to 80% use of PrEP including long-acting products in line with epidemiology and people's choices Population-specific targets: • 90% of boys & men accessed VMMC in 15 priority countries • 95% of people who inject drugs use safe injecting equipment, 50% of people who inject opioids on OAMT • 95% condom use at paid sex among sex workers and clients

[8] *Note that a new Global Access Framework for Country-Led HIV Responses – PREVENTION 2030 is currently drafted. This is building on the 5 prevention pillars and the ten-point action plan in the 2025 HIV Prevention Roadmap, but "Prevention 2030" presents a more focused access framework, conceptualized around the four dimensions of a person's prevention journey. The Framework presents a person-centred concept where those in need of HIV prevention: (1) understand their risk, (2) access prevention services, (3) use prevention options, and (4) experience an enabling environment (Figure 6). These four dimensions feature behavioural, biomedical, structural and systems-related considerations that may support country-led planning and investment over the next five years. However, since the new framework has not been finalized and the roadmap inputs and the writing were conducted before the release of the draft, the format of the Ghana roadmap follows the old structure, but tried to highlight some of the paradigm shifts from the new framework.*

[9] *The GPC developed HIV prevention self-assessment tools (PSATs) as an easy-to-use method for country-led review of national programmes in each of the five thematic pillars of HIV prevention and to provide a comprehensive overview of the status and quality of programming and implementation by pillar. The PSATs help countries to understand how they perform against a set of programme management and implementation components and identify areas that need strengthening with priority action plans to close gaps.*

HIV Epidemic in Ghana

Ghana has a low-level generalized HIV epidemic. In 2024, there were an estimated 18,000 children aged 0-14 years and 320,000 adults aged 15+ years (67% females) living with HIV in Ghana according to UNAIDS estimates[10]. The estimated HIV prevalence was 1.5% among people aged 15years and older (2.1% among women and 0.9% among men). Although HIV prevalence among adolescents and young people in Ghana (0.6% among people aged15-24 years: 0.3% among men and 0.9% among women in 2024) is slightly higher compared to the West African region (0.3% and 0.5%, respectively), it is much lower than in East and Southern Africa (1.1% and 2.4%, respectively).

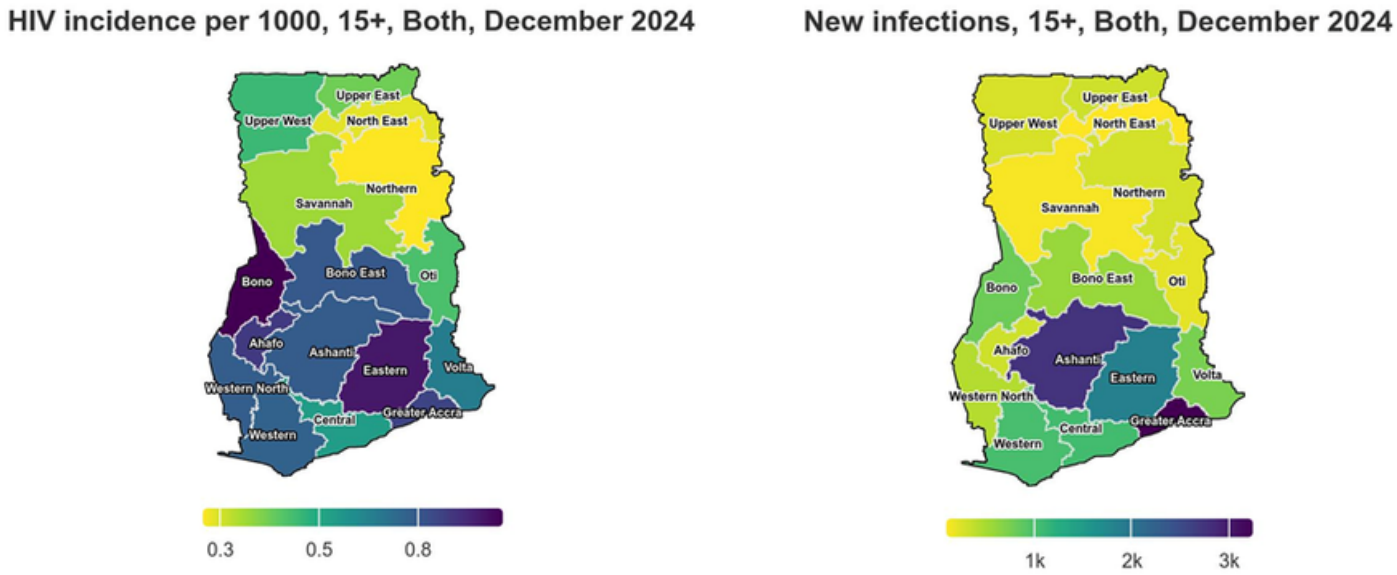
Integrated Biological and Behavioural Surveys (IBBS) show that HIV prevalence is somewhat higher among fisherfolk (2.2%, 2022)[11], people who use drugs (2.5%, 2021)[12], female sex workers (4.6%, 2020)[13], and transgender men (4.1%, 2023)[14], but much higher among men who have sex with men (26.1%, 2023)[15] and transgender women (48.2%, 2023)[16]. Only a rapid assessment was found examining people who use/inject drugs, which reported an HIV prevalence 2.5% among respondents in 2021[17]. Results from IBBS among this group are expected soon.

For the country's HIV prevention response, data on HIV incidence and the number of new infections is even more important. In 2024, there were 15,200 new infections in the country: 1,200 among children aged 0-14 years and 14,000 among adults aged 15+ (69% among females)[18]. An estimate 4,700 (31%) of the new infections occurred among young people. Specifically, there were an estimated 3,900 new infections among adolescent girls and young women aged 15-24 years, which is almost five (5) times higher than the 800 new infections among adolescent boys and young men in the same age group. Although, the total number of new infections decreased by 32% between 2010 and 2024, this is far from the global target of an 82.5% reduction by 2025 and/or the National Strategic Plan target to "Reduce new HIV infections in the general population by 85% by 2025 from 18,928 new HIV infections in 2020 to 2,839 in 2025" (currently at 15,200).
HIV incidence was 0.68 per 1,000 among adults aged 15+ years in 2024 (0.94 among females, 0.42 among males)[19]. Looking at the geographical distribution of HIV[20], there is a clear distinction between the regions in the North versus the South, with the highest incidence (1.0 per 1,000) in Bono, followed by Eastern (0.9 per 1,000), Greater Accra and Ahafo (0.8 per 1,000), and the lowest in Northern and North East (Figure 1).

[10] *https://aidsinfo.unaids.org/*
[11] *Integrated Biological and Behavioural HIV Surveillance Survey (IBBS) among Fishermen along the Abidjan-Lagos Corridor. Progress report. August 2022.*
[12] *Rapid assessment of people who use drugs (PWUD) and people who inject drugs (PWID) in Ghana. University of Ghana School of public health. 2021.*
[13] *Population size estimates and integrated biological and behavioural survey among female sex workers and their intimate partners in Ghana report submitted to West Africa program to combat AIDS and STIs. June 2020.*
[14] *Population size estimates and integrated biological and behavioural survey among transgender women and men in Ghana Report submitted to Ghana health service. November 2023.*
[15] *Population size estimates and integrated biological and behavioural survey among men who have sex with men in Ghana report submitted to Ghana health service. November 2023.*
[16] *Population size estimates and integrated biological and behavioural survey among transgender women and men in Ghana Report submitted to Ghana health service. November 2023.*
[17] *Guure C, Dery S, Baptista da Silva C, Asamoah-Adu C, Ayisi-Addo S, Diaba K, et al. (2024) Situational assessment and epidemiology of HIV, HBV and HCV among people who use and inject drugs in Ghana. PLoS ONE 19(8): e0305923. https://doi.org/10.1371/journal.pone.0305923*
[18] *https://aidsinfo.unaids.org/*
[19] *https://aidsinfo.unaids.org/*
[20] *https://naomi-spectrum.unaids.org/*

distinction between the regions in the North versus the South, with the highest incidence (1.0 per 1,000) in Bono, followed by Eastern (0.9 per 1,000), Greater Accra and Ahafo (0.8 per 1,000), and the lowest in Northern and North East (Figure 1). Almost a quarter of all new adult infections in 2024 occurred in Greater Accra (23.1%), and one-fifth (1/5) in Ashanti (19.6%). Among young people aged 15-24 years, incidence among females was more than five times higher compared to males (1.3 versus 0.25, respectively).[21] Further details on incidence by sex, age and risk behaviour at sub-national level from the UNAIDS SHIPP (Sub-national HIV estimates In Priority Populations) tool[22] can be found under Pillar 2 and 3.

Figure 1. HIV incidence per 1,000 and new infections among adults 15+ years in Ghana, by region, December 2024

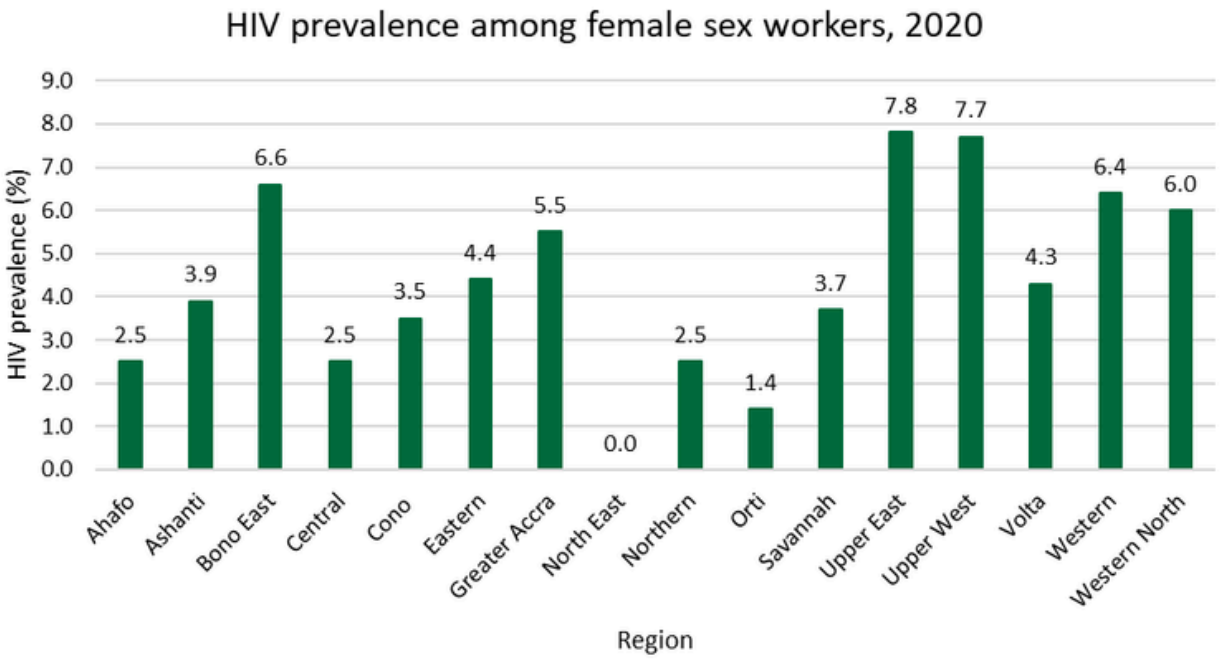


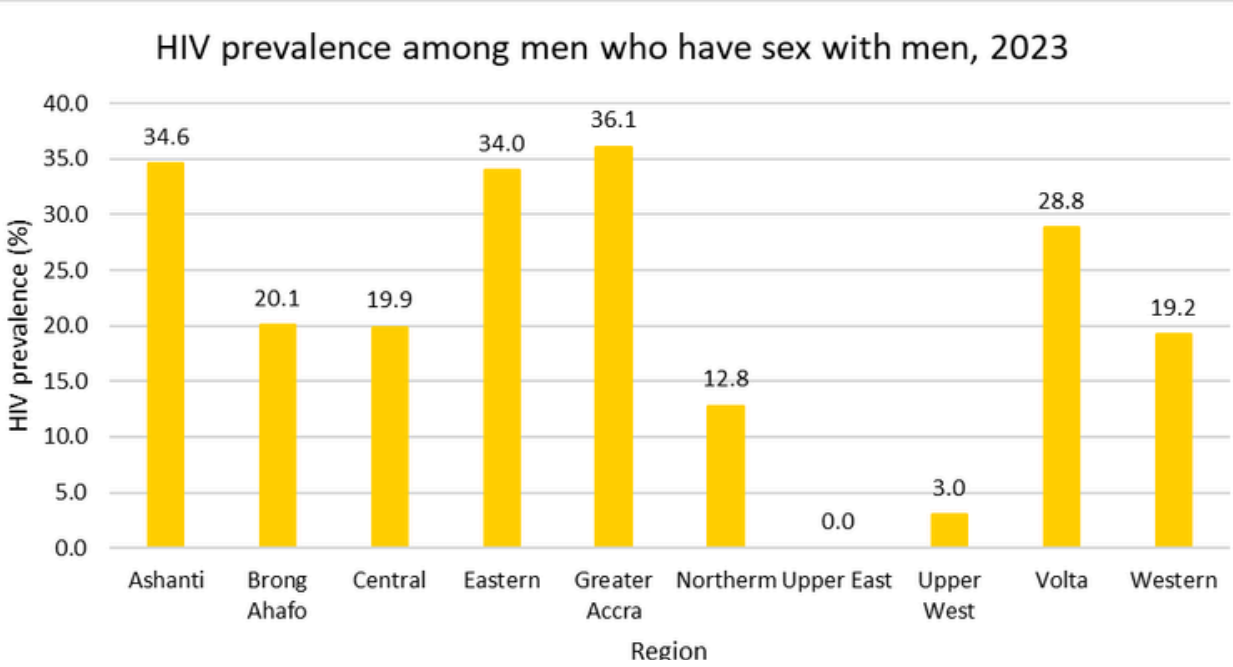
Source: Naomi-spectrum UNAIDS, December 2024 data

For key populations, only HIV prevalence data disaggregated by location are available. Among female sex workers, the highest prevalence in 2020 was in Upper East (7.8%) and Upper West (7.7%) in 2020 (Figure 2). Among men who have sex with men, prevalence was very high in Greater Accra (36.1%), followed by Ashanti region (34.6%) in 2023. The Eastern region had by far the highest HIV prevalence among transgender women (80.8%).

[21] *https://aidsinfo.unaids.org/*
[22] *https://hivpreventioncoalition.unaids.org/en/resources/sub-national-hiv-estimates-priority-populations-tool*

Figure 2. HIV prevalence among female sex workers (2020) and men who have sex with men (2023) in Ghana, by region





Source: Data from IBBS studies.

The Global HIV Prevention Coalition (GPC) scorecard 2024 (Annex 1) provides a snapshot of the country's epidemic (impact, as discussed above), as well as the programme performance (in terms of coverage and outcomes, which are discussed under each pillar).

Ghana's Focus on the Five (5) Prevention Pillars

In the 2025 global HIV Prevention Roadmap, there are five (5) central pillars for national HIV prevention responses described (Figure 3): 1) Key Populations, 2) Adolescent Girls and Young Women, 3) Adolescent Boys and Young Men, 4) Condom Programming, and 5) ARV-based prevention[23,24]. In this section, a summary will be provided of the global and national guidance for each of the pillars, current performance, and key priorities identified through the desk review and further inputs. "Access through" will also be discussed here, while "Foundations" are covered under the 10-point action plan.

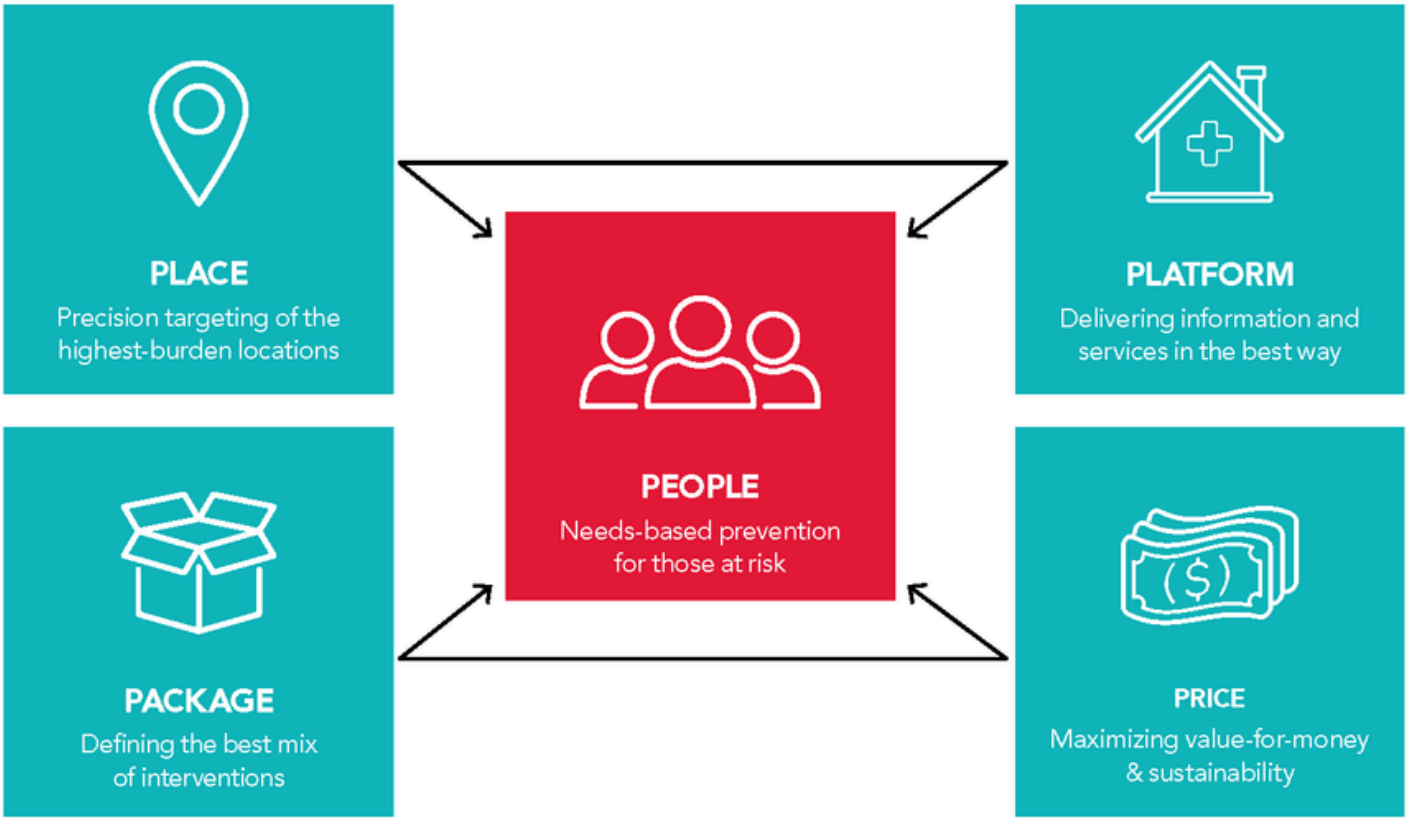
Figure 3. Ghana's HIV Prevention Pillars

[23] *https://www.unaids.org/sites/default/files/media_asset/prevention-2025-roadmap_en.pdf*

[24] *Since the roadmap focusses on primary prevention of HIV, elimination of vertical transmission is not discussed, although it is acknowledged that these programmes need to work hand in hand.*

Additionally, the five Ps for HIV prevention prioritization provide a useful lens to strengthen impact within Ghana's context. Prevention efforts should focus on reaching people most in need, particularly those at highest risk; targeting the places with the highest burden of new infections; delivering services through trusted and accessible platforms; ensuring availability of comprehensive prevention packages with a range of options to support informed choice; and promoting cost-effective approaches that support sustainable implementation of prevention interventions across the country.

Figure 4. The "Five P" HIV prevention prioritization matrix



Source: UNAIDS 2030 HIV Prevention Access Framework.

Key populations: Ensure access to services throughout the country

Global and National Guidance

The Ghana National HIV/AIDS Strategic Plan 2021-2025 seeks to provide combination prevention interventions on HIV and AIDS to the population, including to key populations. Combination prevention interventions include the provision of information, demand generation for HIV prevention, Reproductive Health Education;[25] engendering economic empowerment; addressing barriers to gender-responsive services, harmful masculinity and gender norms, and gender-based violence; improving access to Sexual and Reproductive Health (SRH) services (including Prevention/Elimination of mother-to-child transmission, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), condoms and lubricants) and justice. Female Sex Workers (FSW) and men who have sex with men were the main key populations targeted with HIV combination prevention services in Ghana, although transgender people and people who use drugs increasingly receive attention.

The WHO 2022 Consolidated Guidelines on HIV, viral hepatitis and sexually transmitted infections (STIs) prevention, diagnosis, treatment and care for key populations[26] indicate the following interventions to be essential for impact in terms of prevention of HIV, viral hepatitis and STIs for key populations: Harm reduction (needle and syringe programmes, opioid agonist maintenance therapy (OAMT) and naloxone for overdose management), condoms and lubricants; PrEP for HIV; PEP for HIV and STIs; prevention of vertical transmission of HIV, syphilis and Hepatitis B; Hepatitis B vaccination; Addressing chemsex. The latter two are not mentioned as part of the package in Ghana and the 2022 Consolidated Guidelines for HIV Care in Ghana do not provide detailed information on harm reduction services[27]. However, the Standard Operating Procedures for Implementing HIV Programmes among Key Populations include Hepatitis B vaccination as part of the minimum cross-cutting package of evidence-based HIV interventions for all key populations to be implemented; highlights the dangers of engaging in chemsex as a theme for targeted information, education, and communication messages for key populations; and includes a section on service packages for people who use or inject drugs and their sexual partners, covering needle and syringe programs, opioid substitution therapy and other medically assisted drug dependence treatment and overdose prevention and management[28].

In terms of service delivery, the WHO guidelines recommend decentralizing provision of services to key population community-led programmes, task shifting to key population peers as health workers, and offering online services and service integration. In Ghana, services for men who have sex with men, sex workers, and to a limited extent people who use drugs and transgender people, are offered through institutional and ommunity-based delivery platforms (drop-in centres and mobile outreach teams at hotspots and key population friendly locations) with a focus on high HIV prevalence regions. Currently, eleven (11) regions covered (by WAPCAS Plus, a Global Fund principal recipient) and three (3) regions are covered by PEPFAR. With the US government's withdrawal of services to key populations, a new arrangement may be needed to maintain coverage in those three regions.

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[25] *In the plan still referred to as comprehensive sexuality education (CSE)*
[26] *https://www.who.int/publications/i/item/9789240052390*
[27] *The development of harm reduction implementation guidelines is ongoing at the time of developing this roadmap.*
[28] *Standard Operating Procedures for Implementing HIV Programmes among Key Populations. GAC, GHS, WHO, JHPIEGO. 2023.*

For people who inject drugs, the first drop-in centre was opened in July 2024[29] and currently there are six (6), offering needle and syringe packs, hygiene kits, sanitary pads, HIV and STI education, condoms and lubricants. There are plans to scale up needle and syringe programmes across the country[30], but there is currently no provision of OAMT. For education and referral, as well as service provision, virtual platforms are used by WAPCAS Plus (Global Fund Principal Recipient).

Current performance

The estimated number of Female Sex Workers (FSW) is 60,049 (2019 estimate). In 2023, 69,241[31] FSW were reached with a defined package of services (counselling with regular risk assessment, STI screening, screening for gender-based violence, HIV testing offered, condoms provided, stigma education provided). For men who have sex with men (MSM), the population size estimate was 47,756 (2022/23 estimate; likely an underestimate)[32] and 50,512 were reached in 2023. For transgender women, the population size estimate was 2,946 in 2023 and the number reached with services is not available. No data is available on transgender men and people who use drugs. However, a 2021 Rapid Assessment among people who use drugs, found that almost all respondents (92%) pay to have access to needles and syringes, mostly purchased at pharmacies[33].

Among FSW, overall knowledge of HIV transmission modes is high, with the majority stating correctly that HIV can be transmitted through sharing injecting equipment (89.2%), to an unborn child by an infected mother during pregnancy (74.7%), during delivery (76.3%), and through breastfeeding (84.4%). However, comprehensive knowledge of HIV[34] is low at 34.5 % (and at 32.0% among those aged 16-24 years). Only a small proportion (4.6-6.7%) of FSW had avoided seeking healthcare services, including HIV testing, HIV medical care and HIV treatment because of stigma and discrimination. 15.1% of FSW (and 16.2% among those aged 16-24 years) reported being forced to have sex at least once in the past 12 months. A 2021 rapid assessment found that 92% of drug users were aware of the risk of transmitting HIV through contaminated injection material, although 25% believe that if cleaned with water there is no risk.

Among MSM, comprehensive knowledge of HIV and AIDS was 48.0% (39.6% among those aged 18-19 years and 47.3% among those aged 20-24 years), for transgender women 44.0% and for transgender men 40.7%. Avoidance of healthcare because of stigma and/or discrimination in the past 12 months was reported by 3.5% among MSM (3.3% among those aged <25 years).

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[29] *https://www.wadpn.org/post/ghana-gets-its-first-harm-reduction-centre-drop-in-centre-for-pwud*

[30] *Comprehensive approaches to harm reduction in Ghana - roundtable discussion report. September 2024.*

[31] *The >100% coverage is likely due to an increase in the population estimate since 2019 and/or an underestimate in 2019, and/or double counting of female sex workers receiving services (no functional unique identification number available).*

[32] *UNAIDS advises that "Countries using population size estimates for men who have sex with men that are less than 1% of the total adult male population should revise their estimates. Gales).[19] Looking at the geographical distribution of HIV, [20] there is a clear*

[33] *Rapid assessment of people who use drugs (PWUD) and people who inject drugs (PWID) in Ghana. University of Ghana School of public health. 2021.*

[34] *Comprehensive knowledge of HIV is defined as: (i) knowing that both limiting sex partners to one uninfected partner and consistent condom use are HIV prevention methods, (ii) knowing that a healthy-looking person can have HIV, and (iii) rejecting two of the most common misconceptions – that HIV can be transmitted through mosquito bites and by supernatural means.*

In addition, 7.6% of transgender women and 3.3% of transgender men indicated that they often or a few times felt afraid to seek health or social services because they worried someone will think they are transgender. 9.1% of MSM indicated to have experienced physical or sexual violence in the last 12 months (9.3% among those aged <25 years), and 12.0% of transgender women and 9.9% of transgender men ever experienced forced sex acts or rape because they are transgender. A 2021 rapid assessment among people who used drugs indicated that 32% had ever suffered from physical or sexual violence.Data on condom and PrEP use among key populations are provided under Pillar 4 and 5.

Key priorities

The following are key priorities for the Ghana HIV prevention response related to key populations programming for the roadmap period:

- Build the capacity of service providers to deliver a quality service package to key populations, strengthen demand creation and increase coverage, uptake and consistent use of available services.

- Develop a National Harm Reduction strategy and expand the coverage of harm reduction services for people who inject drugs, including needle and syringe services programs, safe injection education, OAMT, naloxone distribution, and substance use disorder treatment programs. This should be accompanied by education and communication on drug use and HIV, as well as demand creation for harm reduction services.

- Integrate harm reduction strategies into Key Population programming, acknowledging that substances use may affect engagement with health services.

- Strengthening data system to collect data and routinely report on service reach for transgender men and people who use drugs.

- Develop and implement a continuity and scale-up plan for key population services considering changes in US Government commitments, and expand towards national coverage, as programming does not currently cover all regions/districts. Expansion should be informed by mapping and size estimation and bio-behavioural data (population size estimates, HIV prevalence, prevention needs, and uptake/use patterns). For example, in urban settings, dedicated key population sites with peer-led outreach and health centres offering a comprehensive package of prevention services may be feasible; in more remote settings, services may need to be integrated into key population–friendly (mobile) clinics serving the wider population. This will strengthen sustainability

- Expand the use of virtual platforms[35] for education, communication, demand creation and service provision to increase access and make service provision cost-effective at scale.

- Strengthen community leadership and advocacy to address potential social and legal barriers to HIV prevention services, including public education on the implications of the Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill for public health and service access.

- Ensure all efforts prioritize young key populations, adapting service delivery approaches to their needs and preferences given indications of slightly lower HIV knowledge and uptake of prevention services among younger age groups.

[35] *Not discussed at the time of the roadmap development but increasingly becoming available are AI-enhanced interventions.*

Adolescent Girls and Young Women (AGYW): Focus on education, communication, demand creation, and provision of basic HIV prevention services

Global and National Guidance

In the 2025 Global HIV Prevention roadmap, this pillar applies to "settings with high HIV incidence". It is important to note that, based on Ghana's sub-national data[36], HIV incidence at district level is generally low[37] among adolescent girls and women aged15-24 years, except for a few districts that have moderate incidence (Accra Metro, Lower-Manya Krobo, Yilo-krobo, and Dormaa East). Using the SHIPP tool[38], within district with moderate HIV incidence, AGYW aged 15-24 years with regular and non-regular partners are at moderate risk, while those involved in selling sex are at very high risk. The latter group is also at (very) high risk in many low HIV incidence districts. (See Pillar 1 for the programme response for key populations.) Furthermore, Naomi Spectrum data shows that approximately 25% of all new HIV infections among adolescent girls and young women aged 15-24 years occur in approximately 8% of the districts (and approximately 50% of the infections in about 22% of the districts).

Annex 2 outlines, in line with the GPC Decision-making Aide for Investments into HIV Prevention Programmes among Adolescent Girls and Young Women[39], the HIV programme element that should be in place for districts with low and moderate incidence, as well as those that should apply irrespective of HIV incidence. Note that in low incidence locations, these are HIV programmes that benefit all priority populations, including AGYW (i.e. there are no AGYW-specific prevention programmes in these settings). This means that adolescent girls and young women in the general population in all districts should have access to HIV prevention services like HIV testing, treatment, PEP, PrEP for Sero-discordant couples, condoms and lubricant, and HIV information and risk reduction communication like others in the general population.
In the four (4) moderate incidence districts, this should be extended with individual risk reduction counselling, HIV self-testing (to promote self-care), and active condom and lubricant distribution and promotion for all AGYW with (non)regular and regular partners. PrEP should also be available to all young women that sell sex. Furthermore, beyond HIV prevention, the government should provide access to integrated sexual and reproductive health services and youth-friendly services, including Reproductive Health Education (RHE) in and out of schools.

Based on global guidance, a dedicated Adolescent Girls and Young Women (AGYW) HIV prevention programme is not expected for Ghana. However, since approximately a quarter of all new infections in the country occur among this population group (see section on the HIV epidemic in Ghana), there is a need to ensure that the basic HIV prevention and treatment services outlined in global guidance are in place for adolescents and young people, especially AGYW, and that education, communication and demand creation are in place to support uptake of these interventions.

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[36] *https://naomi-spectrum.unaids.org/ (district level incidence data)*
[37] *UNAIDS uses the following incidence categories: low (<0.3%) moderate (0.3-<1.0%), high (1.0-3.0%) and very high (>3.0%).*
[38] *https://hivpreventioncoalition.unaids.org/en/resources/sub-national-hiv-estimates-priority-populations-tool (incidence data by age and risk behaviour). Note that the SHIPP tool has not been updated (yet) with the latest Naomi data. So the district incidence differs from the Naomi data. However, it can be assumed that the general principles about risk levels still hold.*
[39] *https://hivpreventioncoalition.unaids.org/en/resources/decision-making-aid-investments-hiv-prevention-programmes-among-adolescent-girls-and*

In addition, to achieve the National Strategic Plan (NSP) target to "reduce new HIV infections in young people (15-24 years) especially AGYW by 85% by 2025 from 5,211 in 2020 to 782 by 2025" (currently at 4,732 for adolescents and young people in 2024), Ghana recently developed, together with adolescent and young people representatives and multi-sector partners, a Health Sector HIV Prevention Acceleration Plan for Adolescents and Young People in Ghana[40]. This document includes a situational analysis of the HIV prevention landscape for adolescents and young people and identifies the HIV prevention interventions that should be prioritized for this population. The Acceleration Plan is intended to support national and sub-national actors involved in HIV prevention to strengthen HIV prevention efforts among adolescents and young people in Ghana.

The Plan prioritizes key and targeted interventions to expand HIV prevention services in the health sector to this population:

- Scale up availability, access and use of HIV and STI testing services among adolescents and young people and their partners & strengthen and scale-up of prevention and management of sexually transmitted diseases[41].

- Intensify and accelerate HIV prevention through targeted communication, information, demand creation and mobilization for social and behaviour change including: intensifying and scaling up of HIV and AIDS education in- and out-of-school; strategically employing virtual/digital approaches or innovations to reach this population; ensuring comprehensive education and the availability and accessibility to quality male and female condoms and lubricants for adolescents and young people and their partners and community engagement to create a supportive environment in promotion of HIV prevention communication.

- Integrate HIV prevention into Sexual Reproductive Health (SRH) services, hepatitis services and post-violence care activities for adolescents and young people and their sexual partners at facility and community level in support of sustainable universal health coverage.

- Remove human rights-related barriers to prevention for adolescents and young people and their partners and addressing stigma and discrimination. Currently, parental consent is needed for HIV (self) testing below the age of 16[42], and for PrEP and SRH care services below the age of 18[43], which hampers uptake.

- Enhance social protection and economic empowerment interventions for adolescents and young people and partners.

- Mainstream HIV prevention programmes for adolescents and young people into multi-sectoral programmes, involving sectors responsible for education, skills acquisition and social protection. Focusing the lens on young key populations.

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[40] Health Sector Acceleration Plan for HIV Prevention in Adolescents and Young People (AYP) in Ghana [draft 0 22/11/2024]

[41] Note that this section included "PrEP/PEP for HIV-negative adolescent and young people for prevention of new HIV infections". However, except for key populations and discordant couples, active PrEP demand creation among adolescents and young people is not recommended in resource constraint settings, unless the person requests PrEP as they consider themselves at high risk for HIV acquisition.

[42] Consolidated Guidelines for HIV Care in Ghana, 2022

[43] UNAIDS National Commitments and Policy Instrument, 2024. https://lawsandpolicies.unaids.org/

In addition, the country is developing implementation guidance for mainstreaming HIV prevention activities into existing youth programmes or institutions to ensure concerted efforts to prevent new infections and to strengthen effective coordination and collaboration among stakeholders[44].

Furthermore, drawing insights from the SHIPP tool and local expertise, strategies have been developed to reach priority adolescents and young people through 4 supportive platforms (health sector, education , community, digital) as well as supportive channels:[45] [46] provider-led integration of HIV services for adolescent and young people seeking STI, pregnancy, safe abortion and other immediate services (in facilities and pharmacies); youth-led peer assistance for adolescents and young people who are not currently reached by existing care; self-checks and self-referrals via private, digital platforms including hotlines.

Current performance

According to the Ghana Demographic Health Survey (DHS) 2022, comprehensive knowledge of HIV prevention methods is low among adolescent girls and young women (36.2%), and only 13.2% have heard of PrEP. Condom use among AGYW is low (as reported under Pillar 4), despite 78.5% of women aged 15-24 years indicating that they know that using a condom every time they have sex reduces their risk of getting HIV, and 81.3% of young women knowing that having sex with only one uninfected partner who has no other partners reduces their risk of getting HIV.

10.3% of AGYW aged 15-24 years reported having had sexual intercourse before age of 15 years and 3.0% reported having had two or more partners in the past 12 months. Among AGYW aged 15-24 years who had sexual intercourse in the past 12 months, 17.2% reported having been tested for HIV in the past 12 months and received the results of the last test. Among AGYW aged 15-19 years, 12.2% had ever heard of HIV self-testing and 0.3% had ever used it; among those aged 20-24 years the corresponding figures were 21.2% and 2.4%, respectively.

With respect to sexual violence: 10.3% of girls aged 15-19 years and 12.6% of women aged 20-24 years reported ever experiencing sexual violence. 4.7% and 5.0%, respectively, experienced this in the past 12 months.

In terms of service provision for AGYW, the Acceleration plan highlights that: for the general population (including AGYW), HIV testing (including self-testing) and prevention in all government health facilities and some private facilities are provided free of charge. However, disparities in healthcare access, particularly in rural or underserved areas, can limit the reach of prevention programs. At the community level, implementation of HIV prevention activities for adolescents and young adults remains limited, as does the engagement of youth groups in planning. There are also limited awareness campaigns and educational programs on sexual health and HIV prevention specifically targeted to adolescents and young people.

[44] *National framework to guide youth serving and youth-led institutions/ organizations on HIV interventions in Ghana. Draft. May 2025.*

[45] *Anthony Ashinyo , Fred Nana Poku, Isolde Birdthistle, Esi Awotwi, Josephine Akua Ackah, Derick Oppong-Agyare, Cecilia Senoo, Rita Lodonu, Rita Afriyie, Souad Orhan, Clemens Benedikt, Nino Mdivani, Karen Kelley, Anne-Line Blankenhorn, Stephen Ayisi. Increasing the precision of HIV prevention for young people: Bridging geospatial data with local expertise in Ghana. AIDS Impact 2025.*

[46] *The Implementation Toolkit related to this work is under development at the moment of developing this roadmap.*

Key priorities

The Acceleration plan provides a detailed description of priority activities for AYP, and these should be reviewed together with those listed in the roadmap. Based on the desk review (including meeting documents and Activity mapping 2024-2025) and further discussions, the following are key priorities for the Ghana's HIV prevention response for adolescent girls and young women during the roadmap period:

- **Strengthen and standardize Reproductive Health Education (RHE):** Despite ongoing challenges in providing RHE for young people in and out of school, efforts should be made to deliver RHE in a standardized manner nationwide. It is therefore important to finalize, adopt and operationalize the RHE guidelines from the Ministry of Education.

- **Strengthen awareness and demand creation linked to services:** Like others in the general population, all AGYW should be aware of HIV and demand creation is needed for HIV testing and prevention. Activities and campaigns should provide age-appropriate information, use (social) media platforms commonly used by the AGYW, and link clearly to service availability (HIV (self)testing, condoms, PEP). PrEP should be available for discordant couples and young women involved in selling sex.

- **Ensure access to basic SRH and HIV services at facility and community levels:** Ensure that all AGYW, like others in the general population, have access to basic sexual-reproductive health (SRH) services including HIV testing (including HIV self-tests), prevention (especially condoms) and treatment services to support cost-effective and sustainable programming. Despite implementation challenges, mobile technology should be leveraged to support linkage to services.

- **Build service provider's capacity on adolescent- and youth-friendly, stigma-free services:** Train service providers to deliver stigma free services to adolescents and young people and ensure that relevant SOPs include the specific needs of the population.

- **Remove human rights-related barriers and address stigma and discrimination:** Addressing human rights related barriers to prevention for adolescents and young people and their partners, including reviewing age of consent (where relevant), and reducing stigma and discrimination to increase access.

- **Strengthen multisectoral engagement and coordination:** Engage all stakeholders relevant to youth HIV prevention response, besides GAC, MoH/NACP, GHS (Family Health Division) including Ministry of Education/Ghana Education Service, the Ministry of Gender, Children and Social Protection Ghana Youth Authority (for economic empowerment related activities), CBOs (including faith-based organisations), private sector (including media houses), health clubs in schools, youth clubs in the community, religious and community leaders, etc.

- **Accelerate the integration of HIV prevention** into family planning to improve access to services (See Action area 7).

- **Accelerate the integration of HIV prevention** into family planning to improve access to services (See Action area 7).

- **Improve data for decision-making:** Improve data on the HIV prevention response among adolescents and young people, by analysing programmatic data on HIV (prevention) disaggregated by age and sex, to improve future programming.

- **Strengthen male partner engagement:** Further emphasize the involvement of male partners as part of adolescent girls and young women programming, including finding out who these are and how best they are targeted with HIV prevention, testing and treatment services.
- **Prioritize high-burden geographies:** Prioritize implementation in districts with the highest incidence, the highest numbers of new infections and/or high level of teenage pregnancies

Adolescent Boys and Young Men (ABYM): Provide basic HIV prevention services and ensure that HIV-positive men are tested and treated

Global and National Guidance

Based on Ghana's sub-national data, HIV incidence is low throughout the country among men across age groups and sexual risk categories, except among men who are part of key population group (men who have sex with men and men who inject drugs) where incidence can be moderate or high incidence depending on age group and district[47] [48]. Service provision for key populations is discussed under Pillar 1, and this includes boys aged 15-19 years who are part of these groups, in 18 of 261 districts, they are assessed as being at moderate risk.

Adolescent Boys and Young Men (ABYM) in the general population should have access to HIV prevention and treatment services such as HIV testing, treatment, PEP, PrEP for discordant couples, condoms and lubricants and HIV information and risk-reduction communication (See Annex 2, highlighting what should be in place for all priority populations in low incidence settings.) This implies that a dedicated programme specifically for adolescent boys and (young) men is not required in Ghana. Beyond HIV prevention, government should also ensure that ABYM have access to integrated sexual and reproductive health services and youth-friendly services and reproductive health education in and out of schools.

A recent WHO document on practical approaches and case-based models for reaching men and boys with integrated HIV services indicates that ABYM rarely frequent health facilities and may particularly benefit from outreach services[49]. Programs may therefore target young men in settings they frequent (such as school, sporting/recreational events and religious venues) and provide health education, support for positive gender norms and integrated HIV prevention and screening services as appropriate based on their age categories.

In addition, it is important that adult men living with HIV are diagnosed, treated, and virally suppressed, especially those who are sexual partners of adolescent girls and young women to reduce the risk of onward transmission (See Pillar 5).

Ghana already has a Health Sector Acceleration Plan for HIV Prevention in Adolescents and Young People (AYP) with priorities described under Pillar 2, that are also relevant for HIV prevention among adolescent boys and young men.

[47] https://naomi-spectrum.unaids.org/ *(district level incidence data)*
[48] https://hivpreventioncoalition.unaids.org/en/resources/sub-national-hiv-estimates-priority-populations-tool *(incidence data by age and risk behaviour)*
[49] *Practical approaches and case-based models for reaching men and boys with integrated HIV services. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO.*

Current Performance

According to the Ghana Demographic Health Survey (DHS) 2022, comprehensive knowledge of HIV prevention methods is low among adolescent boys and young men aged 15-24 years (37.1%). 14.6% of adolescent boys and young men have heard of PrEP, compared with 21.9% among men aged 25-29 years and 22.4% among men aged 30-39 years. Condom use among adolescent boys and (young) men is very low (as reported under Pillar 4), despite 85.5% indicating that they know that using a condom every time they have sex reduces their risk of acquiring HIV, and 84.4% knowing that having sex with only one uninfected partner who has no other partners reduces their risk.

7.8% of adolescent boys and young men aged 15-24 years reported having had sexual intercourse before age 15 years, 9.9% reported having had two or more sexual partners in the past 12 months, compared with 23.6% among men aged 25-29 years and 18.8% among men aged 30-39 years.

Among adolescent boys and young men aged 15-24 years who had sexual intercourse in the past 12 months, 4.9% reported having been tested for HIV in the past 12 months and receiving results of their most recent test. Among men aged 25-29 years, the corresponding figure was 10.6% and among men aged 30-39 years it was 9.7%.

With respect to HIV self-testing, 15.3% of adolescent boys and young men aged 15-19 years had ever heard of HIV self-testing and 0.1% had ever used it. Among men aged 20-24 years, the corresponding figures were 25.4% and 1.2% respectively; among men aged 25-29 years, 25.5% and 3.3%; and among men aged 30-34 years, 30.5% and 2.9%.

Furthermore, the 2022 DHS reported that 36.8% of men aged 15–49 years were medically circumcised, 55.3% were traditionally circumcised, and 0.7% reported both (totaling 95.2%)[50]. Service delivery for adolescent boys is largely similar to that for adolescent girls as per the Acceleration plan and is discussed under pillar 2

[50] *Ghana Statistical Service (GSS) and ICF. 2024. Ghana Demographic and Health Survey 2022. Accra, Ghana, and Rockville, Maryland, USA: GSS and ICF.*
[51] *Formerly Social and Behaviour Change Communication (SBCC)*
[52] *Ghana HIV Investment Case. Prepared by Avenir Health for the Ghana AIDS Commission. September 2024.*

Key Priorities

The Acceleration plan provides a detailed description of priority activities for adolescents and young people in Ghana, which should be reviewed alongside those listed in the roadmap. The following are key priorities for Ghana's HIV prevention response for adolescent boys and young men during the roadmap period:

- **Strengthen reproductive health education and youth-friendly services:** As AGYW, adolescent boys and young men should have access to reproductive health education in and out of school including content on harmful gender norms, gender inequalities and gender-based violence; youth-friendly health services (in and out of school). Based on the current findings, educational campaigns led by stakeholder groups (e.g., Ministry of Health in collaboration with the National Commission on Civic Education, civil society, educational institutions) should promote consistent condom use among sexually active population, particularly with multiple sexual partners (including among circumcised men). Youth-focused HIV information, communication and demand creation[51] should include social media campaigns.

- **Ensure access to basic SRH and HIV prevention services, including condoms and testing:** Basic sexual and reproductive health services including HIV prevention services should be in place for all boys and men. Easy access to condoms is critical. Expanding access to HIV testing for men is described in the Ghana HIV investment case as having a low budget impact with potentially high benefit[52].

- **Remove human rights-related barriers and address stigma and discrimination:** Address human rights-related barriers to prevention for adolescents and young people and their partners, including reviewing age of consent requirement (where relevant) and reduce stigma and discrimination to increase access to services.

- **Strengthen male engagement and treatment outcomes:** Promote HIV testing among men in general, and among male sexual partners of adolescent girls and young women in particular and ensure that those who test HIV-positive are initiated on treatment, and supported to adhere. A health sector male engagement strategy could be developed, including HIV prevention.

- **Strengthen multisectoral coordination, provider capacity, and data use:** As with AGYW programming, ensure that all stakeholders relevant for youth HIV prevention are engaged; service providers are trained to deliver stigma-free services; relevant SOPs reflect the specific needs of AYP; and programmatic data are routinely analyzed and reported disaggregated by age and sex to inform improvements in future programming

Condom Programming: Increase condom distribution and use

Global and National Guidance

Condoms remain one of the most effective, low-cost HIV prevention tools available (up to 98% effective when used correctly and consistently). They also protect against other sexually transmitted infections and unintended pregnancies.

Ghana's most recent National Condom and Water- based Lubricant Programming Strategy covered 2014 – 2019 (with implementation taking place from 2016-2020). To improve access to and use of quality condoms and lubricants, the strategy aimed to improve the enabling environment for condom and lubricant programming; increase demand for condoms and lubricants, guarantee timely and continuous supply; ensure sustainable financing for comprehensive condom programming; and establish a national mechanism for comprehensive condom programming.

In this respect, the Strategy aligns with the UNAIDS 2020 reference document on Developing effective condom programmes[53] which emphasis the need for systems level investment in programme stewardship to strengthen both demand and supply, leading to improved programme outcomes. A review of Ghana's condom strategy found that, although some activities under leadership and coordination were fully implemented, most other strategic areas were only partially implemented (e.g. the efforts to use non-traditional distribution channels, partner with the private sector and improving monitoring and evaluation of programs) or in some instances, not implemented. These include planned studies such as Willingness-To-Pay, Market Segmentation Analysis, Total Market Approach assessment, total market estimations and retail and client experience studies[54].

Current Performance

As shown in the GPC scorecard, the estimated condom distribution needs met (using the Condom needs estimation tool with 2023 condom distribution data) is very low at 20%, with 31 million condoms distributed, averaging three (3) per couple-year. This represents a slight decrease compared with the previous year, when 26% of the need was met based on distribution of 35 million condoms. Note that condom distribution data were not reported for earlier years.

Most condoms distributed were provided through social marketing approaches implemented by three organisations (DKT, MSI and TFHO-PSI). These organizations sold a total of approximately 25 million male condoms in 2023[55] an increase from the 19 million in 2022[56]. (Note that female condoms sales are negligible, at just above 1,000 female condoms in 2023, and almost 3,000 in 2022).

[53] *https://hivpreventioncoalition.unaids.org/en/resources/developing-effective-condom-programmes-technical-brief*
[54] *National condom and lubricant strategy review. MoH Ghana. September 2024.*
[55] *https://www.rhsupplies.org/uploads/tx_rhscpublications/CSM-Report-2023.pdf*
[56] *https://www.rhsupplies.org/uploads/tx_rhscpublications/2022-Contraceptive-Social-Marketing-Statistics-2.pdf*
[57] *https://www.gbcghanaonline.com/general/support-condom-production-for-mass-distribution/2022/*

Low condom distribution volume is likely driven by "issues with funding to purchase condoms and the distribution system. When the government does not have money to procure condoms, they rely on development partners to do so. And when there are no resources to conduct prevention campaigns, distribution of government-funded condoms happens mainly in health facilities and sometimes in pharmacies."[57]

Condom use in the general population is very low, based on DHS 2022 results[58]. Condom use at last sex with non-regular partners was 28.2% among men aged 15-24 years, 27.4% among men aged 15-49 years, 13.7% among women aged 15-24 years and 10.6% among women aged 15-49 years. Among fisherfolk, the figures were slightly higher among women (16.7%) but lower among men (17.9%), although the sample size was small (n=190)[59]. There are regional differences, but even in the region with the highest condom use (Upper East: 47.8% for men and 26.6% among women aged 15-49 years), condom use remains very low. Condom use has also decreased over time, in the 2023 DHS[60], 45% of men and 28% of women aged 15-49 years reported having used a condom during their last episode of higher-risk sex. Inequities persist, with lower condom use among people living in rural areas, and those with lower education and lower wealth.

Among key populations, condom use is also very low among men who have sex with men: 58.0% reported using a condom during last anal intercourse (56.5% among those aged <25 years), ranging from 45.9% in Northern region to 75.0% in Central region (IBBS 2023). Consistent condom use was 34.2% with paying clients and 52.4% with regular partners (IBBS, 2023). Condom use among female sex workers (FSW) with paying clients during last sex was 89.0% (86.2% among those aged 16-24 years) but varied widely by region from 46.1% in Oti to 97.1% in Western North (IBBS, 2020). Consistent condom use stands at 70.6% (66.9% among those 16-24 years). Among transgender women, 62.3%[61] reported using condoms the last time they had anal sex with a paying partner and 63.3% with their regular partner. Among transgender men, the corresponding figures were 0% (n =14) and 8.9%. A 2021 rapid assessment showed that 48% of people who use drugs usually use a condom when having sex.

[58] *Ghana Statistical Service (GSS) and ICF. 2023. Ghana Demographic and Health Survey 2022: Key Indicators Report. Accra, Ghana, and Rockville, Maryland, USA: GSS and ICF.*

[59] *Integrated Biological and Behavioural HIV Surveillance Survey (IBBS) among Fishermen along the Abidjan-Lagos Corridor. Progress report. August 2022.*

[60] *Ghana Statistical Service (GSS), Noguchi Memorial Institute for Medical Research (NMIMR), and ORC Macro. 2004. Ghana Demographic and Health Survey 2003. Calverton, Maryland: GSS, NMIMR, and ORC Macro.*

[61] *Table 8. Elsewhere 61.7% is mentioned for the same indicator.*

Key priorities

The following are key priorities for Ghana's HIV prevention response in condom programming for the period of the roadmap:

- **Strengthen procurement and supply chain management:** This is to ensure uninterrupted availability and distribution of condoms and lubricants.

- **Expand access points for condoms and lubricants:** Increase the number of outlets for accessing program condoms and lubricants e.g. introduce condom distribution hubs (in tertiary institutions, hotels, pubs, clubs etc.), making programme condoms available through pharmacies and partnering with pharmacy delivery services. Locations where vulnerable populations (e.g., fisherfolk) congregate, should also be specifically targeted.

- **Scale up demand creation linked to affordability and access:** Given the ongoing challenges with awareness and demand creation for correct and consistent use of condoms and lubricants, these efforts should be intensified. As affordability remains a barrier, demand creation should be clearly linked to access to affordable condoms. Condom promotion strategies should include social media (including dating apps) and the use of community influencers to encourage condom use among peers, particularly among younger populations. Furthermore, peer educators should be trained to deliver structured demand creation as current approaches are often limited to condom distribution with a general message to use them.

- **Prioritize high-need populations and settings:** Prioritize implementation among tertiary institutions (including second cycle institutions), out of school youth, regions with low condom use and higher incidence, regions with high teenage pregnancies, and key populations.

- **Finalize and resource the new national condom and lubricant strategy:** Giving inconsistent commitment and limited funding for condom interventions, it is important to finalize the development of the new national condom and lubricant strategy in line with current evidence, strengthen commitment to the implementation and mobilize domestic resources to support roll-out.

ARV-Based Prevention: Optimize access to a range of PrEP products (choice)

Global and National Guidance

WHO recommendations on pre-exposure prophylaxis (PrEP) for HIV prevention include oral PrEP containing tenofovir, the dapivirine vaginal ring (DVR)[62], long-acting injectable cabotegravir (CAB-LA)[63], and since July 2025 long-acting injectable lenacapavir (LEN)[64]. WHO's 2022 implementation guidance on "Differentiated and simplified PrEP for HIV prevention"[65] highlights that PrEP services should be integrated with other relevant services, such as screening and treatment for sexually transmitted infections and provision of contraception. WHO also recognizes the benefits of decentralized and community-based PrEP initiation and continuation services for key populations, including in fixed and mobile community sites, pharmacies and telehealth models.

Ghana's PrEP implementation guidance (2022) recommends oral PrEP and CAB-LA for key populations, HIV-negative persons in sero-discordant relationships, others at substantial risk of HIV infection, and persons who independently seek to access oral PrEP. It also includes the DVR for people with female sex at birth[66]. In Ghana, initiation can be conducted by clinicians, nursing and pharmacy cadres, while counsellors, peer educators can distribute only.

The WHO 2024 Guidelines for HIV post-exposure prophylaxis (PEP)[67] include a new recommends that PEP should also be delivered in community settings. PEP is part of the package of prevention interventions offered in Ghana. According to the 2022 Consolidated Guidelines for HIV care in Ghana, any person with an unprotected sexual exposure, injecting drug use or exposure following sexual assault, as well as any person with a potential occupational exposure to HIV, can be assessed for and, if indicated, provided with PEP by a trained healthcare worker.

Pillar 5 also emphasizes the complementarity between HIV prevention and HIV testing, treatment and care services. From a treatment-as-prevention perspective, it is essential that people living with HIV achieve and maintain viral suppression[68]; the HIV programme, therefore, needs to address any gaps in HIV testing, treatment initiation and retention. In Ghana, post-test counselling and education for clients with positive test results, should include "undetectable = untransmittable" (or U=U) messages in line with the consolidated guidelines. In addition, in 2024 a package of materials (posters, a pamphlet, and social media posts) was developed to raise awareness of U=U among men who have sex with men[69] complemented by tools for providers, peer educators, and other program staff to integrate U=U messages into their outreach activities.

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[62] *Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021*

[63] *Guidelines on long-acting injectable cabotegravir for HIV prevention. Geneva: World Health Organization; 2022.*

[64] *Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable pre-exposure prophylaxis (PrEP). Geneva: World Health Organization; 2025.*

[65] *Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance. Technical Brief. Geneva: World Health Organization; 2022.*

[66] *Note that LEN for PrEP is not yet available outside of clinical trials, though several countries are currently preparing for introduction, but that does not include Ghana at the time of developing this roadmap. However, efforts are underway to secure a grant from UNITAID to procure LEN. If it becomes available, the national PrEP guidelines need to be updated.*

[67] *Guidelines for HIV post-exposure prophylaxis. Geneva: World Health Organization; 2024.*

[68] *https://www.unaids.org/en/resources/documents/2024/undetectable-untransmittable*

[69] *https://thecompassforsbc.org/project-examples/ghana-uu-materials-msm*

WHO recommends using HIV rapid-diagnostic tests (RDTs) for individuals initiating, continuing, restarting or stopping PrEP. HIV self-testing is also recommended as an additional testing approach in the context of oral PrEP, the DVR and for post-exposure prophylaxis in some context[70]. The 2024 WHO Consolidated guidelines on differentiated HIV testing services[71] include updated recommendation supporting distribution of self-tests through multiple channels including pharmacies, pick-up from a local store, distribution by peers, community-based distribution, online ordering, mail delivery and facility-based distribution. In Ghana, PrEP services are currently accessed through NACP-accredited HIV testing service points (including both public and private health facilities) or community outreach site (including drop-in centres); for individuals with a negative self-test, confirmatory testing is required before PrEP initiation. HIV self-testing kits may be offered to the public only through MoH/GHS-NACP recognized health institutions only and pharmacies accredited by Health Facility Regulatory Authority.

Current Performance

PrEP implementation as part of a combination prevention package was "jump started" with a focus on key populations in three regions (Ashanti, Greater Accra and Western) in August 2020. PrEP provision has since been rolled out in all ART sites in the country.

HIV prevention cascades have been developed for PrEP among key populations. These show that in 2023, 4,349 female sex workers (6% of population reached) were newly initiated on oral PrEP (across both Government and donor funded service providers), and 1,029 refilled their prescription during the same period (Figure 4). For men who have sex with men these figures were 3,123 (6% of population reached) and 463 respectively (Figure 4).[72] [73] In addition, five (5) transgender persons were newly initiated on PrEP. Note that these national cascades masks regional variation, with donor supported regions showing higher percentages across the cascade.

Survey data also provide insight on PrEP awareness and uptake. Among female sex workers, 19.6% reported having heard of PrEP and 7% reported having ever taken PrEP, and 49.4% reported willingness to take if available (2020)[74]. Among men who have sex with men, 52.3% reported having heard of PrEP, 37.7% have ever taken PrEP, about a quarter (23.3%) were currently on PrEP, and 89.3% said they would be willing to take PrEP if it is made available (2023). Similar indicators were reported for transgender people in the 2023 IBBS study: Among transgender women 64.6%, 45.0%, 29.6% and 83.9%, respectively and for transgender men 27.9%, 12.0%, 6.7% and 93.3%, respectively.

The Global HIV Prevention Coalition (GPC) scorecard further indicates that 57% of the PrEP need is met (based on the number on PrEP and need among female sex workers and men who have sex with men, 2023). The accompanying poster shows that PrEP uptake in 2023 (7,477) was slightly lower than in 2022 (8,088 people reporting PrEP used at least once in the past year), although substantially higher than in 2021 (2,135).

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[70] *Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable pre-exposure prophylaxis (PrEP). Geneva: World Health Organization; 2025.*

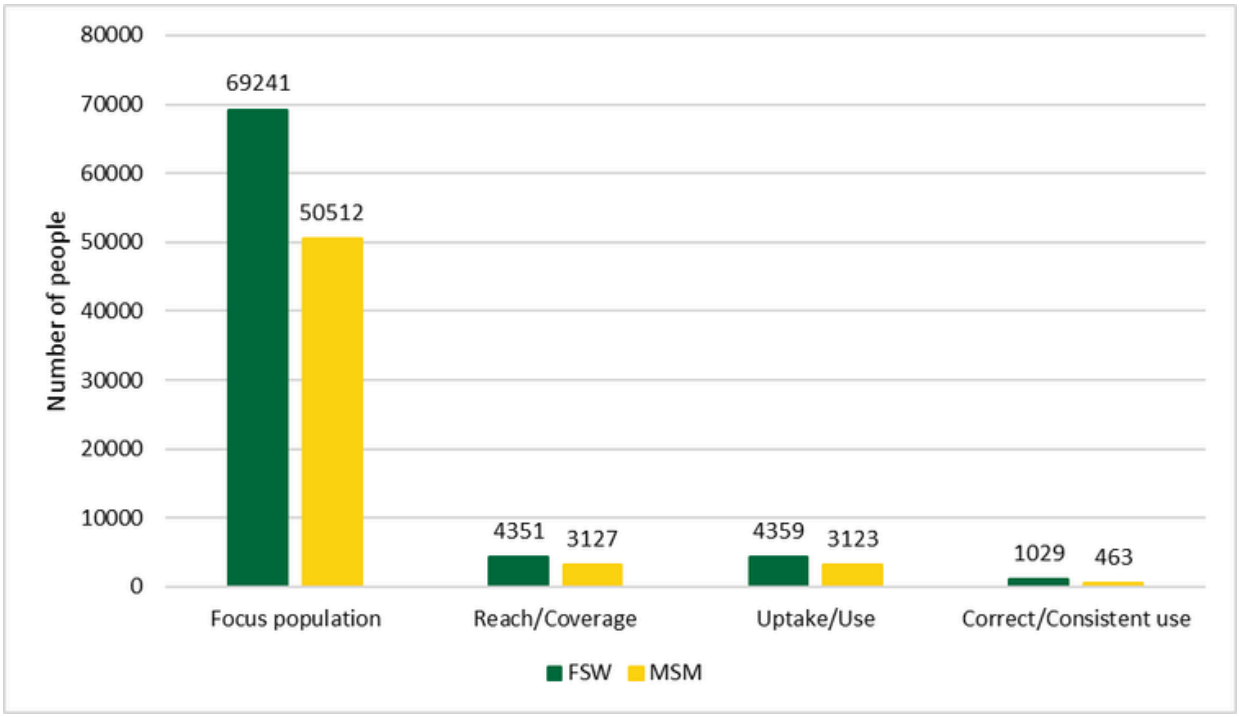
[71] *Consolidated guidelines on differentiated HIV testing services. Geneva: World Health Organization; 2024*

[72] *For both female sex workers and men who have sex with men there is the possibility of double counting as no unique identifiers are used, hence the same person might have received services across multiple providers.*

[73] *Limited programmatic data is available for transgender people, with 9 being offered PrEP and 5 newly initiated on PrEP.*

[74] *Note that the 2020 IBBS among female sex workers did not include a question on recent current PrEP use.*

Figure 5. PrEP cascade based programmatic data for female sex workers and men who have sex with men, Ghana, 2023



Note: Focus population is based on the number of key populations reached through prevention programmes in the country. Reach/Coverage is the number screened and offered PrEP. Uptake/Use is the number newly initiated. And Correct/Consistent use is the number refilling their PrEP prescriptions

Data on PEP are only available from IBBS surveys. Among FSW, 24.3% haVE ever heard of PEP, 7.5% have ever taken it, and 4.5% has taken it in the past six (6) months. Among with men who have sex with men, 22.4% reported having ever heard of PEP, 5.5% have ever taken it, and 51.0% of those who have ever taken PEP reported using it in the past six (6) months. Among transgender women, 27.7% have ever heard of PEP, 8.0% reported having ever taken PEP, and 44.8% of those have taken it in the past six (6) months. For transgender men these figures are 9.3%, 16.0% and 25.0%.

IBBS data also shows that 34.6% of female sex workers has ever heard of HIV self-testing and 58% would be willing to use it if self-test kits were available. No data on HIV self-testing is available for men who have sex with men or transgender people.

Regarding Treatment as Prevention, UNAIDS estimates indicated that, among men aged 15+ years living with HIV, 57% know their status, 40% are on treatment (70% of those that know their status) and 36% are virally suppressed (90% of those that are on treatment). Among women aged 15+ years, the corresponding figures are 75%, 51% (68%) and 45% (90%). This indicates that substantial numbers of people living with HIV (particularly men) are not aware of their status, not on treatment and not virally suppressed, and therefore may transmit the HIV.

With respect to key populations, among female sex workers who tested HIV positive in the 2020 survey, only 24.7% were on ART and 49.0% were virally suppressed (regardless of treatment status). For men who have sex with men, 95-95-95 cascade data show that 64.7% of those living with HIV were aware of their HIV status prior to the survey; 92.2% of those who knew their HIV status reported being on treatment, and 68.6% of those on treatment achieved viral suppression. Nationally, 69.7% of transgender women living with HIV were aware of their HIV status prior to the survey, 92.6% of those reported being on treatment and 50.2% of those achieved viral suppression. For transgender men these figures are: 27.3%, 100% and 66.7%

Key Priorities

The following are key priorities for Ghana's HIV prevention response in ARV-based prevention for the period of the roadmap:

- **Increase PrEP uptake through choice and demand creation:** Expand PrEP options (modalities) and intensifying communication and demand creation for PrEP services through multiple channels, especially social media and other virtual platforms led by peer educators and PrEP champions.

- **Scale up differentiated service delivery (DSD) for PrEP, PEP, and testing:** Implement DSD approaches at scale (as per Ghana's guideline), providing person-centred services adapted to the needs and preferences of those who could benefit from PrEP, including self-care options. DSD can improve accessibility (e.g. through community pharmacies) and acceptability of PrEP, PEP, HIV testing (including self-testing) and related ARV services, thereby improving uptake and continued use. Limiting PrEP provision to ART clinics may increase stigma and discrimination if PrEP users are perceived to be living with HIV. In addition, HIV self-testing should be enabled and made more widely available as part of PrEP and PEP service delivery.

- **Strengthen integration with other priority services:** Improve the integration of HIV prevention with other services, particularly integrating PrEP (and PEP) into family planning, ante-/postnatal services, abortion services and STI services. This will increase access, uptake of prevention services and improve service delivery efficiency.

- **Strengthen provider training on PrEP choice and effective use:** Include PrEP in core training packages for all health care workers that can prescribe PrEP, including specific training on counselling to support choice and effective use of different PrEP options.

- **Strengthen supply chain and procurement for ARV-based prevention commodities:** Address supply chain bottlenecks to ensure consistent availability of ARVs (including PrEP) and test kits at the facility and community level, including through strengthened the procurement processes.

- **Improve routine data on HIV self-testing and PEP:** Collect and report programmatic data regarding the uptake of HIV self-testing and PEP to get insights into the uptake of these interventions.

- **Strengthen testing, treatment initiation, and retention (especially among men and underserved key populations):** Across the HIV programme, intensify efforts to identify people living with HIV and ensure timely treatment initiation and retention. Given the higher number of infections among adolescent girls and young women (compared to boys/men at the same age), it is especially important to do so for men. With respect to key populations, awareness of HIV status is particularly low among transgender men.

Ghana's 10-Point Action Plan

This roadmap will assist Ghana to remain on track to meet its new National Strategic Plan (2026-2030) targets and global commitments in the fight against HIV/AIDS, with a focus on HIV prevention. To do so, the country has defined twenty-nine (29) overarching actions and related milestones (detailed activities), developed through stakeholder inputs during meetings and refined through desk review. These actions are organized under the ten (10) priority action areas (Figure 5) drawn from the 2025 Global HIV Prevention Roadmap and include timelines and accountable entities. Key priorities related to the five pillars are also reflected in this section. All the actions are intended to address current prevention gaps.

Figure 6. Ten-point Action Plan (Source: GPC HIV Prevention 2025 roadmap)

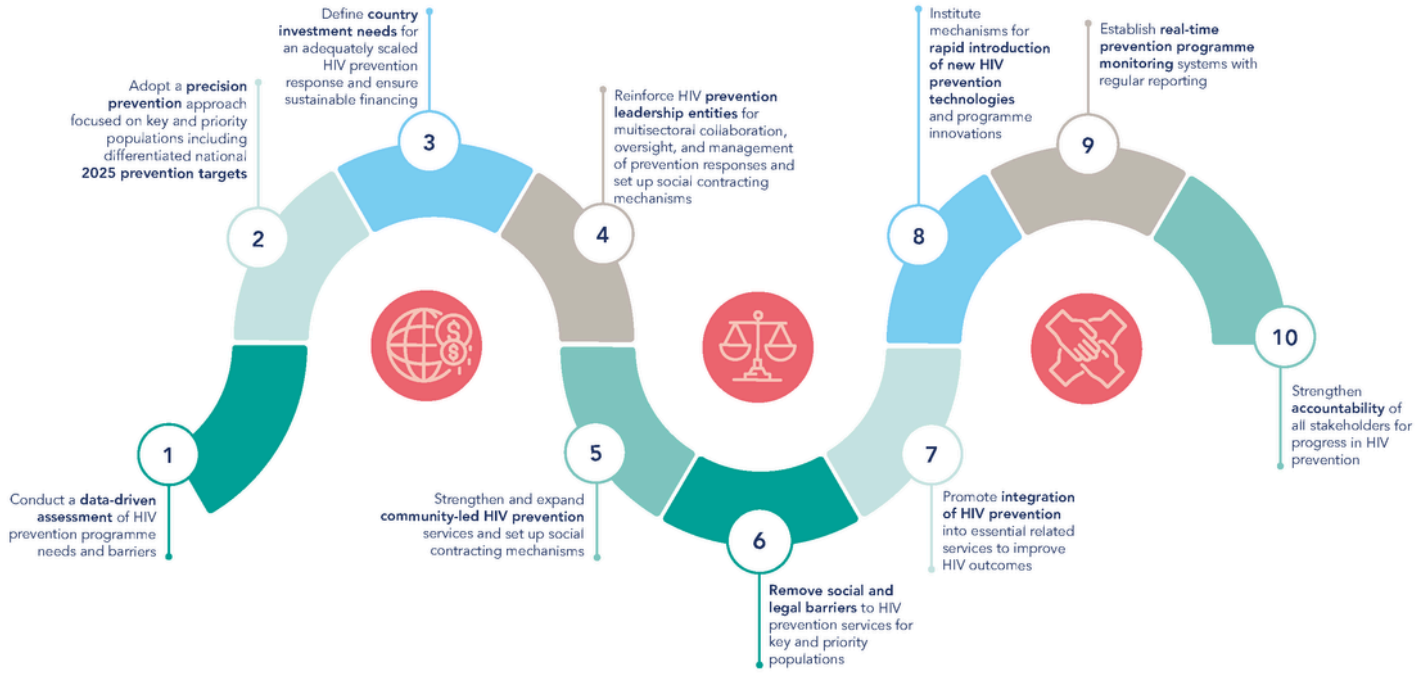


Table 1 presents the results of the Global HIV Prevention Coalition (GPC) Secretariat surveys on the 10-point action plan of the Global HIV Prevention 2025 roadmap conducted in March 2023 and 2024[75]. The surveys assess progress against selected actions aligned with milestones in the global roadmap and serve as an indication of progress made in implementation and to identify remaining gaps.

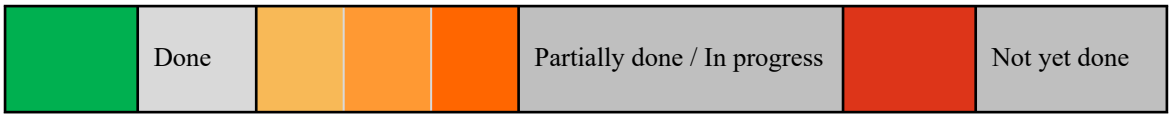
The results show that, in 2024, Ghana was performing well on three (3) of the ten (10) actions (precision prevention approach, define investment needs and introduction of new technologies). However, it should be noted that the status is based on a limited set of activities assessed under each area; the actions in this roadmap include additional critical elements that the country should address, and some areas require periodic updating[76]. In the other areas, more work is needed, especially in expanding community-led services (e.g. no targets and milestones set on community led services). Between 2023 and 2024, clear progress was made in integration with related services (e.g. milestones developed to promote integration of HIV prevention into essential related services) and accountability for HIV progress. More detailed scoring from the 2024 survey is included in Annex 3.

[75] *The 2025 survey had not been conducted at the time of developing this document.*

[76] *For example, Annex 2 shows that the country scored "done" on developed a prevention roadmap or plan, set granular HIV prevention targets and translate national targets into subnational targets, however, these were developed in the past and needed to be updated resulting in the current roadmap with annex.*

Table 1. Status of the global 10-point action plan for Ghana, March 2023 and 2024

Action area from the global HIV prevention 2025 roadmap	2023 survey results	2024 survey results
1. Data-driven needs assessment		
2. Precision prevention approach		
3. Define investment needs		
4. HIV prevention leadership agencies		
5. Expand community-led services		
6. Remove social and legal barriers		
7. Integration with related services		
8. Introduction of new technologies		
9. Real-time programme monitoring		
10. Accountability for HIV progress		



Source: GPC survey March 2023 and 2024

Data-driven needs assessment: Address data gaps at regional level

A key commitment of the National HIV Prevention Summit 2024 was to use data-driven approaches to target interventions effectively and address regional disparities in HIV prevention efforts. Under roadmap action area 1 "Conduct an evidence-driven assessment of HIV prevention programme needs and barriers" the following gaps/barriers were identified:

- Although the prevention self-assessment tools (PSATs) were completed in 2020 and 2022 at national level, differences in regional epidemiology and response mean there is a need to assess the status of prevention programmes at regional level. This will require adapting the national tools for regional level and a coordinated effort by regional stakeholders to complete the assessment together and generate recommendations for the future response.

- Ghana has drafted national prevention targets up to 2030. These will need to be updated during the development of the new National Strategic Plan 2026-2030 and aligned with the new global targets[77] under the Global AIDS strategy 2026-2030. Annual numeric prevention access targets[78] will need to be set based on in-country estimates. It will be important that the NSP to includes regional level (prevention) targets for the same reasons as stated above. In addition to that, further work is needed on the draft granular target table (Annex 4).

Action	Milestones	Timeline	Accountable
Complete prevention self-assessment at regional levels	Constitute a task team to meet to review and adapt the PSAT tools for use at the regional level	Q1 2027	GAC, GHS, NACP, with key regional stakeholders and support from SSLN
	In each region, bring relevant stakeholders together to complete the PSATs, including the development of recommendations	Q2 2027, then bi-annually	
Develop annual HIV prevention access targets at regional level as part of the development of the new National Strategic Plan	Develop the national annual prevention access targets in line with the country priorities and new Global Targets.	Q1 2026, repeated annually	UNAIDS, with GAC, GHS, NACP and other key stakeholders
	Develop annual regional HIV prevention targets through an exercise whereby national staff builds the capacity of regional staff.	Q2 2026, repeated annually	
	Complete the Granular Target Table draft in Annex 4.	Q3 2026	
Collect data on service reach for transgender men and people who use drugs	Update data collection tools to include services provided to transgender men and people who use drugs.	Q1 2026	Led by GAC, supported by GHS (PPMED), with CSOs

[77] *https://www.unaids.org/sites/default/files/2025-03/recommended_2030_HIV_targets_livedocument_en.pdf*

[78] *Numeric access targets should be set for both commodities (e.g. condoms, PrEP (daily oral), PrEP (long-acting), PEP), and populations (e.g. women & girls in locations with high HIV, boys & men in locations with high HIV, sex workers reached, men who have sex with men reached, transgender people reached).*

Precision prevention approach: Addressing the gaps in prevention service delivery to those most in need

Roadmap action area 2, A precision prevention approach, reflects key actions across the five prevention pillars that focus on delivering services in locations and populations most in need. The key gaps and barriers for these actions have been discussed in the preceding sections of the document

Action	Milestones	Timeline	Accountable
Increase HIV awareness and strengthen demand creation for HIV testing and prevention among all populations at risk, including men	Develop a comprehensive HIV education, communication and demand creation covering condoms, PrEP, PEP, harm reduction interventions with an emphasis on virtual and digital platforms.	Q1 2027	GAC, NACP, youth and key population organisations
Provide access to Reproductive Health Education and youth-friendly health services (in and out of school)	Finalize, adopt and operationalize the RHE guidelines from the Ministry of Education.	Q1 2027	GAC, NACP, youth population organisations, Ministry of Education /Ghana Education Service
	Reinstate adolescent corners in health facilities and ensure services are provided in a manner that protects privacy and confidentiality. Promote virtual service delivery.	Q3 2026	
Scale up harm reduction services nationwide through collaboration with national institutions and strengthened community engagement	Adopt the relevant legislative instrument to formally recognise harm reduction and enable scale-up of services.	Q1 2026	GAC, GHS, key population organisations
	Evaluate harm reduction pilots and apply lessons learned to establish and expand integrated harm reduction services nationwide.	Q1 2028	
Review and and address implementation arrangement for key populations in the three “PEPFAR regions”	Develop and implement a continuity plan to sustain and/or transition existing key populations services due to changes in US government commitments	Q1 2026	GAC, GHS, key population organisations

Action	Milestones	Timeline	Accountable
Implement community-based differentiated service delivery at scale	Update national guideline to enable use of HIV self-testing results as part of PrEP and PEP initiation pathways (with confirmatory testing requirement as applicable.	Q1 2027	GAC, MoH, Private sector
	Expand access to prevention commodities through pharmacies (HIV self-test kits, condoms and lubricants, needles and syringes, PrEP, PEP, OAMT) and virtual platforms.	Q4 2027	
	Build capacity of pharmacy staff to provide youth- and key population–friendly services, including counselling, referral, and appropriate commodity dispensing.	Q4 2027	
Increase the number of outlets for accessing programme condoms and lubricants	Establish condom distribution hubs (e.g., in tertiary institutions, hotels, pubs, clubs etc.), make programme condoms available through pharmacies, and partner with pharmacy delivery services.	Q1 2028	GHS, Ghana Education Service, Private sector

Define investment needs: Focus on diversified resource mobilisation approaches

A key commitment of the National HIV Prevention Summit 2024 was to advocate for increased domestic resource mobilization for sustainable HIV prevention programs. Under Roadmap Action Area 3, Determine country investment needs for adequately scaled HIV prevention responses and ensure sustainable financing, therefore the following gaps/barriers were identified:

- **High reliance on external financing and increasing funding uncertainty:** Ghana's HIV response relies heavily on development partner's support. The Ghana Sustainability Roadmap for the National HIV Response[79] identify this as a key risk: "Without further investments in targeted HIV prevention, testing and linkage to care, Ghana will not be able to achieve and sustain decreased new infections and high levels of treatment coverage." The latest National AIDS Spending Assessment (2022)[80] shows that the Global Fund was the largest contributor (29% of all HIV funding). Although the country successfully obtained funding for Grant Cycle 7, adjustments to Global Fund allocations have recently been announced[81] and further reductions may occur under Grant Cycle 8. In addition, US funding (8.5% of all HIV funding in 2022) has been cut since the end of January 2025, leading to the suspension of critical HIV programmes, especially HIV prevention programmes for key populations[82], and funding for the next Country Operational Plan (COP) is unclear. These developments threaten the sustainability of the overall HIV programme, particularly for the HIV prevention response. With respect to HIV prevention, donors contributed 96.1% of prevention funding in 2022, with the remainder coming from public entities, and a small contribution from private entities. There is therefore a need for strengthened country ownership and an investment framework with more diversified resource mobilization approaches and partnerships e.g. greater involvement of other Ministries and affiliated agencies, the private sector, and potentially other donors as the traditional ones (Global Fund and PEPFAR). The action below aligns with the one in the sustainability roadmap.

- **Promising domestic financing options identified but not yet secured:** The sustainability roadmap identifies several promising sources to mobilize significant domestic financing for HIV: Repurpose the COVID-19 levy to a Pandemic levy and fund with a defined percentage earmarked for HIV (See also action area 3); Uncap the National Health Insurance Levy to allow full revenue transfers to the National Health Insurance Authority and include HIV clinical services in the NHIS Benefits Package; Increase private financing of HIV through a defined earmark of Corporate Social Responsibility contributions (See also action area 4).

- **Costing of the prevention response requires updating and expansion:** To enable financing of the HIV prevention response, including activities proposed in the roadmap, these activities need to be costed. An initial costing of the HIV prevention roadmap was undertaken based on the actions emerging from the workshop conducted in October 2024. Activity-based costing estimated the cost of implementing the proposed actions at approximately GHS 14.5 million. This costing will need to be updated once the HIV prevention roadmap has been finalized.

[79] https://pharosglobalhealth.com/wp-content/uploads/2023/12/Ghana-HIV-Sustainability-Assessment-and-Roadmap-vF.pdf
[80] https://www.unaids.org/sites/default/files/NASAreport_ghana_2022_en.pdf
[81] https://resources.theglobalfund.org/en/updates/2025-06-06-gc7-grant-reprioritization/
[82] https://www.unaids.org/en/taxonomy/term/929

- **Limited usefulness of high-level national costing for sub-national planning:** The costing of the National HIV and AIDS Strategic Plan 2021 – 2025 was done at a national level by main priority area. It is difficult for regions and districts to plan their activities using this high-level budget, so there is need for this to be broken down to the lower geographic levels and linked to specific activities

Action	Milestones	Timeline	Accountable
Pursue diversified resource mobilization approaches for a more sustainable response	Conduct a high level muti-stakeholder round table discussion on resource mobilization approaches (e.g. private sector[83], donors) for the HIV prevention response, with a focus on funding civil society organisations	Q1 2026	GAC, MoH, Private sector
	Develop a domestic resource mobilization strategy for HIV prevention, with a focus on funding civil society organisations	Q1 2026	
	Implement resource mobilization strategy: including engaging a resource mobilization consultant to mobilize new funding partners	Q1-Q4 2026	
	Review the effectiveness of resource mobilization efforts and revise the strategy based on the review	Q1 2027	
Update the costing of the HIV prevention roadmap	Update the activity-based costing based on the activities included in the finalized HIV prevention roadmap.	Q1 2026	GAC, with support from UNAIDS
Create HIV prevention budgets at regional and district level for the next National Strategic Plan	Disaggregate the HIV prevention budget for the next National Strategic Plan (2026-2030) into regional and then district level budgets (by activity).	Q1 2026	GAC to assist regional and district staff

[83] So far success has been minimal in this area.

HIV prevention leadership agencies: Enhance collaboration among all stakeholders

Under Roadmap Action Area 4, Reinforce HIV prevention leadership entities for multisectoral collaboration, oversight and management of prevention responses, the following gaps/barriers were identified:

- **Prevention coordination mechanisms require reconstitution and broader inclusion:** The Ghana AIDS Commission (GAC) leads the multi-sectoral coordination of Ghana's HIV response and oversees the implementation, guided by the National HIV and AIDS Strategic Plan.[84] GAC also leads development and implementation of the HIV prevention roadmap, mobilizing political support and coordinating efforts. Under the 2017–2018 roadmap, GAC established a national HIV prevention coalition (a HIV prevention technical working group [TWG]) to align stakeholder actions. This TWG needs to be reconstituted and expanded to ensure full stakeholder representation. In line with the 2024 National HIV Prevention Summit's call for stronger cross-sector collaboration, this should be actioned as soon as possible. It is important that the TWG meets regularly (as indicated under Action area 10).

- **Private sector engagement (especially SMEs) remains underutilized:** Small and medium-scale enterprises (SMEs) constitute a significant portion of Ghana's private sector and employ a large percentage of the population. Workplace HIV policies can promote non-discrimination, confidentiality, and supportive environments for employees at risk of, living with or affected by HIV. Encouraging SMEs to adopt workplace HIV policies can also strengthen corporate social responsibility and support prevention efforts.

- **Multisectoral financing and implementation pathways are not sufficiently leveraged:** As discussed under Pillar 2, the Health Sector HIV Prevention Acceleration Plan for adolescents and young people include a priority on "Enhancing social protection and economic empowerment interventions for adolescents and young people and partners." This is an example of an area that should not be financed primarily through HIV prevention funding, but through other domestic sources (e.g., budget from the Ministry of Gender, Children and Social Protection and the National Youth Authority). Such programmes can also provide platforms for integrating HIV prevention information, communication, and demand creation.

[84] Note that the Sustainability roadmap indicates that for the wider HIV response, there are fragmented and overlapping governance structures that impede cohesion within key areas of the response, and that there is a need to: 1) clarify the roles and responsibilities of the different public stakeholders, identifying potential overlaps and addressing authority gaps; 2) improve the efficiency and capacity of the GAC, NACP, CCM to fulfil their mandates and effectively oversee the HIV Response, mobilize resources, and lead prevention efforts.

Action	Milestones	Timeline	Accountable
Ensure that the national HIV prevention coalition is reconstituted and more representative of all relevant actors in the HIV prevention response	Revive the HIV prevention technical working group	Q2 2026	GAC, together with all stakeholders included in the prevention response
	Appoint representatives from all key HIV prevention stakeholders (public sector, private sector, civil society, development partners), especially those currently not actively engaged in the multi-sectoral HIV prevention response; reflect these actors as accountable entities in the roadmap and convene quarterly meetings	Q3 2026	
Pursue collaboration with the private sector, especially SMEs, for the implementation of the HIV Wellness & Workplace Policy (currently under Cabinet reviewed) intended to strengthen workplace-based prevention.	Map out non-traditional private sector companies, especially SMEs, including their corporate social responsibility profile	Q1 2026	GAC, engaging the private sector
	Conduct an engagement meeting with companies to potentially partner with	Q2 2026	
	Establish a GAC-led team to co-develop/ revise workplace policies with the potential partner organisations	Q3 2026	
Mainstream HIV prevention programmes for adolescents and young people into multi-sectoral programmes, involving sectors responsible for education, skills acquisition and social protection	Establish strong linkages between health, education, social welfare, and other relevant sectors to ensure a coordinated response.	Q1 2027	Ministry of Gender, Children and Social Protection, National Youth Authority, Ministry of Education in collaboration with GAC
	Develop shared strategies and action plans to integrate HIV prevention into existing programs and services.	Q1 2028	

Expand community-led services: Enable communities to lead the HIV prevention response

For roadmap action area 5, Strengthen and expand community-led HIV prevention services and establish social contracting mechanisms, the following gaps/barriers were identified:

- **Community-led service models remain insufficiently community-driven and not holistic:** Community-based/led organisations often deliver services designed in a top-down manner (by government and donors) and are not sufficiently holistic. It is important that communities lead the design and implementation of service delivery, covering a range of services (including HIV prevention), with clear linkages to facility-based services, and a nationwide approach. Hence, the need to develop a national strategy on delivery of services, including HIV prevention, in partnership with communities.

- **Sustainability risks due to donor dependence and limited domestic financing mechanisms:** The sustainability of community-led HIV responses is at risk due to heavy reliance on two international donors (PEPFAR and the Global Fund). As reported in the National AIDS Spending Assessment[85] between 2019 and 2021, civil society organizations delivered key prevention, testing, and treatment support activities, yet received 100% of their funding from these donors.

- With donor funding declining, increased domestic investment in civil society organizations is critical, for example by allocating a portion of the domestic HIV budget through social contracting mechanisms. However, the National Strategic Plan 2021–2025 does not reference social contracting. As this action is also included in the Ghana Sustainability Roadmap for the National HIV Response[86], it is reiterated below along with its associated milestones. In addition, both the discussions on the HIV prevention roadmap and the Sustainability Roadmap mentioned that there would be an opportunity to repurpose the COVID-19 levy to support social contracting of CSOs for prevention activities

Action	Milestones	Timeline	Accountable
Develop a national strategy and operational plan on community service delivery, including HIV prevention, that includes key actors & their roles with clear activities	Develop the community service delivery Strategy (high-level, including HIV prevention)	Q1 2026	Led by GAC with communities, UNAIDS to support
	Develop the community service delivery Operational plan (detailed activities, including HIV prevention)	Q3 2026	
Allocate a sufficient portion of the domestic HIV budget to CSOs to operationalize the existing framework for social contracting and expand Government's role in supporting CSOs	Develop a CSO social contracting strategy and a costed plan that defines the scope of activities funded, oversight structures, financing mechanisms (i.e., funds for CSOs flow through the GAC)	Q1 2026	GAC with CSOs, MoH, MoF
	Include a dedicated line item in the GAC annual budget for social contracting	Q1 2026	
	Fund CSOs through social contracting arrangements and monitor results	Q4 2026, annual	

[85] *https://www.unaids.org/sites/default/files/NASAreport_ghana_2022_en.pdf*
[86] https://pharosglobalhealth.com/wp-content/uploads/2023/12/Ghana-HIV-Sustainability-Assessment-and-Roadmap-vF.pdf

Remove social and legal barriers: Awareness raising about stigma and discrimination is key

Under Roadmap Action area 6, Remove social and legal barriers to HIV prevention services for key and priority populations, the following gaps/barriers were identified:

- **Proposed anti-LGBTQ+ legislation threatens service delivery and access:** Lawmakers in Ghana have reintroduced an anti-LGBTQ+ bill (referred to as "the bill" among stakeholders working in with key populations) that was passed by the previous parliament in February 2024, but not enacted (and will now need to go through the process for the new parliament). If enacted, the Human Sexual Rights and Family Values Bill would introduce severe legal restrictions affecting LGBTQ+ communities including prison terms for engaging in same-sex sexual relations, and for those who engage in "wilful promotion, sponsorship or support of LGBTQ+ activities". This would make delivery of HIV prevention services to key populations extremely difficult and early effects are already being observed.[87] Stakeholders involved in the development of the HIV prevention roadmap highlighted the importance of public education on the broader consequences for society, including the likelihood of further inequities in access to HIV prevention services. As this issue is also reflected in the Ghana Sustainability Roadmap for the National HIV Response[88], a similar action and related milestones are included below.

- **Criminalization related to sex work and drug use continues to limit access to services:** Criminalization of activities related to sex work and drug use under existing laws, also hamper access to HIV prevention services. Despite reforms such as Ghana's 2020 Narcotics Control Act (Act 1019), which reduced penalties and promoted harm reduction, people who use or inject drugs continue to face stigma and limited access to services. The opening of the first harm reduction drop-in centre in 2024, funded by the Global Fund[89], marks a significant step forward. However, additional centres are needed across the country and stakeholders expressed a need for a National Harm Reduction strategy that should become an integral part of the National Strategic Plan.

- **Age-of-consent requirements constrain adolescent access to prevention services:** Currently, parental consent is needed for HIV (self) testing below 16 years[90], and for PrEP and sexual and reproductive health care services below 18 years.[91] This hampers uptake of HIV testing and prevention services

[87] Key informant interviews conducted as part of the Ghana Sustainability Assessment and Roadmap for the National HIV Response indicate that community leaders have observed that fear and distress among men who have sex with men are increasingly leading to reluctance to access prevention and testing services. Safe spaces that previously supported outreach efforts are shutting down, outdoor prevention activities have ceased, and engagement through social media is declining. As a result, delivering a comprehensive prevention package to additional men who have sex with men is becoming more challenging and less cost-effective.
[88] https://pharosglobalhealth.com/wp-content/uploads/2023/12/Ghana-HIV-Sustainability-Assessment-and-Roadmap-vF.pdf
[89] https://www.wadpn.org/post/ghana-gets-its-first-harm-reduction-centre-drop-in-centre-for-pwud
[90] Consolidated Guidelines for HIV Care in Ghana, 2022
[91] UNAIDS National Commitments and Policy Instrument, 2024. https://lawsandpolicies.unaids.org/

Action	Milestones	Timeline	Accountable
Mobilize community leadership in the efforts to prevent the adoption of the Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill by educating the public on the consequences it will have for the entire society	Map out key opinion leaders and social media influencers. Identify those who may support social cohesiveness (leaving no one behind) approaches,	Q1 2026	GAC, with the involvement of GHS, CSOs, CHRAJ, MoH, Offices of the President and First Lady/Parliament
	Develop key message and public communication materials to make the case for social cohesion and equitable access, highlighting how these benefit the entire society.	Q2 2026	
	Engage community leaders and influencer to disseminate the key messages directly to multiple audiences.	Q3 2026	
Develop a National Harm Reduction strategy	Establish a task team, engage a consultant to develop the draft strategy based on document review and consultations, validate the strategy document with stakeholders, and disseminate.	Q1-Q4 2026	GAC with MoH
Advocate for lowering the age for parental consent for access to HIV testing, prevention and sexual and reproductive health services	Secure legal and/or policy reform to revise age-of-consent requirements for adolescent access to HIV testing, prevention, and SRH services	Q4 2028	GAC, with the involvement of GHS, CSOs, CHRAJ, MoH, Offices of the President and First Lady/Parliament

Integration with related services: Fast-track integrating of HIV prevention services

Under roadmap action area 7, Promote the integration of HIV prevention into essential related services to improve HIV outcomes, the following gap/barrier was identified:

- **Service delivery remains siloed, limiting integration of HIV prevention:** Many healthcare services in Ghana are organised by health condition/need (HIV, family planning, maternal, neonatal and child health, hepatitis, mental health, non-communicable diseases, tuberculosis). For HIV prevention, accelerating integration into family planning, ante-/postnatal care, STI services is particularly critical. This provides opportunities to reach adolescent girls and (young) women who are at risk of HIV (often at low to moderate risk that does not warrant stand-alone programming), and to address related needs such as STI prevention and unintended pregnancy. While provider-initiated condom promotion is integrated into sexual and reproductive health services, HIV testing services only partly, and no other HIV prevention services are provided. Integrating HIV prevention into sexual and reproductive health services (family planning, ante-/postnatal care, STI services) increases uptake of prevention services as well as increases the efficiency of the service delivery leading to a more sustainable response.

- **Integration models for key population services are not sufficiently defined for national scale-up:** There is a need to develop a plan to ensure continuity of existing key populations services and national scale-up. Especially in regions/districts with lower key population numbers, services will need to be integrated in key population friendly (mobile) clinics catering for the whole population.

Action	Milestones	Timeline	Accountable
Fast-track the integration of HIV prevention services into family planning, ante-/postnatal care, STI services	Organise regional based workshops for health workers providing family planning, ante-/postnatal care, STI services to train them on HIV prevention service delivery.	Q1 2027	GAC, MoH, GHS (FHD)
	Ensure availability of HIV prevention commodities for at all family planning, ante-/postnatal care, STI service points.	Q2 2027	
	Develop and distribute HIV-prevention related infographics/posters for use in family planning facilities.	Q3 2027	
Explore options to integrate services for key populations in (mobile) clinics	Develop and implement a plan for existing (mobile) clinics to become key population friendly and to provide specific services required by different key population groups	Q1 2028	GAC, MoH, GHS

Introduction of new technologies: Accelerate rollout of new PrEP modalities and ensure commodity availability

For roadmap action area 8, Set up mechanisms for the rapid introduction of new HIV prevention technologies and programme innovations, the following gaps/barriers were identified:

- **Limited uptake and delayed introduction of new PrEP modalities:** Although Ghana's PrEP implementation guide[92] includes oral PrEP, (including event-driven oral PrEP for men who have sex with men), the dapivirine ring (DVR) and long-acting injectable cabotegravir (CAB-LA), uptake of oral PrEP is low, DVR approval is pending and CAB-LA is not approved yet.[93] To accelerate uptake of prevention choice options including oral PrEP, and the DVR and CAB-LA after approval (and long-acting lenacapavir (LEN) in due course), plans should be in place for the near future for demand creation among potential users as well as training of staff on the different prevention options available to clients, and specifically to initiate clients on the different PrEP modalities.

- **Commodity management challenges and periodic shortages:** Stakeholders have noted that there are periodic shortages of commodities at certain facilities often linked to delayed requisitioning of supplies. Uninterrupted availability is important to reduce interruptions in prevention services and minimize the risk of HIV transmission. Strengthening real-time stock tracking, accurate stock taking, and demand forecasting will be important. To reduce reliance on imported HIV commodities, local manufacturing might be explored (including condoms, PrEP). A feasibility study of local production of antiretrovirals is currently underway.

- **Virtual platforms are underutilized for service delivery:** Virtual platforms are highlighted across all five pillars, particularly for HIV education, communication and demand creation (covered under Action Area 2). However, virtual approaches are also important for service delivery and can improve cost-effective at scale. Ghana should explore using virtual platforms for e.g. counselling, ordering of commodities (self-tests, condoms) to supplement existing services, whether facility or community based. These virtual interventions should be integrated and adapted to use any platforms that already exist to ensure sustainability and avoid duplication.

[92] ABC of PrEP, December 2022
[93] https://www.prepwatch.org/countries/ghana/ Latest update 9 September, 2025

Action	Milestones	Timeline	Accountable
Accelerate rollout of the dapivirine vaginal ring and long-acting injectable PrEP (cabotegravir and/or lenacapavir) as part of the prevention choice offer	Accelerate regulatory approvals of DVR and negotiate product prices.	Q1 2026 - ongoing	MoH, NACP and GAC
	Accelerate regulatory approvals of CAB-LA and negotiate product prices.	Q1 2026 - ongoing	
	Accelerate regulatory approvals of LEN and negotiate product prices.	Q1 2026 - ongoing	
	Conduct educational sessions on HIV prevention (including PrEP) in high-risk communities and disseminate HIV prevention/PrEP Information leaflets, including through social media/virtual platforms.	Q1 – Q4 2026	
	Establish a team to develop and/or adapt a well-structured training manual (job aids) and a comprehensive set of training materials related to prevention in general, and DVR, CAB-LA and LEN. Distribute these to the regions.	Q1 2026	
	Train healthcare providers to offer non-judgmental and informed comprehensive prevention / PrEP services.	Q2 2026-Q1 2027	
Improve procurement and manufacturing processes for commodity security	Strengthen the GhiLMIS (Ghana Integrated Logistics Management Information System) to track commodity levels and support improved forecasting and supply planning ((including incorporation of predictive analytics where feasible).	Q4 2027	MoH and GHS
	Review and renegotiate supplier contracts to include more favourable terms for replenishment and emergency orders.	Q1 2028	
	Convene a stakeholder meeting to have an open discussion on local commodity manufacturing opportunities once the results of the feasibility study for ARVs is completed (Commodities Security Dialogue)	Q3 2026	
Explore opportunities for using virtual platforms for HIV prevention service delivery	Conduct a mapping exercise where and how virtual interventions could be linked to existing HIV prevention services.	Q1 2028	GAC, NACP, WAPCAS Plus, youth and key population organisations

Real-time prevention programme monitoring: Ensure visibility of data at the regional level

Under Roadmap Action area 9, Establish real-time prevention programme monitoring systems with regular reporting, the following gaps/barriers were identified:

- **Absence of sub-national scorecards limits routine monitoring and course correction:** Stakeholders highlighted the lack of sub-national scorecards as a significant gap, limiting the ability to monitor programme implementation at regional and district levels. Sub-national monitoring is essential to assess whether HIV prevention initiatives are being implemented effectively across the country, and where gaps are identified, to adopt strategies accordingly. Much of the data needed to populate regional scorecards level[94] are readily available. Distribution data (e.g., condoms) and programme data (PrEP clients) are collected routinely. In addition, IBBS and population size estimation (PSE) studies among female sex workers and men who have sex with men are currently conducted every couple of years among selected or all regions (female sex workers 2015 – 10 regions and 2020 – all regions; men who have sex with men 2017 and 2023 – 10 regions), while general populations surveys have been conducted every 6-8 years in most recent years (Ghana Demographic and Health Survey 2008, 2014, 2022).

- **Lack of a comprehensive data repository limits access for decision-making:** A second gap highlighted was the lack of a comprehensive data repository (website) for all HIV response data, including HIV prevention data, to improve data availability for decision-making processes. It is important that both facility- and community-level data, as well as private sector data, is considered when looking at the HIV prevention response, to ensure that all can inform national policies, planning and implementation.

Action	Milestones	Timeline	Accountable
Develop sub-national scorecards	Establish a team to work on the regional scorecards.	Q3 2026	GAC and NACP to lead, UNAIDS to support
	Design the scorecard format/tool (including scoring) based on the national scorecard, compile and populate required data, and develop charts and graphs (where required).	Q4 2026	
	Organize training sessions at regional offices to train staff on how to use and update the scorecard.	Q1 2027	
Develop an application to include all HIV response data, including prevention data	Engage a specialist (organisation) to create the application (website) to bring together HIV data from all service providers: public, private, community include community data into the health information system.	Q1 2027	Led by GAC, supported by GHS (PPMED), with CSOs
	Revise data collection tools (both paper-based and electronic) to allow the collection of HIV prevention data like HIV-testing and uptake of PEP, PrEP by age and sex	Q1 2028	

[94] Note that available survey data is likely not adequately powered to support district level scorecards.

Accountability for HIV prevention progress: Multi-sectoral stewardship is key

For roadmap action area 10, Strengthen accountability of all stakeholders for progress in HIV prevention, the following gaps/barriers were identified:

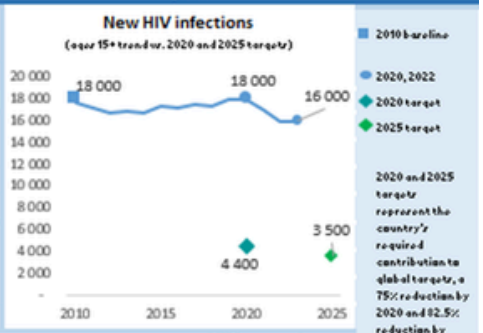
- **Work planning is required to operationalize assigned accountability:** Accountable entities have been identified by stakeholders for each milestone in this roadmap under the ten (10) point action pan (aligned with the accountability framework of the 2025 HIV Prevention Roadmap), These entities will need to develop workplans to implement the detailed activities.

- **Quarterly review mechanisms exist but are inconsistently implemented:** Furthermore, progress on the implementation of the roadmap actions/detailed activities need to be reviewed quarterly against the timelines set. The GAC has an accountability system in place for the HIV response which requires all the main HIV implementing organisations to report on their programmes. The organisations submit reports and hold meetings with GAC to review these reports focusing on how they contribute to the National HIV and AIDS Strategic Plan targets. For the roadmap it would be ideal if there could be quarterly review meetings integrated into the existing process whereby all stakeholders contributing to the roadmap are represented. However, even though these quarterly meetings exist on paper, these have not been consistently conducted.

Action	Milestones	Timeline	Accountable
Develop annual workplans to implement all the interventions per the accountability framework of the 2025 HIV Prevention Map	All accountable entities to develop workplans to implement all the interventions assigned to them as per the accountability framework of the 2025 HIV Prevention Map.	Q1 2026, repeat annually	Led by GAC, including all entities accountable for detailed activities included in the roadmap
	Consolidate the workplans and disseminate to guide planning and monitoring for the year.	Q1 2026, repeat annually	
Re-institute quarterly coordination meetings paid with domestic funding to review HIV prevention (roadmap) implementation and results	Develop a template for sharing milestone updates.	Q1 2026	Led by GAC, including all stakeholders, with support of UNAIDS
	Convene quarterly national review meetings to assess progress against milestones and timelines.	Q1 2026, repeated quarterly	

Annex 1: Ghana HIV Prevention Scorecard

Ghana	GHA	Based on most recent available data.	Version 2.02.		2024
Output (coverage)		**Outcome (service use/behaviour)**			**Impact**
Condoms					
Number of condoms distributed and sold / year (in millions)	31	Condom use with non-regular partners (%)	Women 15-49	11	
Number of condoms distributed/sold per couple-year (age range 15-64)	3		Men 15-49	28	
Estimated condom distribution need met (%)	20				
Men and boys (including VMMC)					
Number of VMMCs performed / year (in thousands)	na	% of 2020 VMMC target achieved	Men	na	
% of annual VMMC target achieved	na	National male circumcision prevalence (%)	Men 15-24	94	
			Men 15-49	96	
ARV-based prevention					
Composite PrEP score (0-10)	4	% of national PrEP need met	All pop.	57	
Number of people who received PrEP at least once in the past 12 months	7477	% of PLHIV virally surpressed	Women 15+	46	
% of PLHIV on ART	45		Men 15+	31	
Key populations					**HIV prevalence**
Sex workers (SW)					
Population size estimate for sex workers	id	Condom use / last paid sex (%)	Sex workers	id	Sex workers <25 years id
% of SWs who received at least two HIV prevention interventions (past 3 mo)	85		Men 15-49	id	Sex workers all ages id
Prevention strategy includes core elements of SW prevention package	> Half	% on ART	SWs LHIV	99	
Gay men and other men who have sex with men (MSM)					
Population size estimate for men who have sex with men	id	Condom use / last anal sex (%)	MSM	58	MSM <25 years 19.7
% of MSM who received at least two HIV prevention interventions (past 3 mo)	53	% on ART	MSM LHIV	92	MSM all ages 26.1
Prevention strategy includes core elements of MSM prevention package	> Half				
People who inject drugs (PWID)					
Population size estimate for people who inject drugs	id	% with safe injecting practices	PWID	id	PWID <25 years id
% of PWID who received at least two HIV prevention interventions (past 3 mo)	id	% on opioid substitution therapy		id	PWID all ages id
Prevention strategy includes core elements of PWID harm reduction package	< Half	% on ART	PWID LHIV	id	
Structural barriers and enablers					
Criminalization of sex work	Yes	% of people who avoided health care because of stigma and discrimination	Sex workers	id	
Criminalization of same-sex sexual acts	Yes		MSM	4	
Criminalization of drug use/consumption or possession for personal use	Yes		PWID	id	
Criminalization of transgender people	No		Transgender	6	
, young women (AGYW) & partners in high-HIV incidence settings					
% of priority locations/districts with dedicated programs for AGYW & partners	id	Condom use with non-regular partners (%)	Women 15-24	14	Women 15-24 0.7
Educational policies on HIV & sexuality education (secondary school)	Yes		Men 15-24	28	Men 15-24 0.4
Laws requiring parental consent for adolescents to access HIV testing services	Yes, <16	% who completed lower secondary education	Girls	50	Adults, 15+ 1.5
Provider-initiated condom promotion integrated into SRH services	Yes	% of women experienced physical or sexual violence from husband/partner	Women 15-19	id	
HIV testing services integrated with SRH services	Partial		Women 15-49	id	



Summary Scores

AGYW	
3	
Sex workers	
id	
MSM	
6	
PWID	
id	
Condoms	
2	
VMMC	
na	
ART	
5	
PrEP	
4	

Acronyms: na... not applicable; PLHIV...people living with HIV; LHIV...living with HIV; YW...young women; YM...young men; SRH... sexual and reproductive health

Very good | Good | Medium | Low | Very low | id Insufficient data

Note that during the development of the prevention roadmap, some discrepancies were found between the data included in the scorecard and the information provided / data reported by the country. The data considered correct/most recent has been included in the text of this document.

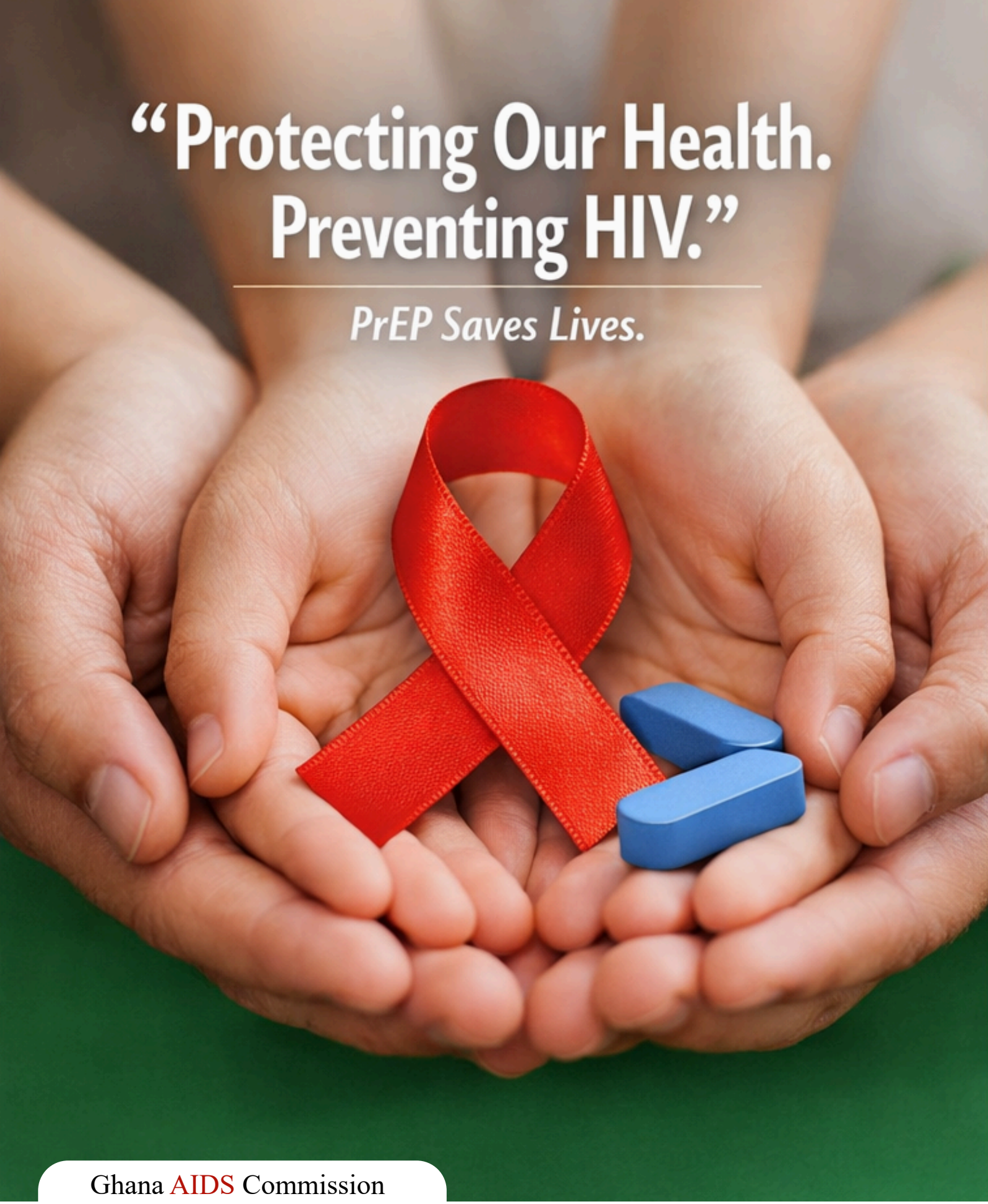
Annex 2: Prioritization Matrix for programming for AGYW

HIV incidence (by location)	Health sector	Community	Education sector	Multisectoral action & coordination
PART I. HIV programmes (high priority for HIV funding)				
	HIV programmes for all priority populations (which also benefit adolescent girls and young women)			
Low (less than 0.3%)	• HIV testing and treatment services, PEP, prevention of vertical transmission of HIV as part of maternal health, PrEP only for individuals at exceptionally high risk within key populations or discordant couples or in other exceptional individual circumstances • Male & female condoms and lubricants, VMMC for adolescent boys and men (in relevant priority countries), basic national HIV information (prevention and treatment), risk reduction communications including new & social media	• Action to address HIV-related rights, stigma and discrimination • HIV programmes including trusted community outreach platforms for key populations (including AGYW within key populations)	• HIV integrated in education policies and curricula. *(HIV funds only if not funded through education sector)*	• Multisectoral HIV policy development and coordination between health, community, education, gender, social protection, financing and other sectors
	HIV prevention programmes for adolescent girls and young women			
Moderate (between 0.3 and 1%) **All of the above PLUS**	• HIV/STI risk assessment and risk reduction counselling • HIV testing services including self-testing • Active condom and lubricant distribution & promotion • STI testing or syndromic management including as indicator for HIV risk and treatment • HIV&STI service integration into family planning, contraceptive services (see separate guidance) • Male partner services for testing: multiple approaches, self-testing, ART referral *(focus based on HIV/STI risk assessment)*	• Community outreach (interpersonal and virtual) addressing HIV prevention knowledge, risk perception and related social norms, demand generation and outreach services including condoms, self-testing, referrals *(focus on popular opinion leaders and high-risk venues frequented by AGYW and men 20-39 at higher risk of HIV)*	• Dedicated school-based HIV prevention campaigns (knowledge, risk perception, methods, skills, GBV) linked to services (condoms, testing, referrals) in selected schools & tertiary institutions *(HIV funds only if not funded through education sector)*	• Subnational AIDS Office leads regular prevention programme review & problem-solving (that includes programmes with adolescent girls and young women), multi-sectoral coordination and referral systems between different sectors
High (1.0% and more) **All of the above PLUS**	*Expand the focused action above (in orange) to routine offer*	*Expand activities above to all AGYW & men 20-39*	*Expand activity above to all schools & tertiary institutions*	*Hold dedicated AGYW prevention programme reviews*
	• Availability and provider-initiated offer of PrEP services *(focus on AGYW with casual or multiple partners, history of STIs and in transactional sex)*	• Active PrEP and PEP demand generation and community outreach services *(focus on settings frequented by AGYW at higher risk)*	• Accelerated introduction of comprehensive sexuality education *(HIV funds only if not funded through education sector)*	• Full-time HIV prevention focal point at subnational level to drive action and accountability
	• *Expand demand generation and active provider-initiated offer of PrEP services to routine offer for subpopulations with very high HIV incidence exceeding 3% and ‡‡)*	• Structured interpersonal communication on HIV prevention and related social norms, e.g., scalable (shorter) versions of Stepping Stones, SASA!, SHARE *(focus on locations with higher prevalence of risk factors)*	• Keep girls in-school / education assistance *(Other funding/ HIV funds only in exceptional cases for most vulnerable AGYW at high risk of HIV)*	• Social support and asset-building - e.g. safe spaces, mentoring and economic empowerment *(focus on most vulnerable AGYW at high risk of HIV)*
PART II. Other enablers and synergies (typically other funding than HIV)				
All locations (not guided by HIV incidence)	• Access to integrated SRHR (including family planning, gender-based violence, cervical cancer screening, HPV vaccine and other STI services) including legal and policy support • Youth-friendly health systems (trained providers, conducive hours, destigmatized care for adolescent girls and young women …)	• Out of school comprehensive sexuality education	• Access to primary and secondary education • Comprehensive sexuality education (CSE), school health programmes, non-discrimination in schools, intersections to GBV	• Social support and economic empowerment of vulnerable adolescents • Cash transfers, economic empowerment
Legend	Routine offer for all AGYW in the area	Focus on specific groups of AGYW	Highly focused on AGYW at highest risk	

Annex 3: Detailed Scoring Global Roadmap Baseline Survey

Number	2024 Road Map Baseline Survey components considered for overall Road Map Action scoring	Ghana
	Progress on detailed milestones and commitments	
1.1	HIV epidemic pattern and prevention programme analysis	
1.2	Consultation meetings to identify barriers	
1.2.1.	Listing of the identified barriers	
2.1	Developed a prevention road map or plan	
2.2	Set granular HIV prevention targets	
2.3	Translate national targets into subnational targets	
2.4	Differentiated HIV prevention packages	
2.5	Packages for young women where relevant	
2.7	Standard operating procedures/guidelines for relevant pillars	
3.1	Budgeted or costed national HIV prevention plan	
3.2	Dialogue to address prevention funding gap	
4.1	Multi-sector HIV prevention leadership exists	
4.2	The entity is functional and relevant meetings are held	
4.3	Milestones to reinforce prevention leadership entities	
5.1	Government convening includes relevant communities	
5.2	Public funds are being allocated to NGOs	
5.3	Any laws or policies impacting NGOs	
5.4	Any targets set on community led services	
5.5	Milestones on community led services	
6.1	Legal, policy and strutural barriers in strategy	
6.2	Milestones to addess the country-specific barriers	
7.1	Milestone on promoting integration	
7.1.1	Milestones on integration listed	
8.1	Actions for new prevention technologies	
8.2.	Milestones on new prevention technologies	
9.1	Data triangulation for coverage of programmes	
9.3	Developed subnational scorecards	
9.4	HIV prevention funding expenditure analysis done	
9.5	Cost-effectiveness included in programe reviews	
10.1	Road Map table on accountability adapted and adopted	
10.2	Accountability framework in line with Road Map	

Done | Partially done / In progress | Not yet done



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