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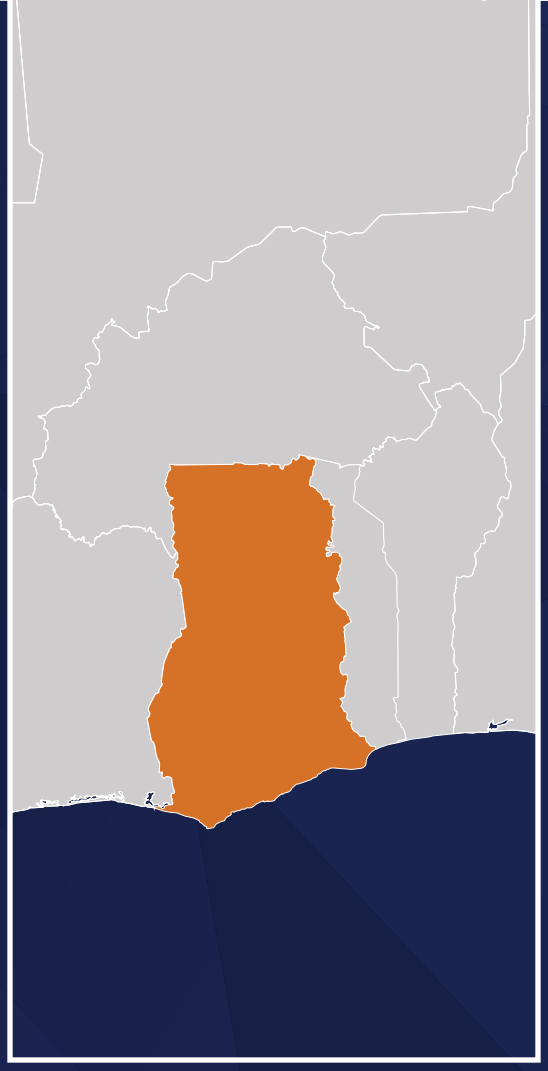

GHANA HIV POLICY SCAN AND ACTION PLAN

Improving the Supply of HIV and Tuberculosis Commodities for Civil Society Implementers and Private Providers

USAID FROM THE AMERICAN PEOPLE

PEPFAR

GHANA AIDS COMMISSION
Under the Office of the President

HP+ HEALTH POLICY PLUS

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Contents

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Abbreviations

ART	antiretroviral therapy
COP	Country Operational Plan
CSO	civil society organization
FBO	faith-based organization
GAC	Ghana AIDS Commission
GHS	Ghana Health Service
HP+	Health Policy Plus
MOH	Ministry of Health
NACP	National AIDS/STI Control Programme
NSP	*Ghana National HIV and AIDS Strategic Plan 2016-2020*
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
STI	sexually transmitted infection
SOP	standard operating procedure
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
USAID	U.S. Agency for International Development
WHO	World Health Organization

Executive Summary

Introduction

The Government of Ghana has gone to great lengths to ensure that its response to the HIV epidemic is governed by sound policies and guidelines. The *National HIV and AIDS Strategic Plan, 2016-2020*, 90-90-90 roadmap, and expansion of antiretroviral guidelines to treat all people living with HIV provide critical steps to achieve epidemic control and improve the lives of people living with and affected by HIV. As programmatic goals and approaches evolve, it is important for government and civil society stakeholders to review and update policies, guidelines, and procedures to support these new initiatives.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is invested in supporting the Government of Ghana in understanding the policy environment related to HIV. PEPFAR's 2016 and 2017 Country Operational Plan guidance requires that all PEPFAR country missions conduct a legal environment assessment and incorporate the recommendations into their operational plans every three years. To fulfil this requirement, the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID) and PEPFAR, conducted a policy scan and action planning activity. The policy scan and action planning process began with a workshop during which stakeholders identified a service gap along the HIV continuum of care to conduct a policy analysis on. Following the workshop, HP+ reviewed existing policies—including those that regulate civil society organization (CSO) engagement in the identified service gap—and examined compliance with international standards. Stakeholders in Ghana then reviewed the analysis and developed an action plan to address policy issues related to the identified service gap.

Policy Scan Findings

Stakeholders identified HIV testing kit distribution to civil society organizations and private providers as the service gap that necessitated further policy analysis. While the country is largely in compliance with international standards and supportive of CSO engagement in HIV testing services, additional opportunities exist to support the role of CSOs and private providers in increasing coverage and yield of HIV testing. The HP+ policy scan found that:

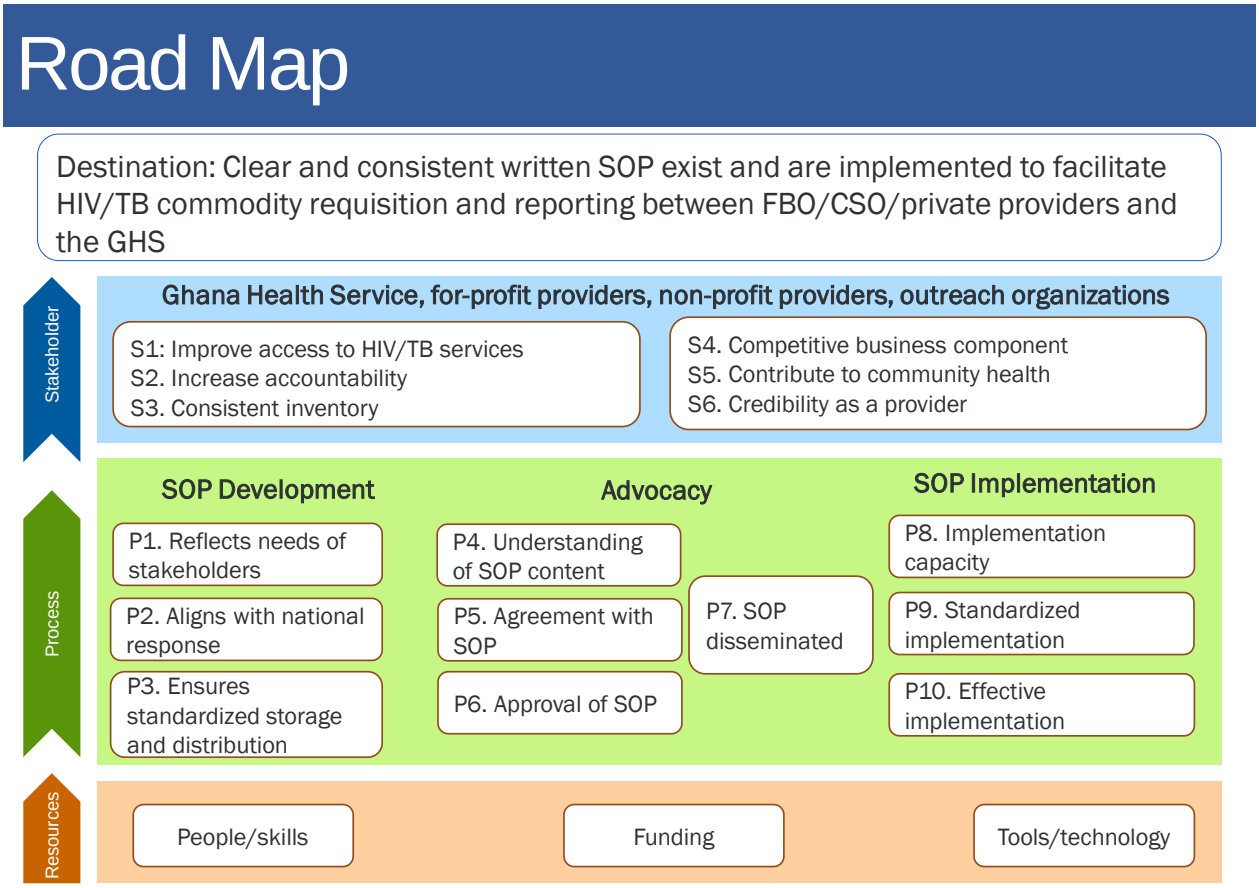
- Existing policy does not provide guidance for requisition and distribution of HIV test kits between the Ghana Health Service and CSO implementers and private providers. Clear and consistent policies are needed to guide the requisition and distribution process, regulate prioritization when requests exceed supply, and manage reallocation of surplus supply among providers.
- Overall financing for the epidemic is a challenge, with government financing for test kits particularly low.[1]
- The Government of Ghana has not provided any domestic funding for CSOs for two years due to funding constraints, according to stakeholder interviews.

[1] Further information on the costs of achieving HIV treatment goals in Ghana can be found in HP+'s report *What Will it Take for Ghana to Achieve 90-90-90? Costing an Enhanced HIV Treatment Cascade* (Lee et al., 2017).

- The government is reviewing its testing algorithms and differentiated models of care; meanwhile, lay counsellor training on HIV testing has already begun. Lay counsellor curriculum will need to be updated to reflect new standards in testing and treatment.
- The Ghana AIDS Commission has yet to disseminate the *Handbook on Advocacy for Network of Associations of Persons Living with HIV and Civil Society Organizations* to social accountability monitoring committee members or the broader CSO community.
- Social accountability monitoring committees need additional financial resources and technical assistance to support information sharing and oversight.

Action Planning

As part of the action planning process, stakeholders at a workshop created a road map and identified an "action destination" for achieving an agreed upon outcome (see figure). Workshop participants identified: key stakeholder needs; programmatic objectives for the development of standards of practice, advocacy, and implementation; measures; initiatives; and resource inputs. Participants then began developing detailed workplans for key activities to develop standard operating procedures for distributing HIV and tuberculosis commodities to CSOs and faith-based organizations.



Conclusion

The policy assessment and action planning approach examined components of the legal and regulatory framework related to the stakeholder-prioritized issue of requisition and distribution practices for HIV testing kits between the Ghana Health Service, CSOs conducting HIV testing, and private healthcare providers. Ultimately, clear and consistent protocols that support availability of testing commodities are required to achieve coverage and yield of HIV testing programs. The findings of this assessment and action plan support further coordination of CSO and government activities, under leadership of the Ghana AIDS Commission, and strengthening of outreach programs as they continue to scale up in order to achieve the country's 90-90-90 targets.

1. Introduction

Understanding policy challenges in a country is necessary to effectively respond to its HIV epidemic. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) 2016 and 2017 Country Operational Plans guidance require that all PEPFAR country missions conduct a legal environment assessment and incorporate the recommendations into their operational plans every three years. The U.S. Agency for International Development (USAID)- and PEPFAR-funded Health Policy Plus (HP+) project's HIV policy scan and action planning process, described in Box 1, fulfils this requirement. The approach engages local stakeholders, including government and civil society, in prioritizing and addressing gaps along the HIV continuum of care and throughout the implementing environment through policy analysis and recommendations. The HIV policy scan and action planning process is based on a commitment to local ownership, fully engaging country stakeholders in every step of priority setting, policy analysis, and action planning to improve HIV testing, treatment, and viral suppression outcomes.

Box 1. Policy Scan and Action Planning Process

Engage local stakeholders to:

1. Compile existing assessment data on service delivery
2. Prioritize service gap(s) based on impact and feasibility criteria and identify policy barriers to address the service gap
3. Understand the implementing environment by assessing policies impacting prioritized service gaps and the ability of civil society organizations to engage in implementation of differentiated care
4. Prioritize identified policy solutions based on criteria of impact and feasibility
5. Create advocacy goals
6. Develop action plan to accomplish advocacy goals
7. Advocate for policy change

In Ghana, stakeholders used the HIV policy scan and action planning process (as described in the Methodology section of this report) to identify two critical service gaps: 1) lack of a consistent supply of HIV testing commodities to civil society organizations (CSOs) and private providers, and 2) inadequate human resources for HIV testing outreach, including lay counsellors. This report addresses the extent to which Ghanaian policies and implementation related to the identified service gaps align with international standards and meet the needs of country stakeholders. The legal environment for CSOs to provide these services and engage with the government was also assessed. The policy solutions and recommendations presented are based on analysis of qualitative and quantitative data. It is important to note, though, that external analysis and recommendations should never override the understanding and vision provided by government, clinicians, implementers, and—most importantly—the communities that benefit from health services.

This is a living document. It is intended to begin dialogue among government counterparts, technical assistance providers, and CSOs. It should stimulate new ideas and approaches to improving coverage and yield of HIV services and ultimately spur pathways to advocacy actions for improved outcomes in Ghana's HIV response.

2. Country Overview

Ghana has a relatively low HIV prevalence of two percent, with a similarly low incidence rate of 0.7 per 1,000/year (GSS et al., 2015). While most new infections occur in the general population, HIV prevalence among key populations remains disproportionately high. Prevalence among men who have sex with men is 17.5 percent (Aberle-Grasse et al., 2011) while the prevalence for female sex workers is seven percent (GSS, 2017). Testing coverage has improved from 21 percent of women and 14 percent of men in 2008 to 49 percent of women and 22 percent of men in 2014. However, 41 percent of HIV-positive individuals have never been tested and four percent of those tested have not received their test results, indicating a significant opportunity to improve the number of people who know their status, receive treatment, and achieve viral suppression (GSS et al., 2015).

The Ghana AIDS Commission coordinates the HIV response in Ghana. The Ghana Health Service (GHS) through the National AIDS/STI Control Programme (NACP) oversees HIV treatment and care services. The Food and Drugs Authority monitors the quality of testing and treatment commodities. Several technical working groups provide opportunities to share expertise among various stakeholders who play a role in the HIV response. International partners, including PEPFAR, the U.K. Department for International Development, international nongovernmental organizations, and multiple United Nations agencies also support Ghana's HIV response.

Civil society organizations support HIV-related services at the community level; provide community-level perspectives to the Ghanaian government during planning and activity monitoring; and play a key role in accountability and policy advocacy through social accountability monitoring committees. CSOs represent diverse members of Ghanaian society including independent organizations representing key populations and people living with HIV; professional associations for nurses, doctors, and allied medical staff; human rights organizations; and faith-based organizations.

Ghana adopted the Joint United Nations Programme on HIV/AIDS (UNAIDS) target that by 2020, 90 percent of people living with HIV will know their status. To reach this goal, the Government of Ghana plans to provide testing to approximately 2.7 million people per year through 2020, focusing on the general population but giving "special focus" to key populations where testing yield is the highest (GAC, 2016a, pp. 24, 48). In 2017, government funding provided about one million test kits, less than 40 percent of the annual testing goal, according to stakeholder interviews. Additional financing for test kits, dedicated to key population outreach, was provided by donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the USAID-funded Strengthening the Care Continuum project.

The Ghanaian government, in line with current World Health Organization (WHO) guidance on HIV testing services, recognizes the value CSOs have in providing services and has included activities in its *National HIV and AIDS Strategic Plan, 2016-2020* to strengthen the capacity of lay counsellors to provide HIV testing through both community- and provider-based services (GAC, 2016a). Engagement of CSO lay counsellors is supported by the government's roadmap to 90-90-90, which states, "Lay counsellors will be trained within the civil society community to provide HIV testing services" (NACP, 2016, p. 9). The document also suggests the use of CSOs in reaching out to key populations for testing services. In light of the recent task-sharing policy that has been instituted in conjunction with the start of lay counsellor training, stakeholders anticipate that capacity and implementation of CSO testing services will increase. This is supported by an example from rural Malawi, where a pre/post study showed that when HIV

testing services were shifted from health workers to lay providers, uptake increased from 1,300 tests per month in 2003 to 6,500 tests per month in 2009 (Bemelmans, 2010).

With the revision of its *National HIV Antiretroviral Therapy (ART) Guidelines* in August 2016, the Ghanaian government adopted WHO's 2015 treatment guidance whereby anyone testing positive for HIV is initiated on ART regardless of CD4 cell count or disease stage. Implementation of the "treat all" policy started on October 1, 2016 in four regions: Greater Accra, Eastern, Western, and Ashanti. Rollout in the remaining six regions was scheduled to take place in 2017.

Country stakeholders recognize that key HIV policies must be updated and aligned with the "treat all" guidelines to improve nationwide adoption and implementation of the guidelines and improve outcomes. For example, policies supporting WHO recommendations for a differentiated care framework have yet to be adopted; stakeholders noted that multi-month scripting is being implemented in the absence of formal protocols. Government representatives confirmed that multi-month scripting and other differential care model protocols have been developed, yet dissemination remains a challenge.

This report focuses on stakeholder-prioritized policies relevant to the requisition and distribution of HIV test kits between GHS and CSO testing implementers and private providers, task-sharing HIV testing and care with lay counsellors, and CSO engagement with the government.

3. Methodology

Policy scan and action planning was conducted in Ghana from January 2017 to September 2017, as described in the following steps.

Step 1. HP+ conducted a desk review in January 2017 of previous legal environment assessments, policy documents, and relevant program assessments. The review highlighted various service gaps across the continuum of HIV prevention, treatment, and care including but not limited to supply chain difficulties; limited protections from discrimination for sexual and gender minorities, sex workers, and people who inject drugs; inadequate private sector engagement; and insufficient domestic funding for HIV-related expenditures (see Annex A for a summary of service gaps from the desk review).

Step 2. On February 8, 2017, HP+ held a service gap prioritization workshop with 42 stakeholders from the Ghanaian government, national CSOs, implementing partners, private sector providers, international organizations, and U.S. Government representatives. Participants vetted and edited the findings of the desk review conducted under Step 1 and prioritized six key services gaps for further discussion (see Box 1). Participants then ranked the six key service gaps against criteria assessing urgency, availability of data, and political/financial feasibility, and identified two final service gaps as a top priority: (1) need for standards guaranteeing a consistent supply of HIV testing commodities to CSOs and private providers, and (2) inadequate human resources for HIV testing services outreach, including lay counsellors. HP+ then conducted a second workshop on February 15, 2017, to help stakeholders identify potential policy barriers to these service gaps.

Box 1. Six Key Service Gaps

- Need for standards guaranteeing a consistent supply of HIV testing commodities to CSOs and private providers
- Inadequate human resources for service outreach, including lay counsellors
- Unclear age of consent laws and policies as a barrier to testing
- Weak use of data at the subnational level
- Stigma and discrimination as a major barrier to treatment, especially for key populations
- Poor uptake of HIV care for paediatric patients

Step 3. From February through July, HP+ collected Ghanaian policy documents and compared them to international standards set by WHO, UNAIDS, PEPFAR's Sustainable Index Dashboard, and other normative bodies to identify restrictive, inadequate, and absent policy language. In addition, the HP+ conducted 28 in-depth interviews and gathered key stakeholder feedback on the Ghanaian policy environment for HIV test kits and human resources for HIV testing services outreach, in particular, policies driving the effective engagement of CSOs in these services (see Annex B for a list of interviewees).

Steps 4–6. In July, HP+ convened an action planning workshop where stakeholders identified the following goal (referred to as the "action destination"): "Clear and consistent written Standards of Practice exist and are implemented to facilitate HIV and tuberculosis commodity requisition and reporting between faith-based organizations/CSOs/private providers and the Ghana Health Service." Workshop participants identified key stakeholder needs; programmatic objectives for standards of practice development, advocacy, and implementation; measures; initiatives; resource inputs; and initial detailed workplans for key activities. At the end of the action planning workshop, participants began discussing next steps and identified the Ghana AIDS Commission as the lead agency for moving the workplan forward.

3.1 Limitations

This focused approach to policy analysis has benefits related to resources, political acceptability, and timelines. Unfortunately, it also has limitations. First, only participants who attended the one-day service gap prioritization workshop could influence the chosen service gaps. While HP+ made a concerted effort to include a wide range of stakeholders, including representatives from the Government of Ghana, national CSOs, implementing partners, private sector providers, international organizations, and U.S. Government representatives, a different group of stakeholders might have chosen different priorities.

Second, because of the focused nature of the HIV policy scan and action planning approach, the scope did not include investigating related policies such as those related to broader HIV financing, or linkage to and retention in HIV treatment. Third, this report is not a full analysis of the causes of stock-outs of HIV testing commodities or how lay counsellors are employed. While HP+ collected information specific to the policy environment for HIV test kit availability and distribution, a component of comprehensive HIV testing services, we did not collect wide-ranging data on service implementation.

Finally, this report does not assess the legal components of structural barriers such as stigma and discrimination that limit access to the full range of services across the HIV care continuum. UNAIDS, the Human Rights Advocacy Centre, and the Health Policy Initiative conducted legal environment assessments in 2010 and 2011 that provided recommendations to address these barriers. At the request of the Ghana AIDS Commission, HP+ has developed a separate report to assess progress towards implementing those recommendations (HP+, 2017).

4. Policy Scan Findings

This section presents findings from the policy analysis that was conducted to best understand the legal and regulatory environment around HIV testing commodities and the role of CSOs.

4.1 Requisition and Distribution of HIV Test Kits

Requisition and distribution of medical commodities throughout Ghana Health Service facilities are guided by *Logistics Management of Public Sector Health Commodities in Ghana: Standard Operating Procedures Manual, Regional Medical Stores to Service Delivery Points* (GHS, 2010), which broadly defines a health facility as "any facility in the logistics system that provides services directly to clients," and includes the concept of community-based distribution agents who operate under health facilities in the commodity pipeline (pp. 119, 5). While not specifically naming HIV test kits, the manual does identify the following relevant concepts: supply commodities, a category of products that are to be kept stocked at facilities at all levels of the system at all times (p. 3); emergency order points, or inventory levels that justify immediate restocking (pp. 38-39, 48-49); and authorization for regional medical stores to make local procurement when products cannot be supplied by Central Medical Stores (p. 23). Finally, the manual describes a role for district and regional staff to provide supportive supervision on commodity management to health facilities in their jurisdictions (pp. 1, 40).

> While the focus of this policy scan and action plan is on requisition and distribution of rapid test kits to CSOs and private providers, stakeholders emphasized the fundamental issue of financing—an issue that will continue to constrain the whole continuum of HIV prevention, care, and treatment.
>
> Ghana's National HIV and AIDS Strategic Plan (NSP) states, "It is estimated that [the] Ghana Government would scale up funding for HIV to the three front line institutions for community, clinical, and social protection interventions by an average of 20% per annum over the five year period to achieve the fast-track targets…This commitment increases public funding for the national response by about 50% up from an average of 10% and below in the past decade. It is estimated that Government commitments would cater for about one-third (28%) of available resources in the current NSP" (p. 101).

The standard operating procedures (SOPs) manual does *not* describe how CSOs and private providers acquire medical commodities through GHS medical stores. In the case of CSOs, interviewees describe systems of written requests engaging various officials at district, regional, and occasionally central levels. There is no standardized guidance for the content of these requests and fulfilment of requests depends on factors such as stock availability, type of testing event proposed, and past performance and reporting of the requesting organization. While this ad hoc system is reported to be working most times at a low implementation volume, stakeholders identified the need for clear, consistent, written SOPs specifically for CSO implementers and private providers. This is particularly important given the expected increase in demand for testing in the context of 90-90-90 targets. Interviewees identified many potential benefits of having standardized procedures, including: (1) the ability to train CSOs/private providers on the procedure, (2) clear expectations for government (e.g., on how commodities are prioritized) and testing providers (e.g., on reporting responsibilities), (3) a more functional system, reducing the need to procure rapid test kits of unknown quality on the open market, and (4) efficiencies in anticipation of increasing roles for CSOs and private providers in providing testing and continued devolution of procurement and distribution responsibilities.

Another component of building requisition/distribution capacity is clarity on how HIV test kits are prioritized. HIV test kits are distributed freely by the government with no costs associated for those that request them. In the event of severe and prolonged stock-outs, the *National HIV and AIDS Strategic Plan, 2016-2020* prioritizes HIV testing services for high-yield situations, including pregnant women, tuberculosis and sexually transmitted infection clinics, and drop-in centres for key populations (p. 24). Yet SOPs for public sector commodities (GHS, 2010) and Central Medical Stores (MOH, 2014) and the *Health Commodity Supply Chain Master Plan* (MOH, 2012) are all silent on protocols and procedures for how to prioritize HIV test kit distribution in times of inadequate supply.

Benefits of clear and consistent SOPs regarding requisition and distribution of HIV test kits:

- Capacity development
- Clear expectations
- Quality assurance
- Efficiencies

Finally, international policies recommend that redistribution of commodities between facilities is regulated (DELIVER, 2006). Although Ghana does not currently regulate redistribution, interviewees report that stocks are shared between medical stores and among facilities when one falls short of minimum supplies. CSOs that conduct HIV testing and counselling outreach report that they acquire kits from other CSOs or health facilities when adequate supplies cannot be secured. This practice is not formally documented in policy guidance. In other instances, larger CSOs contract smaller CSOs to conduct outreach and sends them HIV test kits upon formal request. CSOs noted that warehouse logistics officers and regional focal persons have the discretion to redistribute test kits.

4.2 Background on CSO Engagement in the HIV Response in Ghana

Civil society organizations are heavily engaged in the HIV response in Ghana and provide numerous HIV services, including HIV testing. CSOs are involved in the entire continuum of care and enjoy an enabling environment related to registration and government oversight (GACC et al., 2013). Stakeholders for organizations representing sex workers and lesbian, gay, bisexual, and transgender (LGBT) individuals noted no concerns regarding registration or differences in government regulation given their focus populations. Interviewees noted that CSO registration is a straightforward process, including for those that focus on human rights and key populations. However, registration is expensive, and the centralization of processes and requirement of annual renewals creates massive inconveniences for CSOs based outside of Accra (Tsikata et al., 2013).

While the 2016 PEPFAR HIV/AIDS Sustainable Index Dashboard indicates that CSOs in Ghana have access to a broad range of funding both domestically and globally, stakeholders noted that government funding is unpredictable and that CSOs have not received direct government-funded grants in two years. The *National HIV and AIDS Strategic Plan, 2016-2020* identified community systems strengthening priorities related to CSO capacity to support increased uptake of HIV services and to support local advocacy, transparency, and accountability.

4.3 CSO Partnership and Consultation

According to UNAIDS guidance, governments should emphasize partnerships with diverse stakeholders in the HIV response, incorporating their guidance and allowing for community-led information-sharing processes through in-depth consultations (UNAIDS, 2011). Ghana's

National HIV and AIDS Strategic Plan states, "at the national level, the GAC [Ghana AIDS Commission] has a multi-sectoral Board with membership drawn from the public and private sectors and civil society in Ghana. The Technical Working Groups and the annual Partnership Forum and Business Meeting have worked successfully to support coordination of the national response" (p. 12). The plan also identifies strategies to strengthen the coordination framework in ways that are inclusive of CSOs.

While the national plan states the importance of CSOs in response to HIV, it also notes current challenges, including sub-optimal collaboration and coordination of the organizations. Interviews with CSOs revealed mixed responses on the coordination efforts of the Ghana AIDS Commission. CSOs noted that the commission has included CSOs in partnership and policy review meetings, but outlined the need for continued improvement of behalf of the government in terms of engagement in policy processes and HIV technical working groups. The government, for its part, has taken steps to improve CSO engagement with the development of an advocacy manual in March 2016 (NAP+ et al., 2016)—however, this manual has not been disseminated to CSOs and in interviews many did not know of its existence.

The Ghana AIDS Commission, in partnership with the Ghana Health Service/National AIDS/STI Control Programme; CSOs; and the Global Fund have developed social accountability monitoring committees within each region that are tasked with monitoring the country's HIV response and providing space for oversight and accountability for programming (GAC, 2016b). Each region has developed workplans for meetings and training engagements. These structures are still in the early stages of development; stakeholders have noted the need for capacity development within the committees and additional financial support to engage in programming.

Interviewees said that the Ghana AIDS Commission could do more to support CSO engagement and noted the development of networks by CSOs to bring together different CSOs with one advocacy message. Interviewees likewise detailed the need for capacity strengthening of CSOs to better advocate to decision-makers and share data via electronic formats. Additional analysis on barriers to CSO engagement may be helpful as research in other lower-middle-income countries has found that, while governments and donors can support engagement through policy development, CSO capacity is often less of a limiting factor than funding constraints, donor priorities, and regulations on lobbying government for policy change (Willamson and Rodd, 2016).

4.4 CSO Service Delivery and Accountability

Civil society organizations provide HIV testing services and activities related to prevention, adherence, retention, encouraging return to treatment, stigma reduction, and human rights. The *National HIV and AIDS Strategic Plan* acknowledges that CSOs provide these services, highlighting their importance to key populations. The plan notes the role CSOs play in community health systems, but points out that they lack the capacity to "address the constraints that limit the extent and scope of community based service provision, sub-optimal collaboration and coordination and weak linkages between community systems and health systems to ensure logical continuum through the cascade of care" (p. 14). Such barriers have been addressed by the Ghanaian government through development of policy documents such as the *Standard Operating Procedures for Implementing HIV Programs among Key Populations* (GAC, 2014). Stakeholders noted that a limiting factor in the ability to provide HIV services was reliance on government healthcare staff in the provision of HIV-related testing services, as well as the limited availability of testing kits.

The Ghana AIDS Commission, through domestic and Global Fund grants, has provided resources to CSOs and the private sector for community services in the past. The statutory contracting authority (through the Ghana AIDS Commission Act 938) and capacity to provide CSO funding are critical to the sustainability of CSOs. While the amount of funding from the commission is limited, and primarily in the form of ad hoc grants for prevention and HIV testing services, such mechanisms allow for close collaboration and coordination between CSOs and the government (Hushie et al., 2016).

While lay counsellor training has begun under a new task sharing policy (GHS/NACP, 2017), stakeholders noted that new testing algorithms were about to be reviewed and adopted nationally, potentially adding new HIV testing kit options. Given this update, and the current work being done on differentiated models of care for HIV clients, the testing curriculum—particularly for lay counsellors—will require updating as models of testing and treatment evolve.

4.5 CSO Involvement in Strategic Information and Consultation

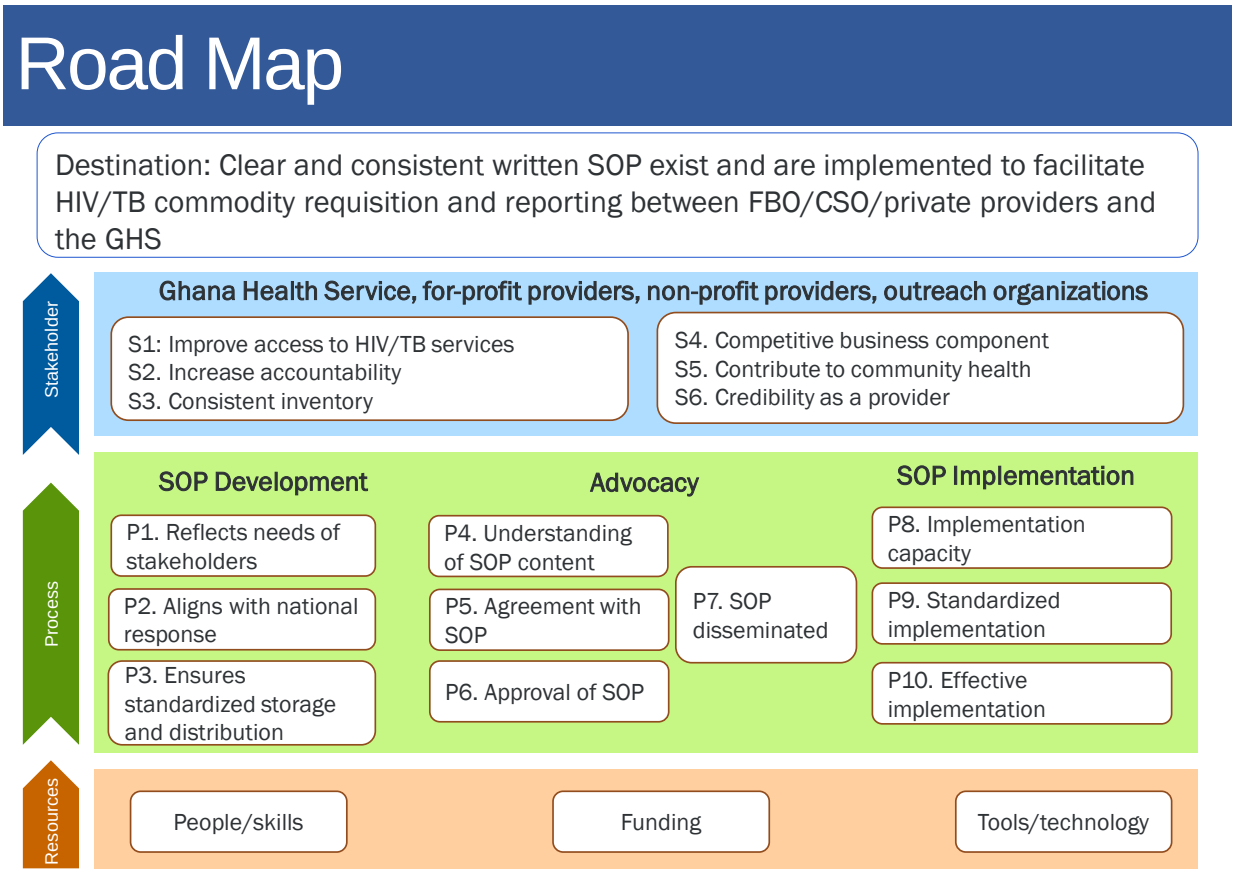
Civil society organizations are a core strategic information partner in the provision, receipt, and dissemination of qualitative and quantitative data and in the monitoring and evaluation of the HIV response (UNAIDS, 2011). The *National HIV and AIDS Monitoring and Evaluation Plan 2011-2015* notes that CSOs are responsible for "collecting, analysing and reporting their data to GAC on a quarterly basis irrespective of the source of funding for their activities. They will also use available HIV information to guide the design and implementation of their programmes/projects" (GAC, 2011, p. 28). CSOs have noted the need for increased engagement in data sharing and policy development. The Ghana AIDS Commission is in the process of revising its monitoring and evaluation plan; it has engaged CSOs in strategic information forums and is sharing information through the development of regional social accountability monitoring committees. According to the data matrix chart on page 49 of the monitoring and evaluation plan, CSOs report and receive information through district AIDS committees and at the national level.

CSOs working with key populations acknowledge the usefulness of monitoring tools, such as the 2014 SOPs for key populations, in helping to collect and analyse data for reporting. With the rollout of "treat all" guidelines and the planned update to the HIV testing algorithm, stakeholders indicated that data collection and dissemination protocols will be updated by the Government of Ghana to help CSOs document and report movement along the HIV continuum of care, treatment, and prevention, ensuring effective documentation for future planning.

5. Action Planning

5.1 Action Destination

Stakeholders attended an action planning workshop where they developed a roadmap with an action destination for addressing the absence of standard operating procedures for requisition and distribution of rapid test kits to civil society implementers and private providers.



Participants identified the scope of the proposed action plan and considered whether to make the SOPs specific to HIV test kits or broader, encompassing health commodities for other programs such as family planning and malaria. The decision was made to include commodities focused on HIV and tuberculosis (TB), but to take as general an approach as possible to allow the action plan to be applied and/or adapted to other health programs in the future.

5.2 Stakeholders

Participants discussed the stakeholders that needed to be considered in the development and implementation of SOPs for HIV/TB commodities. The discussion concluded that nongovernmental HIV testing providers could be classified by the scope and structure of their testing programs, with larger clinic-based providers having different needs and capacities than smaller outreach testing providers. Given this classification approach, the primary stakeholders were identified as GHS, for-profit clinical providers, non-profit clinical providers, and outreach organizations. The discussion illuminated the fact that significant overlap exists between the

needs of various stakeholders, allowing participants the opportunity to design the SOPs to address these needs and to identify measures that align with 90-90-90 goals (see scorecard developed by participants below).

	Objectives	Measures
Stakeholder	S1. Improve access to HIV/TB services	% of PLHIV that know their status
	S2. Increase accountability	Completeness and quality of data collection for commodity use
	S3. Consistent inventory	Months of stock
	S4. Competitive business component	% of commodities consumed through for-profit providers
	S5. Contribute to community health	# of for-profit providers participating in community health initiatives
	S6. Credibility as a provider	% of providers reporting consumption data

5.3 Action Themes

Aligning with the components of the policy circle identified in the *Handbook on Advocacy for Network of Associations of Persons Living with HIV and Civil Society Organizations*, action planning objectives, measure, and initiatives were organized into themes of SOP development, advocacy, and SOP implementation. Objectives, measures, and initiatives developed by participants are included in the scorecard below.

	Objectives	Measures	Initiatives
Internal Process	P1. SOP reflects needs of stakeholders	% of stakeholders/beneficiary needs addressed by the SOP	Identify needs of stakeholders
	P2. SOP aligns with national response	SOP reflects key issues of HIV/TB commodity management in national strategic plan	Create a task team
	P3. SOP ensures standardized storage and distribution	SOP reflects international storage and distribution standards	Initiative to be determined
	P4. Understanding of SOP content	% of engaged key stakeholders who understand the SOP	Awareness creation among key stakeholders
	P5. Agreement with SOP	% of engaged key stakeholders who agree to the SOP	Engage and dialogue
	P6. Approval of SOP	SOP approved	Getting the SOP approved
	P7. SOP disseminated	% of stakeholders who have access to SOP	SOP dissemination
	P8. Implementation capacity	# of implementing partners who meet periodic assessment criteria	Capacity needs assessment
	P9. Standardized implementation	% of CSOs/FBOs using standardized tools for implementation	Training of CSOs to comply with standards
	P10. Effective implementation	% of CSOs/FBOs effectively implementing SOP	Monitoring and evaluation

5.4 Action Planning

Workplans provide an opportunity to organize the activities of an initiative that will achieve the identified outcome on the road map and contribute to the ultimate destination. Detailed workplans provide opportunities to increase accountability, monitor progress, and identify and address barriers to implementation. Participants concluded the workshop by beginning to develop workplans for the initiatives identified above (see Annex C).

5.5 Next Steps

It is important to note that the contents of the road map, dashboard, and workplans are drafts and will need to be completed, fine-tuned, aligned, and costed to facilitate the development, approval, and implementation of an SOP manual. The writers of this report and workshop facilitators have made every effort to leave the workshop-generated content intact to reflect the input and ownership of the participants.

Participants discussed next steps and identified the following issues for continued consideration:

1. Coordination/oversight of the action plan (agreed to by the Ghana AIDS Commission)
2. Creation of a task team to provide oversight
3. Identification of a technical expert to take the lead in implementing specific components of the action plan
4. Coordination with existing advocacy, capacity building, and procurement and supply chain management resources
5. Identification of resources to implement the SOPs
6. Continued advocacy for HIV funding

The world of HIV treatment is at a turning point and Ghana is well positioned to continue the meaningful progression the country has demonstrated in its response to HIV. The planned SOP captures the momentum of “treat all” and 90-90-90 commitments alongside the integral engagement of civil society implementers and private providers in crafting a successful and sustained response to the epidemic. Establishing these standards in the current implementing and funding environment will provide an opportunity to build the capacity required to meet the goals of the *National HIV and AIDS Strategic Plan*. As Ghana continues to provide leadership on HIV, investing in standardized procedures such as the requisition and distribution of HIV test kits will increase effectiveness of supply chain operations and support HIV testing coverage and yield now and in the years to come.

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Annex A. Summary of National HIV Service Gaps in Ghana from Initial Desk Review

Gaps Related to HIV Continuum of Care and Treatment

Service area	Gaps
Prevention and HIV testing services	• Stock-outs and facility capacity challenges related to HIV testing services • Limited community-based HIV testing and counselling services to reach remote districts and populations • Limited access to pre-exposure prophylaxis • Men who have sex with men not reached through venue-based interventions • Criminalization of intravenous drug users, which results in lack of targeted prevention programs, i.e., needle exchange, opioid replacement, etc. • Social behaviour change communication strategies not well coordinated across regions
Integration, linkage, and referral	• Limited integration with tuberculosis and family planning services for multidirectional linkages and referrals within vulnerable populations • Inconsistent referral, not centralized
HIV treatment	• Procurement delays and supply chain management bottlenecks • Treat all guidelines requiring new standard operating procedures and pre-service and in-service training
Adherence and retention	• Peer navigators, educators, auxiliary healthcare workers, and other lay personnel not trained in “test and treat” guidelines • Strong referral systems from community-based and rural sites not in place
Viral load suppression	• Insufficient testing for opportunistic infections • Less than 50 percent of testing sites are regularly monitored • Weak forecasting of drugs and commodities at service delivery site level required for scale-up of antiretroviral therapy • Insufficient viral load testing capacity

Gaps Related to Cross-Cutting Functions

Function	Gaps

Laboratory	• Less than 50 percent of laboratories are funded by the government
	• Lack of accurate and timely laboratory diagnosis and patient monitoring
	• Limited laboratory and diagnostic service capacity for:
	  o Viral load testing
	  o Blood banking
	  o Microbiology in point-of-care settings
	• Reagent stock-outs
	• Insufficient testing for opportunistic infections

Function	Gaps
Supply chain	• Stock-outs of test kits, high-quality condoms and lubricants, antiretroviral drugs, and reagents • Weak supply chain management
Human resources for health	• Insufficient pre-service and in-service training (impacts clinical services and implementing environment) • Limited engagement of auxiliary healthcare workers and peer educators/navigators
Funding	• Government of Ghana accounts for only 10 percent of HIV response expenditure • Less than 50 percent of government expenditures are geared towards site-level interventions • Limited funding for key population organizations
Governance	• Limited oversight of laboratory facilities and testing sites (community and clinical) • Limited coordination of intervention strategies at the subnational level
Strategic information	• Limited and inaccurate size estimations, especially for key populations • Inconsistent monitoring and evaluation at the service delivery site level • Limited information on community-based services

Gaps Related to the Implementing Environment

Issue area	Gaps
Stigma and discrimination	• Stigma and discrimination reported as major barriers to accessing treatment, especially for key populations • Very limited enforcement mechanisms for unprotected classes
Key and vulnerable populations/ human rights	• Sexual and gender minorities, sex workers, and intravenous drug users not protected from discrimination under current policy or law • Police use of condoms as evidence of sex work; harassment of sex workers
Privacy and confidentiality	• Codes of conduct for clinical service staff and standard operating procedures not uniformly in place • Unclear age of consent laws and policies posing a barrier to testing
Involvement of civil society	• Disproportionately funded by foreign donors • Limited engagement in centralized referral systems • Regulatory barriers around commodity procurement/distribution and government contracting for HIV-related services
Involvement of corporate sector	• Very limited private sector engagement

Annex B. Interviewee List

Organization	Interview Participants
Center for Popular Education and Human Rights	Mac-Darling Cobbinah, Executive Director
Eastern Regional Health Directorate	Dr. Charity Sarpong, Regional Director
Central Medical Stores	Lazarus Dery, Superintendent Pharmacist Grace Kankam, Senior Supply Officer
Chemonics/Global Health Supply Chain Procurement and Supply Management Project	Deo Kimera, Country Director Damaris Forson, Senior Programme Officer HIV
Christian Health Association of Ghana	James Duah, Deputy Executive Director Samuel Benedict Nugblega, Human Resource Director/Technical Advisor Governance & Leadership
Commission on Human Rights and Administrative Justice	Dr. Isaac Annan, Director, Human Rights Cephas E. Ansah, Complaints Officer
Food and Drugs Authority	Joseph Bennie, Head Dept. of Medical Devices
Ghana Standards Authority	Janet Bridget Aidoo, Head Dept. of Drugs, Cosmetics and Forensic Science
Global Fund Country Coordinating Mechanism	Collins Agyarko-Nti, Chairman CCM Daniel Norgbedzie, Executive Secretary CCM Annekatrin El Oumrany, Programme Officer
Human Rights Advocacy Centre	Philomena Ahiable, Executive Director Wendy Ashong, Technical Advisor
USAID Strengthening the Care Continuum Project/JSI Research and Training Institute, Inc.	Henry Nagai, Project Director Deborah Kwablah, BCC Advisor
Ministry of Health/Procurement Unit	Naana Yawson, Technical Advisor
Ministry of Justice/Attorney General	Suleiman Ahmed, Chief Director Heidi Boakye, Attorney
Ghana Police Service	Jones Blantari, (Chief Supt.) Programmes Coordinator
Ghana Health Service/National AIDS Control Programme	Stephen Ayisi-Addo, Director Kenneth Danso, Head of M&E Ekow Wiah, National Data Manager Ivy Okae, Procurement and Stores Manager
National Association of People Living with HIV	Emmanuel Beluzebr, National President Irene Kpodo, Programme Manager
Odorna Clinic	Dr. Felix Frimpong, Director
Planned Parenthood Association of Ghana	Joseph Amuzu, Executive Director

Organization	Interview Participants
ProLink	Trudi Nunoo, Executive Director Nana Adjoa Ampomah Nettey, Programme Coordinator Emmanuel Adiku, M&E Coordinator Fredidel Dodoo, Asst. M&E Coordinator Kafui Heloo, Field Officer John Horsoo, Head of Programmes
Regional Medical Store, Eastern Region	Solomon Obiri, Regional Medical Stores Manager
Regional Medical Store, Greater Accra Region	Emmanuel Nii Okantey, Regional Medical Stores Manager
Regional Medical Store, Votla Region	Michael Mannor, Regional Medical Store Manager
Ridge Regional Hospital	Mercy Acquah Hayford, Deputy Director of Nursing Services, Medical Department and Head of ART
SEND Ghana	Siapha Kamara, Director
Society for Women and AIDS in Africa	Gloria Dei Tutu, President Christabel Boakye, National Coordinator Benjamin Grant, Financial Manager
West Africa Program to Combat AIDS and STI	Comfort Asamoah-Adu, Executive Director
West Africa AIDS Foundation	Naa Ashiley Vanderpuye, Chief Executive Officer
World Health Organization, Ghana Office	Felicia Owusu-Antwi, National Professional Officer
JUTA	Bernard Anim, National Migration Health Physician, IOM Peter Baffoe, Health Specialist, UNICEF Belynda Amankwa, Programme Specialist, UNDP
UNAIDS	Dr. Jane Okrah, Technical Advisor

Annex C. Action Plans

Action plans provide an opportunity to organize the activities of an initiative that will achieve the identified outcome on the road map and contribute to the ultimate destination. Detailed action plans provide opportunities to increase accountability, monitor progress, and identify and address barriers to implementation. The following activity plans are the product of very limited time in a workshop. Plans will need to continue to be developed, aligned, and costed to the extent necessary to facilitate development, approval, and implementation of the SOP.

Some considerations in the continuation of these activity plans include:

1. Consider measures for TB access for S1 outcome.
2. Consider training and measures for private providers and GHS for P9 and P10.
3. Activity of training to comply with standards that can help achieve outcomes for both P8 and P9.
4. Current content under activity descriptions for P5, P6, and P7 can be entered into the sub-activity table (similar to P4). The activity description can also be a narrative description of the activity—perhaps a sentence or two about what is intended to be accomplished and how this intention will be carried out.
5. Consider adding sub-activities under P2 to research and document current key issues in national strategies that should align with the SOP.
6. Note possible synergies in stakeholder engagement needed for both SOP development and advocacy outcomes.
7. Potential duplicative activities exist regarding SOP dissemination in the workplans for advocacy and implementation (numbers 17, 18, 19, and 25 in the draft activity sequencing table).

Activity Sequencing Draft

Sub-activities need to be coordinated. A sample coordination timeline for existing sub-activities might look similar to the following.

	Activity (Outcome)	Months 1-2	Months 2-6	Months 6-12	Months 12+
1	Identify stakeholders (P1 - Development)	X			
2	Engage stakeholders/beneficiaries and document their needs (P1 - Development)	X	X		
3	Organize stakeholder needs through consultative and validation meetings (P1 - Development)		X		
4	Develop TOR for task team (P2 - Development)		X		
5	Engage task team (P2 - Development)		X		
6	Recruit a lead consultant (P2 - Development)		X		
7	Follow up activities of task team and validate work (P2 - Development)		X	X	
8	Identify key stakeholders (P4 - Advocacy)	X			
9	Awareness creation on the SOP through workshops and trainings (P4 - Advocacy)		X		
10	Production of draft documents/reports (P4 - Advocacy)		X		
11	Consultative meetings to solicit input from stakeholders (P5 - Advocacy)		X		
12	Technical working group to review and finalize document (P5 - Advocacy)		X		
13	Share final document with members (P5 - Advocacy)		X		
14	Engage with MOH/GHS (P6 - Advocacy)			X	
15	Get the final document signed by the MOH/GHS (P6 - Advocacy)			X	
16	Presentation to the Minister (P6 - Advocacy)			X	
17	Printing of copies (P6 - Advocacy)			X	
18	Email document to key stakeholders (P7 - Advocacy/Implementation)			X	
19	Send hard copies to stakeholders (P7 - Advocacy/Implementation)			X	
20	Develop capacity assessment tools (P8 - Implementation)		X		
21	Pre-test capacity assessment tools (P8 - Implementation)		X		
22	Administer capacity assessment tools (P8 - Implementation)		X		X
23	Capacity report writing (P8 - Implementation)		X	X	X
24	Stakeholder engagement and dissemination of capacity report (P8 - Implementation)			X	X
25	Dissemination and distribution of SOPs and other standardized tools (P9 - Implementation)			X	X
26	Training of all CSOs on the use of SOPs and tools (P9 - Implementation)			X	X
27	Monitoring of all CSOs to ensure usage of SOPs and standardized tools (P9 - Implementation)			X	X
28	Oversight/monitoring team to be established (P10 - Implementation)		X		
29	Development of M&E tools (P10 - Implementation)			X	X
30	Quarterly field visits to be undertaken (P10 - Implementation)				X

Initiative Name	Identify needs of stakeholders	**Overarching Status:**	**G**	**Y**	**R**
Supports Which Outcome	P1. SOP reflects needs of stakeholders				
Expected Indicator	% of stakeholder/beneficiaries needs addressed by SOP				
Expected Date					
Activity Description	This activity will involve meeting stakeholders individually at their various organizations to compile a list of their needs. Consultative and validation meetings will be organized to integrate and finalize identified needs.				
Resources Required	**Skills:** • Communication and writing • Advocacy, networking • Policy planning and evaluation	**Tools/Financial Resources/Materials/Connections:** • Association of private medical and dental practitioners • Association of private nurses and midwives association • Community practice pharmacist association • Key CSOs and FBOs • Coalition of NGOs in health • Vehicle, fuel, stationary, communication, laptops • Per diem, cost of meetings			
Context and Assumptions	• Needs exist • Stakeholder will respond positively • Conductive venue, suitability of time				

#	Sub-Activities	Start Week	End Week	Responsible Parties	Status		
					G	Y	R
1.	Identify stakeholders						
2.	Engage stakeholders/beneficiaries and document their needs						
3.	Organize stakeholder needs consultative and validation meetings						

Initiative Name	Create a task team	**Overarching Status:**	**G**	**Y**	**R**
Supports Which Outcome	P2. SOP aligns with national response				
Expected Indicator	SOP reflects key issues of HIV & TB commodity management in national strategic plan				
Expected Date					
Activity Description	This activity will involve the creation of a task team who will determine the TOR for the team and scope of work for the consultant. The task team will guide and follow up with the consultant to ensure SOP is aligned with NSP.				
Resources Required	**Skills:** • Communication and writing • Technical skills: analytical, budgeting, service provision, community mobilization, etc. • Ability and availability to work as a team • Time management • Commitment of team members	**Tools/Financial Resources/Materials/Connections:** • Consultant fees • Office space/host venue • Vehicle, fuel, stationary, communication, laptops, projector • Per diem, cost of meetings			
Context and Assumptions	Technical skills for task team exist in country				

#	Sub-Activities	Start Week	End Week	Responsible Parties	Status		
					G	Y	R
1.	Develop TOR for task team						
2.	Engage task team						
3.	Recruit a lead consultant						
4.	Follow up activities of task team and validate work						

Initiative Name	Awareness creation among key stakeholders	**Overarching Status:**	**G**	**Y**	**R**
Supports Which Outcome	P4. Understanding of SOP content				
Expected Indicator	% of engaged key stakeholders who understand SOP				
Expected Date					
Activity Description	• Identify key stakeholders • Awareness creation on the SOP through workshops and trainings • Production of draft documents/reports				
Resources Required	**Skills:** • Training/facilitation • Development and advocacy • Lobbying/negotiation • Networking/communication	**Tools/Financial Resources/Materials/Connections:** Conference room, key stakeholder representatives (GHS, MOH, GAC), conference facilities, stationery, facilitators, funds, fliers, handbills			
Context and Assumptions	Once key stakeholders understand the SOP, they will support it				

#	Sub-Activities	Start Week	End Week	Responsible Parties	Status		
					G	Y	R
1.	Identify key stakeholders • Contact organizations for list of members • Write letters to leaders to invite them to the meeting						
2.	Awareness creation on the SOP through workshops and trainings						
3.	Production of draft documents/reports						

Initiative Name	Engage and dialogue with key stakeholders	**Overarching Status:**	**G**	**Y**	**R**
Supports Which Outcome	P5. Agreement with SOP				
Expected Indicator	% of engaged stakeholders who agree to the SOP				
Expected Date					
Activity Description	• Hold consultative meetings to solicit input from stakeholders • Consolidate input from previous meeting • Technical working group to review and finalize the document (GHS, CSO) • Share the final document with members				
Resources Required	**Skills:** • Writing • Communications • Facilitation/negotiation • Consensus building	**Tools/Financial Resources/Materials/Connections:** Conference room, materials, funds, transportation, media			
Context and Assumptions	Civil societies will agree to the SOP once engaged				

Initiative Name	Getting the SOP approved	**Overarching Status:**	**G**	**Y**	**R**
Supports Which Outcome	P6. Approval of SOP				
Expected Indicator	SOP approved				
Expected Date					
Activity Description	• Engage with MOH/GHS • Final document signed by MOH/GHS • Presentation to the minister • Printing of copies				
Resources Required	**Skills:** • Negotiation • Advocacy • Lobbying	**Tools/Financial Resources/Materials/Connections:** • Transportation, human resources			
Context and Assumptions	Document will be approved				

Initiative Name	Disseminate document to key stakeholders	**Overarching Status:**	**G**	**Y**	**R**
Supports Which Outcome	P7. SOP disseminated				
Expected Indicator	% of stakeholders would have access to the SOP				
Expected Date					
Activity Description	• Email document to key stakeholders • Send hard copies to stakeholders				
Resources Required	**Skills:**	**Tools/Financial Resources/Materials/Connections:** Transportation, Internet, SOP			
Context and Assumptions					

Initiative Name	Capacity needs assessment	**Overarching Status:**	**G**	**Y**	**R**
Supports Which Outcome	P8. Implementation capacity				
Expected Indicator					
Expected Date					
Activity Description	This is a rapid appraisal which includes checklist development and administration on all relevant institutions.				
Resources Required	**Skills:** • Capacity assessment skills • Skills in developing checklists	**Tools/Financial Resources/Materials/Connections:** Assessment tools			
Context and Assumptions	There is very little emphasis/literature on CSO-public sector relationships in relation to HIV commodities. It is expected that effective implementation of this SOP would improve CSO access to HIV commodities and therefore improve community access and linkage to care.				

#	Sub-Activities	Start Week	End Week	Responsible Parties	Status		
					G	Y	R
1.	Develop tools	1	1	Consultant			
2.	Pre-test tools	2	2	GHS/CSO/Consultant			
3.	Administer tools	3	3	Consultant			
4.	Report writing	5	6	Consultant			
5.	Stakeholder engagement and dissemination	7	8	Stakeholder/Consultant			

Initiative Name	Training of CSOs to comply with standards	**Overarching Status:**	**G**	**Y**	**R**
Supports Which Outcome	P9. All CSOs adhere to standardized implementation procedures				
Expected Indicator	% of CSO/FBO organizations using standard tools for implementation				
Expected Date					
Activity Description	To ensure all stakeholders have access to the SOP and are trained to use standardized tools for data collection, reporting, and to ensure strict adherence to the SOP.				
Resources Required	**Skills:** • Computation/numeracy skills • Computer skills • Report writing skills • Data management and analysis skills	**Tools/Financial Resources/Materials/Connections:** • Standardize data collection and reporting tools • Manuals and guidelines			
Context and Assumptions	CSOs/FBOs have financial resources and capacity to standardize all activities within the framework of the policy, and possess the requisite skills and knowledge for standard implementation.				

#	Sub-Activities	Start Week	End Week	Responsible Parties	Status		
					G	Y	R
1.	Dissemination and distribution of SOPs and other standardized tools	1	1	Consultant and CSOs			
2.	Training of all CSOs on the use of the SOPs and tools	2	2	Consultants and CSOs			
3.	Monitoring of all CSOs to ensure usage of SOPs and standardized tools	3	3	GHS			

Initiative Name	Monitoring and evaluation	**Overarching Status:**	**G**	**Y**	**R**
Supports Which Outcome	P10. Effective implementation - SOPs in place and effectively adhered to				
Expected Indicator	% of CSO/FBO organizations effectively implementing the SOP				
Expected Date					
Activity Description	• Periodic monitoring of CSOs to ensure usage of standardized tools and adherence to the SOP • Mid-term and end of year evaluation of SOP				
Resources Required	**Skills:** • M&E • Data management and analysis skills • Report writing	**Tools/Financial Resources/Materials/Connections:** • M&E tools • Financial resources			
Context and Assumptions	Oversight committee within the GHS to be established to ensure compliance.				

#	Sub-Activities	Start Week	End Week	Responsible Parties	Status		
					G	Y	R
1.	Oversight/monitoring team to be established	1	1	GHS/CSOs/FBOs			
2.	Development of M&E tools	2	2	GHS/CSOs/FBOs			
3.	Quarterly field visits to be undertaken	2	3	GHS/CSOs/FBOs/ Oversight/Monitoring team			

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