STATEMENT BY H.E DR. MOKOWA BLAY ADU-GYAMFI AT THE INaugURAL MEETING OF THE GLOBAL HIV PREVENTION COALITION

The Executive Director of UNAIDS, Mr. Michel Sidibe
The Executive Director of UNFPA, Dr. Natalia Kanem
The Executive Director of GNP+, Dr. Laurel Sprague
Honourable Ministers

Exeellencies

Ladies and Gentlemen,

First of all, I would like to begin by thanking everyone for being here today in particular to those who spoke reiterating their commitments to the HIV response. We also thank the Executive Directors of the UNAIDS and UNFPA for organizing this meeting, which as Chair of the Programme Coordinating Board (PCB) we deem to be very important and timely particularly as it follows on the heels of the Thematic Segment of the 40th PCB.

I would not take up too much time by rehashing all the very salient points that have been made by the various speakers on prevention in general and on the Roadmap, but I would like us to cast our minds back to the 1980s when prevention was all we really had in the fight against HIV/AIDS.

Ladies and Gentlemen,

We have heard from various countries on what they are doing with respect to HIV prevention. What was constant in most of the experiences shared is that we still have a long way to go and we have to do things differently to realize the global 2030 goals. The convictions were loud and clear that prevention is key; prevention works; prevention costs less than treatment; and prevention is better than cure. That said, prevention also costs money and there are still policy and structural barriers that continue to mitigate against reaching all and ensuring that no one is left behind in the prevention agenda.

As the Chair of the PCB, Ghana welcomes the coalition and endorses the HIV Prevention 2020 Roadmap which would mark an important milestone in the global HIV response. We are also in full support of the targets therein and in particular reduction of the number of new infections by 75% by
2020. On this note I wish to remind us all that 2020 is roughly 26 months away. This calls for urgent re-energised commitments on the part of all of Member States, Donors Countries, UNAIDS and Co-Sponsors and most importantly Communities.

Finally, I wish to entreat all stakeholders to ensure this discussion on prevention does not end here but continues and is translated into action.

I thank you.
STATEMENT BY THE HEAD OF GHANA DELEGATION ON BEHALF OF MINISTER OF HEALTH OF THE REPUBLIC OF GHANA Hon KWAKU AGYEMANG-MANU

OBSERVE PROTOCOL:

ABOUT GHANA

Located in the west coast of Africa, the republic of Ghana is a relatively stable democracy – in relation to its neighbours. The national population is currently estimated to be 28 million. Attaining per capita Gross Domestic Product of US$1,652.00 in 2011, the World Bank admitted Ghana into the club of lower-middle income (LMIC) countries.

SUCCESS STORY

Despite the growing economy and some improvements in social and human development outcomes, Ghana like all other countries represented here have several challenges, of which health is one. One of the important public health issues for Ghana is HIV.

- Ghana, has achieved some successes with HIV treatment; putting over 100,000 PLHIV on ART in 2016
- ART coverage among children increased 2.5 fold from 6% in 2010 to 15% in 2016
- 40% decline in AIDS-related deaths from 25,000 in 2010 to 15,000 in 2016
- New infections in children declined from 5,600 in 2010 to 3,000 in 2016 due mainly to prevention of mother-to-child transmission (PMTCT).

THE PROBLEM

However, challenges with respect to HIV prevention remain. Ghana recorded an 18% rise in new HIV infections from 17,000 in 2010 to 20,000 in 2016. Second, data from the Ghana Demographic and Health Surveys show a reversal in prevention indicators; where comprehensive knowledge of HIV declined from 25% in 2008 to 18% in 2014 among women and from 34% in 2008 to 30% in 2014 among men. During the same period, while the percentage of women and men with two or more partners increased; condom use has decreased.

OUR COMMITMENT

I hereby reaffirm Ghana’s commitment to the 2016 Political Declaration on reducing new HIV infections to fewer than 500 000 annually by 2020 and ending AIDS as a public health threat by 2030. Concerned about rising new infections, matched with our interest in addressing same, three key innovative actions will be undertaken immediately:

As a member of the global HIV prevention coalition, Ghana is supportive of the need to strengthen primary prevention (alongside treatment). Following an engagement with relevant stakeholders on prioritizing HIV prevention in Ghana, the FIRST action has been the identification of a high level HIV prevention champion in the person of the Hon. Minister for Health. We have set the ball rolling by initiating steps to convene a national men’s summit on HIV prevention. This will be an annual event, and will seek to stimulate the engagement of men, and to galvanize their support for HIV prevention. Although men in Ghana, wield a lot of compulsive power over their spouses and children regarding healthcare
access and utilization, the Ghanaian man has been missing in the national HIV prevention actions. This summit will explore and address culturally-driven barriers and gender-power relations to improve condom use.

SECOND, as a country, we believe a high-level government commitment should reflect in resource mobilization; and such resources should be made available to agencies for HIV prevention activities. To this end, the government in 2016, passed a law establishing the Ghana AIDS Fund. When operational, the fund will provide domestic resources for the national response. We will ensure that a substantial amount is ringfenced for HIV prevention.

FINALLY, we call on donors to apply a differentiated model of funding mechanism that recognizes variations in national needs.