GHANA HIV AND AIDS NETWORK (GHANET)

DATA REPORT (2024)

HIV SELF-TESTING (HIVST) &
OTHER VULNERABLE POPULATIONS (OVP)

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1. Luo et al. Comparison of HIV oral fluid and plasma antibody results during early infection in a longitudinal Nigerian cohort. *Journal of Clinical Virology*. December 2013;58(Suppl 1):e113-8.

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral Therapy
CBO	Community-Based Organzation
GAC	Ghana AIDS Commission
GC7	Grant Cycle Seven
GF	Global Fund
GHANET	Ghana HIV and AIDS Network
GHS	Ghana Health Service
GIMS	GHANET Information Management System
HIV	Human Immunodeficiency Virus
HIVST	HIV Self-Testing
IP	Implementing Partner
IPV	Intimate Partner Violence
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MOU	Memorandum of Understanding
MMDs	Metropolitan, Municipal, and Districts
NACP	National AIDS/STI Control Programme
OVP	Other Vulnerable Populations
PLHIV	Persons Living with HIV
PSEAH	Prevention from Sexual Exploitation, Abuse and Harassment
RHD	Regional Health Directorate
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infection
WAD	World AIDS Day
WHO	World Health Organization

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Finally, GHANET recognizes the invaluable contributions of all implementing Community-Based Organizations (CBOs), the National Executive Committee, the Executive Committee, and the National Secretariat for their dedication and collaborative efforts in advancing the Network's mission.

Executive Summary

Delays in the implementation takeoff date for the Global Fund Grant Cycle Seven (GC7) in Ghana in 2024 caused some anxiety in the first two quarters of the year. However, by the third quarter, all the bureaucratic issues were resolved, and implementation started in earnest. The Ghana HIV and AIDS Network (GHANET) continued its community rollout of HIV self-testing kits across the country with its 50 community-based organizations CBOs.

In addition to the community distribution of HIVST kits, the Network was also contracted by the Ghana Health Service (GHS) through the National AIDS Control Programme (NACP) to implement the Other Vulnerable Populations (OVP) project which targeted kayayei (female head porters), fisherfolks, and miners.

The new project brought on board some 25 additional CBOs under the belt of GHANET. However, the implementation of this project was limited to the coastal regions of Central, Greater Accra, and Volta and the mining regions of Ashanti and Eastern. The Western Region was excluded from the coastal regions because of PEPFAR operations in that region. The OVP project integrated HIV-related human rights education to the distribution of HIVST kits.

Combining the distribution activities of the HIVST and OVP CBOs, GHANET worked in 75 districts across the country and distributed a total of 82,317 kits. About 4,652 kits were distributed at large public events (without follow-ups) whilst 77,665 were distributed by the CBOs in local communities (with follow-ups). Based on the follow-ups conducted by the CBO volunteers, it was found that 72,155 kits were used by the clients who received them. This translated into an impressive utilization rate of 92.9%.

By way of strategy, the volunteers were trained to target more men in their distribution activities. Fortunately, this yielded good outcomes as 63% of the total kits distributed went to men, with the remaining 37% going to women. The volunteers were also trained to offer assisted testing to clients who requested for it. However, the data shows that only 23% requested for assisted testing; the remaining 77% took the kits away to self-test.

Overall, 324 persons tested reactive with 144 (44.4%) being males and 180 (55.6%) being females. Of the number that tested reactive, 175 voluntarily underwent confirmatory tests and reported the outcomes to the CBOs. Hundred and forty-one persons (80.6%) self-reported their results as confirmed positive. Through further follow-up efforts, 128 of them comprising (47 males and 81 females) were successfully linked to treatment. This translates into a linkage rate of 90.8%.

The total number of OVP clients reached with HIV-related human rights education was 13,193, with the highest proportion of the education focusing on stigma and discrimination, prevention of sexual exploitation, abuse and harassment (PSEAH), and sexual and gender-based violence (SGBV). There was also some education on the Ghana AIDS Commission Act, the Patient Charter, and the Criminal Offences Act.

GHANET remains grateful to all its partners who continue to support the implementation of the HIVST project. There is no doubt that the project is making significant contributions to the national response, with regard to testing. Even though the element of self-reporting appears to be masking direct yields from HIVST, the noticeable increase in the number of newly-diagnosed HIV cases between 2023 and 2024, as reported by the NACP, may be a reflection of community-based demand generation through HIVST is impacting facility-based testing.

Introduction

This Data Report complements the 2024 Annual Report of the Ghana HIV and AIDS Network (GHANET). Whilst the Annual Report focused on highlights of activities implemented by the Network within the year, this report captures the data on all the distribution outcomes of HIV self-testing (HIVST) kits, condoms and education on human rights.

As a Network, GHANET has a membership of more than 300 community-based organizations (CBOs) that span all the 261 metropolitan areas, municipalities and districts across the country. The Network was established in 1996 and it has since then contributed immensely to the national multisectoral response to HIV and AIDS under the auspices of the Ghana AIDS Commission (GAC). The President of GHANET, as per the GAC Act (Act 938) is a statutory board member of the Commission. The Network has regional executives in the 10 traditional regions and its activities are coordinated from its National Secretariat located in the national capital.

GHANET's implementation of the HIVST programme in Ghana commenced in 2023 as a pilot under the aegis of the National AIDS Control Programme (NACP) with funding from Global Fund (GF). Due to its strategic omnipresence across the entire country, the NACP selected GHANET to pilot the community rollout of HIVST, aiming to create local demand for the kits. Following the successful execution of the pilot, the Network was contracted to continue with the distribution under the Global Fund Grant Cycle Seven (GC7). In addition, the Network also successfully bid for the implementation of the Other Vulnerable Population (OVP) project.

With the two projects under its belt, the Network recruited 75 CBOs in 75 different Metropolitan, Municipal, and Districts (MMDs) to support the implementation. The recruitment was carried out transparently and competitively to ensure that the selected organisations had the requisite competences and capacities to implement the project. The assessment of the NGOs was undertaken by Regional HIV Focal Persons from the Regional Health Directorate (RHD) of Ghana Health Service (GHS) who inspected their offices, registration documents and previous project implementation records. There was a rollover of organizations that performed well during the pilot phase and some new organizations were also brought on board.



Overview of Implementation

The takeoff date for implementation, quite unfortunately, delayed due to some bureaucratic procedures that had to be fulfilled prior to the signing of the GC7 service contracts/memorandum of understanding (MOU) with GHS. Thus, the HIVST project eventually took off in August 2024 whilst the OVP took off in September 2024. This, expectedly, affected the attainment of the targets that were set for the year.

GHANET worked with a total of 75 community-based organizations (CBOs), as already mentioned, and each of them worked with three volunteers. Thus, a total of 225 paid community volunteers were deployed across the country for the implementation of the two projects. These volunteers were trained through capacity-building workshops to enable them carry out their tasks. For the 150 volunteers that worked on the HIVST project, they were trained to distribute the HIVST kits and condoms and conduct follow-ups for feedback on client/user experience. For those who worked on the OVP, in addition to the distribution and follow-ups on the kits, they also gave education on HIV-related human rights issues (stigma and discrimination, patients charter, GAC Act, prevention from sexual exploitation, abuse and harassment (PSEAH), sexual and gender-based violence (SGBV), etc.).

The volunteers worked with smart phones to enable them share demonstrational videos on the use of the HIVST kits (translated into six local languages). They also captured some basic demographic details about the recipients of the kits (excluding names). This data enabled them to make follow-ups (usually within a week after distribution). Where recipients do not own telephone numbers or handsets, they were allowed to use the contacts of their friends or family members of their choice. Sometimes, in group situations, the leader of the group used his or her number to cover those without telephone numbers of their own. These scenarios, however, created some challenges with the follow-ups.

Major Activations

In 2024, GHANET made significant impact nationwide through various activations that promoted HIV awareness and prevention. For example, during the Hogbetsotso Festival in September, GHANET capitalized on the cultural event to offer testing services, distribute self-test kits, and engage the public in efforts to reduce stigma and discrimination. In November, GHANET also organized a Health Walk and AIDS Rally that attracted participants from diverse backgrounds including some political parties that participated in the general elections. Again, during the World AIDS Day (WAD) 2024 event, GHANET mounted an exhibition stand and distributed HIVST kits and condoms. Finally, during the yuletide, GHANET organized an End-of-Year Safe Sex campaign that was targetted at beachgoers at Laboma Beach Resort.

Assisted and Unassisted Testing

Even though HIVST is meant to be a private and confidential exercise, there are settings where the recipients of the kits voluntarily ask the volunteers to assist them with the testing. This normally happens with persons who are not confident that they would be able to follow through with all the instructions. Particularly during

outreaches to places such as markets, lorry stations, churches, mosques etc, some persons choose the assisted testing option.

Type of Kits

For the better part of 2024, the kits that were distributed were mainly OraQuick (from Orasure Technologies). It was only in November that CheckNOW (from Abbott Rapid Diagnostics) was introduced in the system for community distribution. The distribution data captured in this Report, therefore, largely consists of Oraquick HIVST kits. CheckNow kits were publicly distributed only during the GHANET annual health walk and End-of-Year Safe Sex campaign.

Role of Counsellors

The work of the volunteers was anchored at the National Secretariat of GHANET through the counselling unit. The unit is responsible for ensuring that persons who test reactive undergo confirmatory testing at a health facility. If the results turn out to be positive, they ensure that the persons are linked to care at a health facility of their choice. Where the results are negative, they offer them counselling and encourage them to maintain lifestyles that would reduce their risk of contracting the virus. For those who are put on treatment, the counselling unit continues to follow up with them to ensure that they remain on treatment.

GHANET Information Management System

A central component of the GHANET implementation is the deployment of the GHANET Information Management System (GIMS). GIMS makes it possible for the distribution data to be captured in real-time through its mobile application system. Then, through its web portal, the monitoring and evaluation unit is able to analyze the results using Microsoft Excel and Power Bi. Thus, all the data presented in this Report was captured and analyzed based on data from GIMS.

Linkage to Care

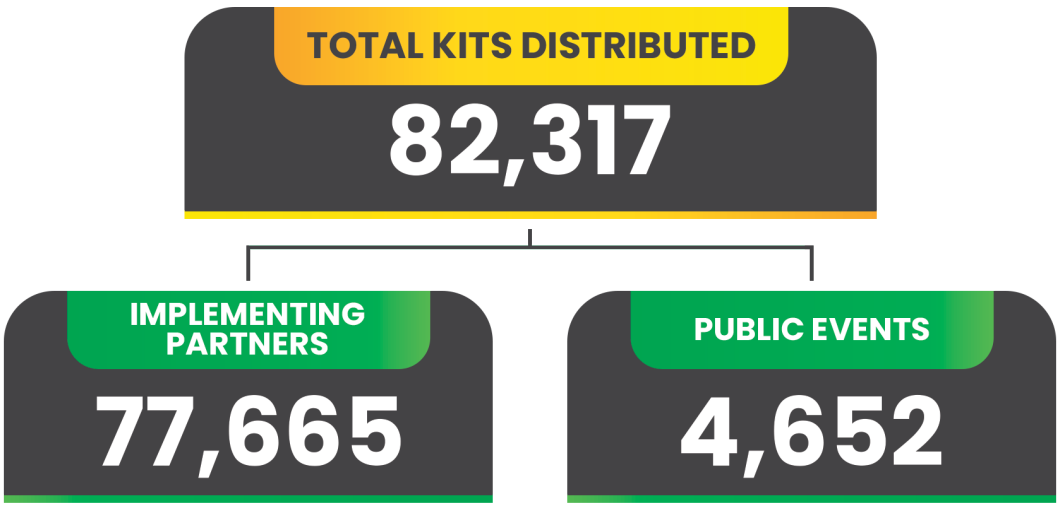
Between 2023 and 2024, GHANET successfully linked 330 clients to HIV treatment. These were individuals who had not previously known their status and were identified through community outreaches by trained volunteers distributing self-test kits and condoms. It is important to mention that, in the course of their community engagements, the volunteers sometimes come across persons who have defaulted in their treatment. These individuals take the test to find out whether they are still positive. For those who openly admit that they are in default, the volunteers, with the help of the counselling unit, re-link them to care.

Self-reporting of Testing Outcomes

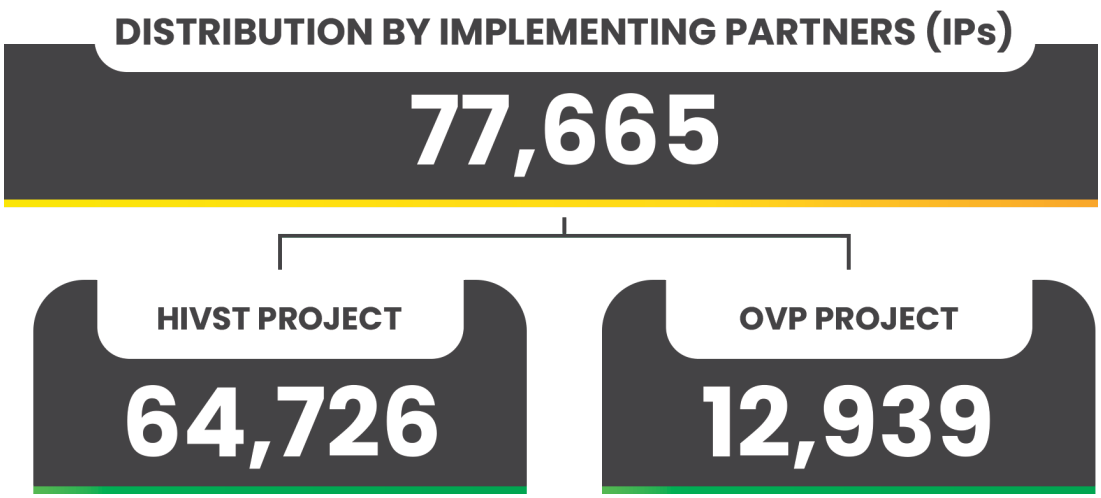
It has to be explained that, the data captured in this Report is largely based on feedback from persons who used the kits. Sometimes, there are concerns that the yield from HIVST is rather low. However, it must be understood that not all users offer the correct feedback. For example, if a user tests reactive and reports that they tested negative, there is no independent way of verifying the true results. It is possible some individuals who test reactive, go on to do their own confirmatory tests without recourse to the GHANET volunteers. This might reflect in the national data. For instance, between January and September 2023, the number of newly diagnosed Persons Living with HIV (PLHIV) was 23,000 as reported by the NACP. In 2024, within the same period the number of newly diagnosed PLHIV shot up to 35,000. GHANET believes that its 2023 HIVST intervention may have contributed to this 12,000 (52.2%) increment.

Key Results

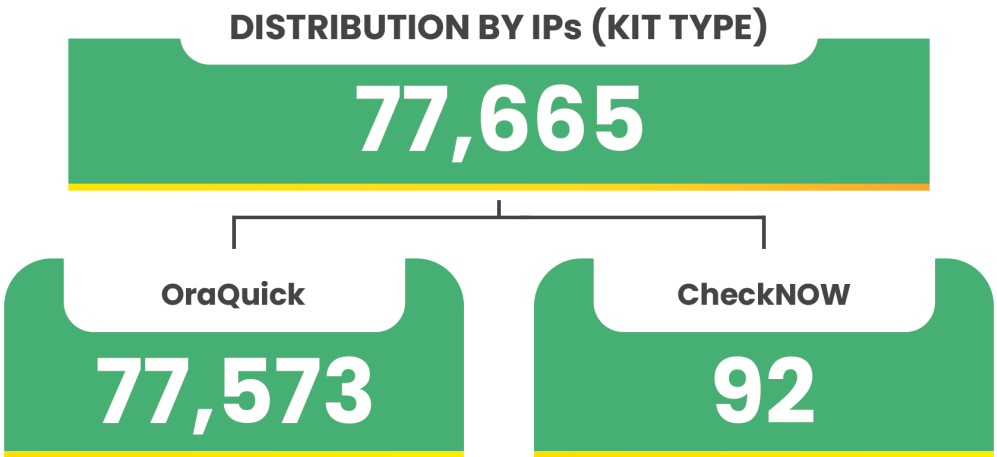
In 2024, the sum of kits distributed totaled 82,317. Of this number, 77,665 kits were distributed by trained CBO Volunteers under Implementing Partners while 4,652 were distributed at Public events such as festivals, parades, health walks, etc. (without follow-ups). The data analyzed in this Report, therefore, reflects the targeted community distributions recorded in the GIMS by the volunteers.



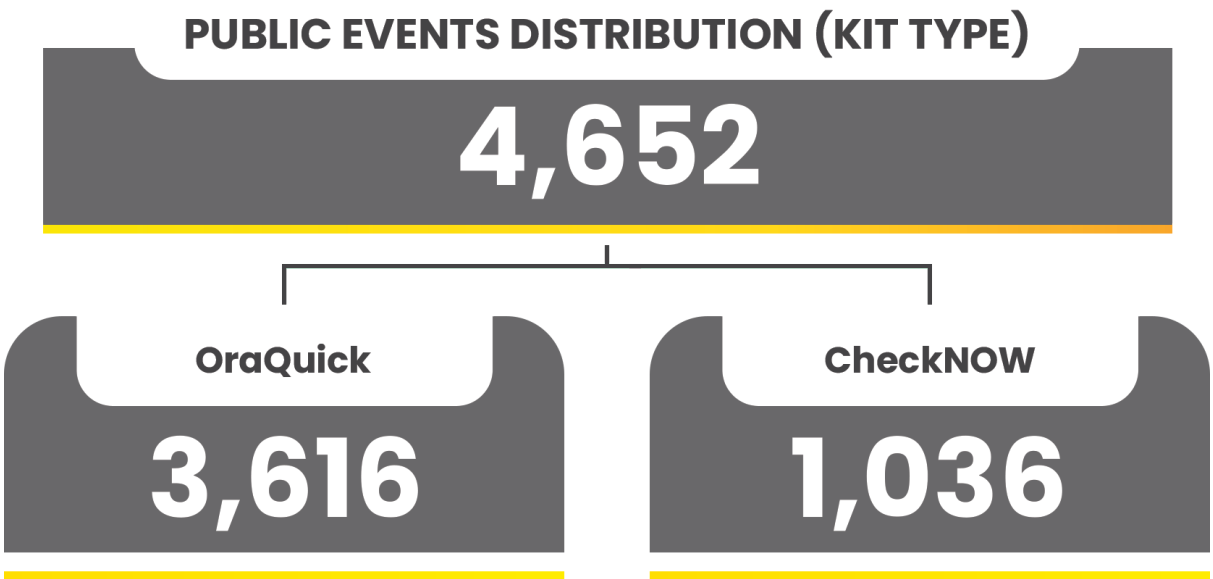
Of the 77,665 kits distributed by trained CBO volunteers under IPs, 64,726 (83.3%) kits were distributed under the HIVST project while 12,939 (16.7%) were distributed under the OVP project.



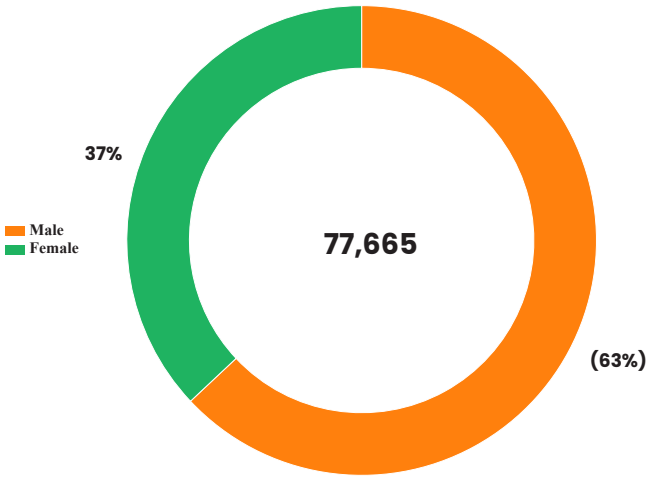
Of the 77,665 kits distributed by trained CBO volunteers under IPs, 77,573 kits were OraQuick (from Orasure Technologies) and 92 kits were CheckNOW (from Abbott Rapid Diagnostics). The vast difference in distribution is due to CheckNOW being introduced into the system at the latter part of the year, November.



GHANET captitalized on social events to distribute 4,652 kits of which 3,616 were OraQuick (77.7%) and 1,036 (22.3%) were CheckNOW.



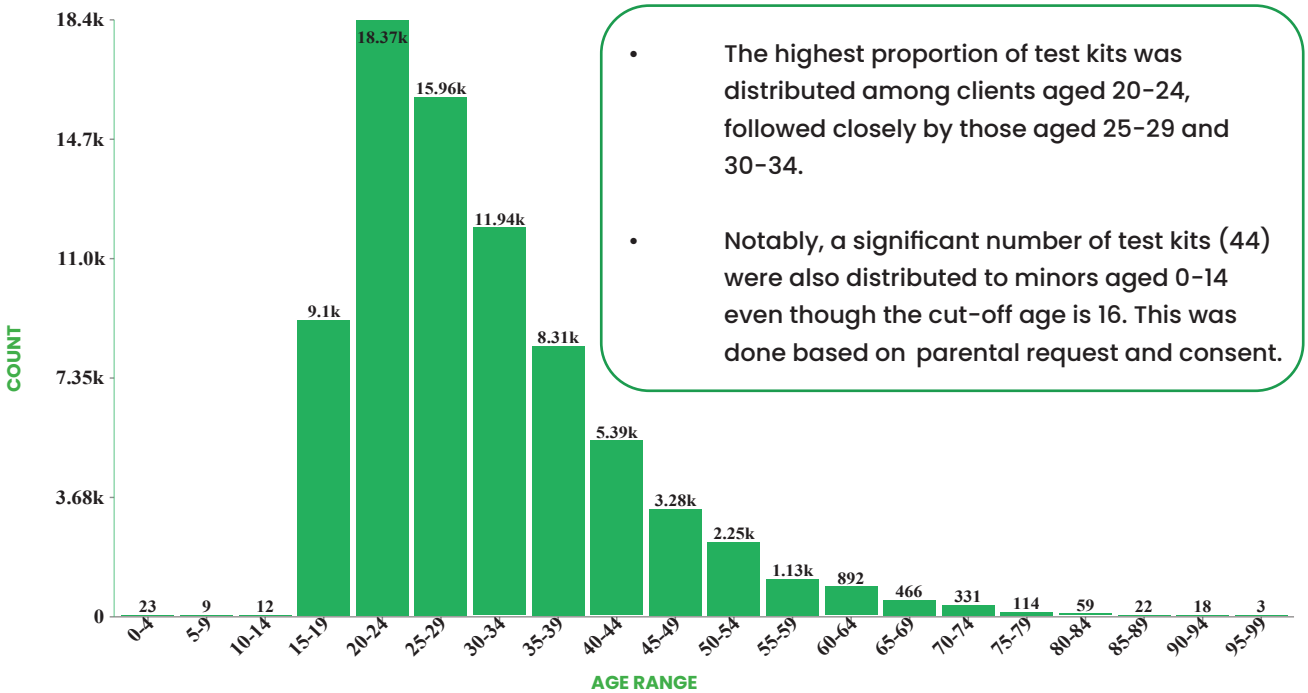
Distribution by Gender



- Of the total number of kits distributed, 48,580 (63%) were distributed to males while 29,085 (37%) were distributed to females.
- The focus on men was a deliberate strategy aimed at increasing HIV testing uptake among men, who generally exhibit poor health-seeking behavior.

- Figure 1 shows distribution by gender

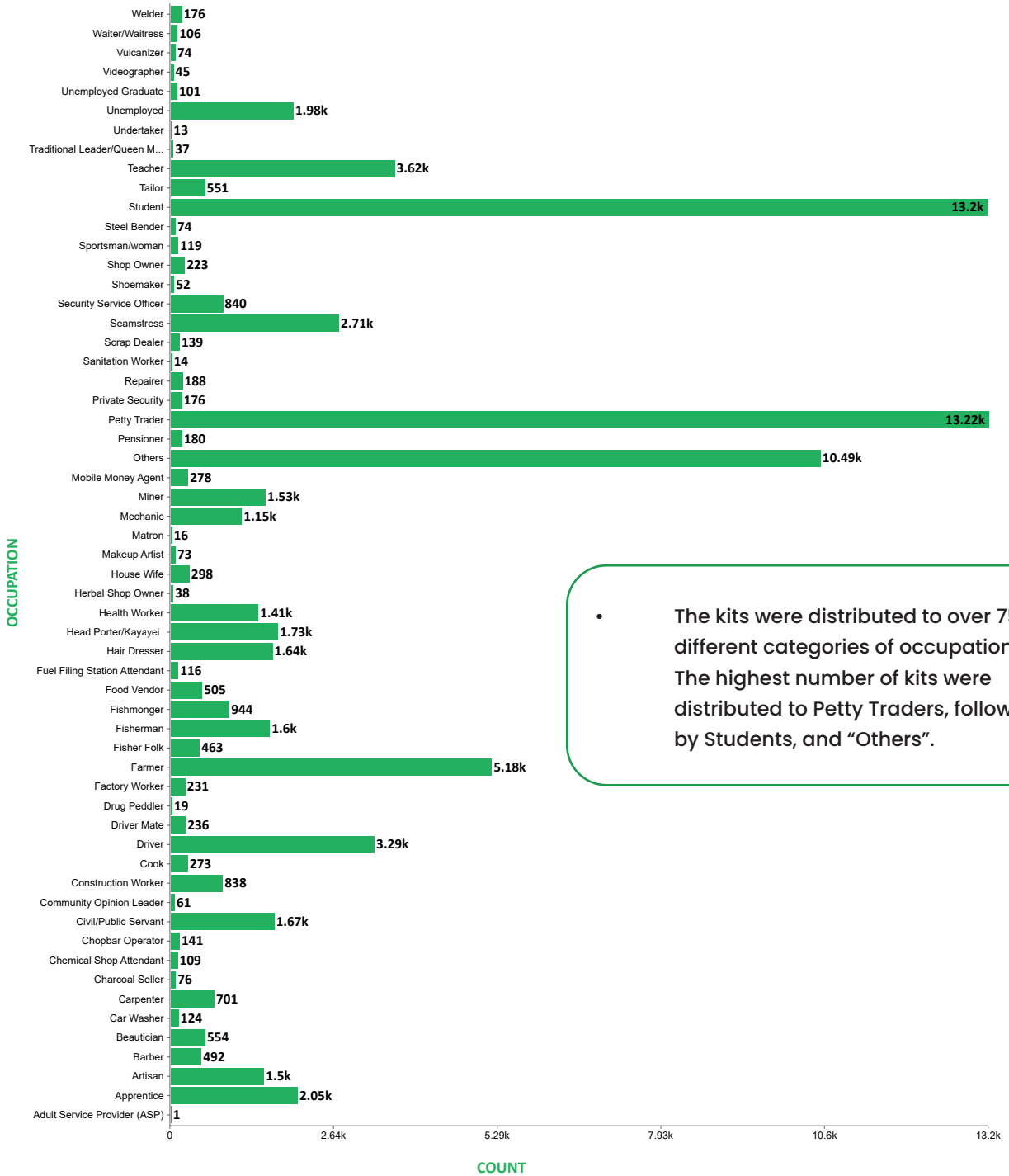
Distribution by Age



- The highest proportion of test kits was distributed among clients aged 20-24, followed closely by those aged 25-29 and 30-34.
- Notably, a significant number of test kits (44) were also distributed to minors aged 0-14 even though the cut-off age is 16. This was done based on parental request and consent.

- Figure 2 shows distribution by age

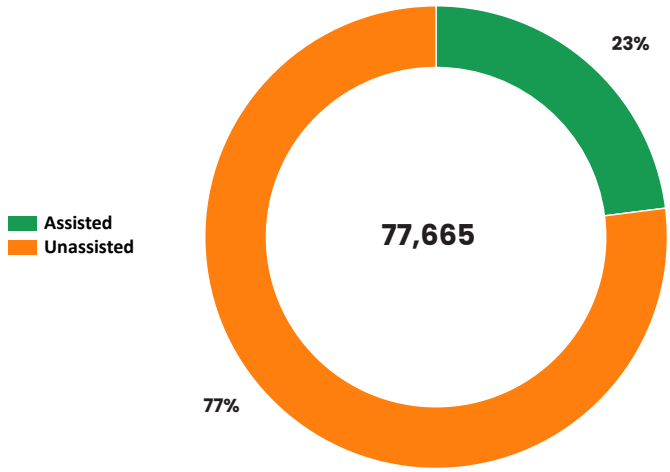
Distribution by Occupation



- The kits were distributed to over 75 different categories of occupations. The highest number of kits were distributed to Petty Traders, followed by Students, and “Others”.

- Figure 3 shows distribution by occupation

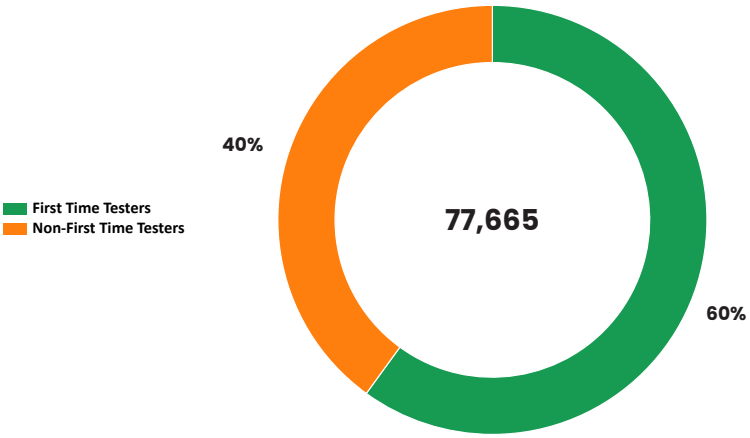
Distribution by Mode of Testing



- Majority 60,037 (77.3%) of individuals preferred unassisted testing, while 17,628 (22.7%) opted for assistance.
- The goal of HIVST is for individuals to independently test on their own. So, the preference for unassisted testing is a positive outcome.

- Figure 4 shows distribution by mode of testing

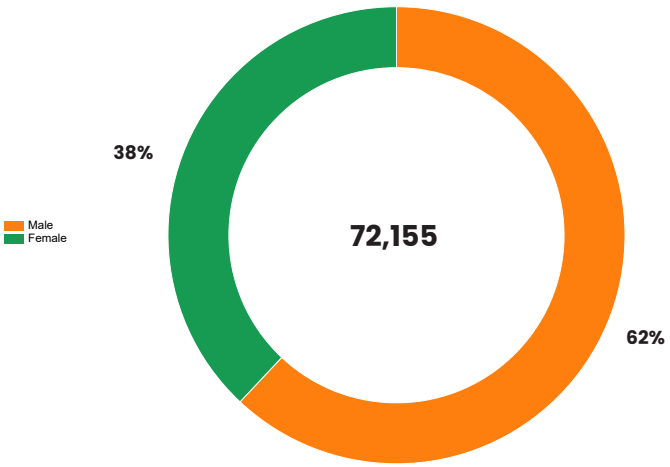
Distribution by Type of Testers



- Among individuals who accessed testing, 46,263 (60%) were first-time testers, while the remaining 31,420 (40%) were repeat testers.
- This outcome shows that the availability of HIVST is making it possible for many individuals to test for the first time. Also, previous testers are getting the opportunity to re-test.

- Figure 5 shows distribution by type of testers

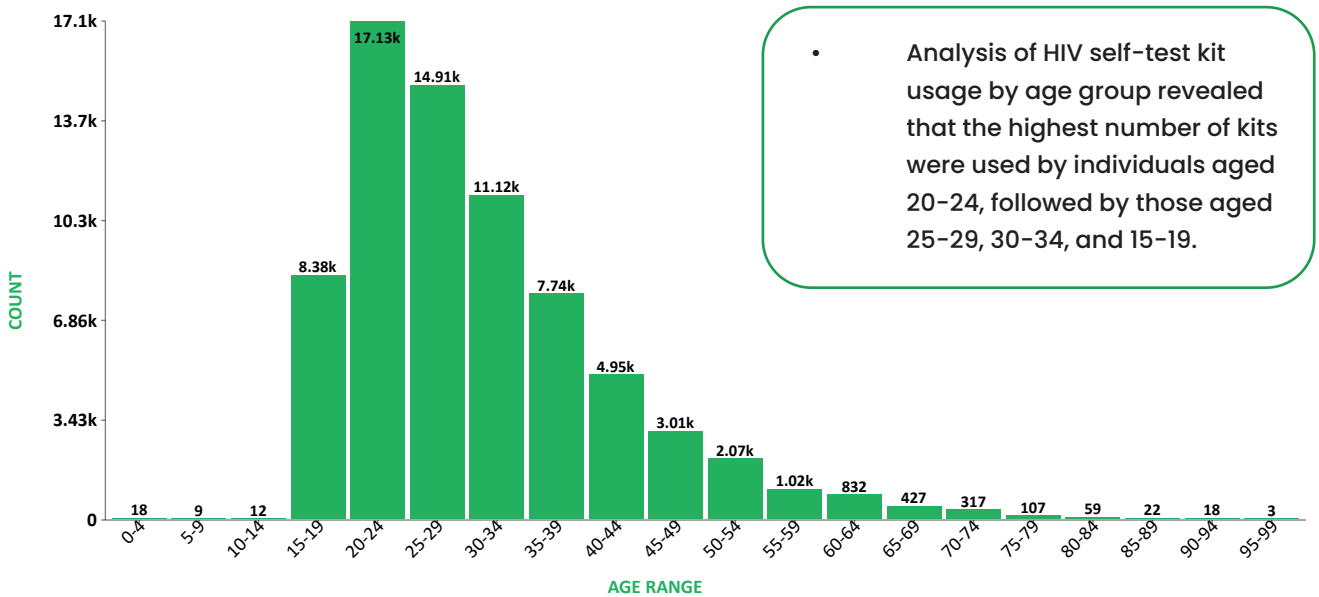
Used Kits by Gender



- Figure 6 shows used kits by gender

- The follow-ups revealed that 72,155 kits were used out of the total distribution, reflecting a high utilization rate of 92.9%. We recorded 164 (0.2%) spoilt kits.
- Among those who used the kits, 44,966 (62%) were males and 27,189 (38%) were females. The rate of usage among females was 93.5%, while that of males was 92.5%
- The strong overall acceptance of self-testing reinforces its value in expanding HIV testing coverage.

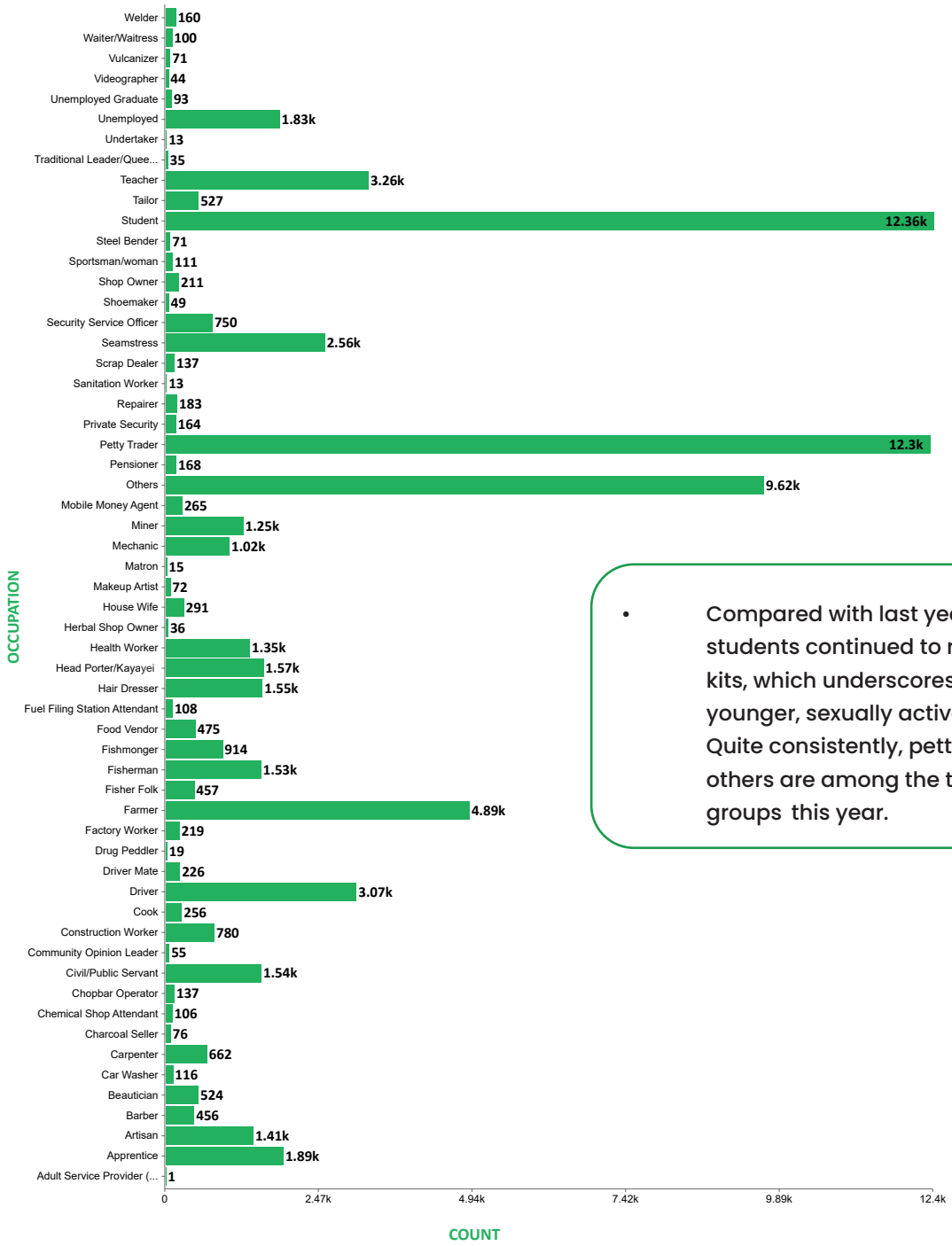
Used Kit by Age



- Figure 7 shows used kit by age

- Analysis of HIV self-test kit usage by age group revealed that the highest number of kits were used by individuals aged 20-24, followed by those aged 25-29, 30-34, and 15-19.

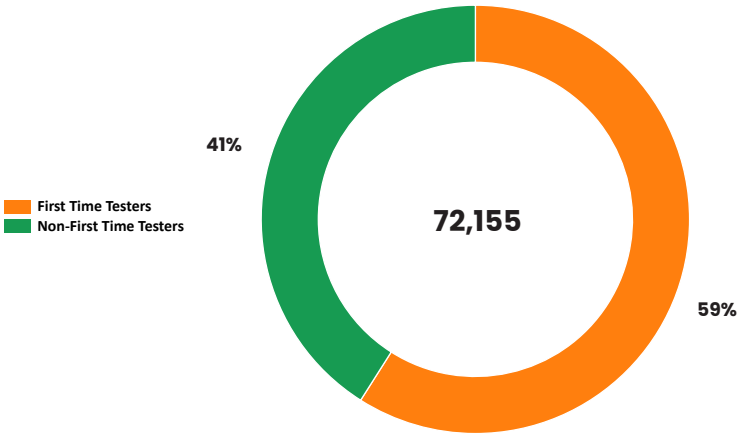
Used Kits by Occupation



- Compared with last year's data, students continued to receive more kits, which underscores the focus on younger, sexually active populations. Quite consistently, petty traders and others are among the top three groups this year.

- Figure 8 shows used kits by occupation

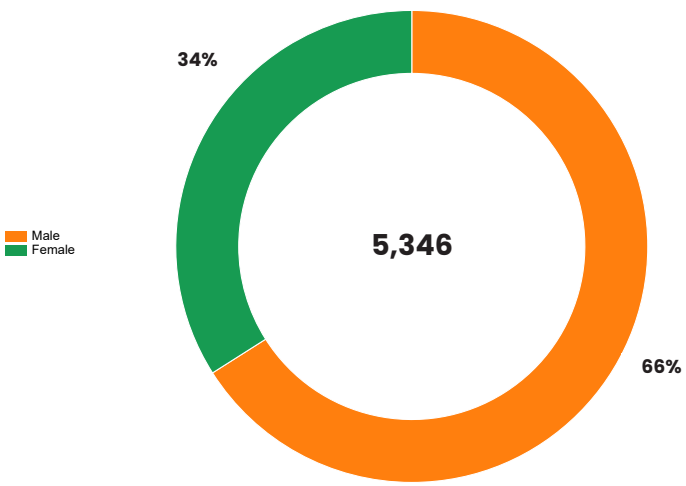
Used Kits by Type of Testers



- Among the 72,155 individuals who used kits, 42,312 (59%) were first-time testers, while 29,842 (41%) had previously tested.

- Figure 9 shows used kits by type of testers

Unused Kits by Gender

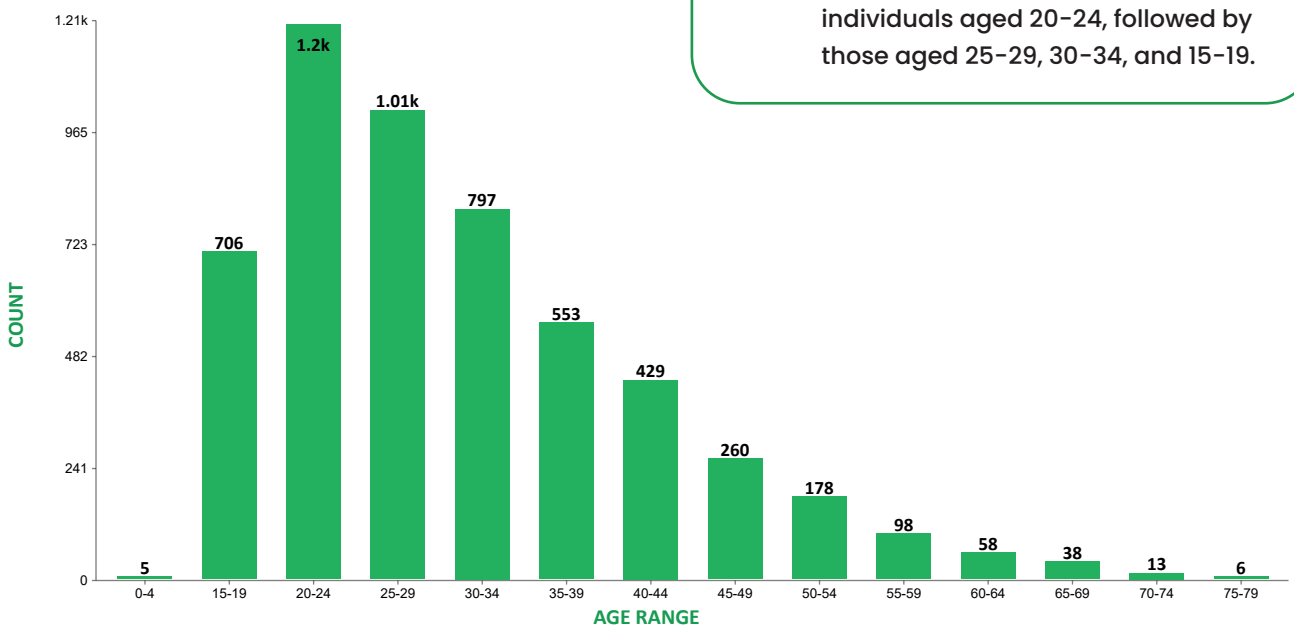


- Of the 5,346 unused kits, 3,510 (66%) were distributed to males and 1,836 (34%) to females.

- Figure 10 shows unused kits by gender

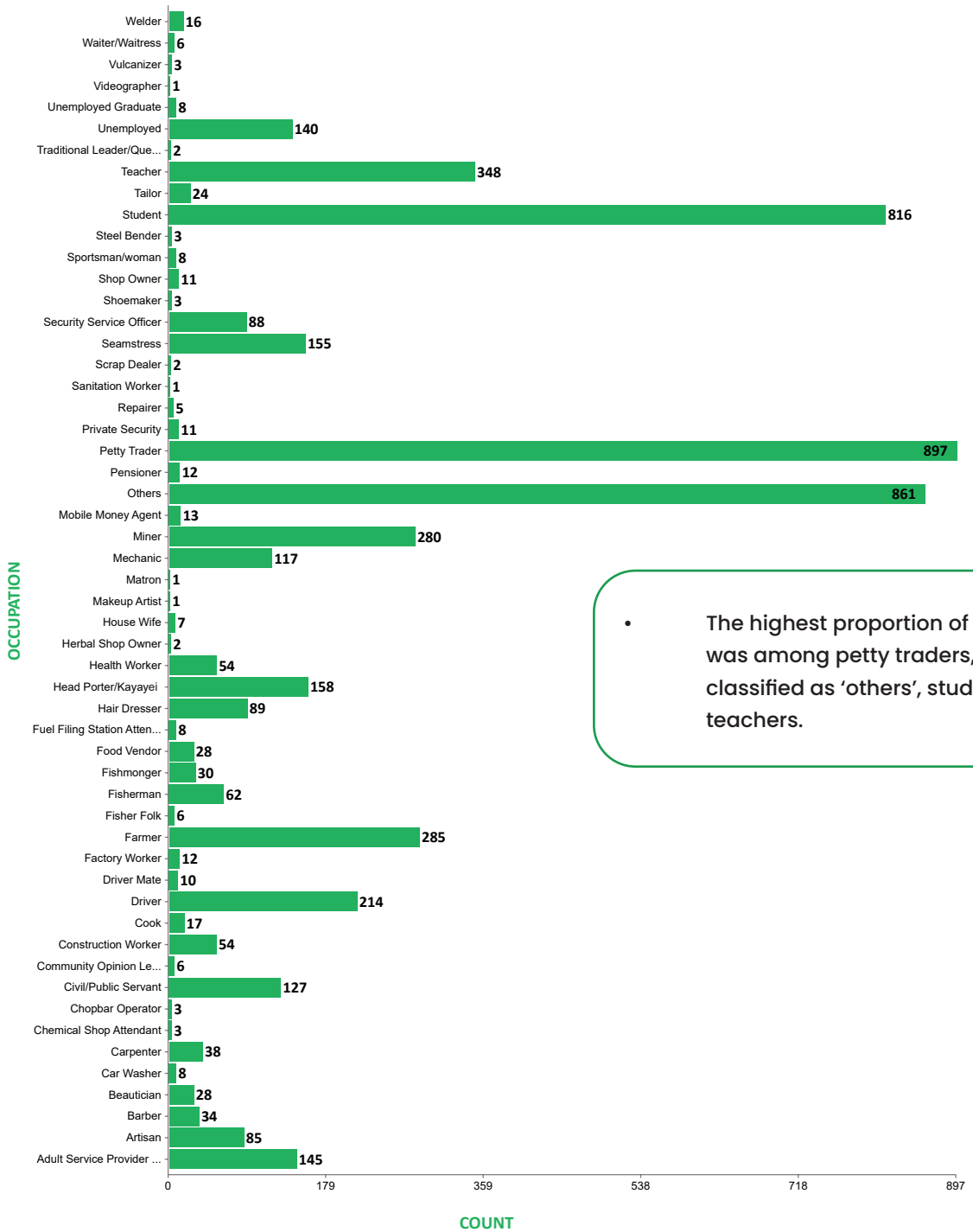
Unused Kits by Age

- The age distribution of unused kits was particularly predominant among individuals aged 20-24, followed by those aged 25-29, 30-34, and 15-19.



- Figure 11 shows unused kits by age

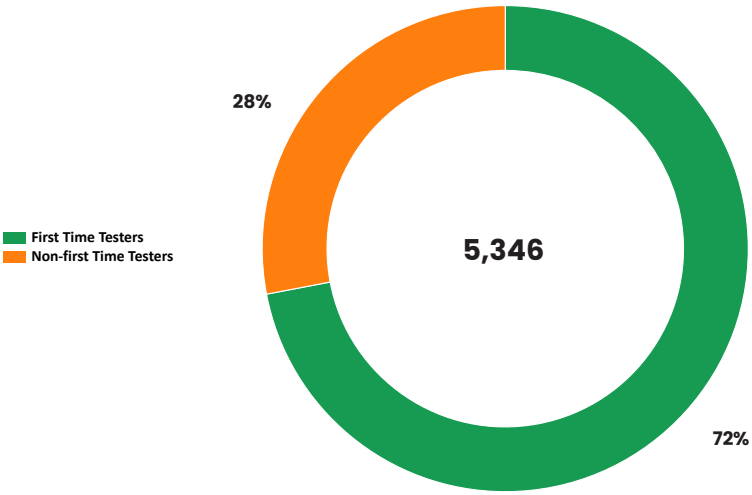
Unused Kits by Occupation



- The highest proportion of unused kits was among petty traders, those classified as 'others', students, and teachers.

- Figure 12 shows unused kits by occupation

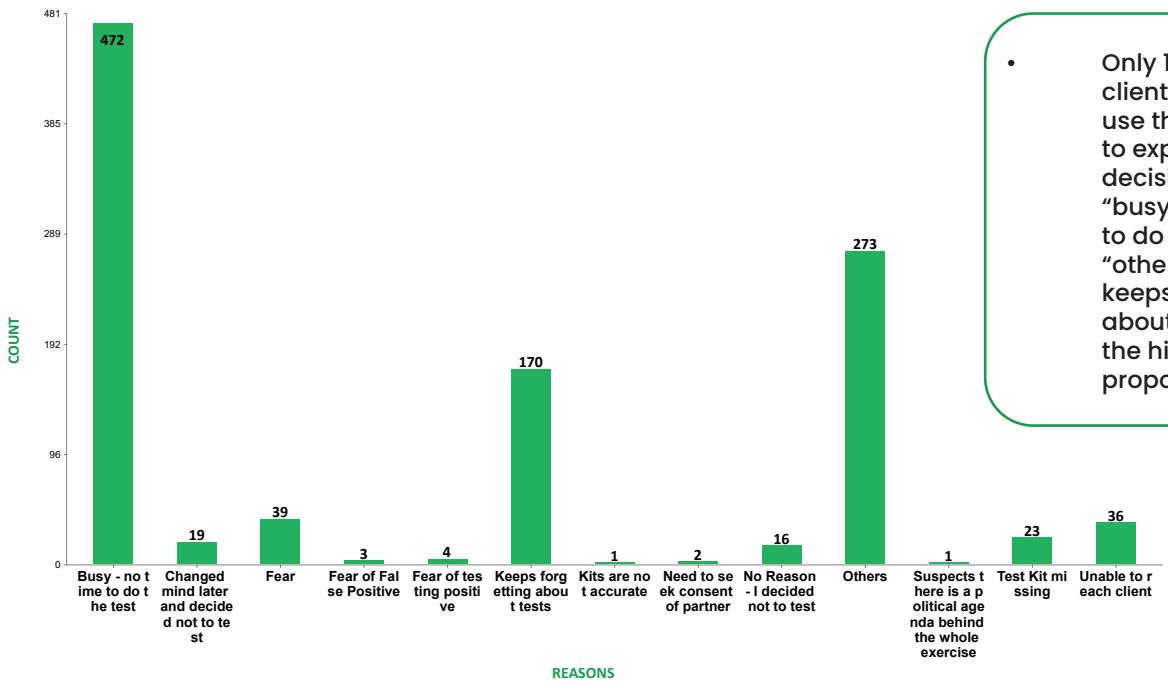
Unused Kits by Type of Testers



- Among the unused kits, 3,858 (72%) were first-time testers, while 1,488 (28%) were individuals who had tested before.

- Figure 13 shows unused kits by type of testers

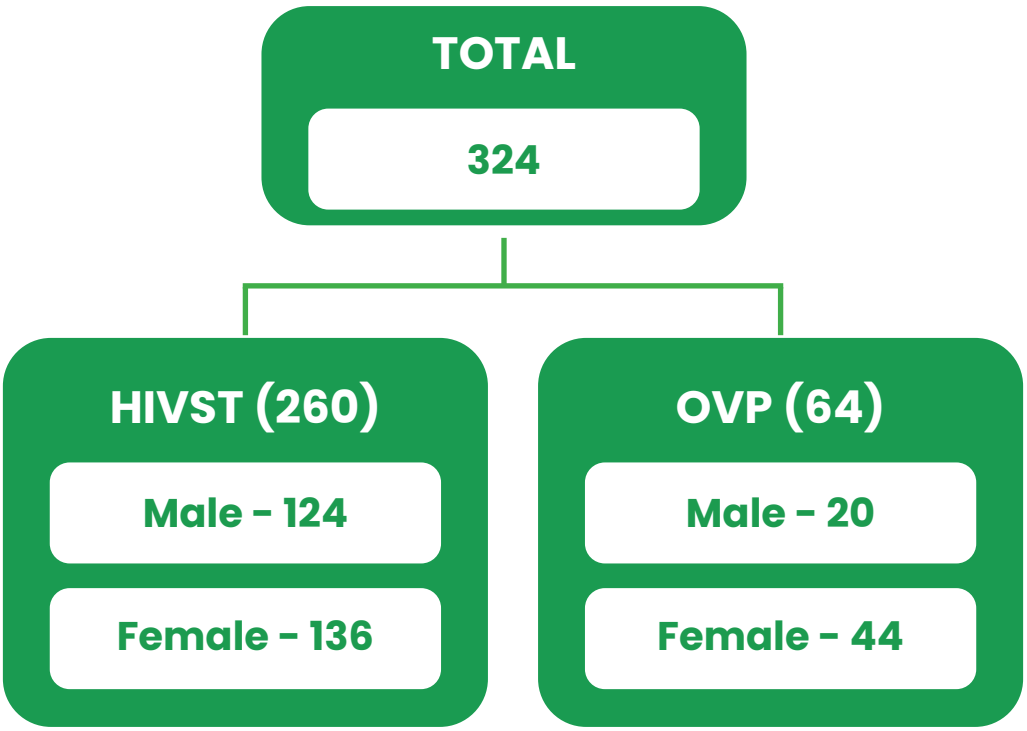
Reason for Unused Kits



- Only 1059 of 5346 client who did not use the kit opted to explain their decision, of which "busy – no time to do the test", "others", and " keeps forgetting about tests" were the highest proportion.

- Figure 14 shows reason for unused kits

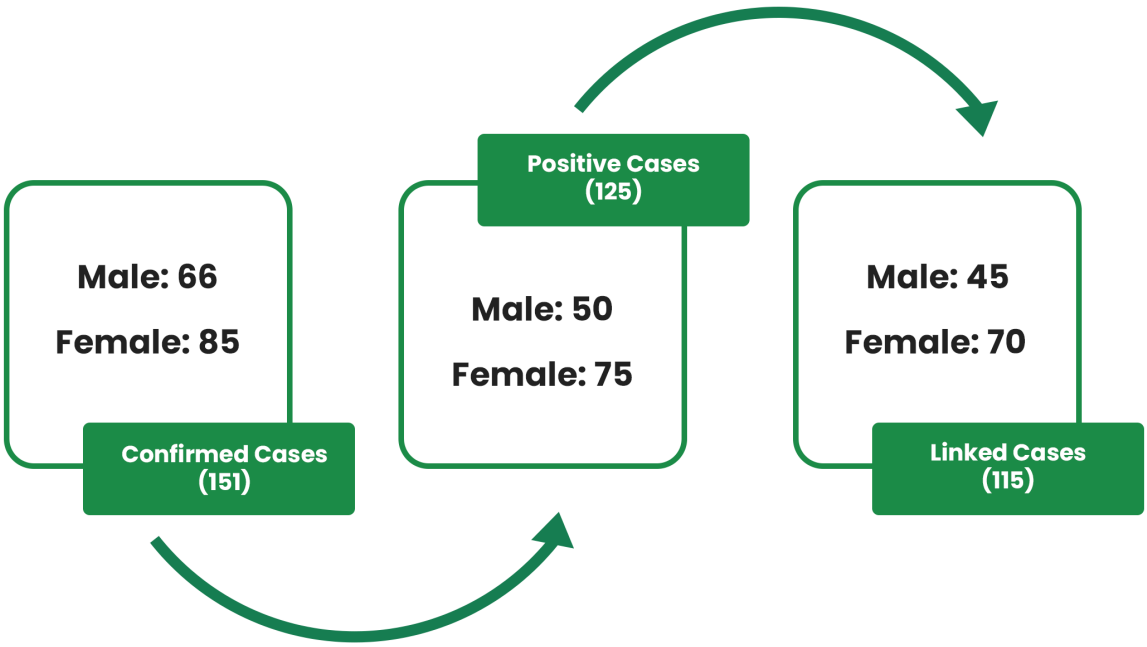
Reactive Cases



- Figure 15 shows reactive cases of both projects

From the 82,317 total kits distributed, 324 turned out to be reactive of which 260 were reactive from HIVST project and 64 from OVP project.

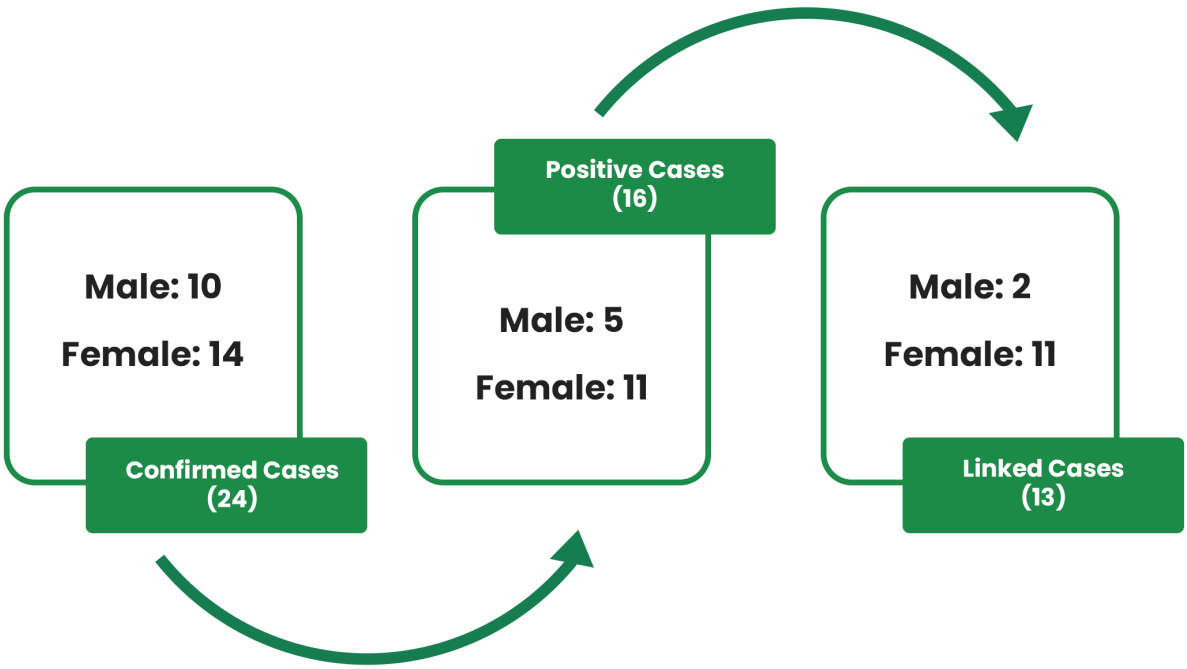
HIVST Linkage Cascade



- Figure 16 shows HIVST linkage cascade

- During the reporting period, 260 reactive cases were identified in the HIVST project, comprising 47.7% males and 52.3% females.
- Out of these, 151 clients (58.1%) proceeded to confirmatory testing, with a notable gender disparity: only 66 males (53.2% of reactive males) compared to 85 females (62.5% of reactive females) followed through with confirmatory testing.
- Of those who underwent confirmatory testing, 125 were confirmed HIV-positive, translating to 50 males (75.8% of males tested) and 75 females (88.2% of females tested).
- 115 clients (92% of confirmed cases) were successfully linked to HIV care and treatment. This consists of 70 out of 75 females (93.3%) and 45 out of 50 males (90%).

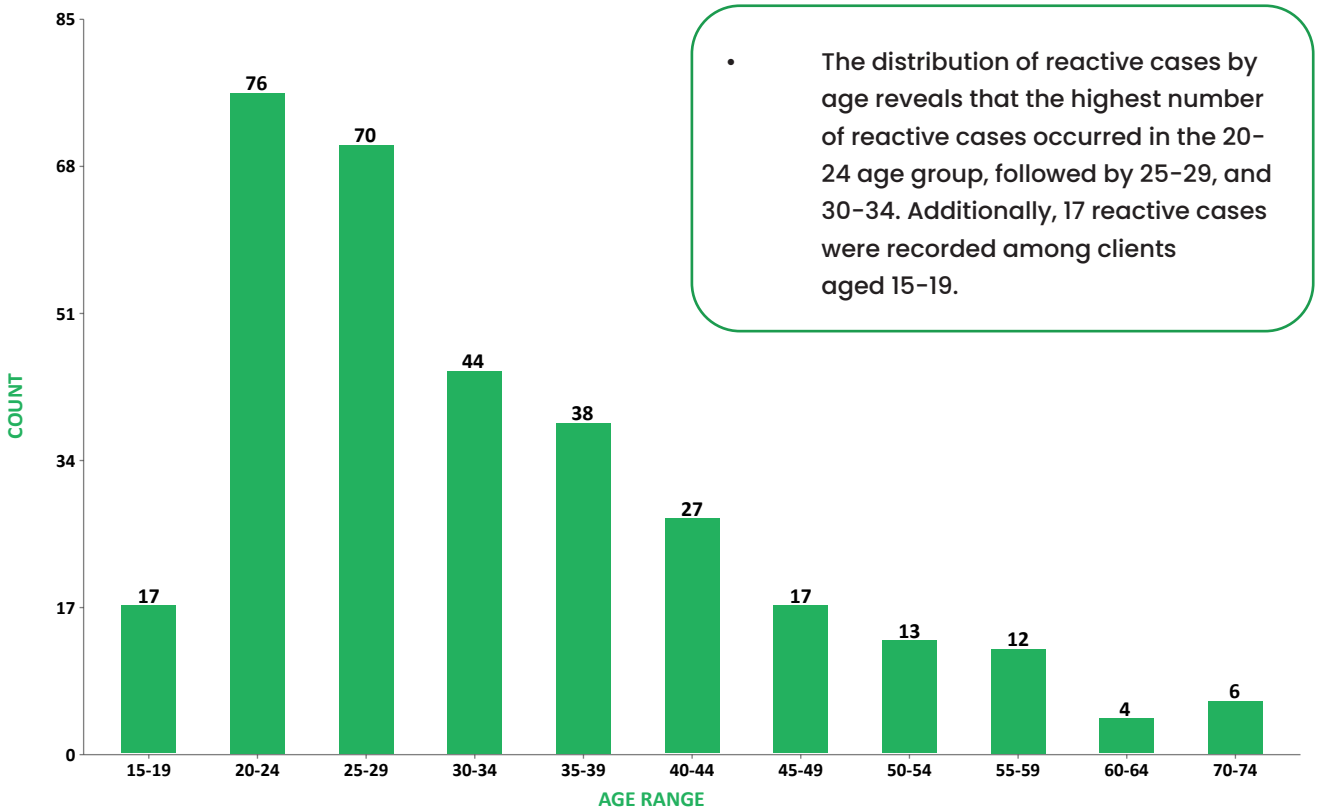
OVP Linkage Cascade



- Figure 17 shows OVP linkage cascade

- The OVP project recorded 64 reactive cases comprising 20 (31.3%) males and 44 (68.8%) females.
- Out of these, 24 persons underwent confirmatory testing, with 10 being male (50% of all reactive males) and 14 female (31.8% of reactive females). From the confirmatory tests, 16 individuals were found to be HIV-positive
- Regarding linkage to care, 13 of the 16 confirmed positive cases were successfully linked, representing an overall linkage rate of 81.3%. However, only 2 of the 5 positive males (40%) were linked to care, compared to 11 of the 11 (100%) positive females.

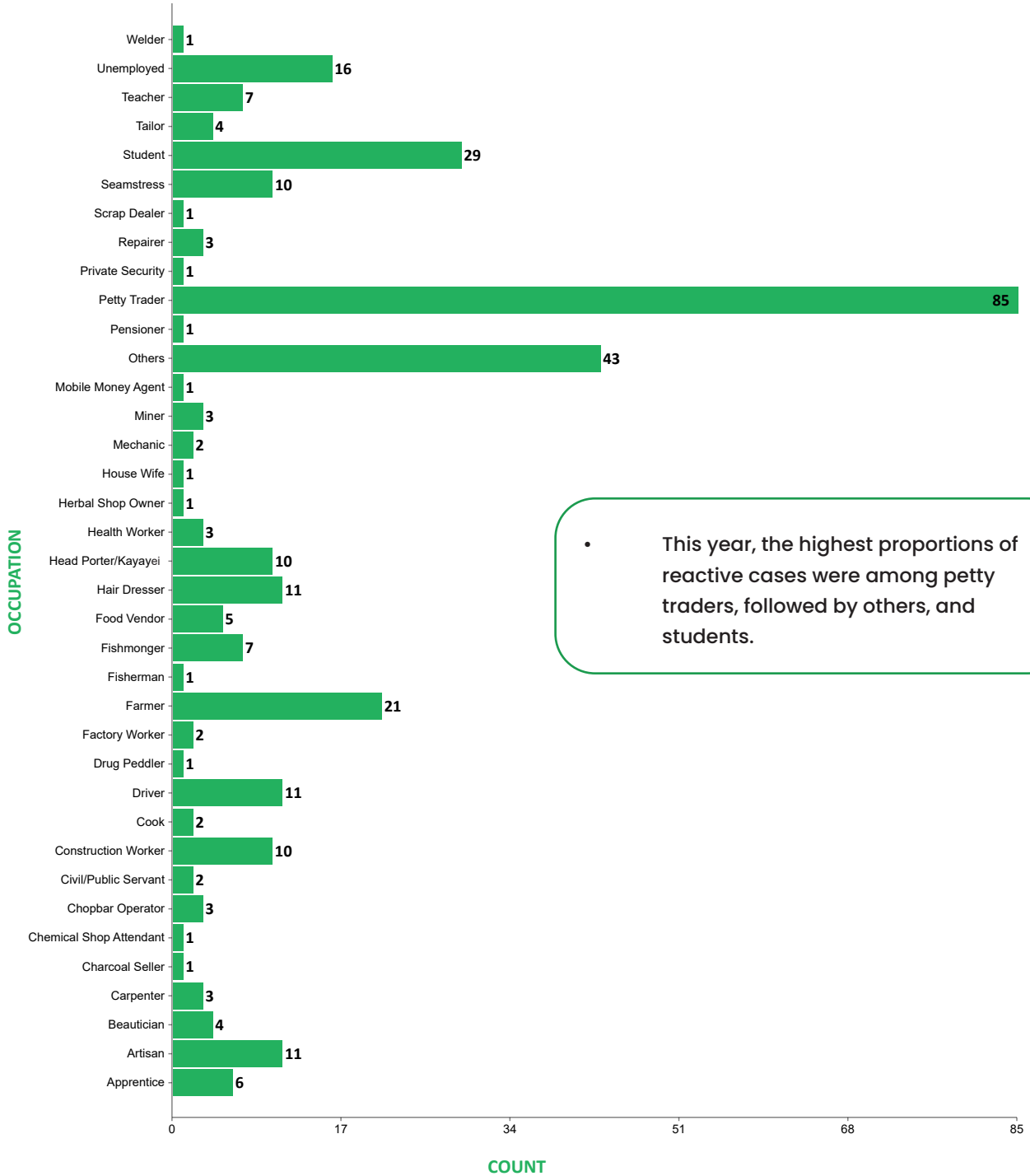
Reactive Cases by Age



- The distribution of reactive cases by age reveals that the highest number of reactive cases occurred in the 20-24 age group, followed by 25-29, and 30-34. Additionally, 17 reactive cases were recorded among clients aged 15-19.

- Figure 18 shows reactive cases by age

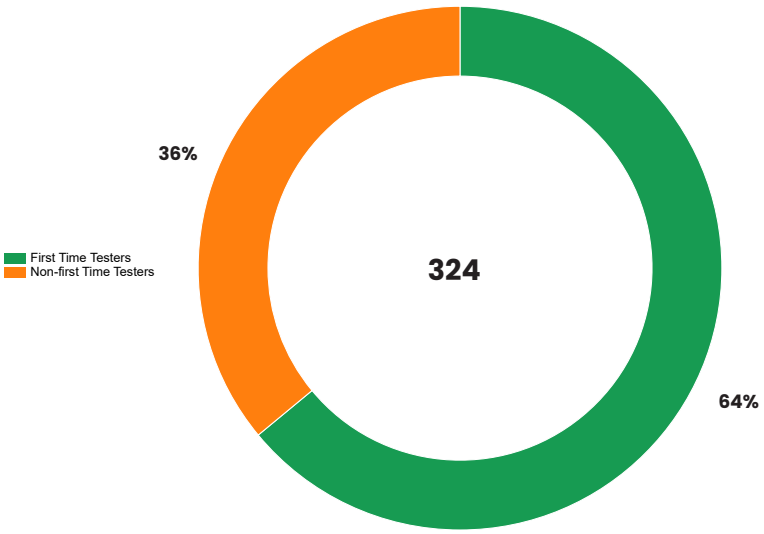
Reactive Cases by Occupation



- This year, the highest proportions of reactive cases were among petty traders, followed by others, and students.

- Figure 19 shows reactive cases by occupation

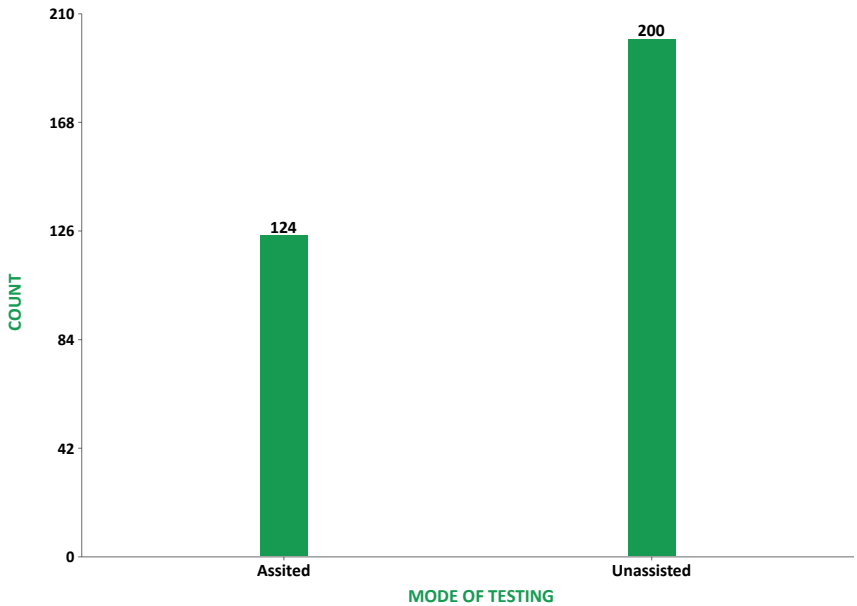
Reactive Cases by Type of Testers



- Among the 324 reactive cases recorded, 207 which represent (64%) were first-time testers, while 117 representing (36%) were clients who had tested before.

- Figure 20 shows reactive cases by type of testers

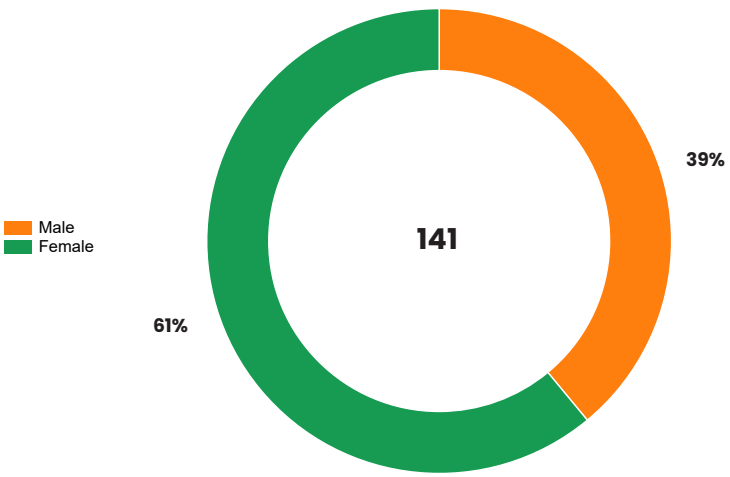
Reactive Cases by Mode of Testing



- Of the reactive cases recorded (324), 124 (38.3%) opted for assisted testing while 200 (61.7%) were unassisted testing.

- Figure 21 shows reactive cases by mode of testing

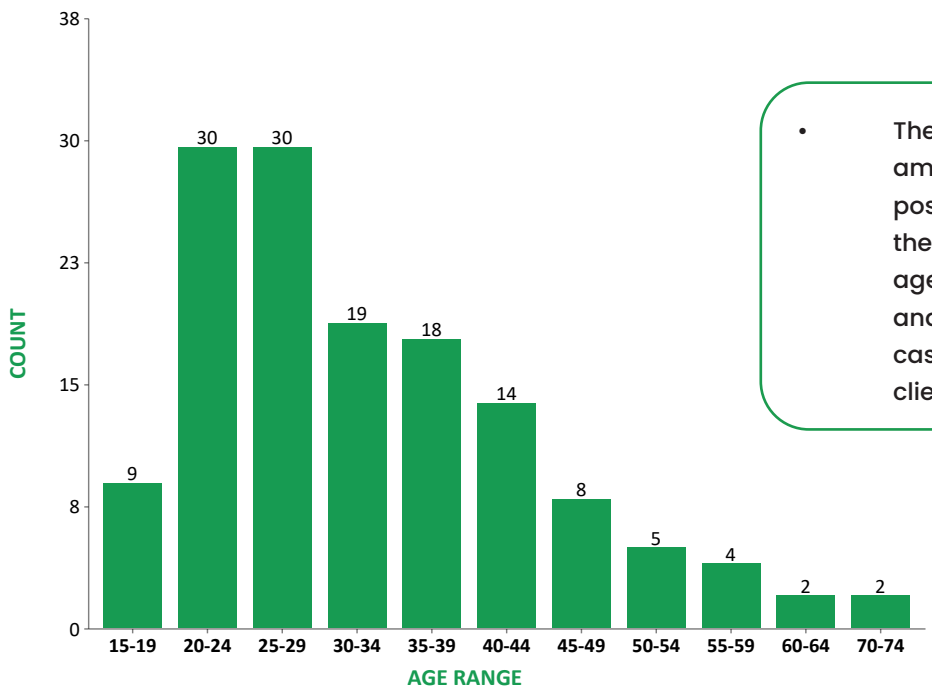
Positive Cases by Gender



- Figure 22 shows positive cases by gender

- Of the 324 reactive cases recorded, 175 clients (54%) proceeded to confirmatory testing.
- Of those who underwent confirmatory testing, 141 were positive.
- In terms of gender distribution, 55 (61%) of the confirmed positive cases were female, while 86 (39%) were male.

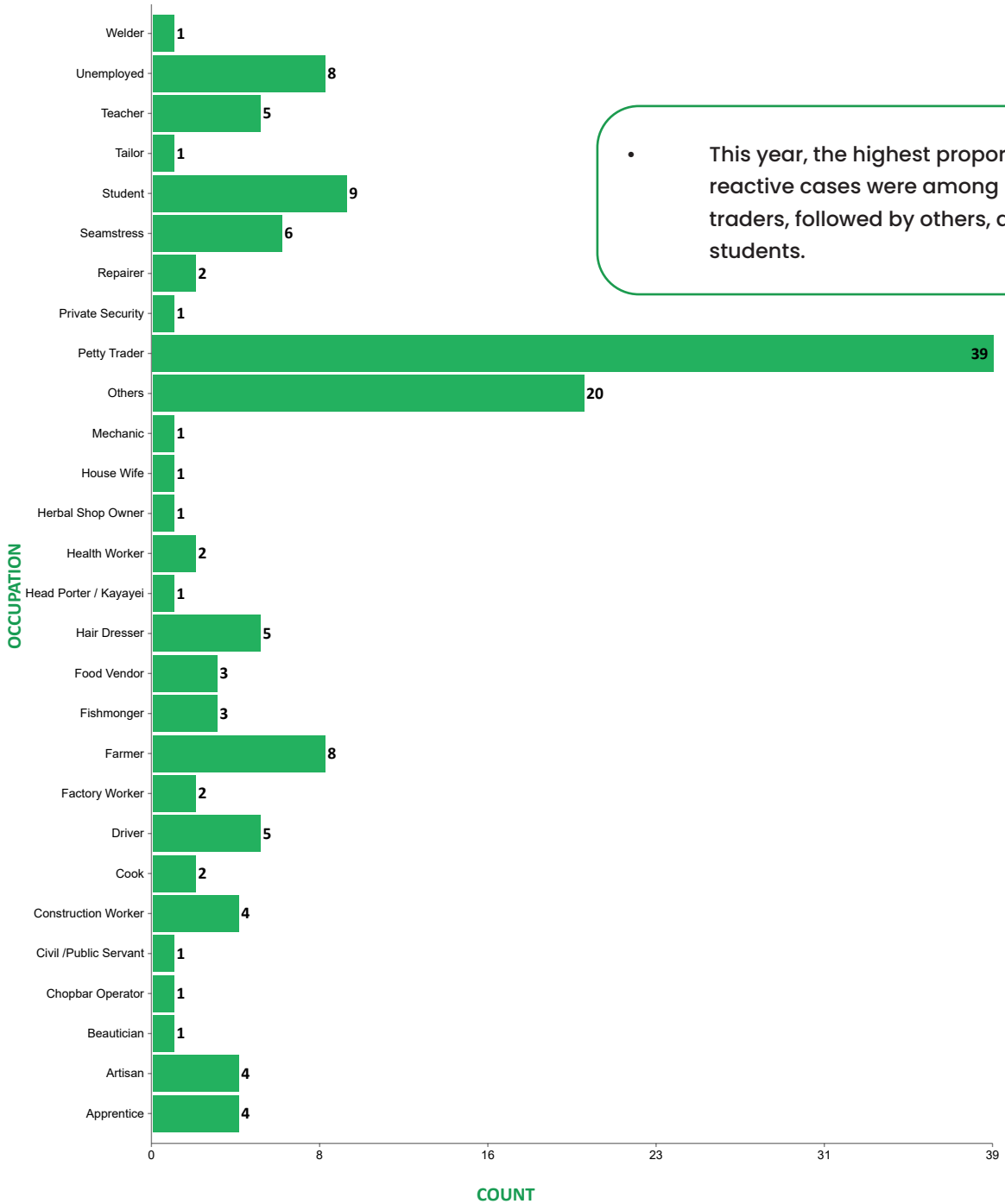
Positive Cases by Age



- Figure 23 shows positive cases by age

- The highest age distribution among the 141 confirmed positive cases were recorded in the 20-24 age group and 25-29 age group, followed by 30-34 and 35-39. Also, 9 positive cases were recorded among clients aged 15-19

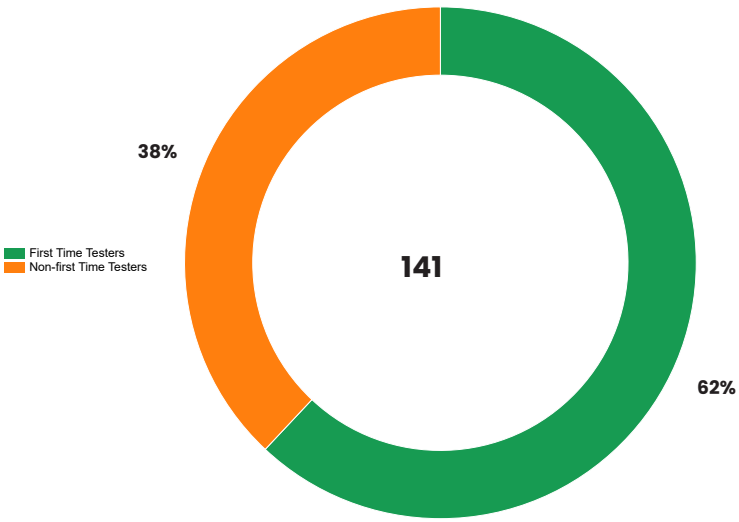
Positive Cases by Occupation



- This year, the highest proportions of reactive cases were among petty traders, followed by others, and students.

- Figure 24 shows positive cases by occupation

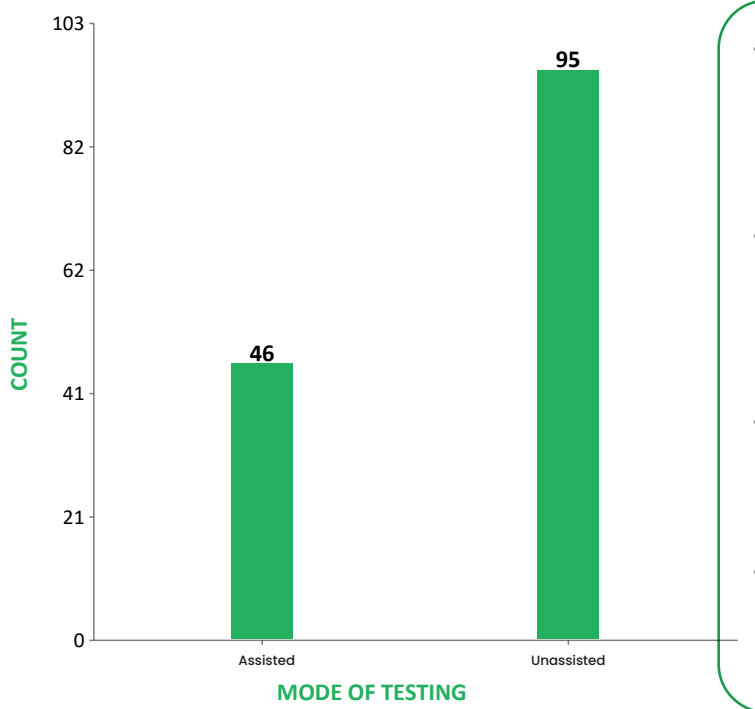
Positive Cases by Type of Testers



- Among the 141 confirmed positive cases, 87 which comprises of 62% were first-time testers, while 54 comprising 38% had previously tested.

- Figure 25 shows positive cases by type of testers

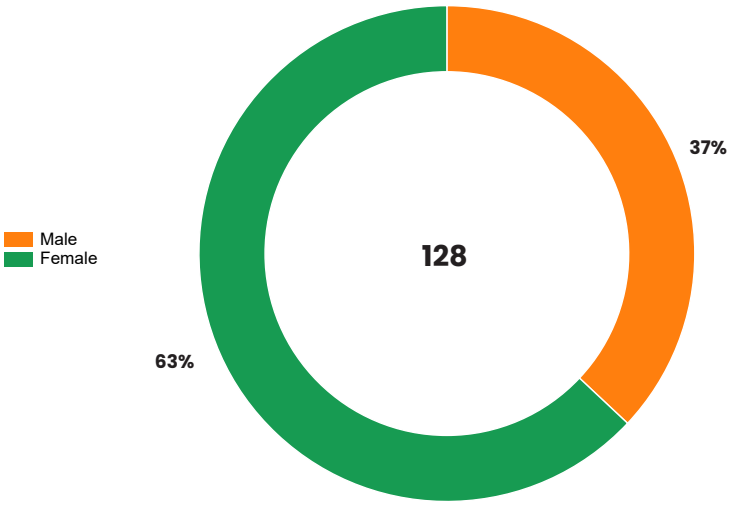
Positive Cases by Mode of Testing



- Of the 175 confirmatory tests, 56 were clients who were reactive through assisted testing, and 119 through unassisted testing.
- Eighty-two percent (46 out of 56) clients who were assisted in testing were positive after the confirmatory test.
- Also, 79.8% (95 out of 119) of clients who preferred unassisted testing were confirmed positive.
- Out of the 141 positive cases, 32.6% were assisted in testing, and 67.4% were not assisted with testing.

- Figure 26 shows positive cases by mode of testing

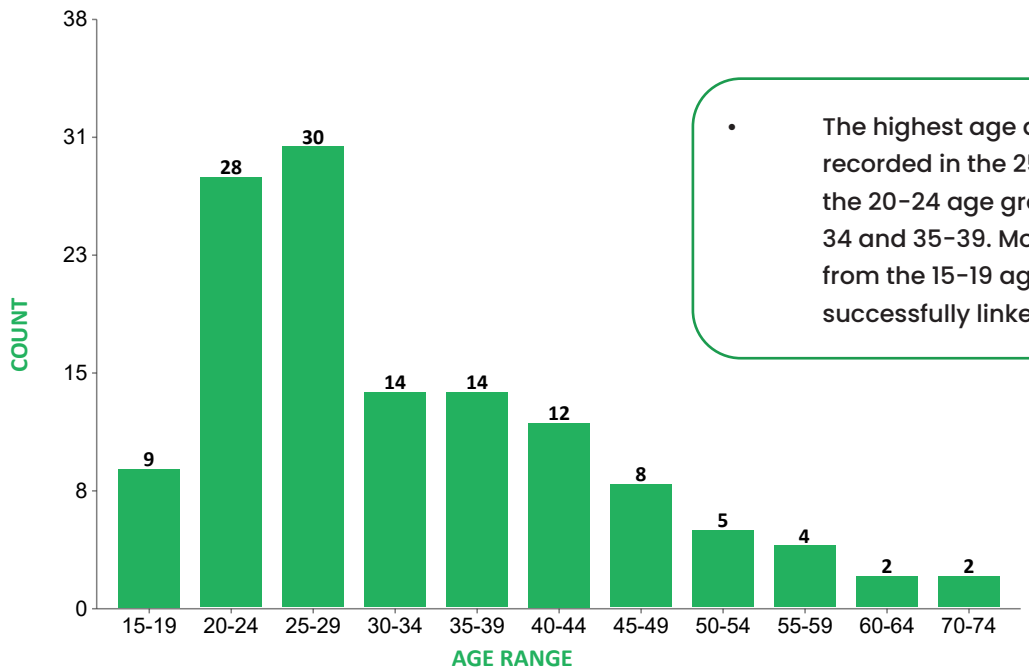
Linked Cases by Gender



- Of the 141 confirmed positive cases, 128 (90.8%) clients have been successfully linked to treatment. Among those linked to care, 81 (63%) are females, while 47 (37%) are males.

- Figure 27 shows linked cases by gender

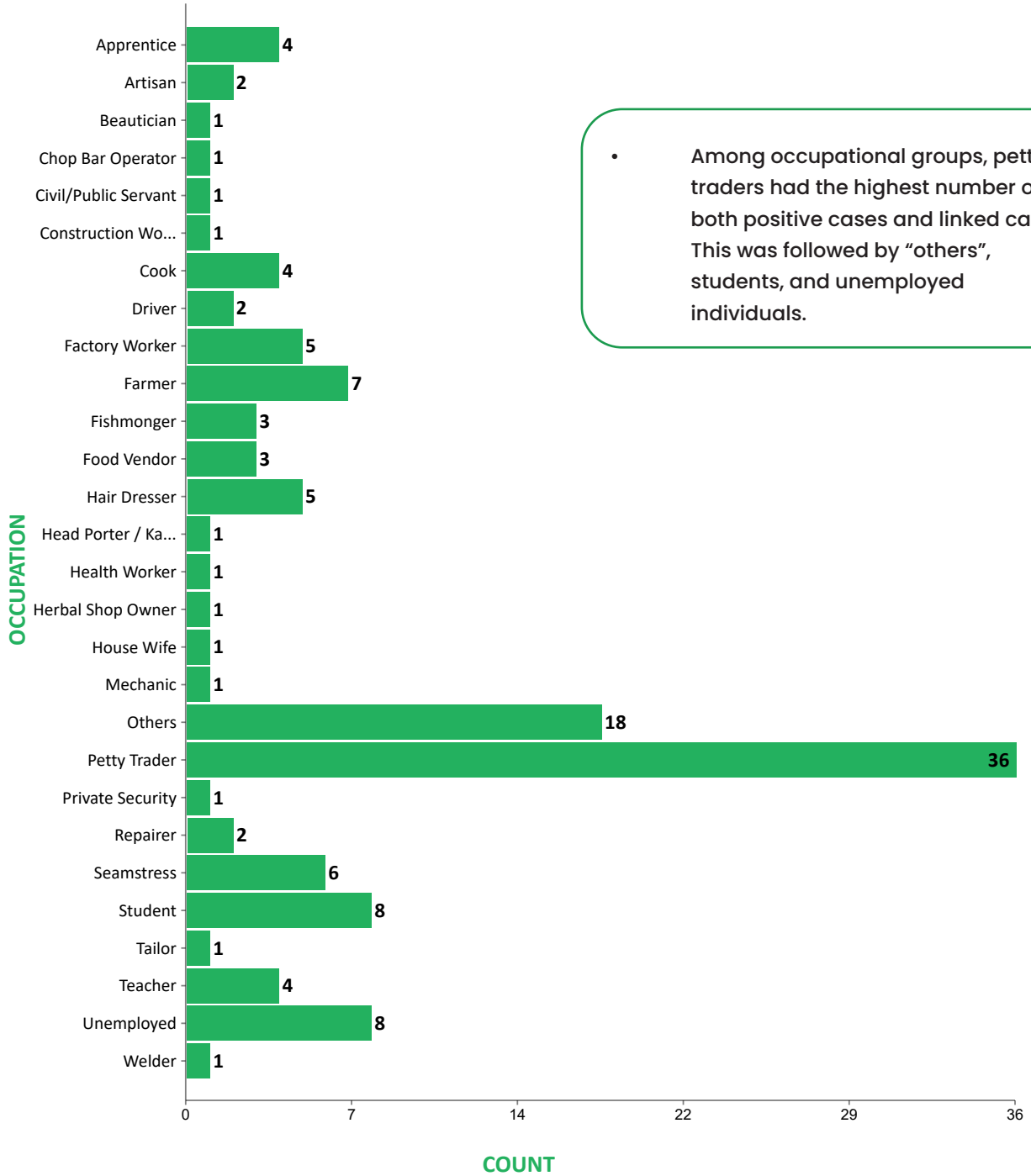
Linked Cases by Age



- The highest age distributions were recorded in the 25-29 age group and the 20-24 age group, followed by 30-34 and 35-39. Moreover, 9 individuals from the 15-19 age group have been successfully linked to care.

- Figure 28 shows linked cases by age

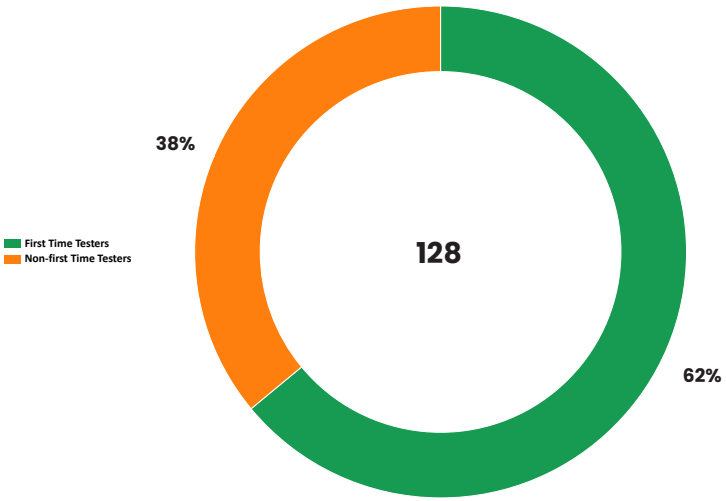
Linked Cases by Occupation



- Among occupational groups, petty traders had the highest number of both positive cases and linked cases. This was followed by “others”, students, and unemployed individuals.

- Figure 29 shows linked cases by occupation

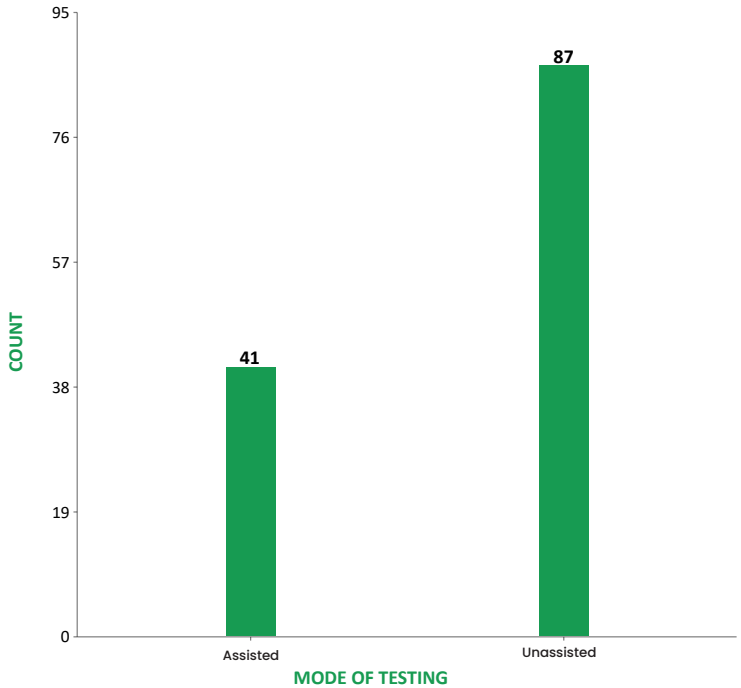
Linked Cases by Type of Testers



- Fourty-Nine (49) clients, representing 62%, were first-time testers, while 79 (38%) were not. This mirrors the trend observed among the confirmed positive cases, where first-time testers also made up the majority.

- Figure 30 shows linked cases by type of testers

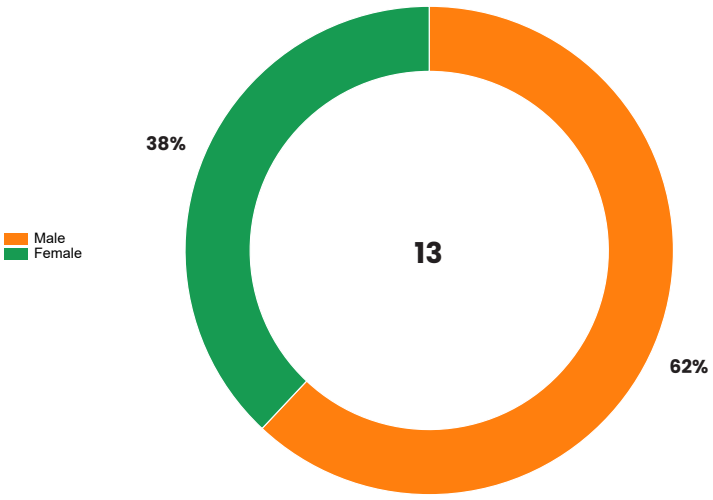
Linked Cases by Mode of Testing



- Of the linked cases, 41 (32%) opted for assisted testing, and 87 (68%) were clients unassisted.

- Figure 31 shows linked cases by mode of testing

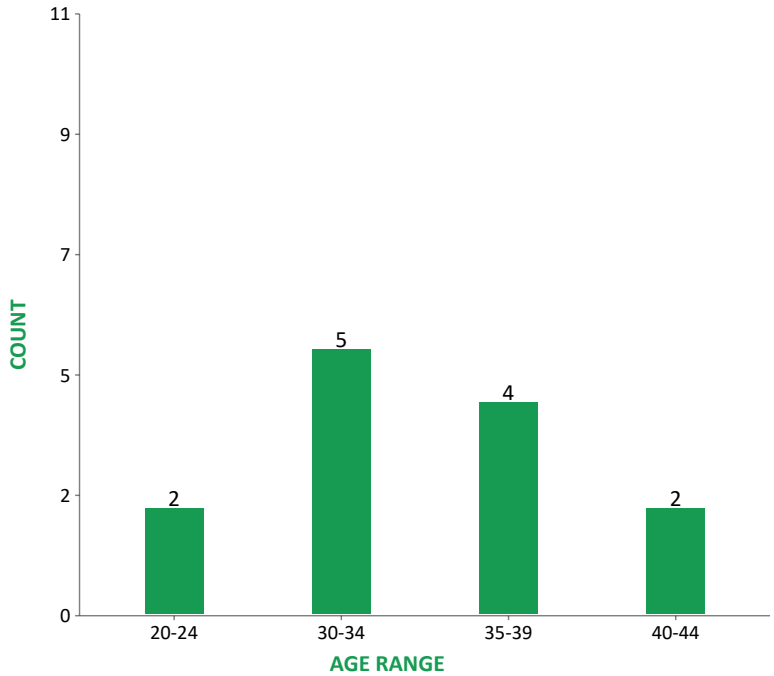
Unlinked Cases by Gender



- Of the 13 unlinked cases, 8 (62%) were males and 5 (38%) were females.

- Figure 32 shows unlinked cases by gender

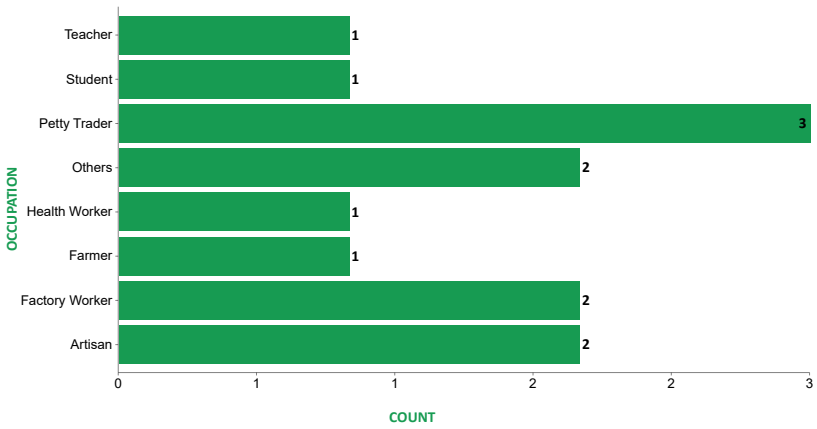
Unlinked Cases by Age



- The highest age distribution were among clients aged 30-34, followed by 35-39.

- Figure 33 shows unlinked cases by age

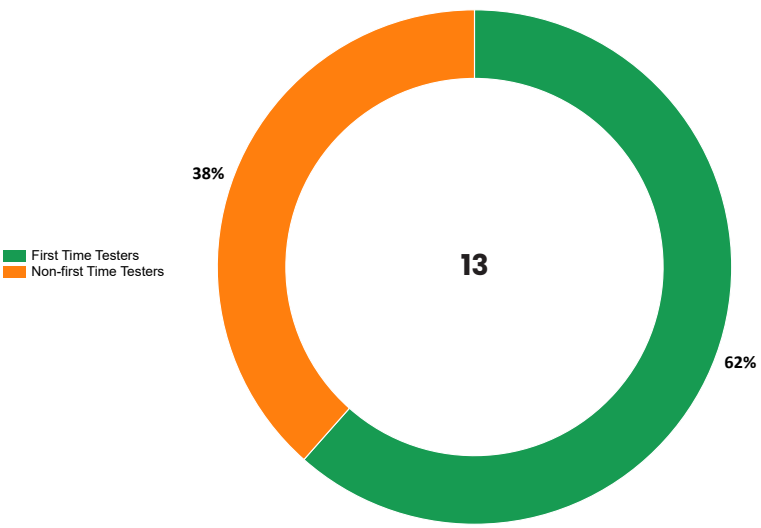
Unlinked Cases by Occupation



- Petty traders account for 23.1% (3 of 13) of unlinked cases, showing the highest proportion. This was followed by artisans, factory workers, and "others".

- Figure 34 shows unlinked cases by occupation

Unlinked Cases by Type of Testers



- Eight clients representing 61.5% of unlinked positive cases were first time testers and 5 (38%) were repeat testers. The 5 repeat testers who refused linkage to care were assumed to be aware of their HIV status.

- Figure 35 shows unlinked cases by type of testers

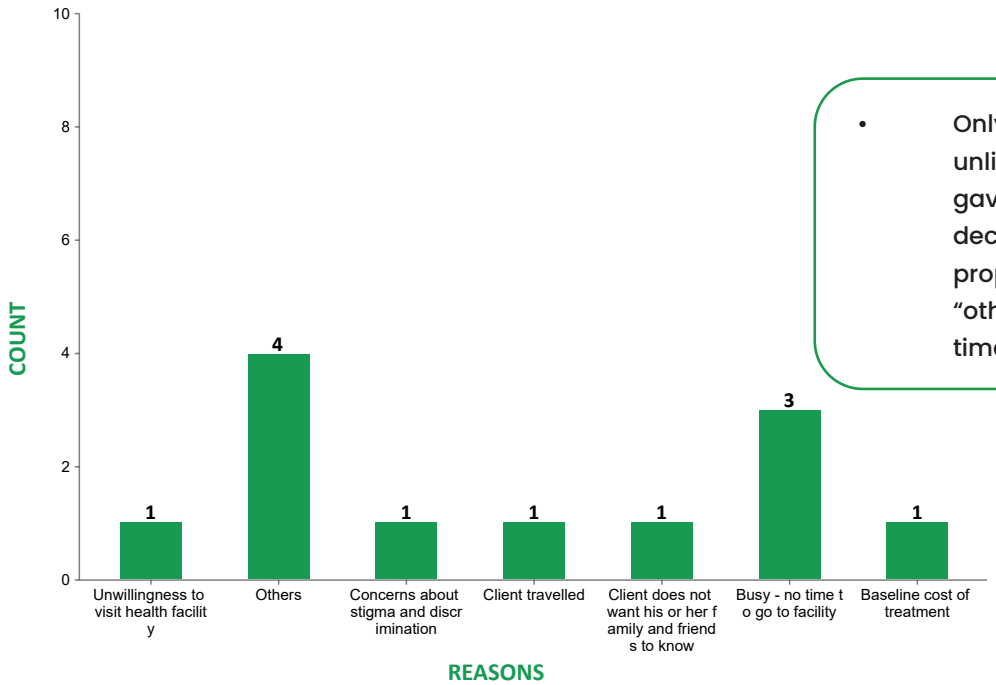
Unlinked Cases by Mode of Testing



- Of the unlinked cases, 5 clients that comprise 38.5% preferred to be assisted with the testing, and 8 (61.5%) were clients who were unassisted.

- Figure 36 shows unlinked cases by mode of testing

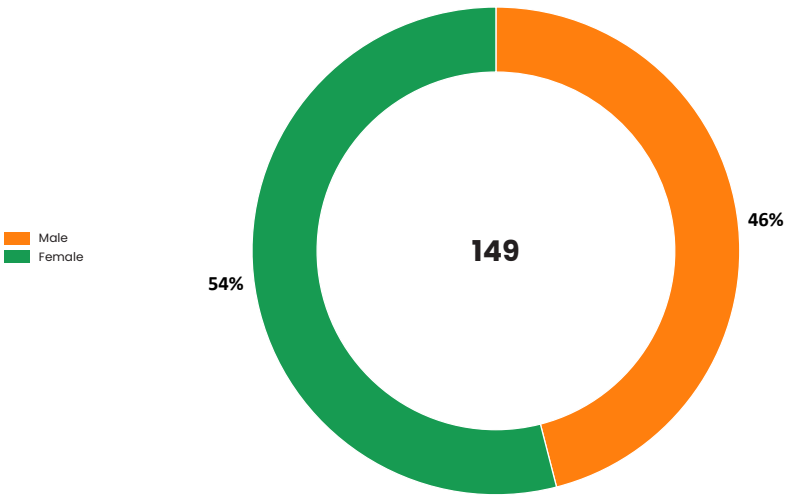
Reasons for Unlinked Positive Cases



- Only 12 of 13 (92.3%) unlinked positive clients gave reasons for their decision, the highest proportion being among "others" and "Busy – no time to go to the facility.

- Figure 37 shows reason for unlinked positive cases

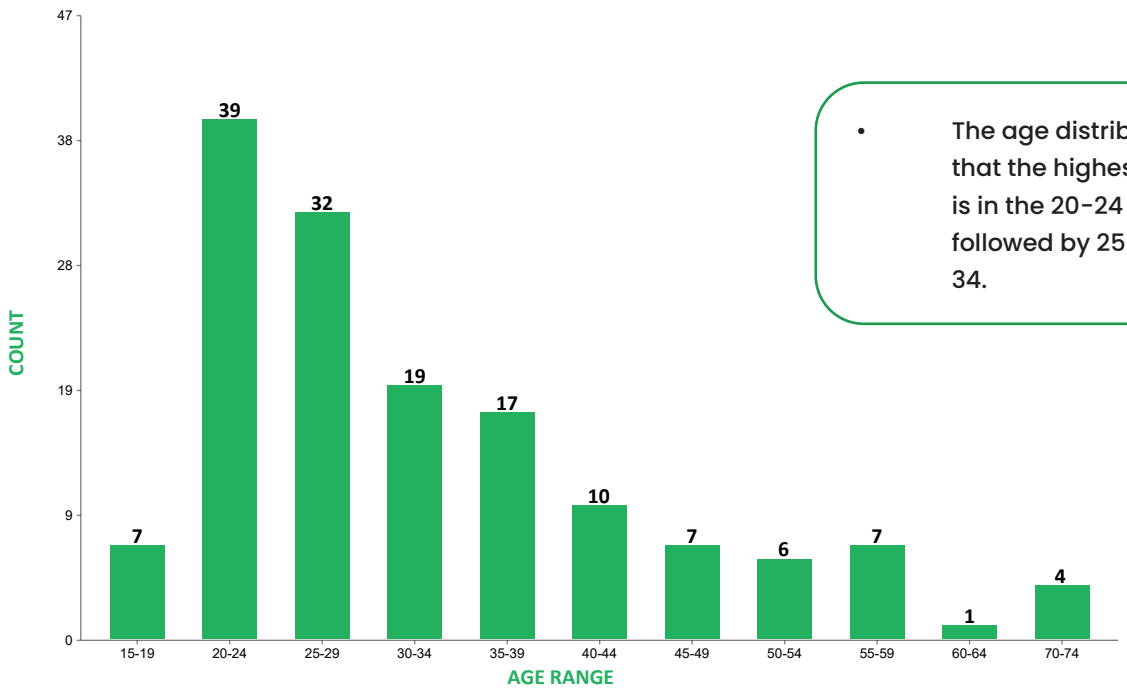
Unconfirmed Cases by Gender



- Among the 149 unconfirmed cases, 81 (54%) were female and 68 (46%) were male.

- Figure 38 shows unconfirmed cases by gender

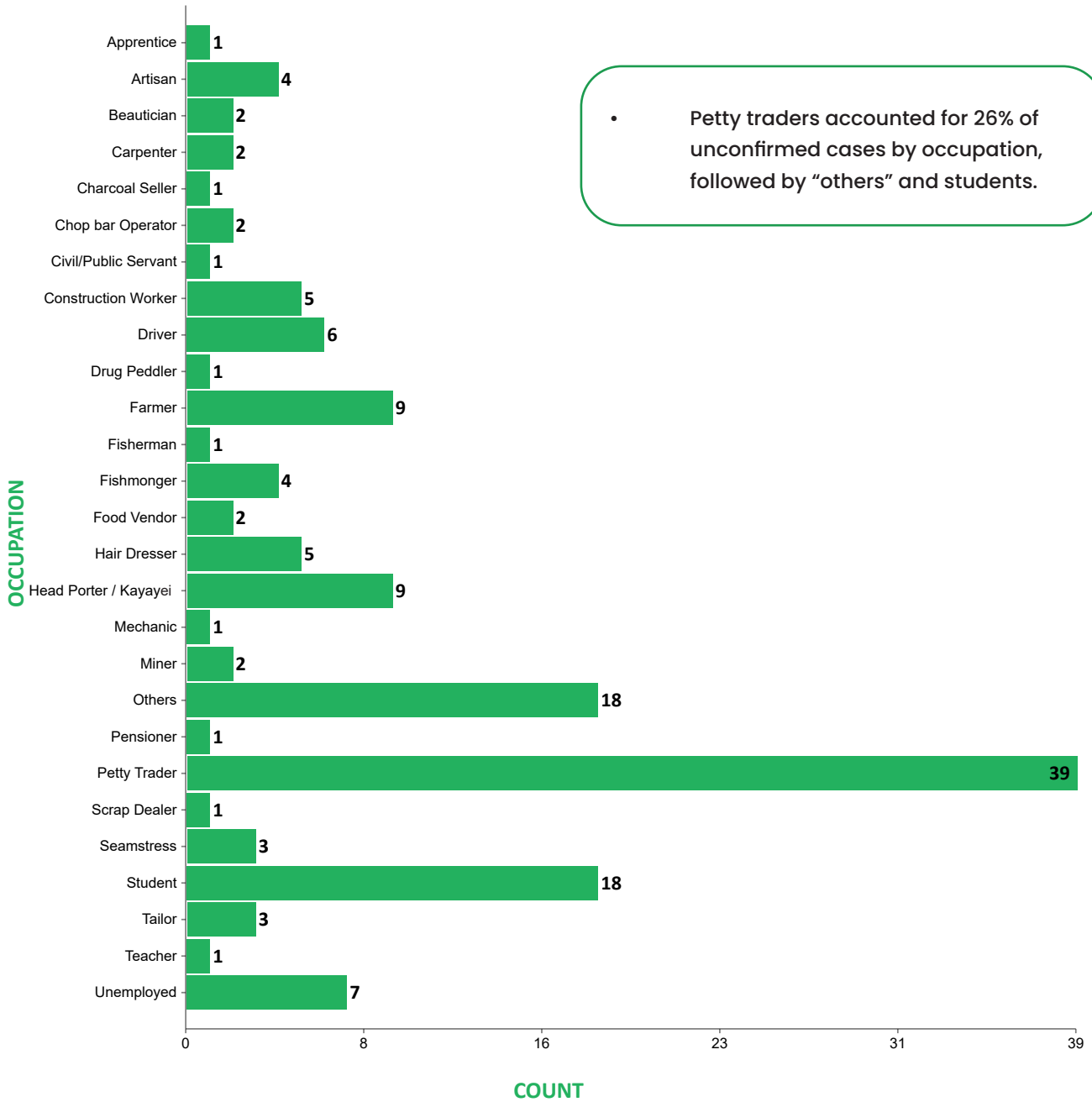
Unconfirmed Cases by Age



- The age distribution shows that the highest proportion is in the 20-24 age group, followed by 25-29, and 30-34.

- Figure 39 shows unconfirmed cases by age

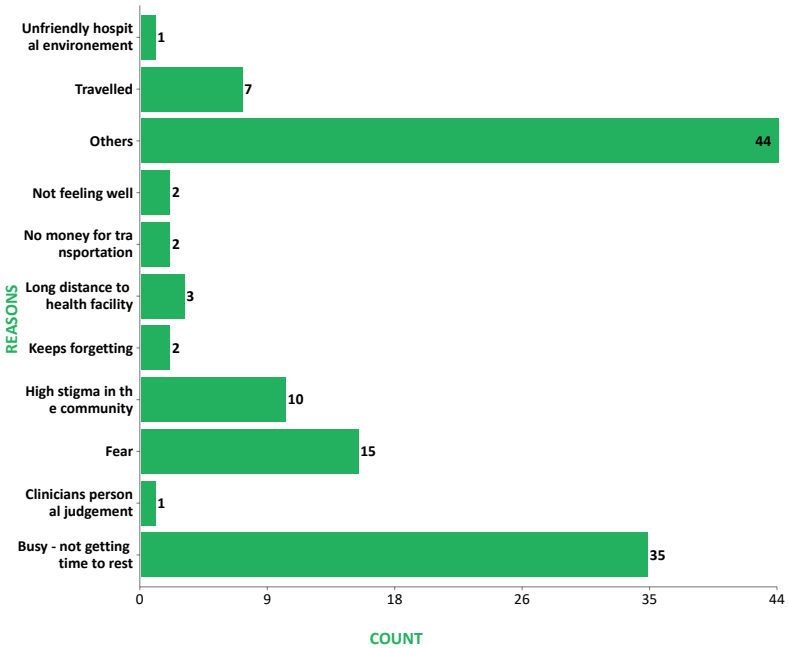
Unconfirmed Cases by Occupation



- Petty traders accounted for 26% of unconfirmed cases by occupation, followed by “others” and students.

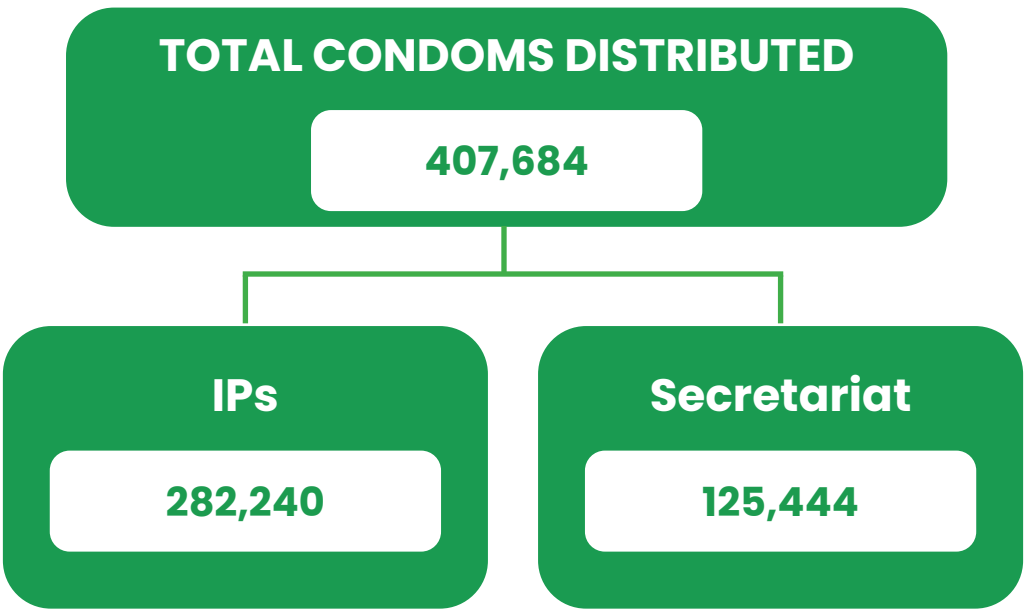
- Figure 40 shows unconfirmed cases by occupation

Reasons for Unconfirmed Reactive Cases



- Only 122 of 149 clients gave reasons for refusal to undergo the confirmatory test after a reactive result.
- The prominent reasons are “others” and “Busy – not getting time to test”. These reasons seem as excuses to escape undergoing confirmatory tests.

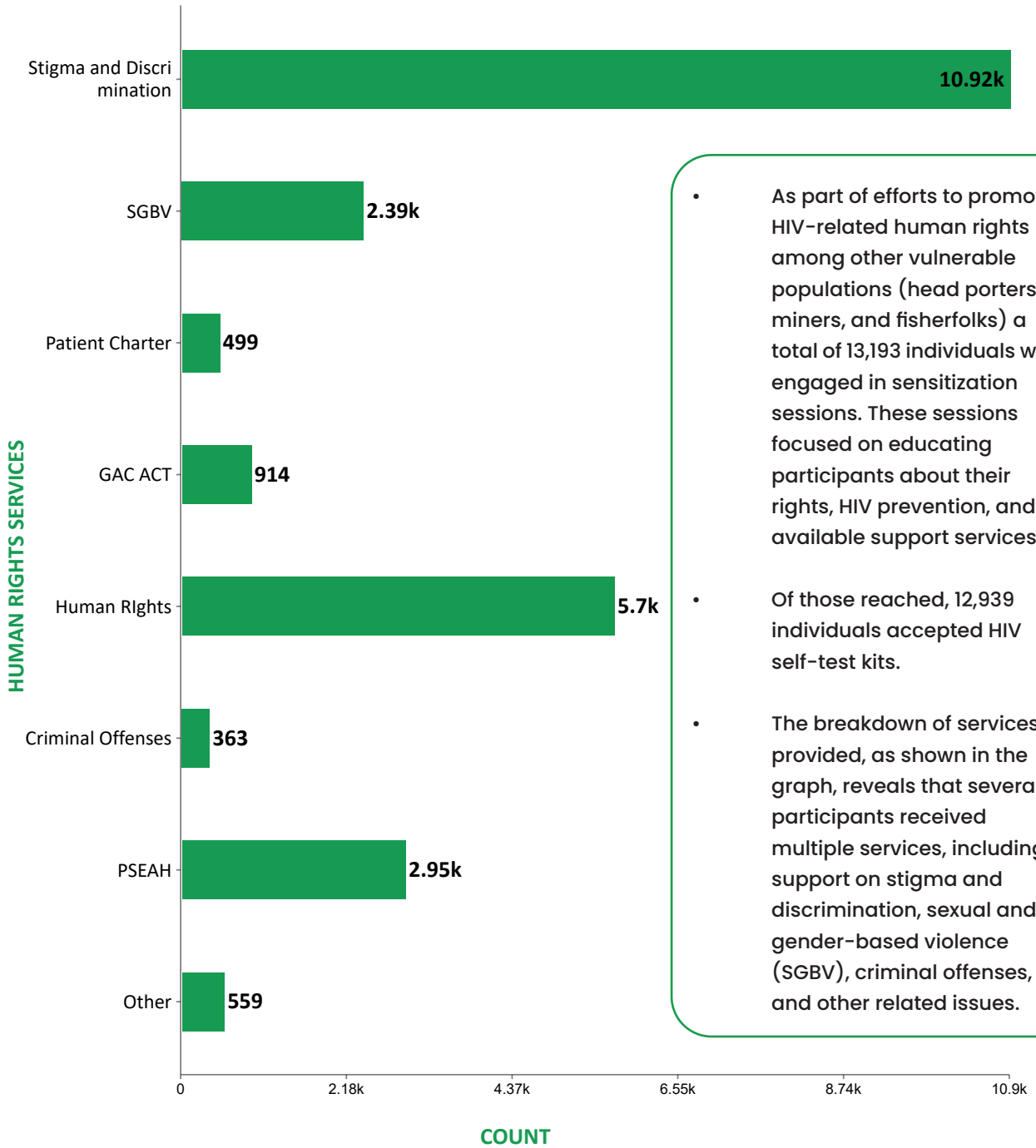
- Figure 42 shows reason for unconfirmed reactive cases



- Figure 43 shows condom distributed

Condom distributions were integrated into the distribution of HIVST kits. A total of 407,684 were distributed of which 282,240 were distributed by IPs whiles 125,444 were distributed by National Secretariat.

Human Rights Services Breakdown



- As part of efforts to promote HIV-related human rights among other vulnerable populations (head porters, miners, and fisherfolks) a total of 13,193 individuals were engaged in sensitization sessions. These sessions focused on educating participants about their rights, HIV prevention, and available support services.
- Of those reached, 12,939 individuals accepted HIV self-test kits.
- The breakdown of services provided, as shown in the graph, reveals that several participants received multiple services, including support on stigma and discrimination, sexual and gender-based violence (SGBV), criminal offenses, and other related issues.

- Figure 44 shows human rights service breakdown

Key Challenges

Delay in Take-off Date

Due to delays in project implementation take-off, both HIVST and OVP projects experienced some timeline spillage. The projects took off at the latter part of the year, and for this reason, HIVST implementers did two quarters while OVP implementers did only one quarter, of the four quarters in the year. This affected the annual target that was set for both projects.

Fear of Stigma and Discrimination

One major issue that was unearthed during the implementation was the issue of stigma and discrimination. There is deep-seated stigma and fear of discrimination among individuals, and this deterred them from participating in HIV self-testing. This resulted in some individuals being hesitant to accept the kits. Even some of those who accepted delayed testing due to the fear of being ostracized by their families and the community if they tested positive. Some volunteers reported that they encountered people who did not want to have anything to do with the topic 'HIV', let alone, get tested.

Myths and Misconceptions

Some clients held strong beliefs that HIV is a spiritual disease and this made it difficult for them to accept the test kits. Some also questioned why HIV cannot be found in saliva but can be found in the mouth using the oral-based test kit. Others also believed that the kits had been infected with the virus and that using them will rather get them infected. The trained volunteers spent time to educate the clients and clear all the myths and misconceptions.

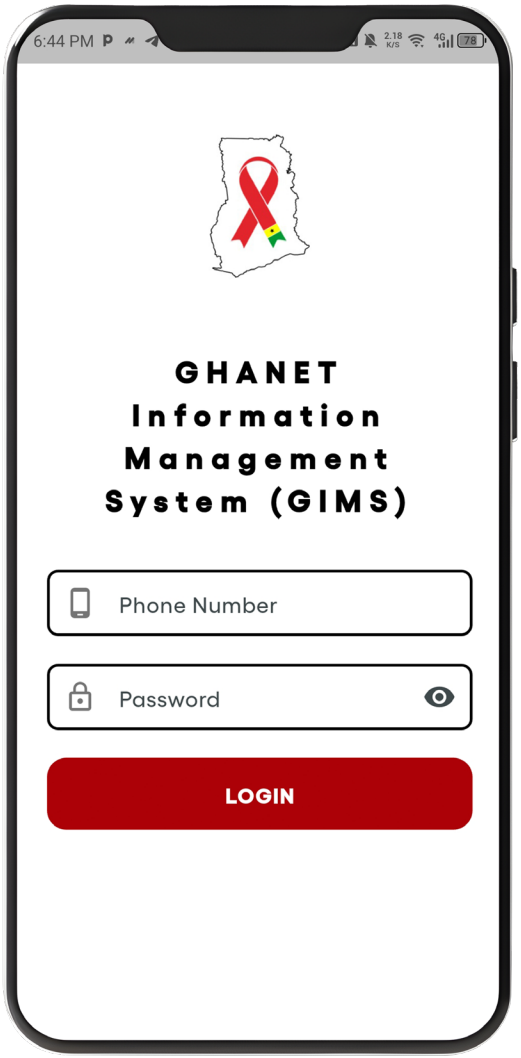
Internet Connectivity in Remote Areas

Limited access to stable internet was a challenge in some remote districts of implementation. Some Volunteers reported struggling to gain access to stable and strong internet connectivity. This made it challenging for them to access the online reporting platform and have a smooth data entry process. As a result, there were delays in the timely entry of clients' data into GIMS. The developers of GIMS are currently working to improve the offline version of the software.



Frequent Upgrade of GIMS

It is important to note that the digital system designed for data collection is not a perfect system yet. It came with its own challenges. Key among them is the need for regular upgrades of the system to suit implementation needs. However, some of the IPs complained that the upgrades were too frequent and needed to be streamlined. The GHANET I.T. team is working with the developers to fix this issue.



Non-compliance with Test Protocols

The inability of some clients to read and follow instructions was a major challenge. The accuracy of the test depends on the user's ability to follow instructions correctly. User errors could lead to false positive or false negative results. Unfortunately, some users were not able to read, hence, did not go strictly according to the steps involved in testing. This resulted in inaccurate results. For example, some did not follow the protocol of not testing immediately after brushing their teeth or eating. Also, the oral-based kit requires that you swab once but some swabbed multiple times. These non-compliance issues, in some cases, affected the test results.

Self-Reporting of Test Results

A major barrier that was encountered by the volunteers had to do with clients having to self-report the outcomes of their tests. Some of the volunteers suspected that some of the clients did not provide them honest feedback. For example, some clients initially reported seeing two lines (reactive) but later insisted that the line was only one (non-reactive) after doing the test. This happened especially when they were informed that they need to undergo confirmatory testing. At that point, many of them begin to express fear about a potential positive confirmatory test result.

Catalytic Cost of Treatment

Some clients who tested reactive complained that they were not able to proceed to take the confirmatory tests at the health facility due to financial difficulties. Transportation cost to the health facility was a major problem. For PLHIVs who have been put on treatment, the cost of visiting the facility at regular intervals to refill Antiretrovirals (ARVs) was a challenge. Additionally, the cost of feeding well before taking the ARVs discouraged some clients from adhering to their treatment guidelines. There were instances GHANET had to support some of them with transportation costs.





Follow-up Declines

There were challenges with some of the follow-ups that were conducted by the volunteers and the counselling unit. Some of the clients refused to pick up the calls or gave excuses in order not to engage further with the volunteers. Some even went to the extent of blocking the telephone numbers of the volunteers and counsellors so that they could not get access to them at all. GHANET has good reasons to believe that some of these individuals (quite a number of them) may have tested reactive. This conclusion is drawn based on the fact that those who tested non-reactive were always eager to engage with the volunteers. Some even took snapshots of their results and shared with the volunteers. Therefore, there are certainly some question marks about those who refused to engage after testing.

Key Achievements

Target Populations

The OVP project focused on three vulnerable populations; Fisherfolk, Miners and Kayayei (Head Porters). Data shows that these populations are at risk of HIV infection. These populations, ordinarily, find it difficult to visit health facilities for healthcare. Because of their poor health-seeking behavior, having a targeted intervention for them enabled them to get tested and know their status. The OVP project also provided the opportunity for these populations to be educated on HIV-related issues such as the GAC Act, PSEAH, SGBV, and other HIV-related human rights issues.





Increased Accessibility to HIVST Kits

The community-based nature of the projects has made HIV testing more convenient and easily accessible, more especially for hard-to-reach populations, by providing self-test kits that can be used anywhere at any time. Many clients have given feedback about how the project has made it possible for them to know their status without visiting a health facility.



Linkage of PLHIV to Care and Treatment

In spite of the delay in the kick-off of both projects, about 128 PLHIV were linked to care in 2024. These individuals would have not known their HIV status but for the project. The counselling unit is following up with those who are yet to go for confirmatory tests or yet to be linked to treatment and for those already on treatment, the counselling unit is still following up with them to ensure adherence to treatment.

Robust System for Data Collection

GIMS continues to play an essential role in the collection and analysis of data in GHANET's implemenetation. In the course of 2024, there were several upgrades to make the system more functional. Field volunteers collected and entered details of their distribution in real-time. The GHANET Monitoring and Evaluation (M&E) was also able to track these entries in real-time.





Integration of Condoms into HIVST Kit Distribution

GHANET, together with NACP, adopted a holistic and comprehensive approach to implement the HIVST and OVP projects by integrating condom distribution into the distribution of HIVST kits. This approach did not only increase protection and prevent infection, but also served as a 'motivation' for individuals to accept the test kits. Distributing condoms alongside the kits encouraged individuals to protect themselves after testing for HIV.

Increased Awareness and Education

There is a general concern in the country that HIV and AIDS awareness is quite low, especially among the youth. GHANET has therefore strategically leveraged on its current implementation to wage an awareness and educational campaign about HIV and AIDS through traditional media, social media, and community events. Implementing partners also engaged with local communities, churches, organizations, and community leaders to promote awareness and education.

Relinkage to Care and Treatment

The projects linked some PLHIV, who were already on medication but had defaulted, back to care. Some of these individuals believed they were prayed for and healed from the virus; hence stopped taking their medications. They got tested again and the results came out positive. Through counselling, these individuals have been put back on treatment.

Psychosocial Support to PLHIV Linked to Care

At the National Secretariat, GHANET has instituted measures to offer psychosocial support to PLHIV who have been linked to care as a result of the projects. Consequently, the counselling unit followed up with the PLHIV, on regular basis, to check up on them. They were encouraged to take their medications consistently. In October, GHANET acquired a toll-free line **(0800-345-346)** for the purposes of engaging PLHIV at no cost to them.

Contributions to the National Response

Another notable outcome of the 2024 implementation is the continuous revival of the national HIV and AIDS response. Some outreach programs were held on special occasions in the communities to raise awareness about HIV and the availability of self-test kits. For instance, some sensitization outreaches were organized during the Hogbetsotso festival and end-of-year festivities. One of the most interesting ones took place at Laboma beach in Accra during the Christmas festivities, where 'beach revellers' were sensitized on HIV, and had the opportunity to receive test kits and condoms. Also, a health walk and AIDS rally was organized where all political parties were given the opportunity to make commitments towards implementing the AIDS Fund. These activities fostered a renewed commitment to tackling and ending AIDS by 2030.



Testimonials

"My family wanted me to stop my ARV treatment"

"When my family took me to our village to stop my HIV treatment, for spiritual healing, I was afraid. But the counsellors at GHANET intervened. They spoke with my mother, helped her understand the dangers, and that changed everything. Today, I'm safely back on medication, and even my mother is grateful. That conversation saved my life."

"I didn't know I had HIV and TB"

"After my initial HIV test, I was terrified and in denial. But thanks to the compassionate counsellors at GHANET, they encouraged me to undergo a confirmatory test. The result was positive, along with an unexpected TB diagnosis. Without delay, I began treatment for TB for about two weeks before I was put on ARVs. Currently, I feel very strong and healthy."

"My family rejected me"

"Due to my financial struggles and rejection from my family, I gave up on my HIV treatment. I felt completely alone. But the counsellors reached out, listened without judgment, and helped me find my strength again. Today, I'm back on treatment and doing well. I will always be grateful to the counsellors."

"I felt broken"

"When I first tested positive for HIV, I felt broken, shattered; I couldn't eat; I couldn't sleep. However, the volunteers supported me to go through counselling. That was when I learnt that HIV doesn't have to define my life. With encouragement and support, I started treatment.

"My test result was negative"

"I want to express my deepest gratitude to you, Madam Joana. For a long time, I was paralyzed by fear, haunted by the mistakes of my past and terrified of what the future might hold. The thought of getting tested for HIV was overwhelming, but you were the voice of reason and the source of strength I desperately needed.

Your unwavering support and encouragement gave me the courage to face my fears head-on. A few hours ago, I saw my test results, and I am incredibly relieved and thankful to share that it was negative. Thank you for believing in me when I couldn't believe in myself."

HIVST List of Implementing Partners

S/N	Region	District	Name of Organization
1	Ashanti	Atwima Nwabiagya North	Agency for Health and Food Security
2		Juaben	CCLD GHANA LIMITED
3		Atwima Nwabiagya South	Foundation for God's Goodness
4		Kwadaso	Passion for Humanity GHANA
5		Asokwa	Preach the Word Foundation
6		Ejiso	Vision for Action Foundation
7		Obuasi	Social Support Foundation
8	Bono	Sunyani West	Alliance for Women Opportunities and Development
9		Berekum	Alternative Innovations for Community Development
10		Sunyani East	Mihoso International Development
11		Dormaa	Reproductive Needs and Fitness Foundation
12	Bono East	Kintampo North	Action Youth for Development, Ghana
13		Kintampo South	Center for Migration and Africa Development

HIVST List of Implementing Partners

S/N	Region	District	Name of Organization
14	Bono East	Techiman South	Center for Posterity Interest Organization
15		Techiman North	Migration and Rights Lab
16	Central	Mfantseman	Care Love Charity Foundation
17		Agona West	Hero Network
18		Ajumako Enyan Essiam	KEBA Africa
19		Cape Coast	Sustainable Amplified Voice – Africa
20	Eastern	Abuakwa North	Access Care Treatment and Support Ghana
21		New Juaben South	Beyond Hope Foundation
22		Abuakwa North	Center for Community and Rural Development
23		Asene Manso Akroso	Patients Friend Foundation
24	Greater Accra	Ga West	Auntie Linda Foundation
25		Krowor	Christ Soldiers Foundation
26		Tema Metro	Community Outreach Alliance
27		Ashaiman	Dream Weaver Organization
28		Ablekuma South	Foundation for Future Christian

HIVST List of Implementing Partners

S/N	Region	District	Name of Organization
29	Greater Accra	Ashaiman Kpone Katamanso	Joncaring Foundation
30		Okaikoi	Media Response
31		Osu Klottey	Transformers International
32		Ablekuma North	Unisphere Alliance
33	Northern	Tamale	Community Empowerment Organization
34		Tamale Metro	Nfasimdi Development Ghana
35		North-East Gonja	Foundation for Research and Development
36		Mion	Women Innovations and Development Agency
37	North East	Asene Manso Akroso	Patients Friend Foundation
38	Oti	Nkwanta South	ATP – Solidarity Foundation
39		Jasikan	Omega Project Management Foundation
40	Savannah	West Gonja	Sustainable Urban and Rural Empowerment Ghana
41	Upper East	Kassena/ Nankana West	Dezendani Integrated Development Organization
42		Bongo	Development Research and Advocacy Center
43		Bolgatanga	Participatory Action for Rural Development Alternatives

HIVST List of Implementing Partners

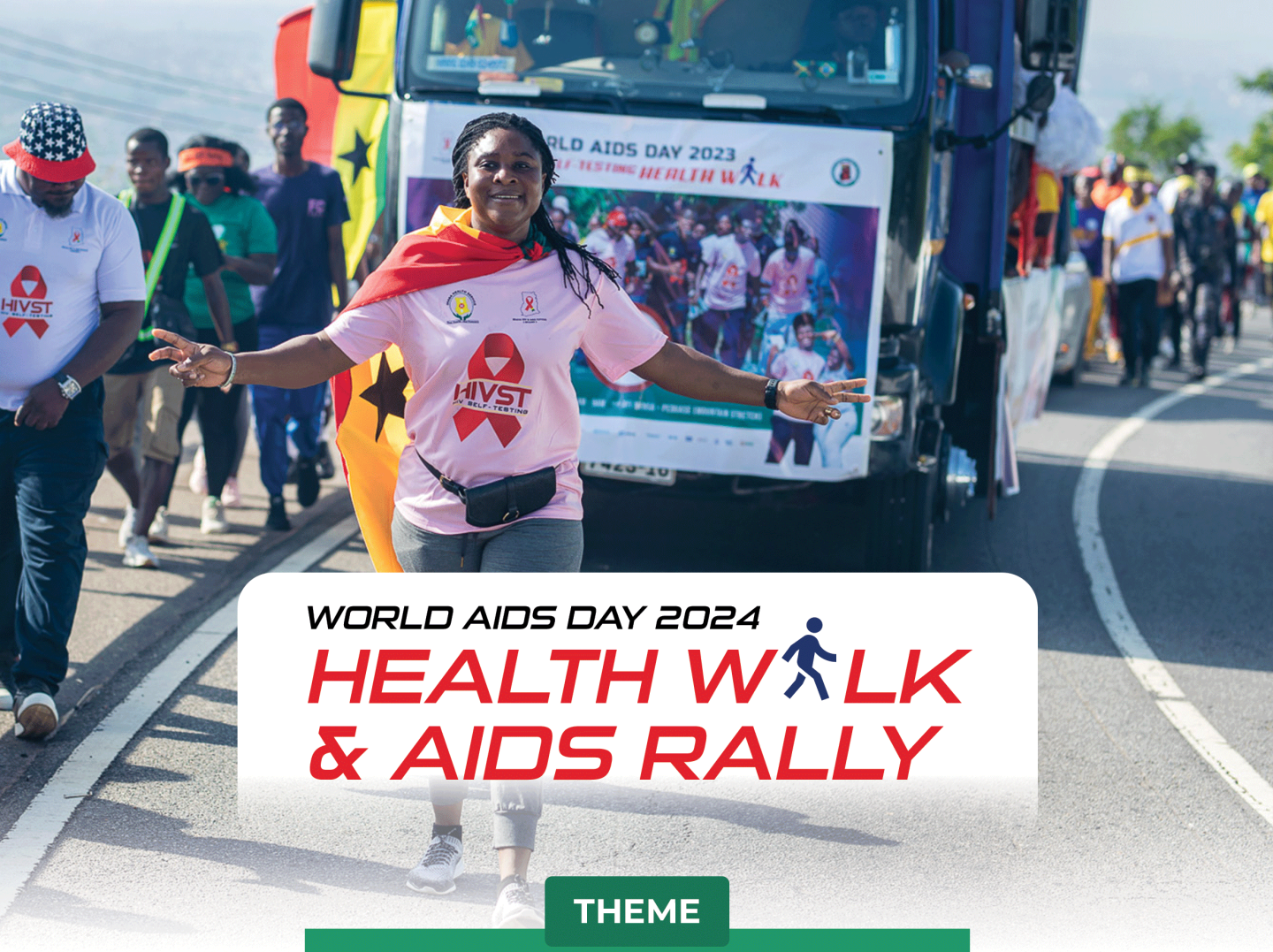
S/N	Region	District	Name of Organization
44	Upper West	Nadowli-Kaleo	Acceleration Community – Based Development Agency
45		Wa	Sustainable Development for Women Foundation
46		Wa West	Positive Action against Poverty
47	Volta	Hohoe	AFRINET GHANA
48		Kpando/Guan	Community Advocacy against Poverty
49		Ho West	ENE Empower
50		Adaklu	Sikamore Global Foundation

OVP List of Implementing Partners

S/N	Region	District	Name of Organization
1	Ashanti	Amansie Central	Sincere Aid Foundation
2		Ahafo Ano South	TIM Africa Aid Ghana
3		Kumasi Metro	Women in Livelihood Development
4		Suame Municipal	Centre for Health Equity, Research and Development in Africa (CHERD Africa)
5	Central	Komenda Edina	African Women International
6		Abura Asebu	AGRIDEF
7		Gomoa West	Genda in Focus
8		Gomoa East	HOMES Fountain
9		Ekumfi	Radiant Governance and Empowerment Foundation
10		Assin Fosu Municipal	Roots Link Africa
11		Effutu	Human Rights and Development Services
12	Eastern	Fanteakwa South	Ark Development Organisation
13		Brim North	Obra foundation
14		Atiwa East	Defence Against AIDS Poverty and Underdevelopment
15		Abuakwa South	4H Ghana

OVP List of Implementing Partners

S/N	Region	District	Name of Organization
16	Greater Accra	Asheidu Keteke (Accra Metro)	Disabled Christian Fellowship International
17		Ablekuma West (Accra Metro)	Eden Spring of Hope
18		Ledzokuku Municipal	Foundation for Environmental Watch
19		Korle Klottey	Janok Foundation
20		La Nkwantanang Madina	Rural Project Support Network
21		Ga South	WIN (Women in Need)
22	Volta	Anloga	Community Vulnerable Children Organization
23		South Dayi	GOSANET Foundation
24		Ketu South	Rain Healthy Health Care
25		Keta	Seek to Save Foundation



WORLD AIDS DAY 2024
HEALTH WALK & AIDS RALLY

THEME

TAKE THE RIGHTS PATH
#EndAIDSNow

PROGRAMME OUTLINE

SATURDAY
23RD NOVEMBER, 2024

6AM TO 10:45AM

STARTING POINT
OBRA SPOT, KWAME NKRUMAH INTERCHANGE

ENDING POINT
OSEKAN PARK
(OFF JOHN EVANS ATTA MILLS HIGH STREET)

GHANA HIV & AIDS NETWORK(GHANET)

Under the Office of the President

NACP
NATIONAL AIDS CONTROL PROGRAMME

Abbott

026-022-1462 / 050-511-3302
www.ghanet.net
info@ghanet.net
ghanetgh

For Outside USA Use Only • *In Vitro* Diagnostic Use • Do Not Reuse

ENGLISH

ORAQUICK® HIV SELF-TEST

INSTRUCTIONS FOR USE

You must follow the test directions carefully to get an accurate result.

Do not eat or drink for at least 15 minutes before you start the test or use mouth cleaning products 30 minutes before you start the test.

WARNING: If you are on HIV treatment you may get a false result. Clinical data has not been collected to demonstrate the performance of OraQuick® HIV Self-Test in individuals that are undergoing PrEP.

VIEW INSTRUCTIONS
oraquick.com

HOW TO USE THE ORAQUICK® HIV SELF-TEST KIT

1



YOU WILL NEED A WAY TO TIME THE TEST

2



Kit contains: **test kit**, **test stand**, **instructions for use** and **disposal bag**. Remove these items to begin testing.

3



Your test kit contains two pouches.

4



Tear open the pouch containing the tube.

5



Remove the cap.

6



DO NOT pour out the liquid. **DO NOT** drink.

7



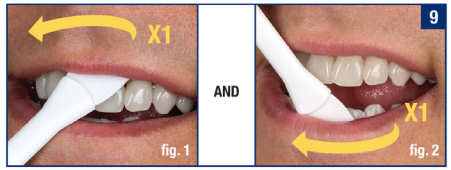
Slide the tube into the **stand**.

8



Tear open pouch containing the **test device** and remove. **DO NOT** touch the flat pad with your fingers. **DO NOT** eat or swallow the preservative.

9



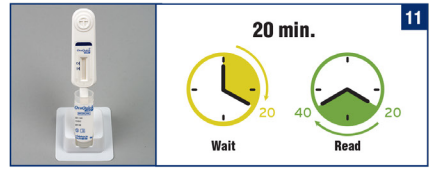
Press the **Flat Pad** firmly against your gum and swab it along your **upper gum once** (fig. 1) and **your lower gum once** (fig. 2).

10



Put the **flat pad** all the way into the tube until it touches the bottom.

11



LEAVE IT THERE for 20 MINUTES before reading the results. DO NOT read the result after 40 minutes.

INTERPRETING RESULTS Read test results in a well-lit area

HIV POSITIVE RESULT



Two complete lines, even if the line is faint, means you may be HIV POSITIVE and you need to seek additional testing by a trained professional to confirm an HIV diagnosis.

→ ***As soon as possible . . .***

Visit your nearest HIV Testing Centre or Health Facility

INVALID RESULT



If there is no line next to the "C" (even when there is a line next to the "T"), the test line or control line are not complete (all the way across the window), or a red background makes it impossible to read the test, the test is not working and should be repeated. **You will need to obtain another test.**

→ The test did not work properly.

Visit your nearest HIV Testing Centre or Health Facility to test again.

HIV NEGATIVE RESULT

IF READ BEFORE 20 MINUTES, RESULT MAY NOT BE CORRECT



ONE LINE next to the "C" and NO line next to the "T", your result is HIV NEGATIVE.

→ Seek regular testing. If you may have been exposed to HIV, test again in 3 months.

NOT SURE OF RESULT

You do not know your result or you are unsure of your result. Visit your nearest HIV Testing Centre or Health Facility to test again.

DISPOSE

Remove the test stick, put the cap on the test tube, place in the disposal bag provided and throw away all contents in the normal trash.

Item #3001-3224-70
rev. 04/21B

Abbott

CheckNOW™

HIV SELF TEST

Watch the instructional video:
https://alere.wistia.com/medias/guyym62w5j

Revision Date: 2022-06-05

INSTRUCTIONS FOR USE

Catalog Number: 29012-W01 EN

Before testing you must read all the steps. Conformance with the test procedure is necessary to ensure an accurate result.

Precautions

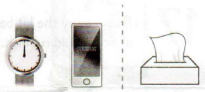
Do not use

- If you have a bleeding disorder
- If you are on HIV treatment (ARVs)
- If you are needle phobic
- If the kit bag or components is broken
- If the kit or components have been used
- If your area is under poor lighting

Do not eat or drink while you perform the test

STEP 1: PREPARATION

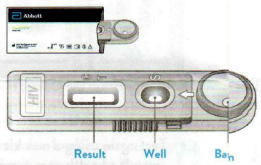
1 Prepare a Timer and Tissue.



⚠ Not included in the kit, but needed.

2 Open and place all materials on a flat and clean surface with bright light.

(A) Test device



(B) 2 Alcohol Pads STERILE IN

(C) Plaster STERILE EO

(D) Buffer

(E) Specimen Dropper

(F) Lancet STERILE IN



⚠ It only pricks once!

(G) Use kit bag as disposal bag

3 Wash hands in warm water and dry. If no warm water is available, rub your hands together.



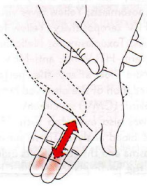
4 Choose ring finger or middle finger.



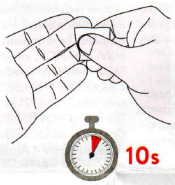
Avoid dominant hand.

STEP 2: COLLECT BLOOD

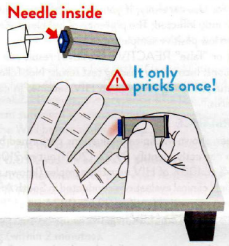
5 Massage and rub your hand & finger to increase circulation.



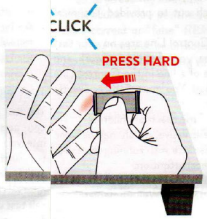
6 Clean your finger with (B) Alcohol Pad. Let it dry for 10 seconds.



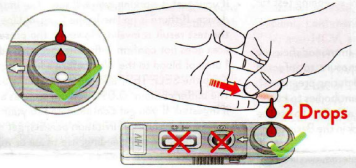
7 Remove the Lancet cover.



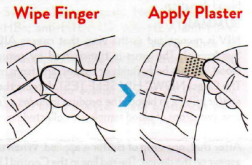
8 Press the (F) Lancet against the finger until it clicks.



9 Massage from the base to the tip, let **2 drops** of blood **fall** into the Basin. If you are having difficulty, wipe finger clean and squeeze again.

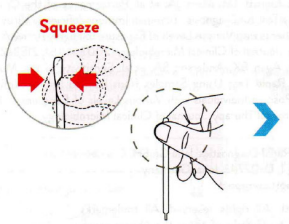


10 Wipe finger with (B) Alcohol Pad and apply the (C) Plaster. If needed, press on the plaster to stop bleeding. Start next step immediately to transfer blood.

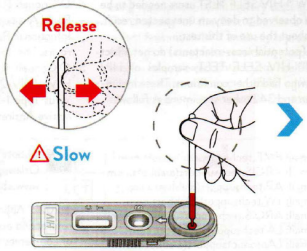


STEP 3: TEST

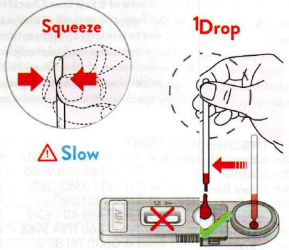
11 Squeeze the top of the (E) Specimen Dropper all the way down and hold while dipping into the blood sample.



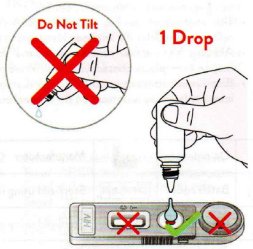
Dip the dropper into the blood in Basin and release slowly to draw blood into the dropper.
⚠ Avoid bubbles when drawing blood.



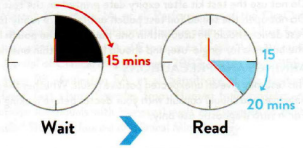
Place dropper over the Well labelled S. Squeeze the top of the dropper to apply **1 drop** of blood into the Well labelled S.



12 Hold (D) Buffer bottle vertically and apply **1 drop** of Buffer into the **Well labelled S.**

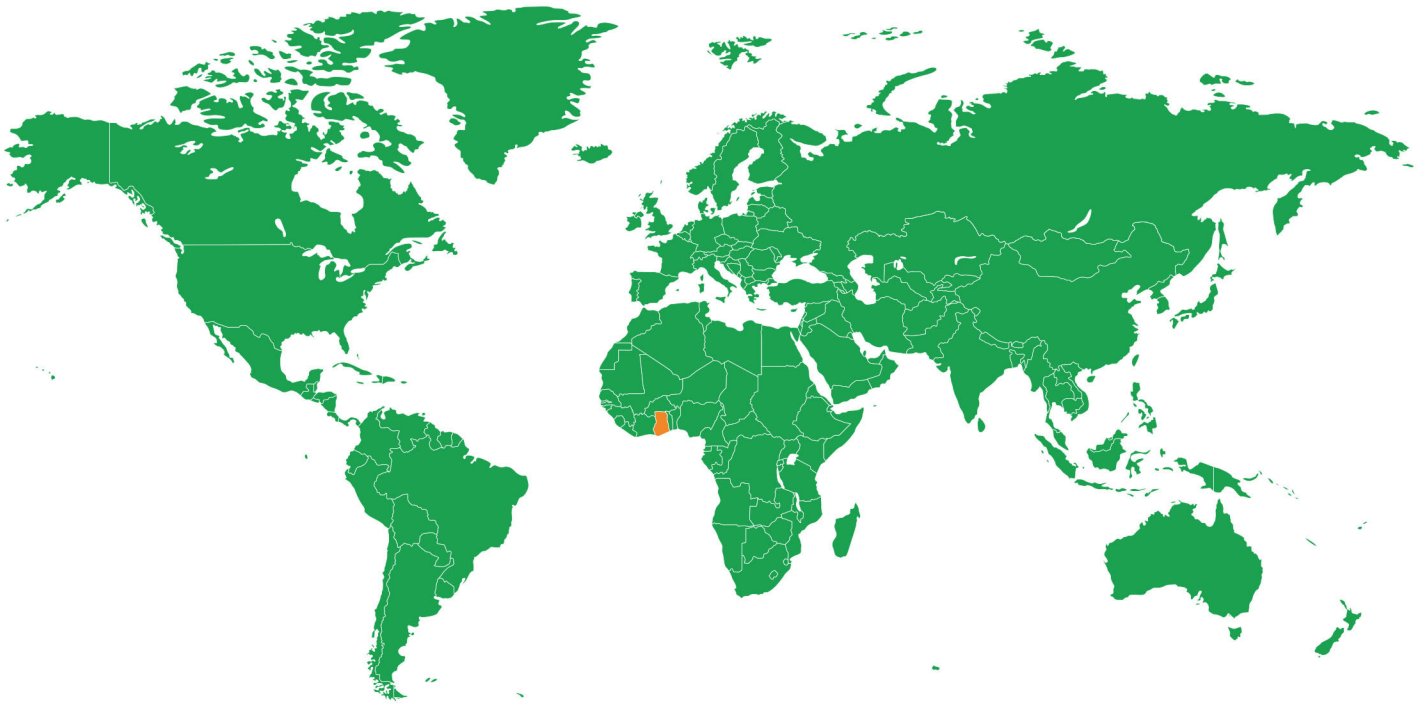


13 Start the Timer. Read the result in 15-20 minutes, do not read past 20 minutes.



See flip side for STEP 4: Read Result

Number: 40001411
Vers. 05



FOR MORE INFORMATION:

NATIONAL SECRETARIAT
1 Jackfruit St. GH-0180-3266, New Gbawe, Accra

P.O.Box MB 533, Accra-Ghana

080-034-5346 / 050-511-3302 / 026-022-1462

Email: info@ghanet.net

www.ghanet.net ghanetgh

Ghana HIV and AIDS Network

Under the Office of the President