



## GHANA HIV AND AIDS NETWORK



*Test Yourself... Know Your Status*



## REPORT ON HIV SELF-TESTING PILOT IMPLEMENTATION IN GHANA



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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 2015;58(Suppl 1):113-8.

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# Abbreviations

<b>ART</b>	Antiretroviral Therapy
<b>CITC</b>	Client Initiated Testing and Counselling Services
<b>CBO</b>	Community-Based Organization
<b>DHMT</b>	District Health Management Team
<b>FDA</b>	Food and Drug Administration
<b>GAC</b>	Ghana AIDS Commission
<b>GHANET</b>	Ghana HIV and AIDS Network
<b>GHS</b>	Ghana Health Service
<b>GIMS</b>	GHANET Information Management System
<b>HIVST</b>	HIV Self-Testing
<b>HTC</b>	HIV Testing and Counselling
<b>MoH</b>	Ministry of Health
<b>NACP</b>	National AIDS/STI Control Programme
<b>NGO</b>	Non-Governmental Organization
<b>OTC</b>	Over the Counter
<b>PITC</b>	Provider Initiated Testing and Counselling
<b>PLHIV</b>	Persons Living with HIV
<b>RHD</b>	Regional Health Directorate
<b>STI</b>	Sexually Transmitted Infections
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>WHO</b>	World Health Organization

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The Network is also grateful to the following individuals for their unflinching support right from the National Launch to the World AIDS Day Health Walk; Hon. Kwaku Agyeman-Manu (Minister for Health), Dr. Amb. Mokowa Blay Adu-Gyamfi (Presidential Advisor on HIV and AIDS), Héctor Sucilla Pérez (Country Director, UNAIDS), Nii Ahele Nunoo III (Mantse, Abola Traditional Area), Hon. Elizabeth Naa Kwatsoe Tawiah Sackey (Mayor of Accra), Dr. Kyeremeh Atuahene (Director-General, Ghana AIDS Commission (GAC)), Hon. Sebastian Sandaare (MP for Daffiama/Bussie/Issa Constituency, Upper West Region), Dr. Stephen Ayisi Addo (Programme Manager, NACP), Ms. Refilwe M. Kotane (Product Manager - Public Health, MEA, Abbott), and Dr. Elizabeth Agyare (World Health Organisation (WHO)).

Also, our gratitude goes to e-Africa Solutions for developing the GHANET Information Management System, Johnny Black Media and YADABA Communications for all the media coordination and coverage, and Still Waters Motion Pictures for photography.

Finally, the contributions of all the implementing CBOs, National Executive Committee, Executive Committee, and National Secretariat are also hereby acknowledged.

## Executive Summary

This report encapsulates the implementation outcomes of HIV Self-Testing (HIVST) piloted in Ghana in the year 2023. The implementation was led by the Ghana HIV and AIDS Network (GHANET), operating under the aegis of the National AIDS/STI Control Programme (NACP), Ghana Health Service (GHS), and Ministry of Health (MoH). The primary objective of the project centered on demand creation for HIVST at the community level. It commenced in February and concluded in December.

Leveraging its size and influence nationwide, GHANET successfully mobilized all relevant stakeholders, from the national level to development partners, traditional authorities, and Community-Based Organizations (CBOs), to generate the critical mass of support necessary to popularize and accept HIVST in the country.

Although initially intended as a low-key implementation in 50 districts (out of the 261 districts in the country), it evolved into a national sensation due to the innovative strategies introduced by GHANET during the rollout. Consequently, shortly after the national launch in July by the Health Minister, Hon. Kwaku Agyeman-Manu, demand for the kits surged from every corner of the country.

In total, GHANET received 140,000 kits from NACP. Of these, 123,088 kits were distributed by trained CBO volunteers in local communities in a targeted manner, with follow-ups conducted, while the remainder was distributed at public events such as festivals, parades, health walks, and others, without follow-ups.

A key implementation challenge arose from the fact that, as HIVST is based on the principles of privacy and confidentiality, testers had to self-report their status after testing reactive and undergoing confirmatory tests. Due to the high levels of fear and stigma associated with HIV and AIDS, many testers likely did not report accurately to the CBOs and their volunteers. Initially, myths and misconceptions about HIV and AIDS created resistance.

Despite this challenge, GHANET believes that linking 202 persons living with HIV (PLHIV), who were previously unaware of their status, to treatment is a significant outcome of the project. These individuals, now on treatment, may have otherwise unknowingly infected others.

From the analysis, HIVST holds promise as a game-changer for HIV testing, particularly if targeted effectively at men. Of the 123,088 testing results captured in the GIMS, 40% were males, an improvement over the national HTC average of about 20%.

It is therefore crucial to consolidate and build upon the gains achieved in the pilot implementation: more stakeholders need to be engaged, and all parts of the country need to be covered.

# Introduction

**H**IV self-testing has evolved over several decades alongside advancements in HIV/AIDS research, diagnostic technologies, and healthcare policies. In the early days of the HIV epidemic, testing typically involved visiting a healthcare provider or clinic for a blood test. This process often required multiple visits and could be accompanied by stigma and discrimination. The development of Rapid HIV tests, which provide results in minutes rather than days, became available in the 1990s. These tests improved access to HIV testing and counseling, especially in resource-constrained settings.

By 1996, the introduction of Home Testing Kits in the United States (US), and its subsequent approval by the Food and Drug Administration (FDA), made it possible for individuals to collect a sample at home and mail it to a laboratory for testing, with results delivered over the phone. This continued for about half a decade until the FDA, in 2012, approved Over-the-Counter (OTC) HIV Test Kits. The OraQuick In-Home HIV Test was the first to be approved. This test allowed individuals to collect an oral fluid sample at home, test, and receive results within 20-40 minutes.



**Mr Ernest Amoabeng Ortsin**  
President, GHANET

As the years rolled by, HIV self-testing gained momentum globally. Various organizations and governments endorsed it as a strategy to increase HIV testing rates, particularly among high-risk populations who may be reluctant to seek traditional testing services. Advances in technology have led to the development of more user-friendly and accurate self-testing kits. These include tests that use oral fluid, finger-prick blood samples, or even saliva, reducing the need for invasive procedures and making testing more accessible to a wider range of people.

Many countries have subsequently updated their policies to support HIV self-testing initiatives, including distribution through pharmacies, online platforms, community-based organizations, and vending machines. Additionally, supportive programs offer counseling, linkage to care, and resources for individuals who receive positive test results.

HIVST has become an integral part of global efforts to achieve the UNAIDS' 95-95-95 targets, which aim for 95% of people living with HIV to know their status, 95% of those diagnosed to receive antiretroviral therapy, and 95% of those on treatment to achieve viral suppression by 2025. However, challenges such as ensuring linkage to care and addressing issues of stigma and confidentiality continue to be important

considerations in the ongoing expansion of self-testing initiatives. African countries embraced HIVST around 2018 with South Africa taking the lead. Today, more than 10 countries have successfully rolled out. Ghana joined the fold of countries implementing HIVST in 2023 with a pilot project undertaken by the Ghana HIV and AIDS Network.

## Country Context

Ghana has actively implemented HIV testing and counseling (HTC) services since the first case was recorded in the country in 1986. These services are provided in both public and private healthcare facilities: Facility-Based Testing (FBT) as well as through a range of Community-Based Testing (CBT) approaches. FBT takes place in health facilities, whereas CBT happens in local communities.

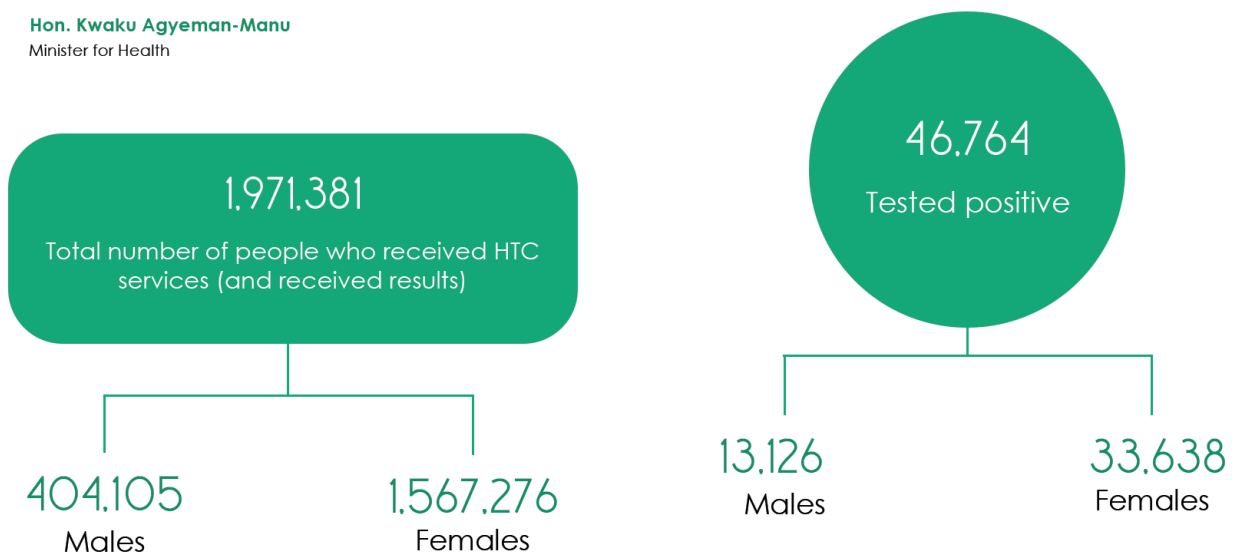
At the facility level, HTC services are available either at general health service sites or at stand-alone sites for HIV testing. The facilities essentially follow two main approaches: Client-Initiated Testing and Counselling (CITC) and Provider-Initiated Testing and Counselling (PITC). It is important to stress that both approaches are voluntary; that is, clients are required to give their consent prior to testing. Additionally, PITC services are routinely offered by health workers to all patients at the outpatient department (OPD)/inpatient department (IPD), Sexually Transmitted Infections (STI), Tuberculosis (TB), antiretroviral (ART) clinics, emergency settings, and across all entry points where feasible in all health facilities.

At the community level HTC services are rendered by health providers who visit communities to test individuals, couples and families. This may include approaches such as home-based or workplace testing, as well as testing in schools, universities, churches, mosques and special events. It is important to add that sometimes the testing services are requested by HIV-positive clients who invite health care professionals or HTC providers to visit their homes to offer HTC services to their partner(s), spouse(s), or family member(s). Therefore, in essence, community HTC includes aspects of both PITC and CITC.

Data from the Ghana AIDS Commission (GAC), as per the 2022 National HIV Estimates and Sub- Estimates, indicate that the total number of people who received HTC services (and received results) in the year 2022 was 1,971,381. Out of this number 404,105 were males whilst 1,567,276 were females. The number that tested positive was 46,764 and this comprised 13,126 males and 33,638 females.

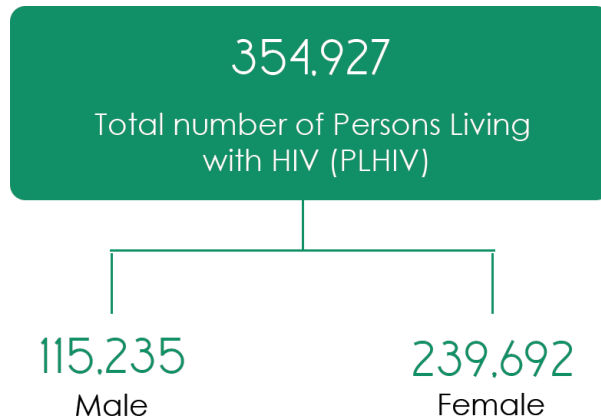


**Hon. Kwaku Agyeman-Manu**  
Minister for Health



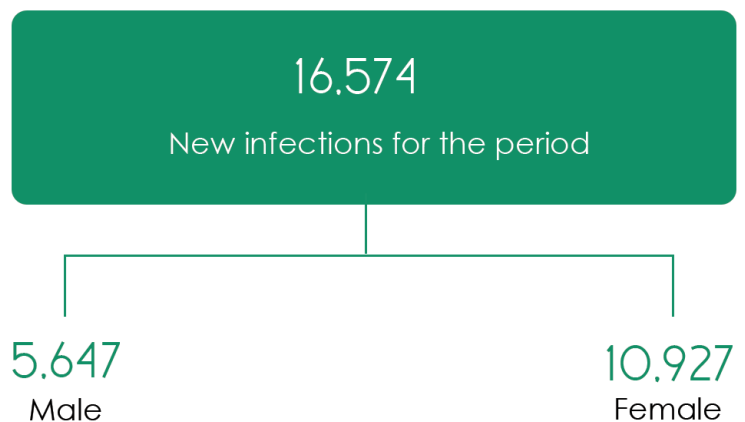
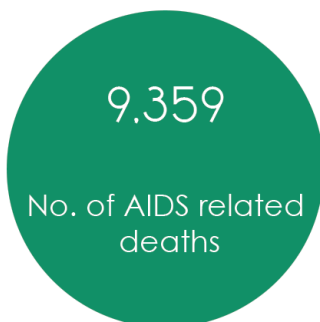
In terms of national HIV prevalence the 2022 data put Ghana at 1.66%. The total number of persons living with HIV (PLHIV) was 354,927 (comprising 115,235 males and 239,692 females).

In terms of national HIV prevalence the 2022 data put Ghana at 1.66%.



**Dr. Amb. Mokowa Blay Adu-Gyamfi**  
Presidential Advisor on HIV and AIDS

New infections for the period stood at 16,574 (comprising 5,647 males and 10,927 females) whilst the number of AIDS related deaths was 9,359. With regards to the UNAIDS' 95-95-95 targets which is aimed at ensuring that 95% of PLHIV get to know their status, 95% of those who know their status be put on treatment and 95% of those on treatment achieve viral suppression, the country as at 2022 stood at 71.8, 87.4 and 68.1 respectively.



# VIP PROMOTERS OF HIVST IN GHANA



**Nii Ahele Nunoo III**  
Mantse, Abola Traditional Area



**Hon. Elizabeth Naa Kwatsoe Tawiah Sackey**  
Mayor of Accra



**Dr. Kyeremeh Atuahene**  
Director-General, Ghana AIDS Commission (GAC)



**Mr. Héctor Sucilla Pérez**  
Country Director, UNAIDS



**Hon. Sebastian Sandaare**  
MP for Daffiama/Bussie/Issa Constituency, Upper West Region



**Dr. Stephen Ayisi Addo**  
Programme Manager, NACP



**Mrs. Victoria Araba Dennis**  
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**Ms. Refilwe M. Kotane**  
Product Manager - Public Health, MEA, Abbott



**Dr. Elizabeth Agyare**  
World Health Organisation (WHO)

# Implementation Overview

## Memorandum of Understanding

In January 2023, GHANET entered into a Memorandum of Understanding (MoU) with GHS/NACP/MoH to pilot the implementation of a community-based HIVST project in 50 HIV high-burden districts across Ghana. The target population of the project included informal sector economic operators in the community who would ordinarily not walk to a health facility on their own to undertake an HIV test. Some examples of this target population included farmers and artisans such as hairdressers, dressmakers, traders, mechanics, etc. At the start of the project, the only approved and available HIVST kit was OraQuick from Orasure Technologies.

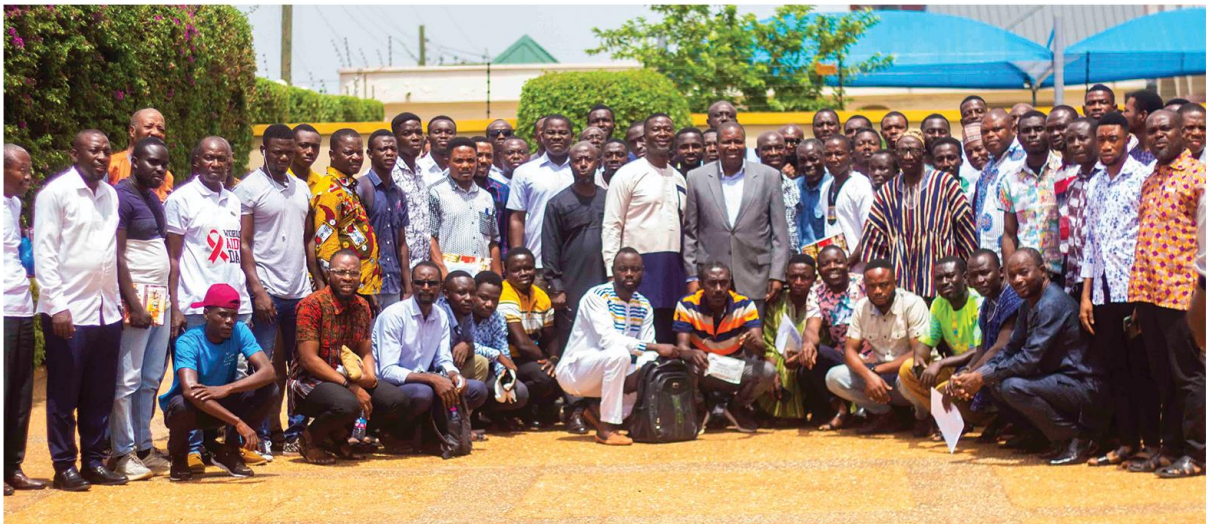
## Community-Based Organizations

GHANET, relying on its membership across the country, selected 50 Community-Based Organisations (CBOs). These were members in good standing as per the regulations of the Network.

The CBOs were also required to recruit three (3) volunteers (with gender considerations) for the project. The CBOs and their volunteers were trained over a 3-day period in both technical and financial reporting by facilitators from NACP.

## GHANET Information Management System

As part of a strategy to ensure smooth implementation of the project, GHANET developed an online data reporting system known as GHANET Information Management System (GIMS). The purpose of the system was to digitalize the data collection process. Through GIMS, the CBOs and their volunteers were able to enter details of their distributions, and the GHANET Secretariat was also able to monitor progress of the distribution in real-time. Furthermore, it also made it possible for the data to be easily accessible for analysis and reporting.



## HIV Tele-Counselling

With the aim of linking persons who tested positive to care, GHANET recruited HIV counselors at the National Secretariat who provided backstopping for the CBOs and their volunteers. Whenever the volunteers encountered individuals who tested reactive but were reluctant to go for confirmatory tests, or those who were confirmed positive but were unwilling to go on treatment, the cases were referred to the counselors. As a matter of fact, this strategy proved very helpful, as quite a number of clients were linked to care through this route. The counselors also, as part of their work, offered tele-counseling services for those who tested negative.

## Stakeholder Engagements

Prior to the full rollout of the project, GHANET organized stakeholder engagement meetings as part of its community entry strategy. Some of the stakeholders that were engaged included Community Opinion Leaders, Assembly Members, Journalists, Regional Health Directorates (RHDs), District Health Management Teams (DHMTs), In-Charges of ART clinics, and Community Practice Pharmacists in the districts of implementation.

The rationale behind the stakeholder engagements was to create an enabling environment for the NGOs and also to facilitate easy linkages across implementation. For example, the Traditional Rulers, Assembly Members, and Journalists ensured that the volunteers could move about freely in the communities and distribute the kits without any apprehensions or suspicions from the general public. The health officers also ensured that persons who tested positive could easily go for confirmatory tests (and those confirmed positive linked to treatment and care). Thus, the stakeholder engagements were strategically designed to soften the grounds for the HIVST implementation.

## National Launch

Minister for Health, Hon. Kwaku Agyeman-Manu, launched the HIVST pilot implementation on July 19, 2023. The event was attended by a high-caliber of dignitaries that included Nii Ahele Nunoo III (Paramount Chief of the Abola Traditional Area), Hon. Elizabeth Naa Kwatsoe Tawiah Sackey (Mayor of Accra), Dr. Mokowa Blay Adu-Gyamfi (Presidential Advisor on HIV/AIDS at the Office of the President), Hon. Sebastian Sandaare (Member of Parliament for Daffiama/Bussie/Issa Constituency), Mr. Hector Sucilla Perez (UNAIDS Country Director), Dr. Kyeremeh Atuahene (Director-General, Ghana AIDS Commission) Dr. Franklin Asiedu-Bekoe (Director of Public Health, Ghana Health Service) and Dr. Stephen Ayisi Addo (Programme Manager, National AIDS/STI Control Programme). Media coverage for the event was massive to the extent that the BBC reported on it.

The social media handles of UNAIDS and World Health Organization (WHO) also covered the launch and this created a huge mileage for the project, both locally and internationally. With such publicity, news about HIVST spread across the country like a harmattan wildfire and it soon became topical on a good number of popular radio and television morning shows.





## Community Distribution

On average, each of the 50 CBOs received 2,800 OraQuick HIVST kits for distribution in their various localities. The volunteers were trained to collect some basic data from all persons who received the kits into the GIMS. These included age, sex, occupation and telephone numbers. Each time the volunteers gave out kits, they were required to share instructional videos on the use of OraQuick HIVST (translated into six main local languages for those who had smartphones). It was, however, explained that ownership of a phone was not a precondition for the receipt of an HIVST kit. Therefore, in instances where people did not have telephones, the volunteers were instructed to give out the kits (using proxy telephone numbers belonging to either family members or friends or group leaders).

During the first quarter of implementation, the volunteers were instructed to make follow-ups and

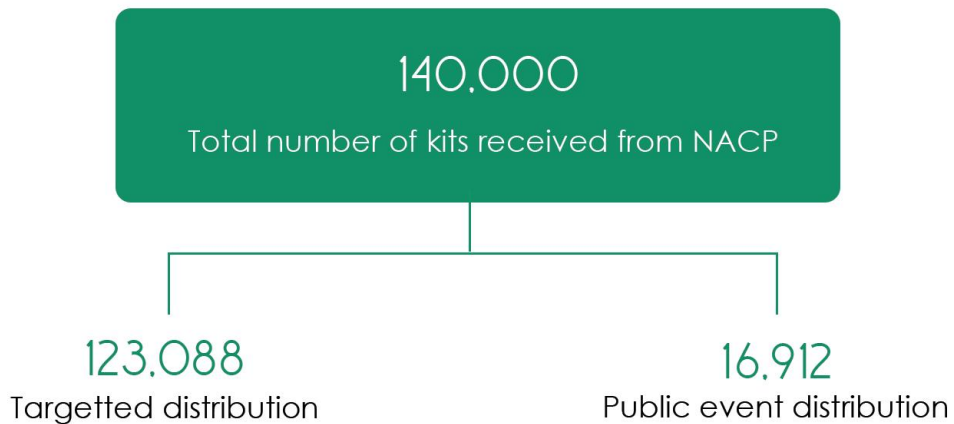
retrieve the used kits as evidence of their distribution. However, this practice was discontinued in the subsequent quarters owing to complaints from the community people that it violated their privacy rights. This meant that, from the second quarter onwards, the volunteers only had to rely on phone calls to make follow-ups. Obviously, this posed a challenge regarding the verification of the usage of the kits. Nonetheless, the CBOs continued to make follow-ups via telephone.

Some of the clients were very friendly and welcoming, especially those who tested negative. Some of them readily took pictures of their results and shared them with the volunteers. Some were also very hostile during the follow-ups. Some even refused to talk to the volunteers by blocking their numbers so that they could no longer reach them.



## Key Results

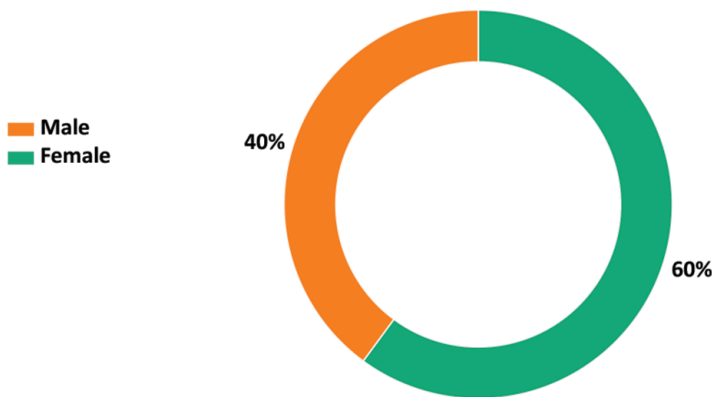
In sum, the number of kits received from NACP totaled 140,000. Of this number, 123,088 kits were distributed by trained CBO volunteers, in a targeted manner, in local communities (with follow-ups conducted). The remainder was distributed at public events such as festivals, parades, health walks and others (without follow-ups). The data analyzed in this Report, therefore, reflects the targeted community distributions recorded in the GHANET Information Management System (GIMS).



## Kits Distribution

GHANET received 140,000 kits from NACP. Of this number, 123,088 kits were distributed by trained CBO volunteers, in a targeted manner, in local communities (with follow-ups conducted) while the remainder were distributed at public events such as festivals, parades, health walks and others (without follow-ups). The data analysed in this Report, therefore, reflects the targeted community distributions recorded in the GHANET Information Management System (GIMS).

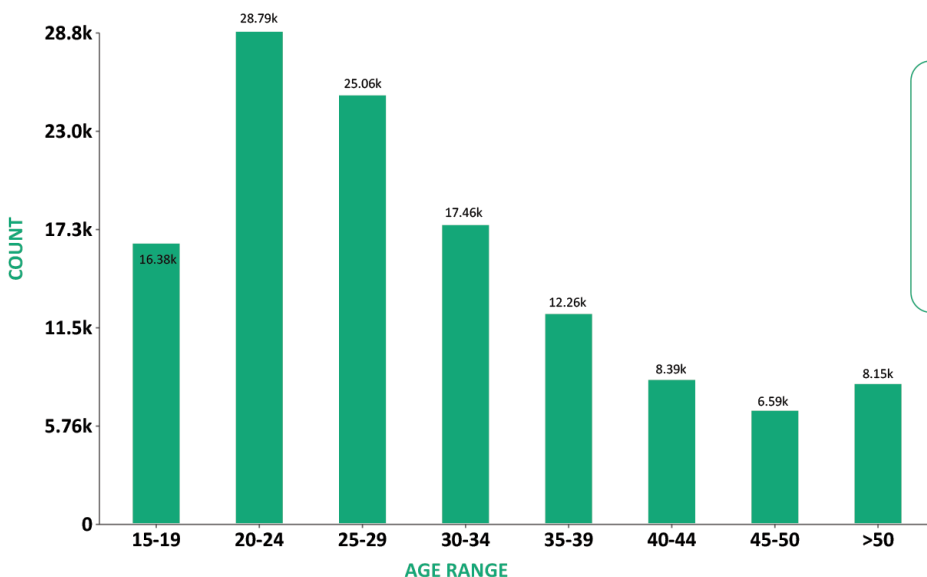
### Distribution by Gender



Of the 123,088 HIVST kits distributed, 60% of it was distributed to females while 40% was distributed to males.

- Figure 1 shows distribution by gender

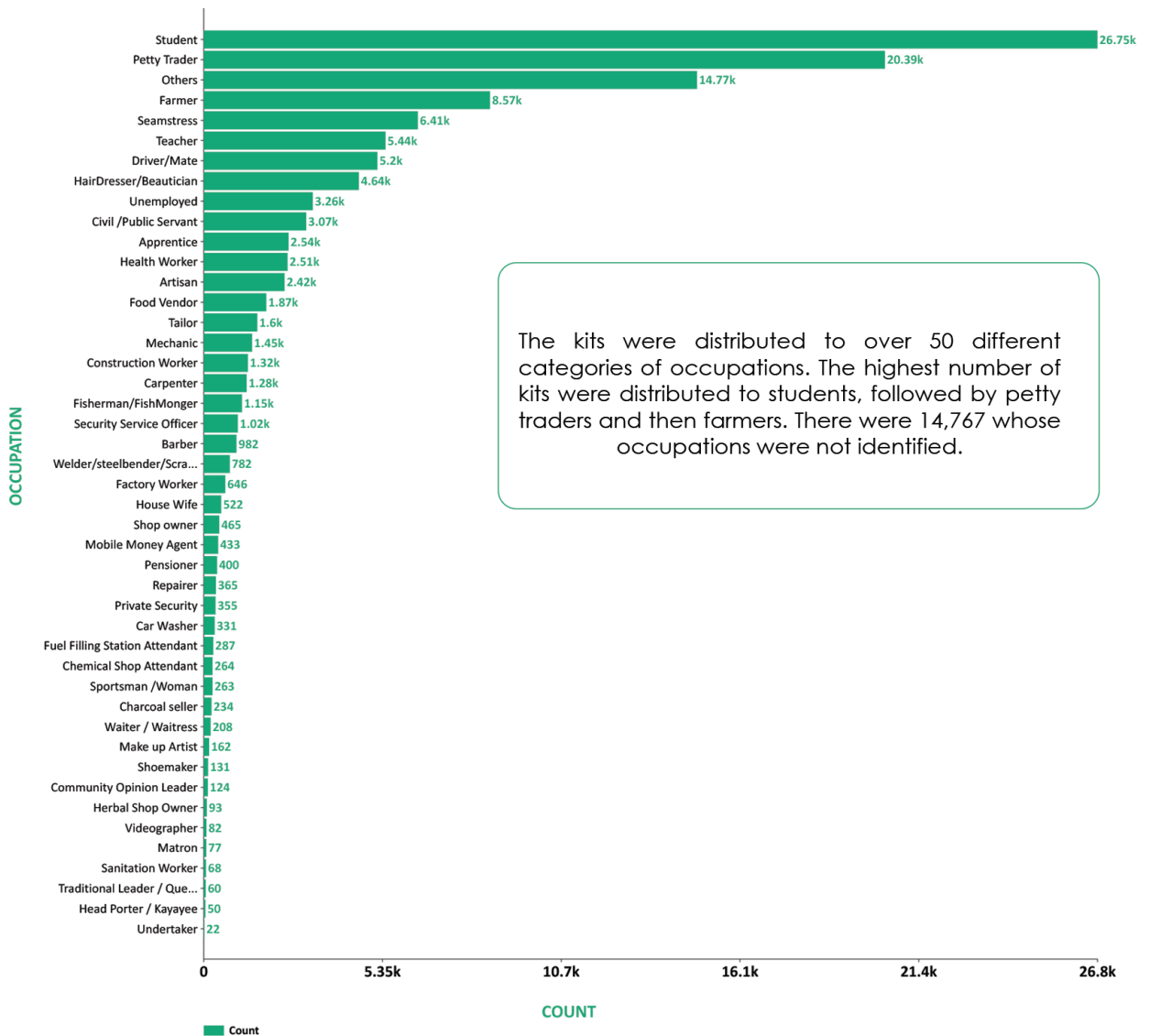
### Distribution by Age



The age range 20-24 received the highest amount of kits, followed by 25-29, 30-34, and 15 - 19. From the data, this group received more than 70% of the kits, meaning, a lot of young people were targeted for distribution.

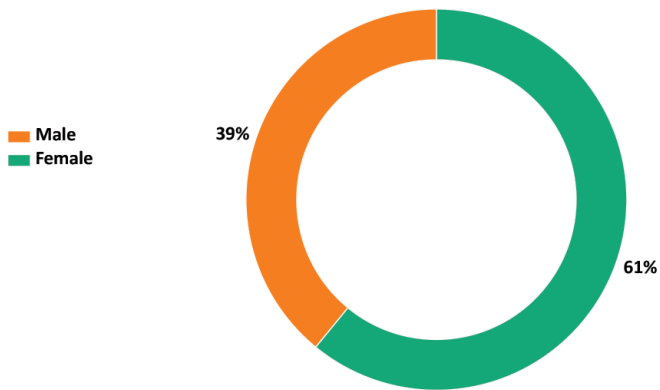
- Figure 2 shows distribution by age

## Distribution by Occupation



- Figure 3 shows distribution by occupation

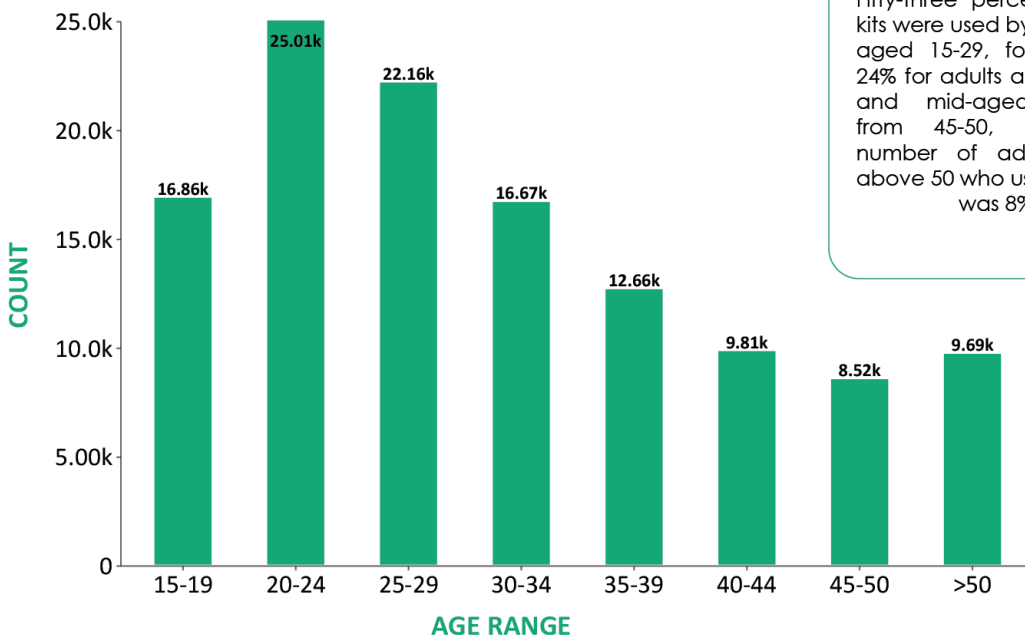
## Used Kits by Gender



Of the 123,088 kits, 121,373 were used. Sixty-one percent of the kits were used by females while 39% were used by males.

- Figure 4 shows used kits by gender

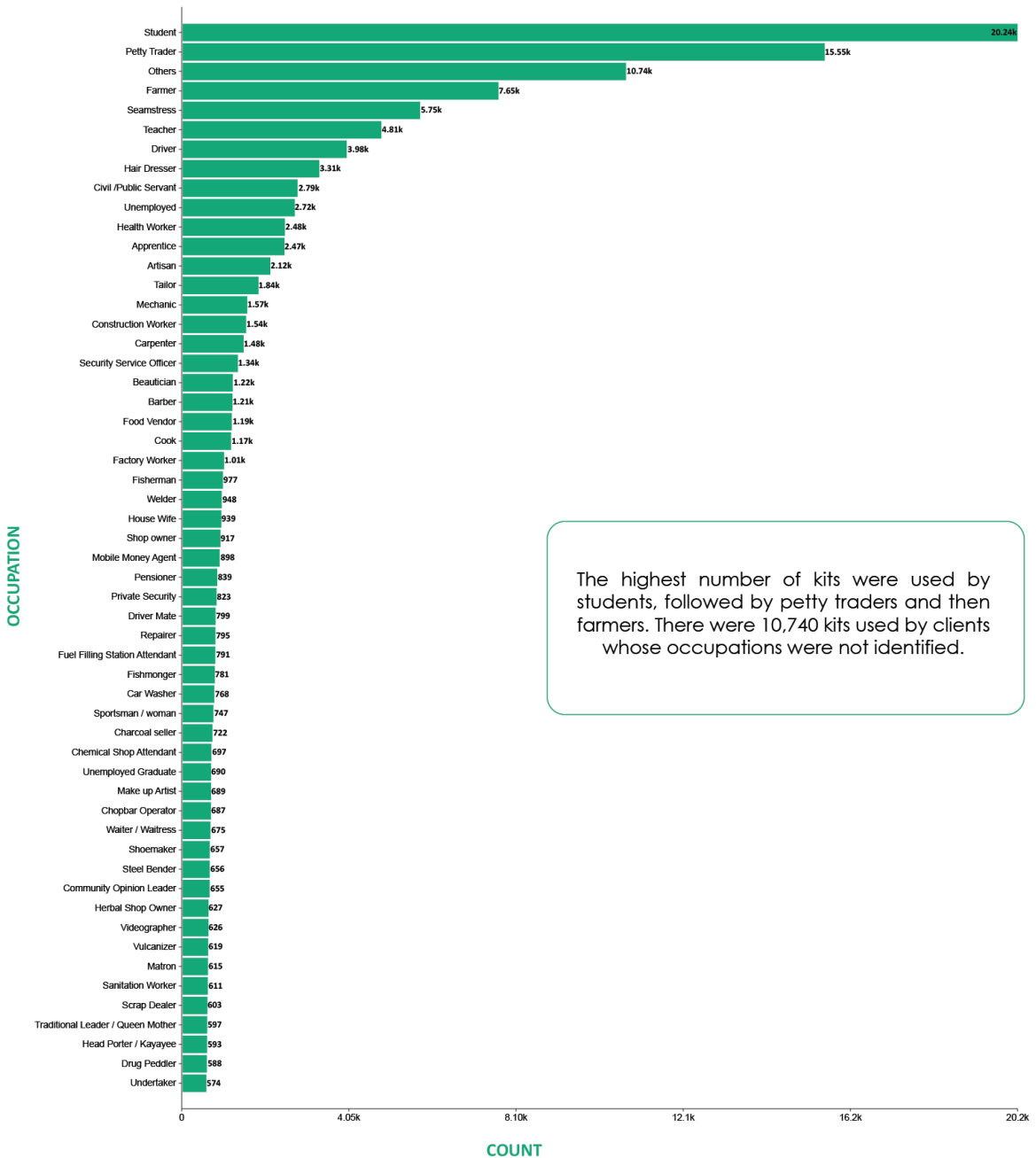
## Used Kits by Age



Fifty-three percent of the kits were used by the youth aged 15-29, followed by 24% for adults aged 30-39, and mid-aged persons from 45-50, 15%. The number of adults aged above 50 who used the kits was 8%.

- Figure 5 shows used kits by age

## Used Kits by Occupation

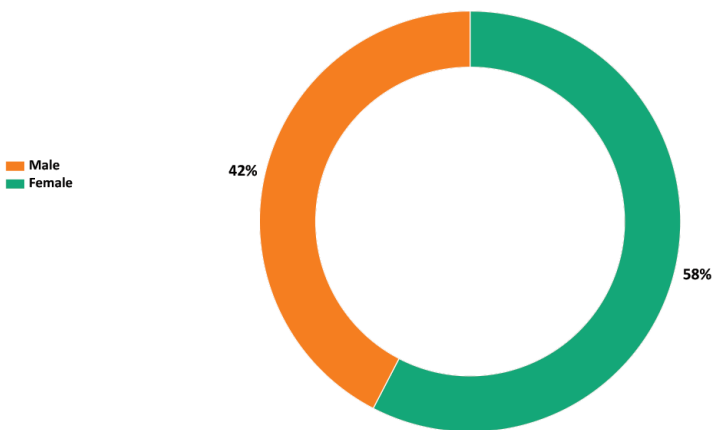


- Figure 6 above shows used kits by occupation

## Unused Kits

A total of 1,715 kits distributed were not used. The kits were also not retrieved from the clients.

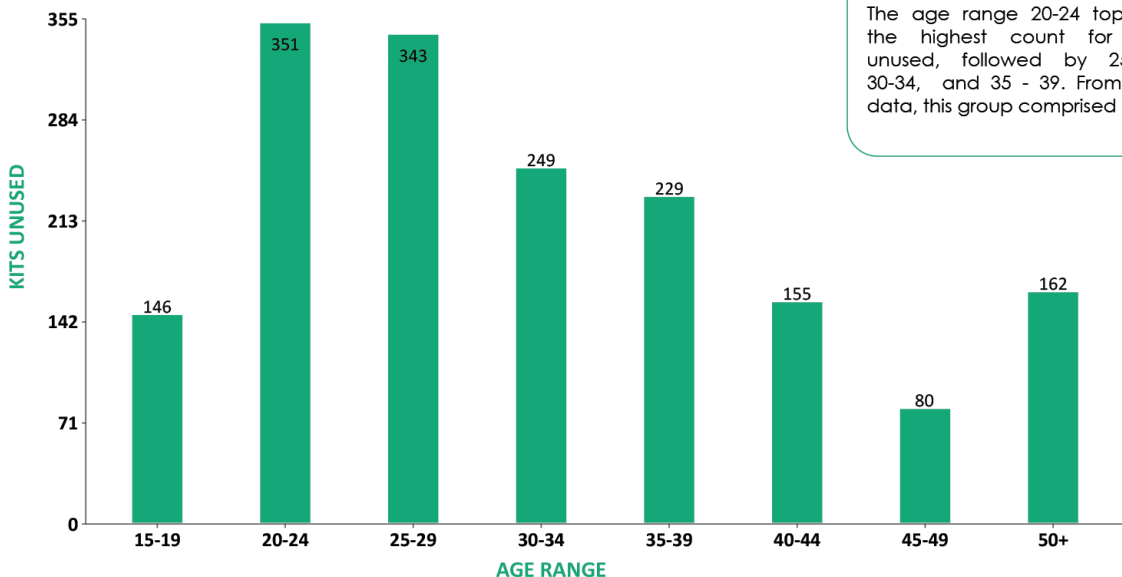
### Unused Kits by Gender



Of the number of clients who did not use the kits 58% were female and 42% were male.

- Figure 7 shows unused kits by gender

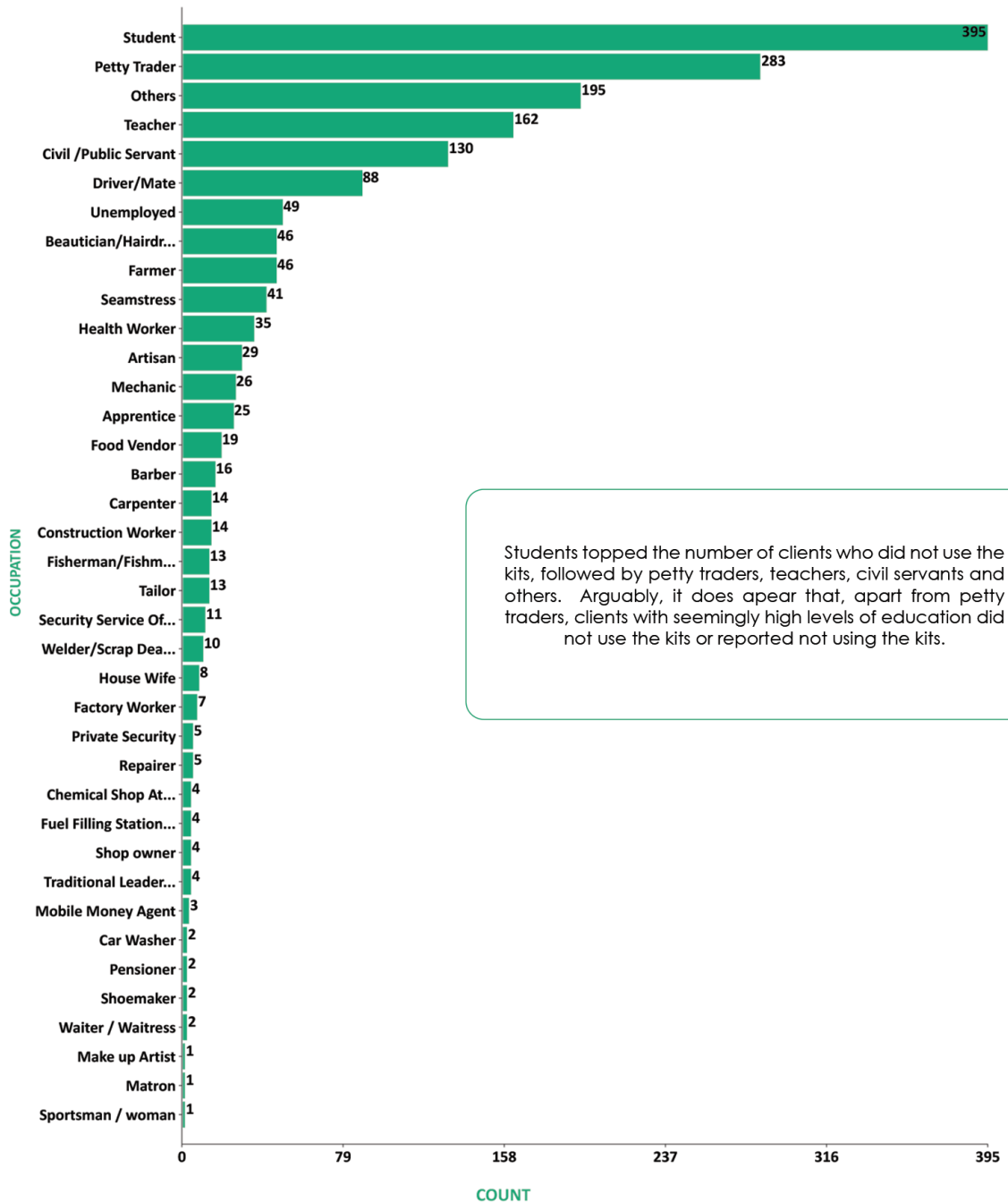
### Unused Kits by Age



The age range 20-24 topped the highest count for kits unused, followed by 25-29, 30-34, and 35 - 39. From the data, this group comprised 68%.

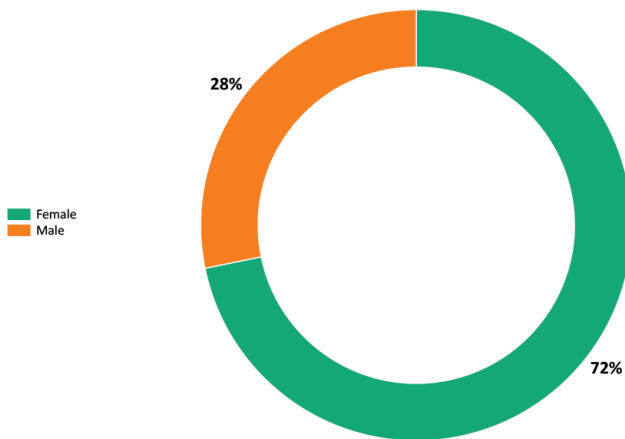
- Figure 8 shows unused kits by age

## Unused Kits by Occupation



• Figure 9 shows unused kits by occupation

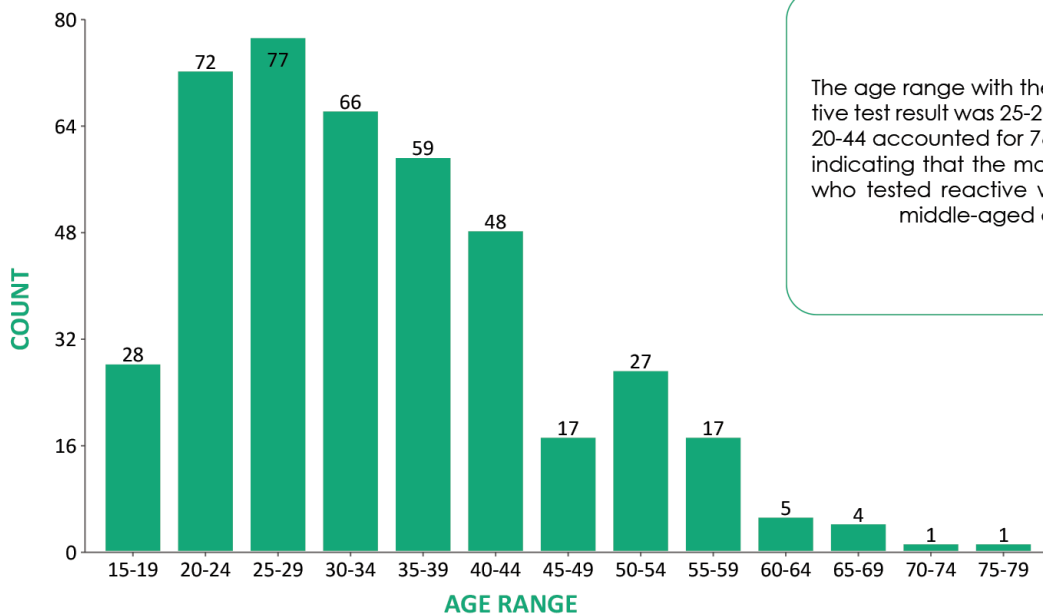
## Reactive Test Result by Gender



Of the 422 clients who reacted to the kits, 28% were male and 72% female.

- Figure 10 shows reactive test result by gender

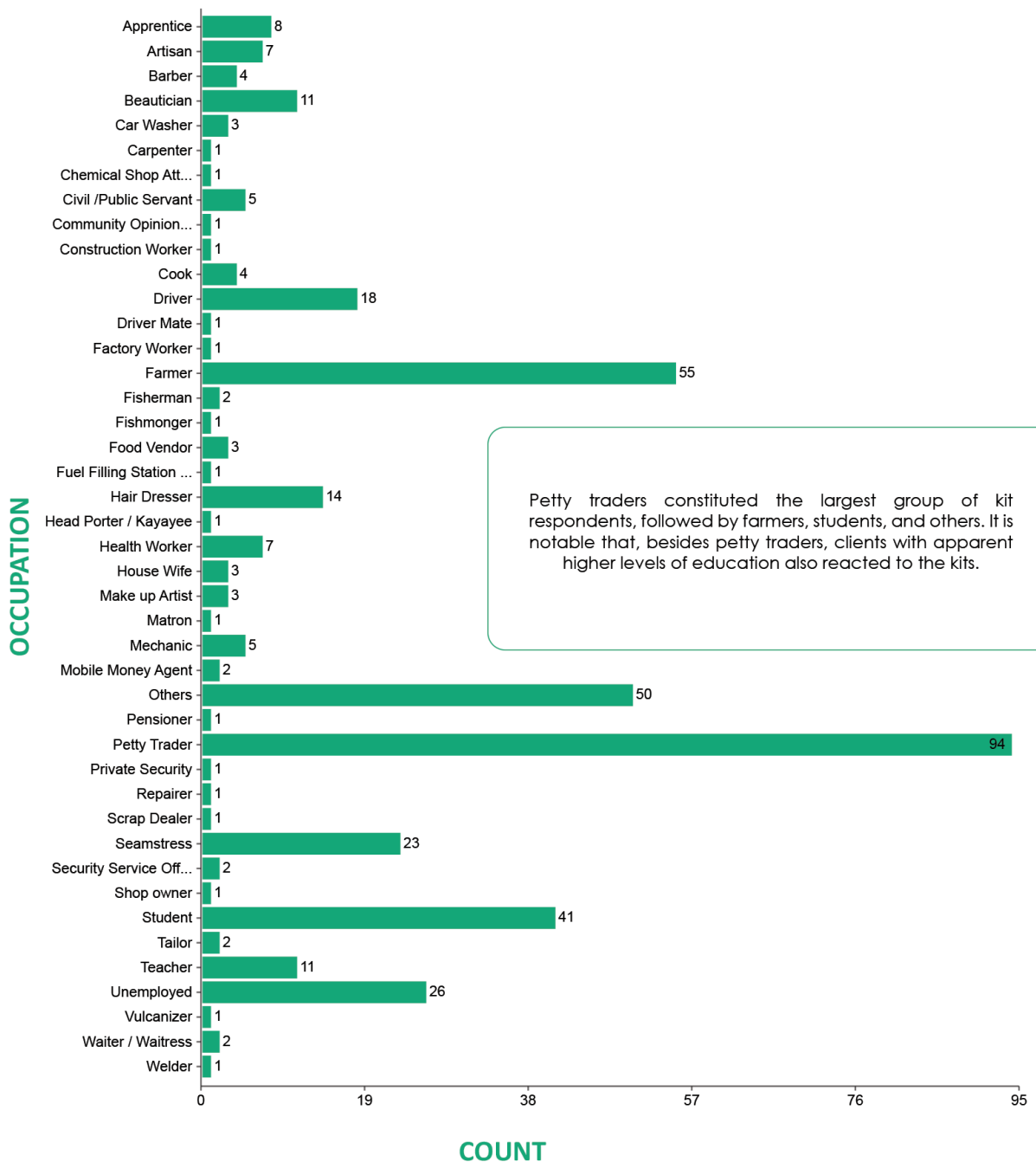
## Reactive Test Result by Age



The age range with the highest reactive test result was 25-29. Clients aged 20-44 accounted for 76% of the total, indicating that the majority of clients who tested reactive were young to middle-aged adults.

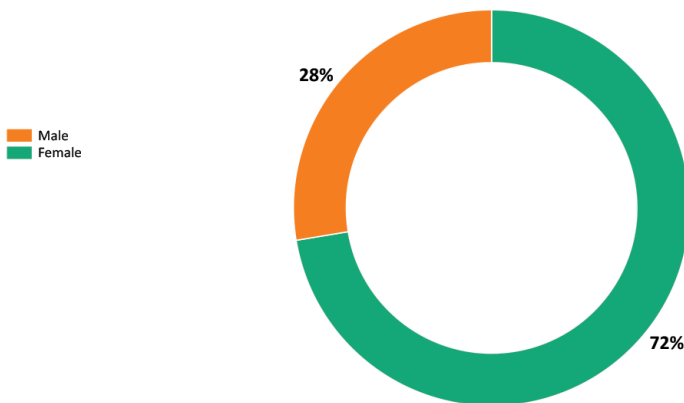
- Figure 11 shows reactive test result by age

## Reactive Test Result by Occupation



• Figure 12 shows reactive case by occupation

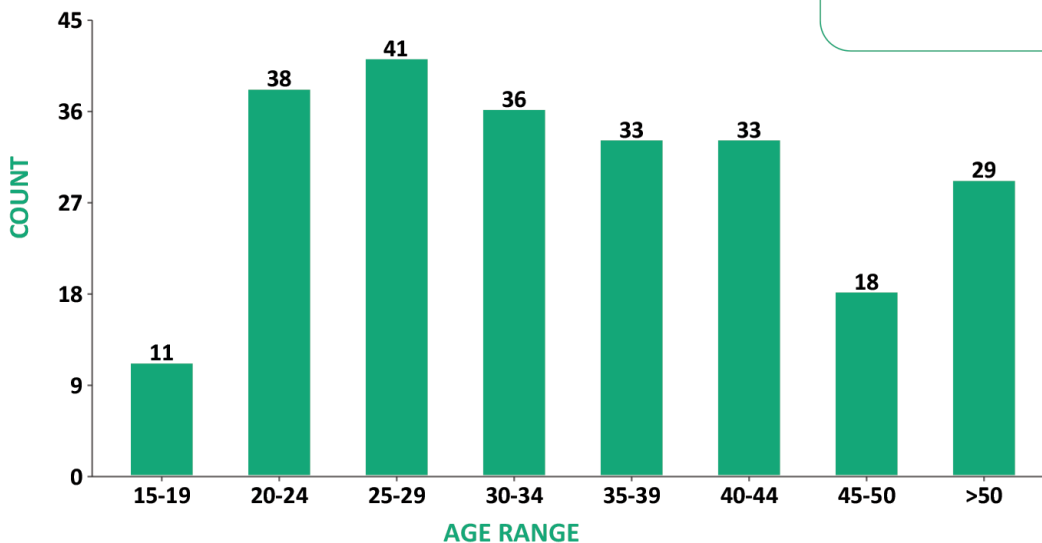
## Positive Test Result by Gender



Of the 239 confirmed positive cases, 72% were female, and 28% male.

- Figure 13 shows positive test result by gender

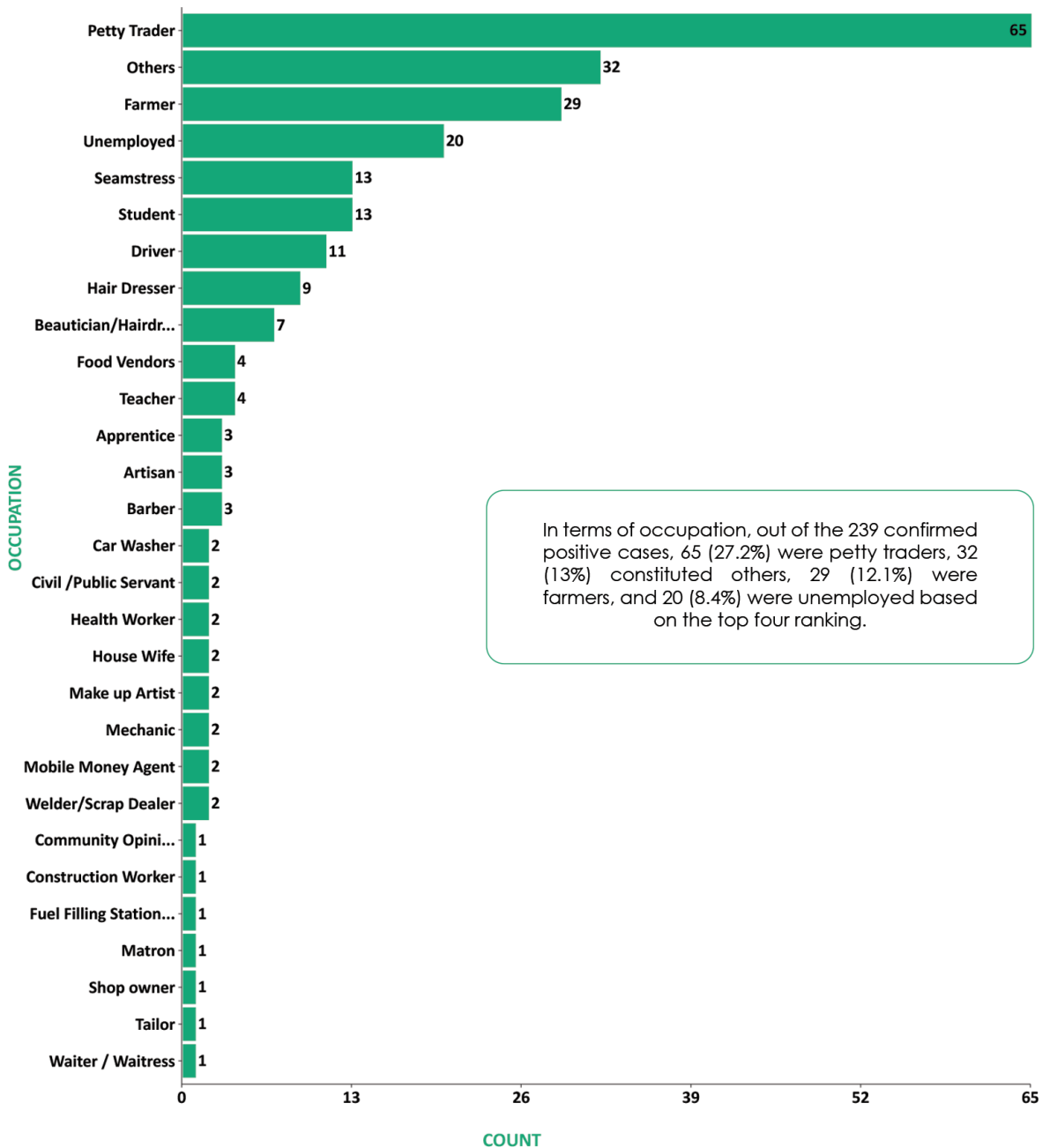
## Positive Test Result by Age



Persons aged between 20 and 44 account for a significant 76% of all confirmed positive cases.

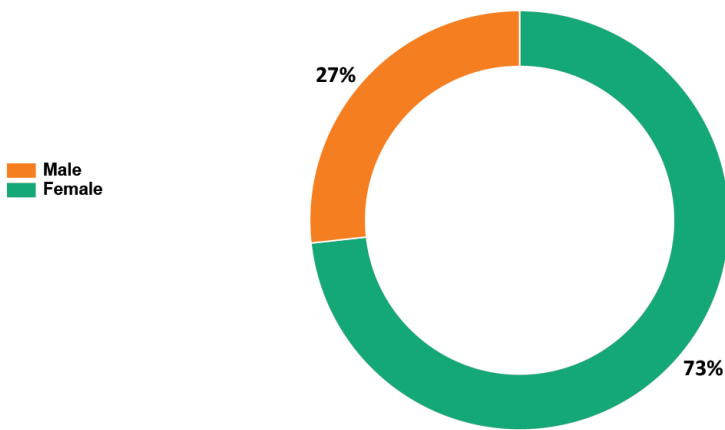
- Figure 14 shows positive test result by age

## Positive Test Result by Occupation



- Figure 15 above shows positive test result by occupation

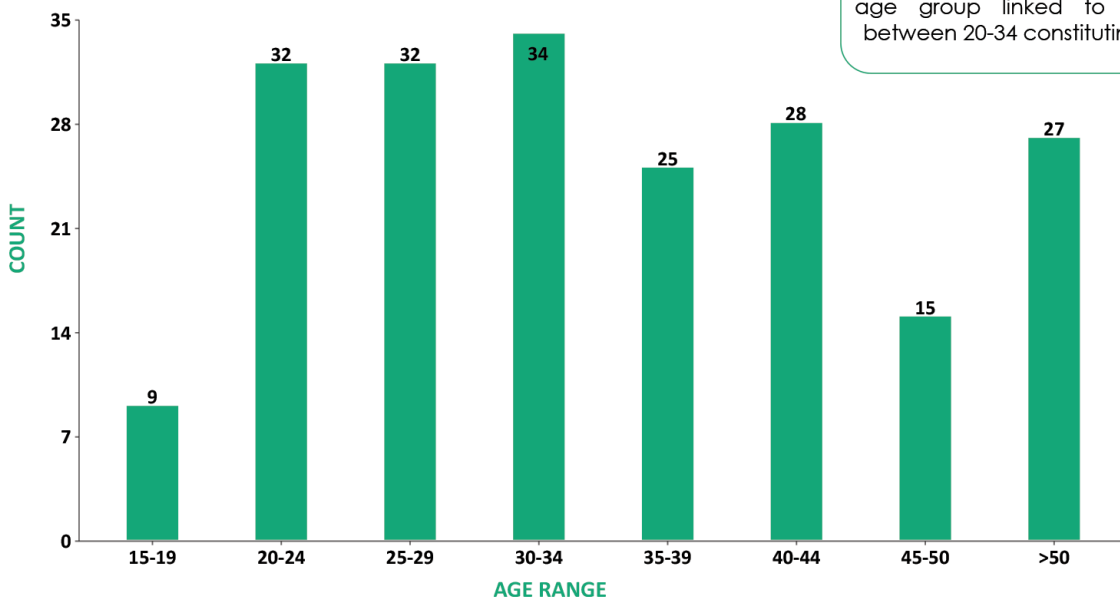
## Number of Cases Linked to Care by Gender



Of the 202 cases linked to care, 73% percent were female while 27% male.

- Figure 16 shows number of clients linked to care by gender

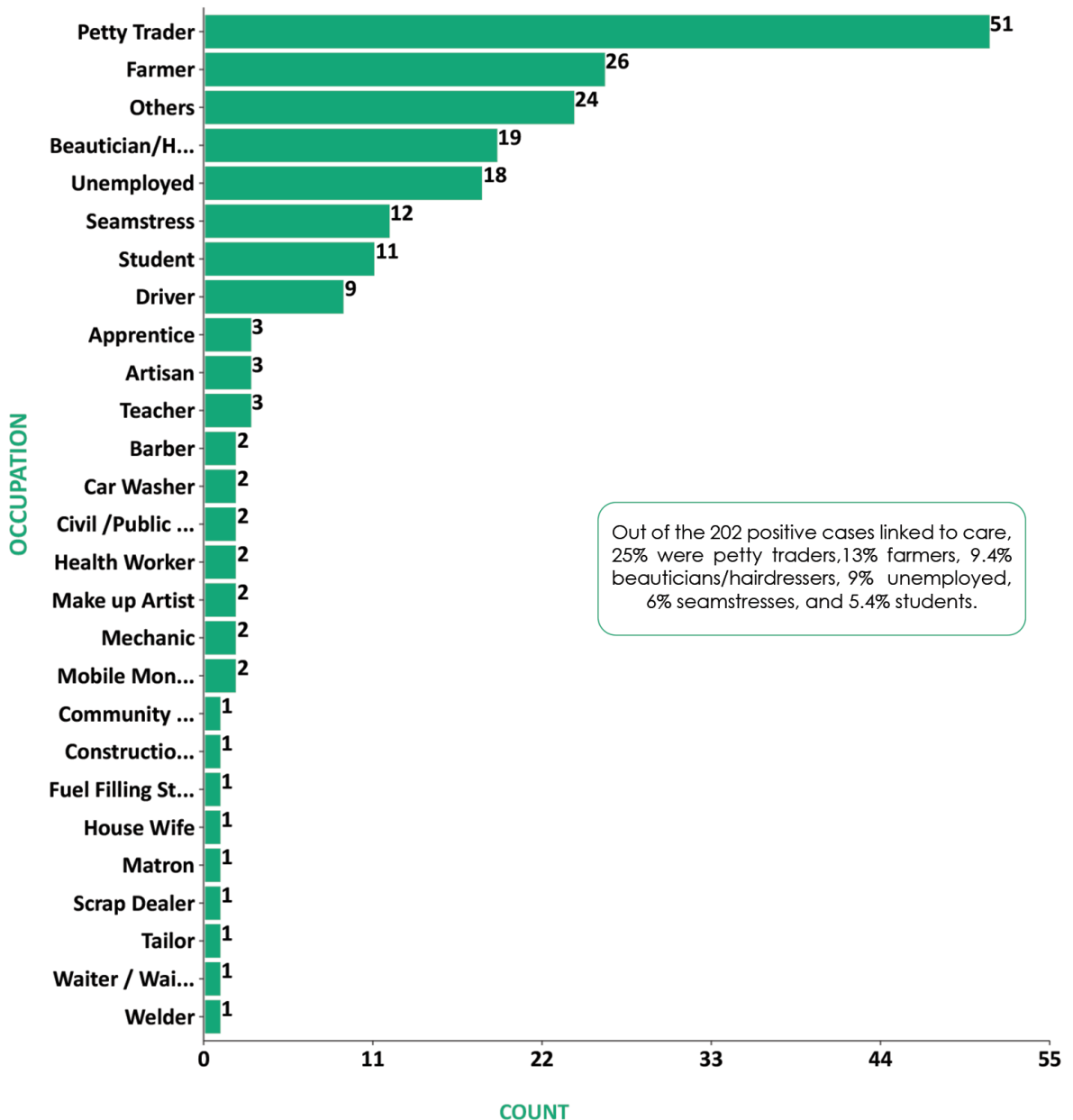
## Number of Cases Linked to Care by Age



Of the 239 confirmed positive cases, 202 clients were linked to care for treatment. The highest age group linked to care is between 20-34 constituting 49%.

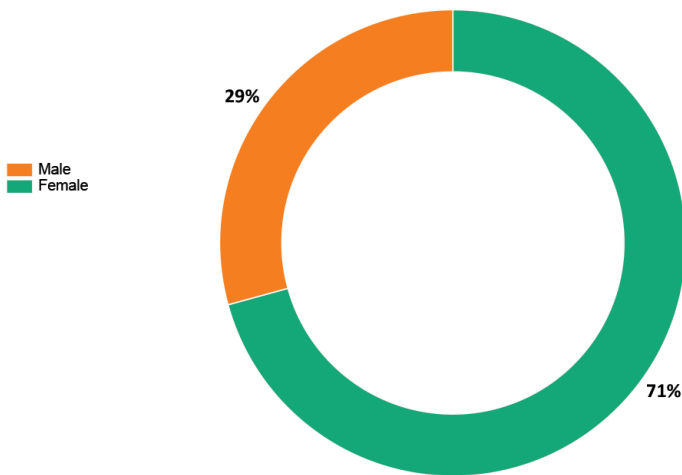
- Figure 17 shows number of clients linked to care by age

## Number of Cases Linked to Care by Occupation



- Figure 18 shows number of clients linked to care by occupation

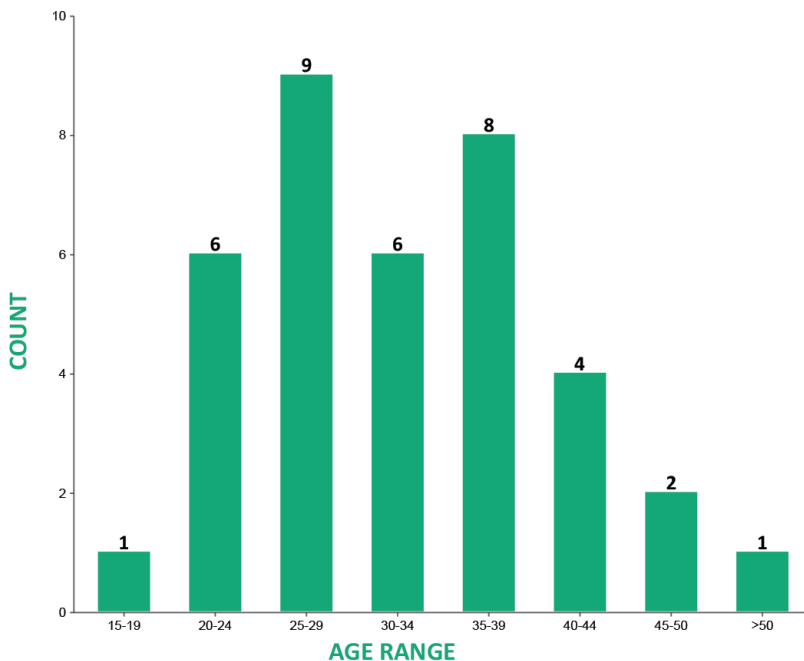
## Number of Cases Unlinked to Care by Gender



Out of 37 cases unlinked to care, 71% were female whilst 29% male.

- Figure 19 shows number unlinked to care by gender

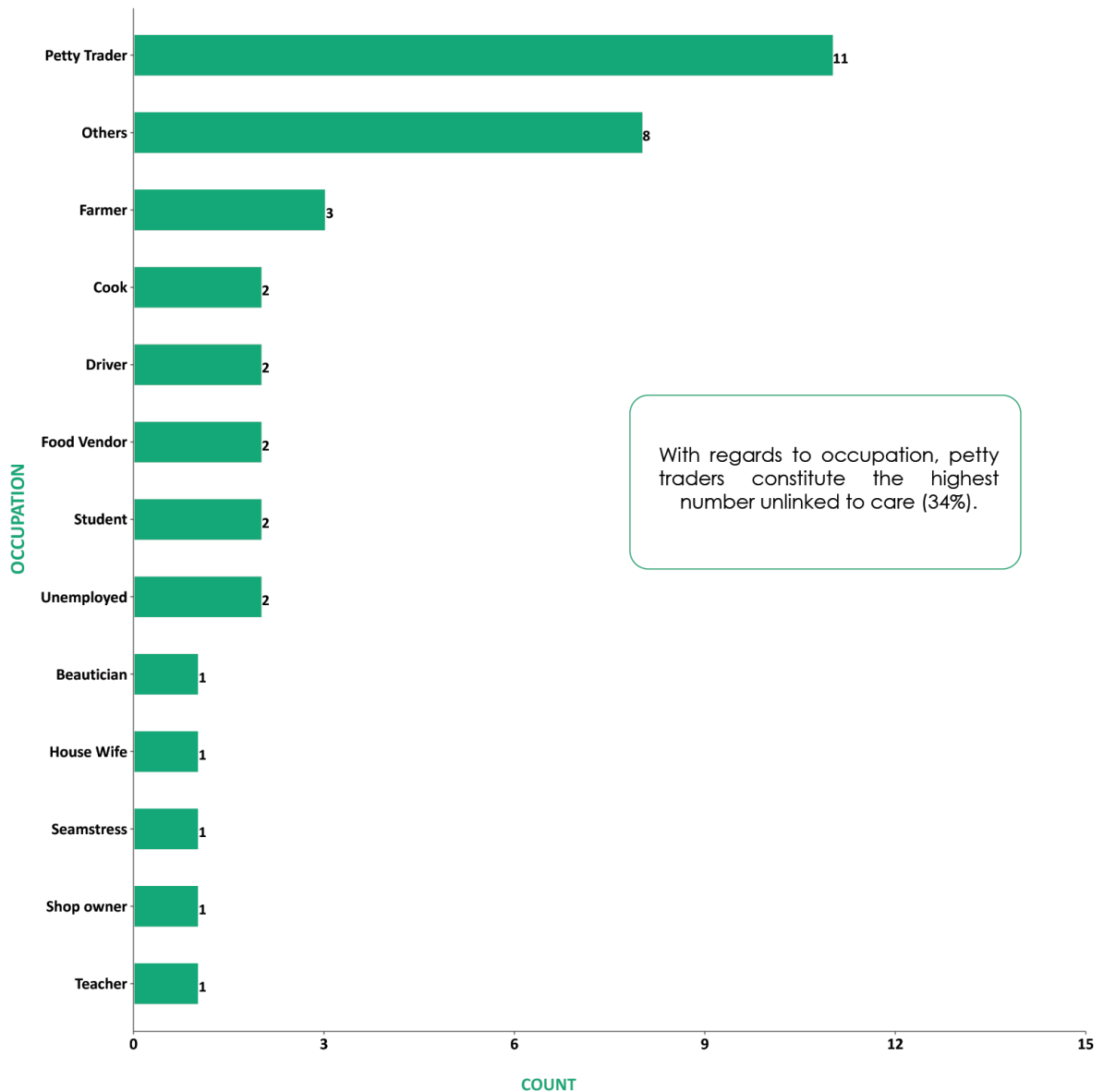
## Number of Cases Unlinked to Care by Age



The age group constituting highest number unlinked to care is 25-29, followed by 35-39, and 20-24 as well as 30-34 based on the top four ranking.

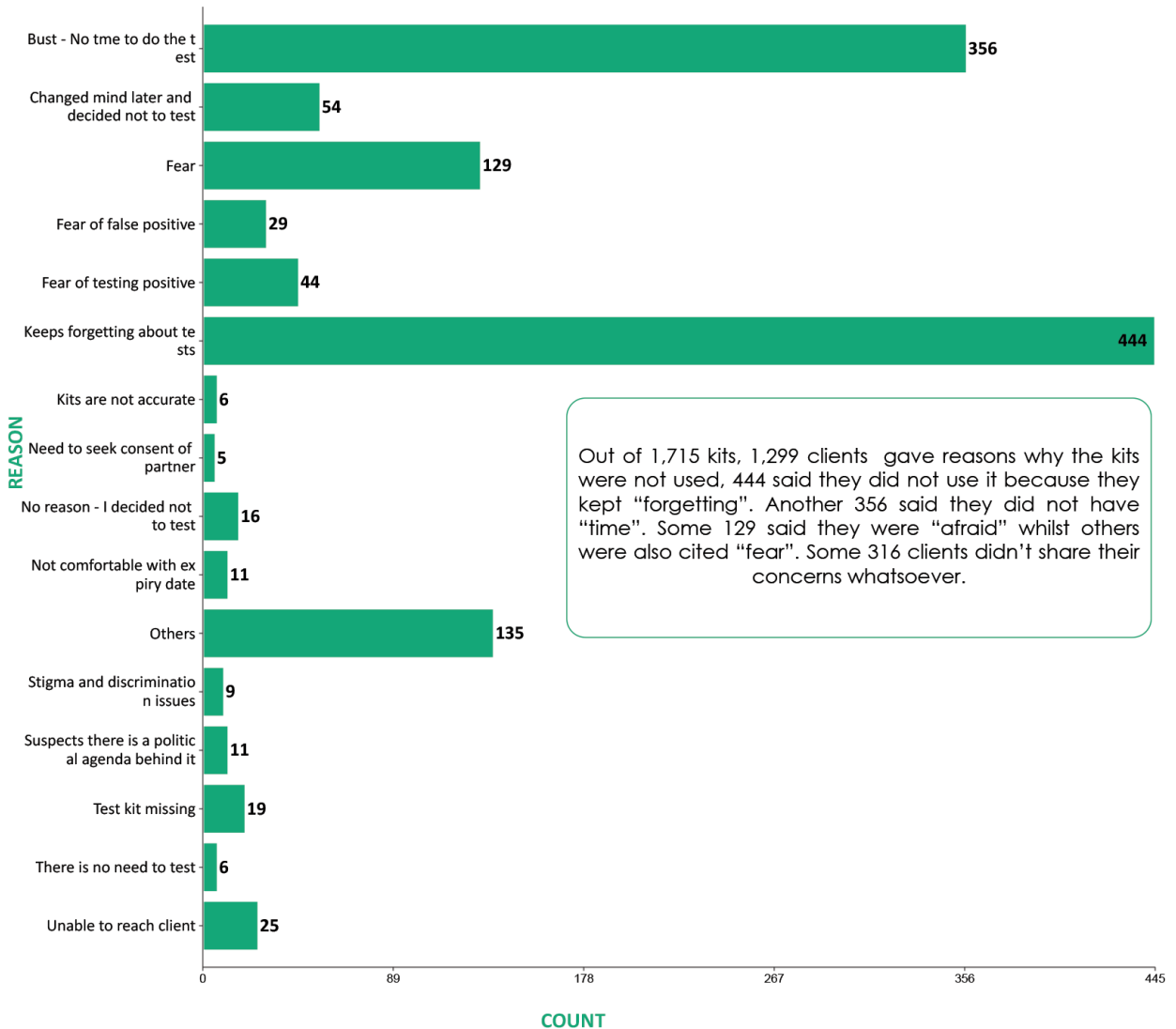
- Figure 20 shows number unlinked to care by age

## Number of Cases Unlinked to Care by Occupation



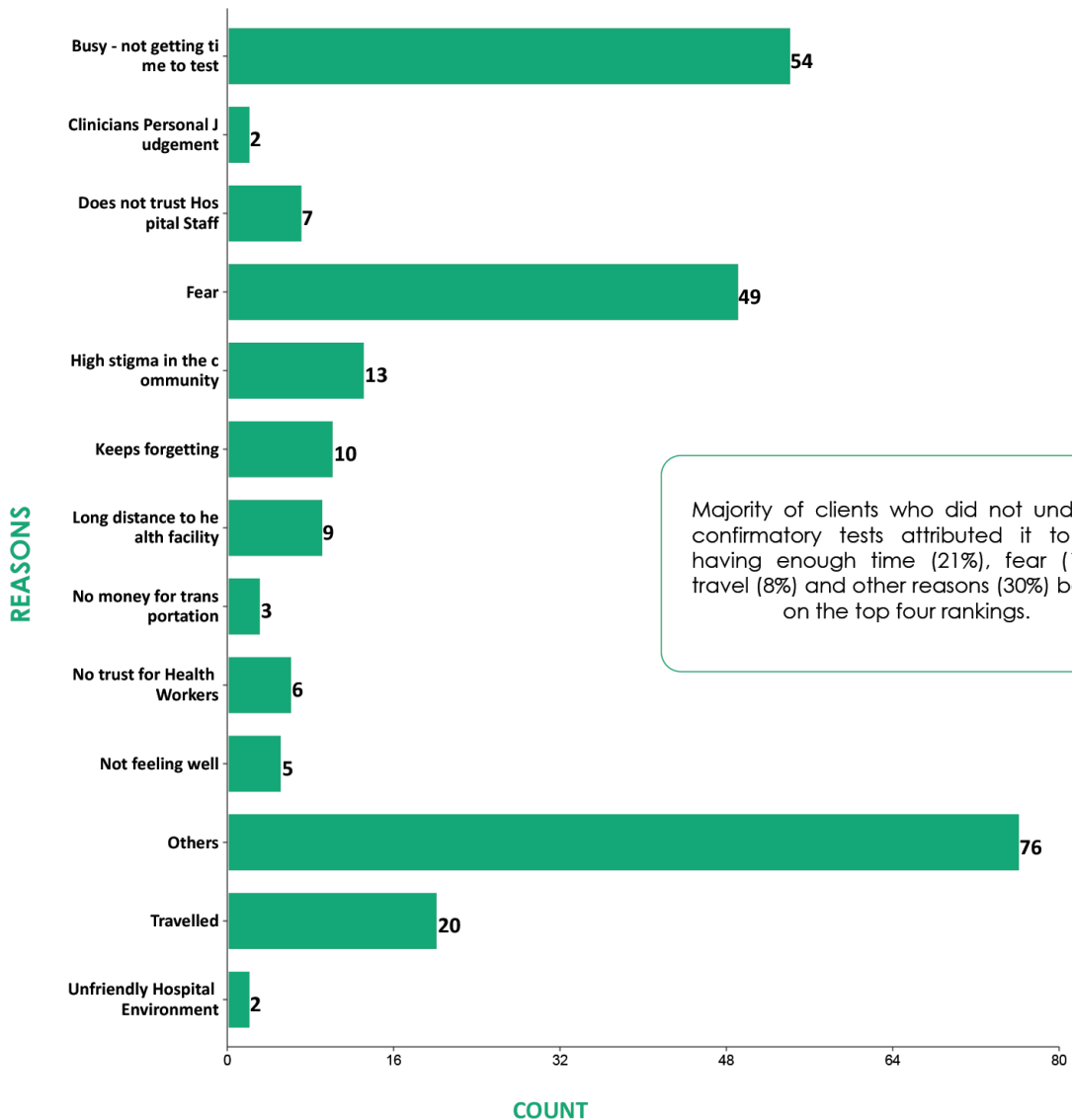
• Figure 21 number unlinked to care by occupation

## Reasons for Unused Kits



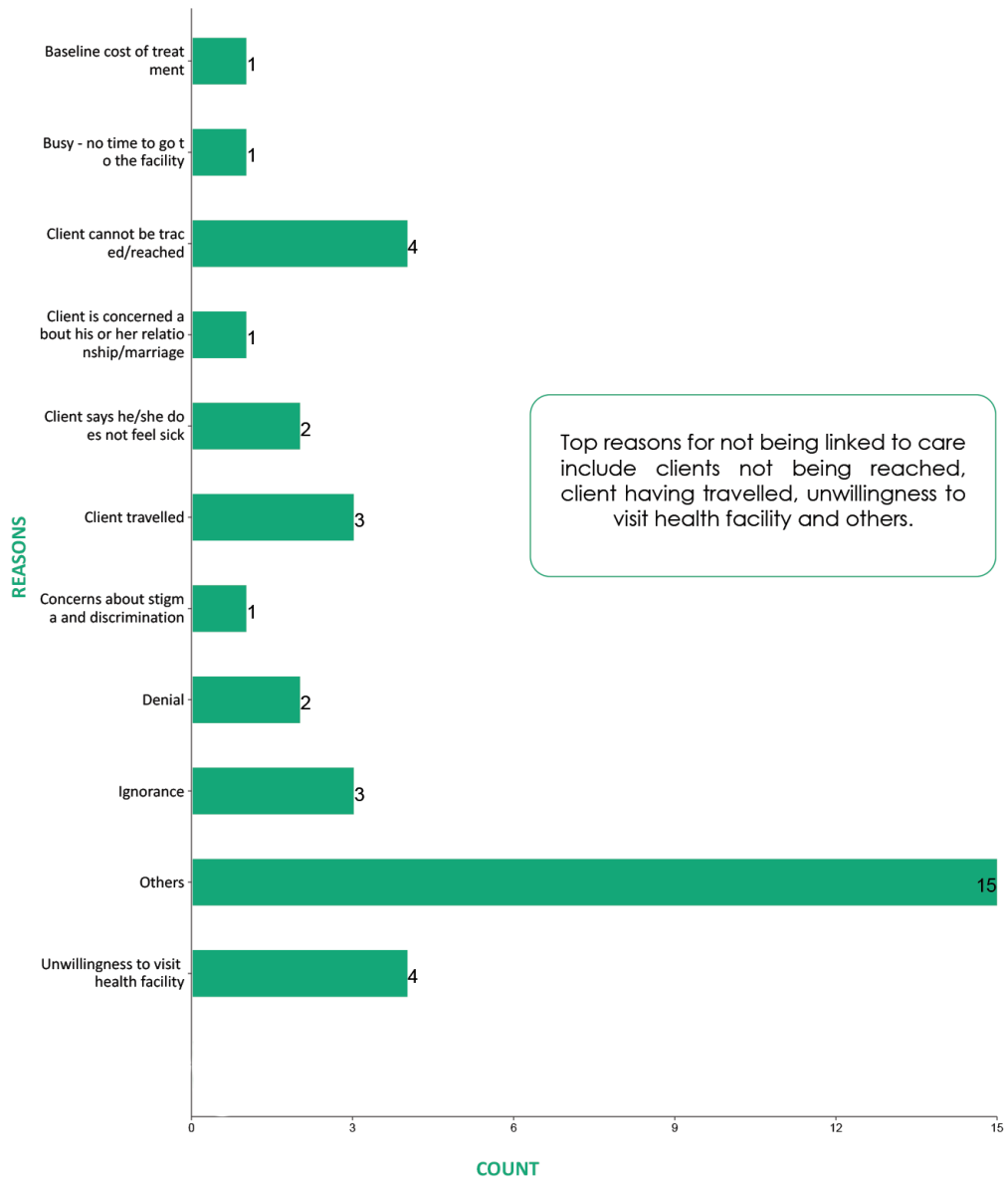
- Figure 22 shows reasons for unused kits

## Reasons for No Confirmatory Test



- Figure 23 shows reasons for no confirmatory test

## Reasons for Not Being Linked to Care



- Figure 24 shows reasons for not being linked to care

# Ten Key Challenges

## Myths and Misconceptions

Myths and misconceptions associated with HIV and AIDS, unsurprisingly, surfaced during the implementation of the project. For example, some persons refused to accept the HIVST kits, claiming that the kits were already infected with the virus. In a particular instance, a volunteer reported that he was nearly heckled because he was accused of going into a local community to intentionally infect people with the virus.

## Fear and Stigma

The perennial challenge of fear and stigma still remains a major concern in the fight against HIV and AIDS. Feedback from some of the clients, as shown in Figure 24, indicates that some of them were unresponsive to calls for confirmatory tests or linkage to care due to fear and concerns about stigmatization. Some volunteers reported that they came across some individuals who were not interested in the subject of HIV and AIDS, let alone undertake tests.

## Illiteracy

Due to the high levels of illiteracy among the target population for this project, some of the clients did not follow the right instructions in using the kits. For example, whereas they were instructed to swab only once, some of them engaged in multiple swabbing, or brushed their teeth, or ate just before the test. Some also did not wait for the 20 minutes, or rather waited too long after the 20 minutes, to check their results.

## Attitude of Health Workers

From Figure 23, it can be seen that one of the reasons some of the clients refused to go for confirmatory tests or get linked to care has to do with the attitude of some health workers. The clients, upon interview, indicated that some of the nurses, particularly, are not friendly, and this makes it difficult for them to freely open up to them with their health issues.



## Shortage of HIV Commodities and Drugs

At the outset of implementation of this project, there were reports of shortages of HIV commodities, including kits for confirmatory tests. This caused a lot of anxiety for the initial set of clients who tested reactive and had to delay before getting confirmatory tests. Then, along the line, there were reports of shortages of ARVs. This did not inspire confidence in newly diagnosed clients who were being encouraged to go on treatment. They were concerned that their lives could be in jeopardy if ARVs ran out while they were on treatment.

## Undersupply of HIVST Kits

Demand for HIVST kits in the communities currently outstrips supply. On a daily basis, volunteers are inundated by more requests than they are able to meet. Initially, the project was designed to be a pilot in the 50 districts, and so limited quantities were projected for distribution. However, interest in the kits grew rapidly, and many more people, especially youth and women groups, religious organizations, educational institutions, etc., got interested.

## Self-Reporting of Test Results

A major limitation with HIVST is the fact that clients who test reactive have to report the results themselves, unless the testing is assisted. It gets even worse when the clients go for confirmatory tests, test positive, and have to report the results themselves. For this project, the same scenario played out, and there are concerns that some of the clients did not report back the correct results to the volunteers after undergoing confirmatory tests.

## Follow-up Refusals

Some of the clients refused to cooperate with the volunteers during the follow-ups. For example, some of them switched off their phones or blocked the numbers of the volunteers so they could not get access to them for follow-ups. This was quite worrying because the majority of the clients who tested negative were willing to share their results with the volunteers. So, what were these clients avoiding by refusing to reengage with the volunteers?



## Catalytic Costs

For those who had to undergo confirmatory tests, transportation cost to the health facility was a major concern for some of them. Additionally, for those who had to be put on treatment, the cost of undergoing some laboratory investigations (e.g., liver function test) was another headache. The cost of feeding well after being put on treatment was equally burdensome for some of the clients. For this reason, some who were put on treatment threatened to discontinue just after a few days.

## Technology

Internet connectivity was poor in most of the districts where the project was implemented. Owing to this, some of the volunteers had difficulty accessing the online reporting platform. For some of the volunteers, it was the first time they were working with a digital platform, so it took some time for them to get acquainted with the system. Quite apart from that, the developers of the platform also had to work round the clock to build the platform in record time. Expectedly, this came with its teething problems.

The image shows a digital login interface for the GHANET Information Management System (GIMS). The interface is divided into two main vertical sections. The left section has a white background and contains the GHANET logo at the top, which includes a small red ribbon icon and the text 'GHANA HIV AND AIDS NETWORK (GHANET)'. Below the logo, the text 'Sign In' is prominently displayed. Underneath, there are two input fields: one for 'Email' and one for 'Password'. At the bottom of this section is an orange 'SIGN IN' button. The right section has a solid pink background. It features the text 'Hello, Welcome to GIMS!' in a large, white, sans-serif font. Below this, in a smaller white font, is a description: 'This is GHANET Information Management System, GIMS. It is designed for monitoring all GHANET'.

# Ten Key Achievements

## Implementation Strategy

The success of the HIVST rollout can be attributed to several factors. But, perhaps, one that stands out is the 'implementation strategy' that GHANET adopted. Indeed, the rallying of support from officialdom, engagement with key stakeholders, deployment of technology, mass campaigns in the media, among others, proved to be brilliant strategies. It fertilized the grounds for acceptance and created an atmosphere of cooperation.

## Target Groups

In recent times, HIV interventions for the general population in Ghana have been minimal. As a result, some people have either forgotten about the disease or believe it is no longer in existence. This is especially true for people in local communities. It is for this reason that the project targeted populations such as farmers, petty traders, artisans, apprentices, etc., in far and remote districts across the country. These are people who, ordinarily, find it difficult to take time off their 'hand-to-mouth' vocations to visit health facilities. However, through this intervention, many of them have gotten the opportunity to know their HIV status.



## Use of Local Dialects

Volunteers across the country were trained on how to use local dialects to translate instructions on the usage of the kits. This was in addition to the instructional videos that were shared with those who received the kits. The use of local dialects made communication between the volunteers and local people quite easy. The people were able to express themselves freely and ask questions or seek clarifications on issues that were not clear to them.

## Demand Creation for HIVST Kits

Prior to the commencement of the project, there were concerns that the public may not accept HIVST. However, contrary to expectations, GHANET has been able to popularize HIVST, and demand for the kits keeps soaring by the day. Beyond the 50 districts, there is now demand for the kits all over the country.

## Number of Kits Distributed

The distribution of 140,000 HIVST kits over an 11-month period is quite remarkable, given that most countries start with smaller quantities before scaling up. This is to ensure that all the necessary mechanisms are put in place for an effective mass rollout. The case of Ghana, however, has demonstrated that a 'big bang' approach can be equally effective if planned well.

## Assisted Testing

Taking into consideration the fact that many of the targeted population were unlettered, it became necessary for the volunteers to engage in 'assisted testing'. That is to say, the volunteers administered the swabbing. In the marketplaces and community squares, this turned out to be very powerful as it demystified the fear surrounding HIV testing.



## Linkage of PLHIV to Care and Treatment

Figure 16 shows that 202 PLHIV have so far been linked to care as a result of the project. These are people who did not have any idea that they were living with the virus and could have been spreading it. Some have expressed gratitude that they have been linked to care and are benefiting from treatment at zero cost.

## Relinking to Care and Treatment

Some PLHIV who were already aware of their status (but have fallen off treatment) were found in the communities. Some of them had resorted to alternative sources of treatment such as herbal concoctions and “spiritual prayers,” and they wanted to find out if they had been cured. Through counseling, these PLHIV have now been put back to treatment.

## Psychosocial Support for PLHIV Linked to Care

Recognizing that the defaulter rate in the country is high (around 34% as of 2023), GHANET has instituted measures to offer psychosocial support to PLHIV who have been linked to care as a result of the HIVST project. Counsellors from the National Secretariat, at regular intervals, call to check up on the PLHIV on treatment to see how they are faring. The Network is currently in the process of introducing a toll-free line that would make it possible for the PLHIV to contact the Secretariat at no cost to them.

## Rekindling of National Response

A major spinoff of the HIVST pilot implementation has been the rekindling of the national HIV and AIDS response, especially in relation to public campaigns. Through the self-testing initiative, some

landmark events have been held to raise awareness about the disease. For instance, media coverage for the national launch and the World AIDS Day health walk (which was organized simultaneously in regional capitals across the country) created a huge buzz about HIV and AIDS and since then, it has remained so.



## List Of Implementing CBOs

S/N	REGION	DISTRICT	NAME OF ORGANIZATION
1	Ashanti	Atwima Mponua	Foundation For God's Goodness (FOFOGOGO)
2		Sekyer East	Centre For Community Livelihood Development (CCLD Ghana)
3		Kwadaso Municipal	Passion for Humanity Ghana (PHG)
4		Atwima Nwabiagya Food	Agency For Health and Food Security
5		Asokwa	Preach the Word Association (PWA)
6		Obuasi Municipal	Social Support Foundation (SSF)
7	Bono	Berekum East	Citizen Watch Ghana (CWG)
8		Jaman North	Integrated Resources for Women Development in Africa (IRWDA)
9		Berekum West	Alternative Innovation Community Development (AICODEV)
10		Sunyani Municipal	Alliance for Women Opportunities and Development
11	Bono East	Kintampo South	Centre for Migration and Africa Development (CeMAD)
12		Kintampo Municipal	Action Youth for Development Ghana
13		Techiman	Maaltaa Development Association (MADA)
14	Central	Cape Coast Metro	Sustainable Amplified Voice Africa (SAVA)
15		Mfantiman Municipal	Care Love Charity Foundation (CLCF)
16		Agona West	Hero Network

## List of Implementing CBOs

S/N	REGION	DISTRICT	NAME OF ORGANIZATION
17	Central	Ajumako-Enyan-Essiam	Keba Africa
18	Eastern	New Juabeng South	Beyond Hope Foundation (BHF)
19		Lower Manya Krobo	Centre For Community and Rural Development (CENCORD)
20		Fanteakwa North	Access Care Treatment and Support Ghana (ACTSG)
21		Asene Manso	Patients Friend Foundation (PFF)
22	Greater Accra	Osu Klottey	Transformers International
23		Okaikoi North	Media Response
24		Ningo Prampram	Auntie Linda Foundation
25		Krowor	Christ Soldiers Foundation
26		Ledzokuku	Unisphere Alliance
27		Ga South	Women Gate Foundation
28		Ablekuma South	Foundation for Future Christians Workers International (FFCWI)
29		Tema	Community Outreach Alliance (COA)
30		Ashaiman Municipal	Dream Weaver Organization (DWO)
31	Northern	Tamale Metro	Nfasimdi Development Association
32		Sagneigu	Community Empowerment Organization (CEO)

## List of Implementing CBOs

S/N	REGION	DISTRICT	NAME OF ORGANIZATION
33	Northern	Mion	Women Innovation and Development Agency (WIDA)
34	North East	West Mamprusi	Centre for Empowerment and Development Initiatives (CEDI)
35		Gambaga/Nalerigu	Participatory Action for Rural Development Alternative (PARDA)
36	Oti	Guan District	Community Advocacy Against Poverty (CAAP)
37		Jasikan District	Omega Project Management Foundation (OPMF)
38	Savannah	Sawla-Tuna-Kalba	Bridging Gaps Association (BGA)
39	Upper East	Bongo	Development Research and Advocacy (DRAC)
40		Kassena Nankana	Dezendani Integrated Development Organization (DIDO)
41	Upper West	Wa Municipal	Sustainable Development for Women (SDW)
42		Wa North	Acceleration Community Based Development Agency (ACBDA)
43	Volta	Hohoe Municipal	African Rural Integrated Network Ghana (AFRINET Ghana)
44		Ho Municipal	New Living Community Development Vision (NLCDV)
45		Ho West	Ene Empower
46		Adaklu District	Sikamore Global Foundation
47	Western	Ahanta West	Liberty Movement Foundation
48		Sekondi-Takoradi	African Women International (AFWI)

## List of Implementing CBOs

S/N	REGION	DISTRICT	NAME OF ORGANIZATION
49	Western	Effia-Kwesimintsim	African Women Association (AFWA)
50		Shama	Evangor Foundation

# WORLD AIDS DAY 2023

## HIV SELF-TESTING

# HEALTH WALK

### HEALTH WALK TO PROMOTE BLOOD-BASED HIV SELF-TESTING (HIVST)



SATURDAY | NOV 25, 2023



5AM - 9AM



AYI MENSA - PEDUASE (MOUNTAIN STRETCH)

## PROGRAM OUTLINE



ACTIVITY	RESPONSIBILITY
<b>5:00AM</b> Arrival of Participants	All Participants
<b>5:30AM</b> Distribution of T Shirts / Paraphernalia	GHANET TEAM
<b>6:00AM</b> Welcome Address / Purpose of Event	<ul style="list-style-type: none"> <li>- Dr. Kyeremeh Atuahene (Director-General, GAC)</li> <li>- Dr. Ayisi-Addo (Programme Manager, NACP)</li> </ul>
<b>6:10AM</b> Takeoff @ Ayi Mensa	All Participants
<b>7:30AM</b> Takeoff @ Ayi Mensa	All Participants
<b>8:00AM</b> Aerobics	Aerobics Instructors
<b>8:30AM</b> Public Demonstration of HIVST kits	Abbott Team / Orasure Team
<b>8:45AM</b> Solidarity Messages	Office of the President, GAC, MOH, GHS, NACP, UNAIDS, WHO, PEPFAR, Abbott/Orasure
<b>9:00AM</b> Refreshment and Social Networking	All Participants



WWW.GHANET.NET



WORLD AIDS DAY 2023 | THEME: LET COMMUNITIES LEAD



# 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-clearing 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.

ENGLISH

**ORAQUICK®**  
HIV SELF-TEST



VIEW INSTRUCTIONS  
oraquick.com

## HOW TO USE THE ORAQUICK® HIV SELF-TEST KIT



**YOU WILL NEED A WAY TO TIME THE TEST**



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



Your test kit contains two pouches.



Tear open the pouch containing the tube.



Remove the cap.



DO NOT pour out the liquid. DO NOT drink.



Slide the tube into the stand.



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.



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



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



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



Read the result.

## INTERPRETING RESULTS Read test results in a well-lit area

### HIV POSITIVE RESULT

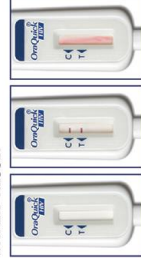


Two complete lines, even if the line is faint, means you may be HIV POSITIVE and you need to seek additional testing by a trained professional to confirm an HIV diagnosis.



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 the test is used properly), the test did not work properly. The test did not work properly. 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

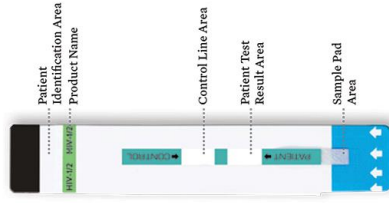
# DETERMINE™ HIV-1/2

## QUICK REFERENCE GUIDE

### Before you begin

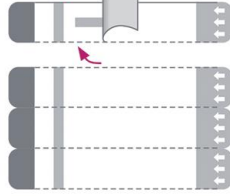
- Please read the package insert in its entirety, prior to use.
- Gather materials you will need.
- Cover your work space with a clean, disposable, absorbent workspace cover.
- Put on your disposable gloves.

### PRODUCT INFORMATION



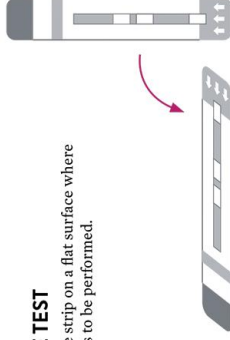
### 1 PREPARE TEST

Tear one strip from the right and remove cover.



### 2 PLACE TEST

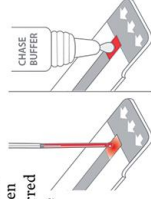
Place one strip on a flat surface where the test is to be performed.



### 3 ADD SAMPLE

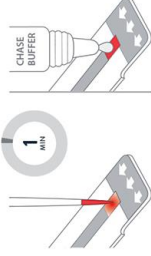
#### Fingersick Whole Blood

Add 50 µL of whole blood to the Sample Pad. When all the blood is transferred from the capillary tube to the Sample Pad, immediately apply one drop of Chase Buffer to the Sample Pad.



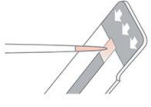
#### Venipuncture Whole Blood

Add 50 µL of whole blood (precision pipette) to the Sample Pad. Wait 1 minute and add one drop of Chase Buffer.



#### Serum/Plasma

Add 50 µL of serum or plasma (precision pipette) to the Sample Pad.



### 4 READ RESULTS

Wait a minimum of 15 minutes (up to 60 minutes) to read the result.

**Do not read test results after 60 minutes.**

The control line should appear for all results. If it does not appear, the results are invalid and should be repeated.



LINE	POSITIVE	NEGATIVE	INVALID
Control			
Patient			

*For more detailed instructions, please refer to package insert.*

**FOR TECHNICAL SUPPORT PLEASE CONTACT AFRISUPPORT@ABBOTT.COM.**

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# KNOW NOW

Take the HIV Self-Test. Know your status.



#### Reference:

1. WHO PQ Public Report, October 2019, version 2.0; Available at : [https://extranet.who.int/pqweb/sites/default/files/191003\\_amen\\_ded\\_pqpr\\_0320\\_090\\_00\\_mylan\\_hiv\\_self\\_test\\_v2.pdf](https://extranet.who.int/pqweb/sites/default/files/191003_amen_ded_pqpr_0320_090_00_mylan_hiv_self_test_v2.pdf); Accessed on : 9 February 2023.

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For more information  
please visit:

[www.ez2uzhivselftest.com](http://www.ez2uzhivselftest.com)



WHO - World Health Organization  
\*Cape Town, South Africa





**GHANA HIV & AIDS  
NETWORK (GHANET)**

## **For more information**

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National Secretariat: DH43 Biakpa CL, GA-261-3553



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