GHANA
Mid-term Assessment
Global Fund Breaking Down Barriers Initiative

May 2021
Geneva, Switzerland
DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

Acknowledgements

The mid-term assessment of the Breaking Down Barriers initiative was led by a team of researchers assembled by the Drexel University Dornsife School of Public Health comprised of: Joseph J. Amon (Drexel University), Leo Beletsky (Northeastern University), Sandra Ka Hon Chu (HIV/AIDS Legal Network), Joanne Csete (Columbia University), Richard Elliott (HIV/AIDS Legal Network), Mikhail Golichenko, (HIV/AIDS Legal Network), Cécile Kazatchkine (HIV/AIDS Legal Network), Diederik Lohman (Consultant), Julie Mabilat (Consultant), Megan McLemore (Consultant), Nina Sun (Drexel University) and Susan Timberlake (Consultant).

For the Ghana assessment, Joanne Csete and Nina Sun led the research and writing of this report, with the assistance of Isaac Bill. The authors would like to acknowledge the support of the Global Fund, as well as the many country stakeholders, technical partners and others who provided information, insights and various other contributions, and who demonstrated their dedication – despite the challenges of the global COVID-19 pandemic – to their programs and beneficiaries.

Breaking Down Barriers Initiative Countries

The following 20 countries are part of the Breaking Down Barriers Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Ghana is an in-depth assessment.

<table>
<thead>
<tr>
<th>Mid-term Assessment Type</th>
<th>Countries</th>
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<tbody>
<tr>
<td>Rapid</td>
<td>Benin</td>
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<tr>
<td></td>
<td>Democratic Republic of Congo (rapid +)</td>
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<tr>
<td></td>
<td>Honduras</td>
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<td></td>
<td>Kenya</td>
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<td></td>
<td>Senegal</td>
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<td></td>
<td>Sierra Leone</td>
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<tr>
<td></td>
<td>Tunisia</td>
</tr>
<tr>
<td></td>
<td>Uganda (rapid +)</td>
</tr>
<tr>
<td>Program</td>
<td>Botswana</td>
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<td></td>
<td>Cameroon</td>
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<td></td>
<td>Cote d’Ivoire</td>
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<td>Indonesia</td>
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<td>Kyrgyzstan</td>
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<td>Mozambique</td>
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<td>Nepal</td>
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<td></td>
<td>Philippines</td>
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<tr>
<td>In-depth</td>
<td>Ghana</td>
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<tr>
<td></td>
<td>South Africa</td>
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<td></td>
<td>Ukraine</td>
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Table of Contents

Summary ................................................................. 4
Introduction ............................................................. 12
Part I. Background and Country Context ..................... 15
Part II: Progress towards Comprehensive Programming .... 18

Creating a Supportive Environment to address Human Rights-related Barriers 18
Scale-Up of Programming: Achievements and Gaps 22

Programs to Remove Human Rights-related Barriers to HIV ........................................ 22
Programs to Remove Human Rights-related Barriers to TB Services ................................ 36

Cross-Cutting Issues related to Quality Programming and Sustainability 41

Achieving Quality ................................................................................................................. 41
Challenging Legal and Social Environment ........................................................................ 42
COVID-19 ............................................................................................................................. 42
Donor Landscape .................................................................................................................. 43

Part III. Emerging Evidence of Impact ......................... 45

Reforming police practices with respect to HIV key populations 45
Protecting HIV- and TB-affected persons in COVID-19 response 46

Annex I. Summary of Recommendations ....................... 48
Annex II. Methods .......................................................... 55
Annex III. List of Key Informants ................................. 59
Annex IV: List of Sources and Documents Reviewed ......... 60
Summary

Introduction

The Global Fund’s Breaking Down Barriers initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Ghana. It seeks to: (a) assess Ghana’s progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers Theory of Change

The theory of change for the Breaking Down Barriers initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions. This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the Breaking Down Barriers initiative has had in Ghana to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and remote interviews with key informants. The planned in-country assessment was unfortunately changed to a remote process due to COVID-19. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Ghana was an in-depth assessment. It was conducted primarily between February and March 2021.

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1. The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

2. For HIV and TB: Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy (“know your rights”); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. Additional programs for TB: Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).
Progress towards Comprehensive Programming

The Breaking Down Barriers initiative’s efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Progress towards Creating a Supportive Environment to address Human Rights-related Barriers

The Breaking Down Barriers initiative sought to create a supportive environment for addressing human rights-related barriers within Ghana through several foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; and the establishment of a steering committee on human rights, HIV and TB to develop a national plan to remove human rights-related barriers (see table 2). Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations. While these steps are important, there remains a need for a functional group to undertake routine reviews of the implementation of the plan, to assess gaps and document lessons.

Table 1: Key milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Results</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matching funds</td>
<td>Ghana applied for, and received, human rights matching funds of US $2.3 million – Ghana matched 1:1 in its general allocation for NFMII</td>
<td>October 2018</td>
</tr>
<tr>
<td>Baseline assessment</td>
<td>A desk review and country research with various stakeholders took place in 2017 – this included an inception meeting with stakeholders before the research. Report finalized with input from key stakeholders</td>
<td>July – September 2017</td>
</tr>
<tr>
<td>Multi-stakeholder meeting</td>
<td>Ghana AIDS Commission and the Country Coordinating Mechanism brought together representatives from various government entities and civil society organizations to validate the results of the baseline assessment and make recommendations for the national human rights plan.</td>
<td>July 2019</td>
</tr>
<tr>
<td>Working group on human rights, HIV and TB</td>
<td>While there was a Steering Committee that developed the Strategic Plan for a Comprehensive Response to Human Rights-related Barriers to HIV and TB Services in Ghana, there is no functional group to review and monitor its implementation. The National Strategic Plan has an elaborate monitoring and evaluation plan, but it was not clear to the midterm assessment team that any group was following the implementation of the national plan according to that M&amp;E framework.</td>
<td>To be constituted</td>
</tr>
</tbody>
</table>
Scale-up of Programs: Achievements and Gaps

Programs to reduce HIV-related human rights barriers are generally moving in a good direction in Ghana. Administration of the Stigma Index 2.0 is an achievement that should help energize and target existing stigma efforts to particular populations and particular types of stigma. Training of health care providers has benefited from the development of a solid curriculum covering stigma, discrimination and other human rights issues but needs expansion in number of persons and facilities reached and should be evaluated from the perspective of users of health services, especially key populations, which may be possible to achieve with community-led monitoring, perhaps supplemented for certain issues with special studies of key population experiences. Police training should also continue to expand based on an improved curriculum and also would benefit from evaluation from the perspective of key populations. Trained paralegals are coming to be known in their districts, but the sustainability of access to legal services remains challenging. The success of an online system for documentation of human rights violations remains to be seen as the system was not functional at the time of the assessment. Programs to protect the rights and address the needs of women and girls living with HIV and women in key populations should be strengthened and mainstreamed.

An exception to the progress being seen is the population of people who use drugs, who have largely been absent from programs to reduce HIV-related human rights barriers. It is hoped that a planned situation and needs assessment of this population will assist in the development of programs addressing its concerns. Repression of LGBTQ persons in Ghana is also at a dangerous point as LGBTQ organizations have had to go underground, and LGBTQ outreach workers face harassment and other harms.

Programs to reduce human rights-related barriers to tuberculosis services were not assessed in the baseline study of Breaking Down Barriers. The first assessment of TB-related stigma in the country is an important step and should inform a program of action in this area. The National TB Strategy recognizes stigma reduction as a priority. TB “champions” affiliated with the TB Voices Network conduct legal literacy sessions. More work is needed to protect people from losing their jobs or temporarily losing income when they are in TB treatment, as well as to avert stigma and discrimination more generally. TB work in prison may need more financial support, and prison overcrowding is a risk factor for TB that should be addressed.
Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness

<table>
<thead>
<tr>
<th>Program areas</th>
<th>HIV</th>
<th>TB</th>
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<tr>
<td></td>
<td>Baseline</td>
<td>Mid-Term</td>
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<tr>
<td>Stigma and discrimination reduction</td>
<td>2.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Training for health care providers on human rights and medical ethics</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Sensitization law-makers and law enforcement agents</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Legal literacy (“know your rights”)</td>
<td>2.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Legal services</td>
<td>1.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Monitoring and reforming laws, regulations and policies relating</td>
<td>3.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Ensuring confidentiality and privacy</td>
<td>N/A^3</td>
<td>n/a</td>
</tr>
<tr>
<td>Mobilizing and empowering patient and community groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programs in prisons and other closed settings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average score</td>
<td>1.8</td>
<td>2.86</td>
</tr>
</tbody>
</table>

Programs to reduce human rights-related barriers to TB were not included in the baseline assessment.

**Key**

0 – no programs present

1 – one-off activities

2 – small scale

3 – operating at subnational level

4 – operating at national level (>50% of geographic coverage)

5 – at scale at national level (>90% geographic coverage + >90% population coverage)

N/A – Not applicable

*For detailed scorecard key, see Annex II

^3 Note that these programs are built into the other HIV program areas.
Cross-cutting Issues related to Quality Programming and Sustainability

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming⁴ and sustainability. Aspects of quality discussed here include the need for more in-depth evaluations, especially of the kind that capture key population experiences, the need for attention to the sustaining cadres of community outreach workers for the long haul, and the urgent need to initiate work on reducing human rights-related barriers to HIV and TB services faced by people who use drugs.

Meaningful evaluations
The mid-term assessment team appreciates that WAPCAS brings to its human rights work a significant history of experience in programs for key populations and people living with HIV. The impact of virtually all programs to reduce HIV- and TB-related human rights barriers is best measured through assessing the experience of key populations and people living with HIV themselves and not just measuring the number of persons who attend a training, for example. WAPCAS set a good example in this kind of assessment with its evaluation of the work of paralegals, and more such evaluations may be useful on their own or to complement results of community-led monitoring. Ideally organizations led by people living with HIV and key populations should be charged with helping to mobilize their constituents for such evaluations.

Sustaining community outreach workers
The Models of Hope have a long-established reputation as an important example of people living with HIV reaching out to their peers and helping them through stigma and other human rights issues. Other community peer educators and paralegals have built on the Models of Hope experience, and peer outreach is a core part of Ghana’s Human Rights Strategic Plan. Two studies in which Models of Hope agents were interviewed indicated some dissatisfaction among these workers with the modest stipend they received,⁵ raising a concern about the sustainability of this arduous work.

Inclusion of people who use drugs
People who use drugs as a priority key population are included in the NSP but absent from Ghana’s Human Rights Strategic Plan. The planned rapid assessment of the situation and needs of people who use drugs is welcome to inform prompt design and implementation of programs addressing the rights and needs of this key population, including efforts toward ensuring access to the WHO-recommended “comprehensive package” of services for people who inject drugs.⁶

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⁴ Linking programs to barriers; Making programs follow and support national plan and strategy; Integrating programs in prevention, treatment, key population programs; Combining programs; Avoiding duplication and gaps; Avoiding one-off activities; Building capacity and sustainability; Using local capacity and build on good existing programs; Making programs gender-responsive; Addressing safety and security; and robust M&E systems. See https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/


**Donor landscape**

While the Global Fund provides the main source of specific funding for programs to reduce human rights-related barriers to access HIV and TB services, PEPFAR/USAID is another significant donor in this area, primarily through its support of work with key populations. The most recent publicly available information on national AIDS spending acknowledges that public sources accounted for the highest AIDS expenditure in 2018 (51%). However, from the documents available to the mid-term assessment team, there is a lack of clarity about the exact proportion of funding that specifically supports programs to reduce human rights-related barriers to access HIV and TB services. This raises concerns about sustainability of funding for this type of work, especially as it relates to key and other stigmatized populations.

**Emerging Evidence of Impact**

By reducing and removing rights-related challenges to access HIV and TB services, the Breaking Down Barriers initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term, the assessment documented emerging evidence related to the removal of barriers that facilitates access and uptake of HIV and TB services.

**Reforming police practices with respect to HIV key populations**

Police misconduct against key populations, especially sex workers and LGBTQ persons, has been documented for years in Ghana, and the Ghana Police Service (GPS) has at times taken action to reduce extortion, sexual violence and other abuses. WAPCAS’ training of police with Global Fund support showed signs early of reducing raids or “swoops”, especially against sex workers, which would drive key populations into dangerous underground situations. But with recognition of the need for sustainability, a Police Technical Working Group (PTWG) was created with high-level representation from DOVVSU, the HIV Unit of GPS, the police training institutions, and the police hospital. It is hoped that the PTWG will be effective in contributing to oversight of police practices with respect to key populations.

**Protecting HIV- and TB-affected persons in COVID-19 response**

WAPCAS and other organizations recognized the COVID-19 emergency as carrying its own human rights challenges and also threatening the situation of HIV and TB key populations. WAPCAS mobilized food aid for HIV key populations, some of whom, like sex workers, were limited in the work they could do safely at the time of COVID restrictions. CHRAJ denounced reported incidents of beating and other excessive punishment of people who violated COVID-19 quarantines. Other groups undertook anti-stigma measures and also raised concerns about women as caregivers and gender-based violence during lockdowns. WAPCAS and WiLDAF took to the radio to talk about human rights issues related to COVID-19 and even publicized the phone numbers of pro bono lawyers for people facing COVID-19-related discrimination and other concerns. These efforts represent rights-based efforts at protection of the most vulnerable populations while responding to a general emergency.
Conclusion
Government and civil society entities and donors participated in a baseline assessment that summarized existing programs and made recommendations for reaching a comprehensive response to remove human rights-related barriers to HIV services. A multistakeholder meeting with wide participation was followed by the development of a Human Rights Strategic Plan. The plan envisions the creation of a steering committee to assist GAC in monitoring and providing strategic direction for activities in the plan. That committee was not functional at the time of the midterm assessment. The plan is also not as well known as it might be by all partners and potential partners.

The experience of WAPCAS and some of the other key implementers with HIV-related human rights programs has helped to ensure coherence of programs with past efforts and real insight as to the needs of key populations. The inclusion of people who use drugs in key population programs, evaluations that highlight the experiences of key populations, and attention to the sustainability of the peer workers involved in the program are areas needing attention. A possible threat to Ghana’s human rights-based response to HIV is the social backlash against LGBTQ persons, which has undermined the safety of these persons and those who provide services to them. This situation cries out for a concerted effort to champion protection from discrimination and abuse based on sexual orientation and gender identity in Ghana. While TB programs were not assessed in the baseline study that informed the Strategic Plan, many rights-centered TB activities have been built into the work reviewed here.

The mid-term assessment team appreciates the efforts of program implementers to mount a rights-based response to COVID-19, including attention to the basic needs of people living with HIV and key populations.
### Key Recommendations (see Report Annex for a full set of recommendations)

#### Creating a Supportive Environment
- GAC should establish a Steering Committee for the human rights efforts, as envisioned in the national plan, which either takes on as a mandate or has a sub-group that advises on M&E issues. This group should represent the views of people living with HIV, HIV key populations and TB survivors. It should meet periodically to hear from GAC and key implementing partners about the progress of the human rights work and can be called on to suggest new directions and strategies for resolving programmatic problems. It should advise on the meaningful participation of people living with HIV, key populations and TB survivors in all aspects of programs design, implementation and evaluation and in resource mobilization.
- GAC should continue to raise awareness of the Strategic Plan among all stakeholders and to seek donor and domestic funding support for underfunded parts of the Strategic Plan.

#### Programmatic Scale-up
- Without delay when the rapid assessment of the drug use sector is completed, there should be a formal convening of all relevant stakeholders – including GAC, WHO, WAPCAS the Ghana Health Service, the National AIDS Control Programme and civil society organizations that serve people who use drugs, the Ministry of Justice and Attorney General’s Office, the Narcotics Control Commission, and the Ghana Police Service – to share ideas and develop a rights-based strategy for ensuring access to HIV and TB services for people who use drugs.
- We repeat as a cross-cutting recommendation that GAC and CHRAJ and organizations led by LGBTQ persons should work together to develop a strategy for at least inserting into the current public discussion a rights-centered perspective of LGBTQ rights and the essential nature of rights-based health services for this population.
- Ghana Health Service should institute HIV-related human rights training as a regular part of pre-service curricula for doctors, nurses and other health professionals based on lessons learned from the in-service training experience. Ideally human rights-related pre-service training should be sustained by government funding.

#### Programmatic Quality and Sustainability
- GAC and the National AIDS Control Programme should undertake a rigorous assessment of how the work of Models of Hope and other HIV and TB peer educators and outreach workers is contributing to human rights-related interventions. If their work is deemed useful in this regard, a costed plan for ensuring sustainability of these services, including staff retention, should be developed.
- GAC and the Steering Committee should revisit the monitoring and evaluation strategy of the Human Rights Strategic Plan and ensure that there is adequate monitoring of the experiences of people living with and affected by HIV and TB and key populations with respect to the various program areas. In particular, documenting the experiences of these populations with respect to police conduct, quality of care in health facilities, and recording and effective follow-up of reported human rights violations will be crucial. Experiences of PLHIV and key populations may be captured routinely by community-led monitoring, but evaluations around issues or categories of violations that are less well covered may merit further investigation.
- GAC should consider organizing a donor roundtable with public and private donors that would highlight the importance of the human rights measures that have been put into place and the need to sustain and expand them.
Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the Breaking Down Barriers (BDB) initiative to help 20 countries, including Ghana, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Ghana from February to March 2021 to: (a) assess Ghana’s progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers Initiative’s Theory of Change

The theory of change for the Breaking Down Barriers initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement — at appropriate scale and with high quality — a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”, and Global Fund Key Performance Indicator 9 that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).†

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7 The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).
Breaking Down Barriers

Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV and TB Services

For HIV and TB:
- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

Additional programs for TB:
- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings;
- Reducing gender-related barriers to TB services (TB).

According to the Breaking Down Barriers initiative’s theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called “matching funds”), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In February 2021, the Global Fund supported an in-depth mid-term assessment examining Ghana’s progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV and TB services, as measured against the baseline assessment and through achievement of the milestones. Unlike the Ghana baseline assessment, the mid-term review includes a review of progress on removing human rights-related barriers to TB services.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Ghana, as an in-depth assessment, included a desk review and key informant interviews that were planned to have been conducted during a two-week in-country visit but because of COVID-19 were conducted remotely. The assessment team strove to conduct at least as many remote interviews as would have been conducted in person. Information from key informant interviews was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.
The Ghana mid-term in-depth assessment was conducted between February and March 2021 (Table 1). For in-depth assessments only: Findings of the assessment were presented to a selection of national stakeholders in November 2021. More information on the assessment’s methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

**Limitations**

It was very unfortunate that COVID-19 prevented the physical presence of the mid-term assessment team in Ghana for this review. The team worked with a local colleague to help set up appointments and clarify the objectives of the review. The team is grateful to all informants for their patience with remote interviews in which establishing rapport and discerning nuances of tone can be difficult. Most respondents were in greater Accra, and internet access was not an impediment, but an attempted contact with a CHRAJ regional officer outside the capital was not successful. Though this review was conceived to be “in-depth”, it was nonetheless limited in time. The review team focused mostly on organizations receiving Global Fund support, inevitably leaving out some potentially enlightening perspectives. We attempted to fill in some gaps with materials available on the internet.

**Table 1: Ghana Mid-Term Assessment Timeline**

<table>
<thead>
<tr>
<th>Assessment Component</th>
<th>Researchers</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk review of available program reports, epidemiological information, and other</td>
<td>Nina Sun</td>
<td>November 2020</td>
</tr>
<tr>
<td>background documents</td>
<td>Joanne Csete</td>
<td></td>
</tr>
<tr>
<td>25 Key informant interviews conducted remotely</td>
<td>Joanne Csete</td>
<td>November 2020 – January</td>
</tr>
<tr>
<td></td>
<td>Nina Sun</td>
<td>2021</td>
</tr>
<tr>
<td></td>
<td>Isaac Bill</td>
<td></td>
</tr>
<tr>
<td>Follow-up with relevant key informants</td>
<td>Joanne Csete</td>
<td>November 2020 – January</td>
</tr>
<tr>
<td></td>
<td>Nina Sun</td>
<td>2021</td>
</tr>
<tr>
<td>Presentation of key report findings to Global Fund and country stakeholders</td>
<td>Researchers</td>
<td>November 2021</td>
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Part I. Background and Country Context

Epidemiologic Context

As of 2019, Ghana has an HIV prevalence rate of 1.7%, with an estimated 340,000 adults and children living with HIV. Of that number, the majority are adults (320,000) and over 60% are women. Prevalence is higher for key populations, including sex workers (6.9%) and men who have sex with men (18%). Notably, there is an absence of data for transgender individuals and people who use drugs. In 2019, there were an estimated 20,000 new HIV infections, with an incidence of 1.1 for adults between the ages of 15-49. There were about 14,000 AIDS-related deaths. 45% of people living with HIV are on antiretroviral treatment (ART), reflecting a significant and steady increase in people on treatment since 2010.

On tuberculosis (TB), Ghana has an incidence of 144 per 100,000 (or an estimated 44,000 people who developed TB) in 2019. This reflects a general downward trend in new TB cases since 2000. However, there has been in increase in the incidence of multi-drug resistant (MDR) TB, with an estimated 1,200 people who developed MDR-TB in 2019, a 38% increase since 2018. HIV-positive TB incidence is 30. In 2019, there were approximately 15,000 TB case notifications (which includes both new and relapse cases). The treatment success rate of new and relapse cases from 2018 is 84%; the rate for TB/HIV co-infection is 77%. Regarding TB-related mortality, 10,000 people died of TB in 2019. The number of deaths due to TB/HIV co-infection was 5,000.

Legal and Policy Context

Ghana’s HIV response is guided by its national strategic plan. The last publicly available plan was the National HIV and AIDS Strategic Plan, 2016-2020. The plan acknowledges the importance of a rights-based approach to HIV programming, as well as of critical enablers, including policy and advocacy, law enforcement, community mobilization and stigma and discrimination reduction. Furthermore, it includes explicit references to strengthening promotion and protection of the rights of key populations, and has several activities related critical social enablers, as well as some outputs on human rights. The 2016-2020 NSP recognizes the following groups as most-at-risk populations: female sex workers and their clients, men who have sex with men, people who inject drugs and prisoners. Other vulnerable groups include “kayayei (female head porters), long distance truck drivers, uniformed (security) personnel and health workers”, but they have not been prioritized in the previous NSP. As of February 2021, a review of the 2016-2020 NSP had been completed and new plan was under development – key informants noted that there were discussions on including human rights in the new NSP but had not seen how much was included in the finalized draft.

While Ghana has legal protections for people living with HIV, it also has laws that present barriers to HIV services access. In terms of HIV-related laws, the Ghana AIDS Commission (GAC) Act of 2016 (Act 938), includes provisions that protect the rights of people living with HIV. This law contains provisions that provide protection in the workplace, education, health, as well as privacy and confidentiality. Regarding punitive laws, sex work and consensual same-sex
sexual relations are criminalized.\textsuperscript{999} As of 2020, drug use and possession remain criminalized, but new legislation may open the door for some alternatives to penalization of minor offenses.\textsuperscript{****} Criminalization results in high levels of stigma related to all of these behaviors. In February 2021, a community center and “safe house” for LGBT persons opened in a suburb of Accra by LGBT+ Rights Ghana was reportedly raided by security police and was shut down.\textsuperscript{††††} The leadership of LGBT+ Rights Ghana was required to go “underground”, and other organizations serving the LGBTQ population reported fearing that any outward sign of working with LGBTQ persons would put them in danger. A number of influential political and religious leaders have been outspoken in their support of this repression. After the presidential election in late December 2020, the newly designated Minister of Gender, Children and Social Protection emphasized the homosexuality is forbidden by law as “unnatural carnal knowledge” and also was not compatible with Ghanaian culture.\textsuperscript{‡‡‡‡} These developments bode ill for progress in HIV programming for men who have sex with men and transgender persons.

Policy on health services for people who use drugs seems not to have progressed in spite of the March 2020 passage of the Narcotics Control Commission Act (NCCA). As observed in the baseline assessment, there was a hope that the NCCA would help to make concrete the long-standing political rhetoric in the country on treating drug use as a health rather than a criminal law problem. That hope has not been realized. Establishment of HIV prevention services for people who use drugs has not progressed despite the recognition that the prevalence of injection drug use is significant and the repeated statements from Ghana’s representatives in international forums in favor of dealing with drug use in public health-focused ways. A WHO representative informed the midterm assessment team that a rapid assessment of the size and situation of the population of people who inject drugs is expected to take place in the first half of 2021. One hopes that the information gleaned from that exercise will trigger significant action to greatly enhance access to health services for people who use drugs.

On TB, Ghana’s response is guided by the Ministry of Health’s National Tuberculosis Health Sector Strategic Plan, 2015-2020. The plan is heavily clinical and biomedical in nature, focusing on detection of new cases, enrollment on TB treatment and attaining higher treatment success rates. However, it does reference collaboration with civil society organizations and communities, as well as protecting and promoting patients’ “rights, ethics and equity under National Health Insurance Scheme (NHIS), Food and Drugs Authority (FDA) and Public Health Act” as an underlying principle of the plan.\textsuperscript{§§§§}

Other Key Considerations for the HIV and TB Responses

Sexual and reproductive health education for young people appears to be a very challenging area for the government of Ghana, with deep implications for the national HIV response. In late 2018, the Ghana Education Service, a government body, and UNFPA proposed “Guidelines for Comprehensive Sexuality Education (CSE) in Ghana”, a plan for CSE as part of the basic school curriculum in the country. The guidelines were based on years of research and evaluation of existing curricula and were supported by Planned Parenthood Association of Ghana and Marie Stopes, among other NGOs. But the curriculum was met by opposition from a number of political and religious leaders, some of whom opined that the curriculum would promote “LGBT+ values”.\textsuperscript{*****} At this writing, according to informants of the midterm review, the CSE curriculum is on hold as the government considers what it should include. The CSE guidelines include information on HIV and other STIs. The sidelining of CSE in the schools
undermines Ghana’s efforts to ensure that young people know how to protect themselves from HIV and learn the importance of respect for the rights of people living with and vulnerable to HIV.

A recent decision by USAID/PEPFAR is also worth noting. A number of the programs seeking to reduce human rights-related barriers to HIV and TB services in Ghana, including support of peer educators, have their foundation in the work of USAID/PEPFAR-funded projects that included a focus on key populations and especially on stigma and discrimination. The SHARPER Project (Strengthening HIV and AIDS Response Partnership with Evidence-based Results), which ended in 2014, pioneered some of the work with key populations and women on which current efforts in Ghana have built. The Linkages project, which ended in 2019, specifically focused on key populations and had activities in five heavily HIV-affected regions -- Ashanti, Western, Brong Ahafo, Eastern and Greater Accra. In 2020, PEPFAR made the decision to limit its HIV activities, including the Strengthening the Care Continuum project, to the Western Region, hoping to show that region as a model of reaching the 90-90-90 or even the 95-95-95 objective. Though there is Global Fund-supported work to address human rights-related barrier in the other four regions, this decision leaves a gap that may be challenging to fill.

COVID-19

As of early May 2021, official statistics in Ghana had registered almost 93,000 COVID-19 cases but only 783 deaths. In March and April 2020, temporary lockdowns were instituted in several regions, including Greater Accra, public gatherings were prohibited nationwide, beaches and most schools were closed, as were the national borders for a few weeks. By late May and early June, there was some easing of restrictions and a return to schools, though mask-wearing was enforced in certain public locations. In January 2021, the government raised concerns about rising numbers of COVID-19 cases, but few restrictions remained in place. By April 2021, some 500,000 Ghanaians had been vaccinated against COVID-19 with availability of many more doses promised. (Please refer to the “Cross-cutting Issues” section below for more information on the impact of the COVID-19 pandemic.)
Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative’s efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers within Ghana through several foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; and the establishment of a steering committee on human rights, HIV and TB to develop a national plan to remove human rights-related barriers (see table 2). Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

**Table 2 – Key milestones**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Results</th>
<th>Date</th>
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<tbody>
<tr>
<td>Matching funds</td>
<td>Ghana applied for, and received, human rights matching funds of US $2.3 million – Ghana matched 1:1 in its general allocation for NFMII</td>
<td>October 2018</td>
</tr>
<tr>
<td>Baseline assessment</td>
<td>A desk review and country research with various stakeholders took place in 2017 – this included an inception meeting with stakeholders before the country research Report finalized with input from key stakeholders</td>
<td>July – September 2017</td>
</tr>
<tr>
<td>Multi-stakeholder meeting</td>
<td>Ghana AIDS Commission and the Country Coordinating Mechanism brought together representatives from various government entities and civil society organizations to validate the results of the baseline assessment and make recommendations for the national human rights plan.</td>
<td>July 2019</td>
</tr>
<tr>
<td>Working group on human rights, HIV and TB</td>
<td>While there was a Steering Committee that developed the Strategic Plan for a Comprehensive Response to Human Rights-related Barriers to HIV and TB Services in Ghana, there is no functional group to review and monitor the implementation of the plan.</td>
<td>To be constituted</td>
</tr>
<tr>
<td>National plan to reduce human rights-related barriers</td>
<td>Three-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services and gender inequality</td>
<td>November 2019</td>
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Baseline Assessment (2017)

In 2017, a baseline assessment was conducted to identify the key human rights-related barriers to HIV and TB services in Ghana; describe existing programs to reduce such barriers and identify gaps, challenges, best-practices; indicate what comprehensive programs would comprise of in terms of the types of programs; and identify the opportunities to bring these to scale. The assessment began with an inception meeting of various country stakeholders to outline the purpose and processes of the project. The assessment involved a desk review, focus group discussions and key informant interviews with representatives from key or vulnerable populations. The results of the draft report were then validated during a multi-stakeholder meeting (see below). The report was finalized in September 2019.

Matching Funds (2018)

Ghana applied for, and received, matching funds for human rights of US $2.3 million. The majority of the matching funds were dedicated to stigma and discrimination reduction, followed by HIV-related legal services and legal literacy. There was also small proportion of funding earmarked for training of health care providers, sensitizing law enforcement and law makers, and reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. Ghana fulfilled the requirement for a 1:1 match of funds from its general allocation, with US $2 million in the WAPCAS grant for human rights-related activities and US $450,000 in the grant to the Ministry of Health to support the National AIDS Control Program for health care worker training. Implementation of the human rights activities began in March 2019.

Multi-Stakeholder Meeting (2019)

Under the leadership of the Ghana AIDS Commission and the Country Coordinating Mechanism, the country held a multi-stakeholder meeting, Addressing Human Rights Barriers to HIV and TB Prevention, Testing and Treatment Services in Ghana, from 10-11 July 2019. It brought together stakeholders from government ministries, departments and agencies, including representatives from the Attorney-General, Ministry of Health, the Judiciary, the Commission on Human Rights and Administrative Justice (CHRAJ), as well as those from civil society organization, including networks of persons living with HIV and/or TB, religious organizations and traditional leaders. At the meeting, participants discussed key issues and challenges, and made recommendations for consideration for a national strategic plan on HIV and TB-related human rights.
Human Rights Steering Committee for development of the national plan (2019)

GAC and WAPCAS convened a Steering Committee representing government and civil society, including people living with HIV, HIV key populations, and TB survivors, to develop a national strategic plan based on the findings of the baseline study and subsequent discussions in the multi-stakeholder meeting. The national strategic plan also included the establishment of a Human Rights Steering Committee, under the leadership of GAC, responsible for coordinating, reviewing, and monitoring its implementation. The composition of the Steering Committee was proposed to include representatives from “GAC, CHRAJ, UNAIDS, USAID, WAPCAS, NACP, NTP, NYA, Ghana Police Service, UNDP, USAID Care Continuum Project/JSI, HRAC, NAP+, TB Voices Network/TB Partnerships, SWAA, INERELA+ and Traditional Authority.”

However, as of the time of the mid-term assessment (February – March 2021), it was not yet functional.

National Plan (2020)

The Ghana AIDS Commission finalized the National Strategic Plan for the response to Human Rights-related Barriers to HIV and TB Services (2020-2024) in late 2019. The plan contains six strategic objectives:

- Coordinate human rights interventions and advocate for reformation of laws, regulations, and policies relevant to HIV, TB and human rights-related barriers to care services;
- Eliminate all forms of stigma and discrimination targeted at PLHIV, people affected by TB, and other key and vulnerable groups;
- Promote access to justice, HIV and TB-related legal services and human rights interventions, and facilitate TB and HIV legal literacy;
- Remove gender-based barriers to human rights and healthcare service interventions, and eliminate TB and HIV-related gender discrimination and violence against women and adolescent girls;
- Build capacity of healthcare workers and managers on HIV and TB-related stigma, discrimination and human rights barriers that affect PLHIV, people affected by TB, and other key and vulnerable groups;
- Reduce stigma and discrimination relating to practices and activities in religious, faith-based and traditional settings in respect of PLHIV, people affected by TB and other key and vulnerable group.

These strategic objectives were developed based on needs assessments, including the Global Fund-supported baseline assessment, and technical guidance on human rights, including from UNAIDS and the Global Fund. They were vetted through a consultative process that involved representatives from government (Ghana Health Service – National AIDS Control Program, National TB Program, Ghana Police Service, Ministry of Justice, Commission on Human Rights and Administrative Justice), civil society organizations and networks of communities (including people living with HIV and TB champions), technical agencies (UNAIDS, UNDP, UNFPA), and funders (including USAID and the Global Fund).
Overall, though the plan aligns with the needs identified in the baseline assessment and priorities selected by national stakeholders, there are implementation challenges. First, the implementation of activities has been delayed. While some of this is due to COVID-19, other delays speak to a lack of funding and coordination of plan activities. The activities that are being implemented are the ones that already have secure funding. Where the plan suggests new activities or roles that do not already have a funding line, implementation becomes more challenging. For example, the Commission for Human Rights and Administrative Justice (CHRAJ), a key stakeholder in the plan, indicated that they do not have the capacity or funding to play a role in the strategic plan beyond their primary mandate.

While GAC is ultimately responsible for monitoring and evaluation of the Strategic Plan, it is also meant to re-constitute the Human Rights Steering Committee to support the plan’s implementation and monitoring. The elaborate monitoring and evaluation blueprint in the plan, as noted below with respect to several program areas, suggests fairly superficial numerical targets (how many persons attend a training, how many persons reached with a message) whereas the program merits more substantive evaluation, including more attention to the perceptions and experiences of people living with HIV, key populations, and TB survivors.

**Recommendations**

With the support of the Global Fund, stakeholders in Ghana created a Strategic Plan that addresses the range of human rights-related barriers identified in the baseline study. Though many of the activities in the Strategic Plan build on strategies and actions pioneered with the support of PEPFAR and other donors, most of the key implementers of the Plan now rely on the Global Fund for support. With respect to the supportive environment for the implementation of the plan, the midterm review team recommends the following:

- GAC should establish a Steering Committee for the human rights efforts, as envisioned in the national plan, which either takes on as a mandate or has a sub-group that advises on M&E issues. This group should represent the views of people living with HIV, HIV key populations and TB survivors. It should meet periodically to hear from GAC and key implementing partners about the progress of the human rights work and can be called on to suggest new directions and strategies for resolving programmatic problems. It should advise on the meaningful participation of people living with HIV, key populations and TB survivors in all aspects of programs design, implementation and evaluation.

- GAC should continue to raise awareness of the Strategic Plan among all stakeholders and to seek donor and domestic funding support for under-funded parts of the Strategic Plan.
Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV and TB services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on “Ensuring Quality Programming”.

Programs to Remove Human Rights-related Barriers to HIV

Programs to reduce HIV-related human rights barriers are generally moving in a good direction in Ghana. Administration of the Stigma Index 2.0 is an achievement that should help energize and target existing stigma efforts to particular populations and particular types of stigma. Training of health care providers has benefited from the development of a solid curriculum covering stigma, discrimination and other human rights issues but needs expansion and should be evaluated from the perspective of users of health services, especially key populations. Such evaluations may be derived from routine community-level monitoring for some issues and may require other surveys or studies of key population experience for other issues. Police training should also continue to expand based on an improved curriculum and also would benefit from evaluation from the perspective of key populations. Trained paralegals are coming to be known in their districts, but the sustainability of access to legal services remains challenging. The success of an online system for documentation of human rights violations remains to be seen. Programs to protect the rights and address the needs of women and girls living with HIV and women in key populations should be strengthened and consolidated.

An exception to the progress being seen is the population of people who use drugs, who have largely been absent from programs to reduce HIV-related human rights barriers. It is hoped that a planned survey of this population will assist in the development of programs addressing its concerns. Repression of LGBTQ persons in Ghana is also at a dangerous point as LGBTQ organizations have had to go underground, and LGBTQ outreach workers face harassment and other harms. The decision by USAID-PEPFAR to limit its HIV work to the Western Region requires other service provider to step up in the provinces that previously enjoyed PEPFAR-funded human rights-related activities.
The baseline study noted that programs aimed at reducing HIV-related stigma and discrimination in Ghana could build on a history of work supported by USAID/PEPFAR that pioneered the use of peer educators, among other program elements, first through the SHARPER Project (led by FHI 360), 2010-2014, followed by the Linkages program (ended in 2019, also led by FHI 360) and now the Strengthening the Care Continuum project managed by John Snow International (JSI). As noted in the baseline study, by 2019 peer education and outreach that included anti-stigma and discrimination activities people living with HIV and key populations reached most districts, with peer educators described as combined “confidantes, helpers and advocates”.

In addition, a form of peer outreach present in Ghana for many years is through the “Models of Hope”. These are persons living with HIV, usually already receiving ART, who are trained to help newly diagnosed persons seek and sustain treatment. While the training of Models of Hope has been focused on helping people who resist or “default” from treatment to get into care, they also assist newly diagnosed persons with information and advice on protection from stigma and discrimination. As with other peers, there is probably an important anti-stigma effect just by their example as persons living openly with HIV and navigating health care and social interactions. The baseline study recommended increasing the number of Models of Hope but also noted that regular and adequate compensation for their work beyond the usual modest allowance was needed to keep people in this work.

Since the baseline, WAPCAS and other organizations have conducted numerous activities aimed at addressing stigma and discrimination, some of which overlap with rights literacy and health worker and police training activities noted in other sections below. Messages against HIV-related stigma and discrimination figure prominently in user-friendly materials, including illustrated texts and infographics, developed to present the GAC Act and the GHS Patient’s Charter to wide audiences. Audio messages and jingles were also developed for use on radio and social media, and a number of radio talk shows were broadcast.

WAPCAS also undertook consultations and “sensitization” sessions with religious and traditional leaders and other influential persons in a number of districts. In some cases, a small test was given before and after presentations to these audiences to see if their knowledge and attitudes had shifted; results were largely positive.

Work with Models of Hope continued. WAPCAS and Hope For Future Generations (HFFG) held a major consultation with Models of Hope agents to refresh their knowledge of the tools available to them when they encounter stigma/discrimination and other abuses, continuing work begun with the Global Fund-supported Community Systems Strengthening grant in NFMI. A 2020 study in which Models of Hope personnel in Greater Accra were interviewed found that many of these persons felt that for financial reasons they themselves could barely sustain trips to health facilities for their own treatment, even as they were trying to help others do the same.****  A 2017 PEPFAR study also found significant dissatisfaction among Models of Hope agents with their compensation and estimated the cost of various levels of increased

<table>
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<th>HIV Program Area</th>
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<tr>
<td>Stigma and Discrimination Reduction</td>
<td>Baseline</td>
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stipends. HFFG also supported a cadre of peer volunteers called Community Adolescent Treatment Supporters (CATS) whose main focus is linkage to HIV services for adolescents but who also serve a stigma reduction function.

The HIV Stigma Index is an important tool for judging progress on reducing HIV-related stigma, particularly in view of the long history of work in this area in Ghana. At this writing the report of the Ghana Stigma Index 2.0 is being finalized. Data collection was slowed to some degree by COVID-19. NAP+, which led the data collection, also took time to orient key population groups to the survey and to engage their cooperation after some initial reticence. GNP+ featured the experience of involvement of key populations in the Stigma Index in Ghana as an example of good practice. The 2.0 version of the Stigma Index is meant to highlight stigma issues faced by key populations.

Indeed stigma associated with being part of a key population is a major concern in Ghana. As already noted, stigma and discrimination faced by LGBT persons, heightened by criminalization, seems to be at a high point in Ghana. Transgender persons in particular do not seem to figure strongly in anti-stigma efforts. People who use drugs, similarly, face deep stigma in Ghanaian society. The Human Rights Strategic Plan notes that since there are no organized harm reduction services for people who use drugs and since data on this population are sparse, it is difficult to work on their behalf, but it is not clear that anti-stigma activities are impossible, even before the completion of the rapid assessment of the drug use sector. Violence against women sex workers is addressed as part of police training, for example (see below), but the stigma of sex work in Ghanaian society remains a challenge.

**Recommendations**

- GAC and WAPCAS should use the results of the Stigma Index 2.0 to revisit the objectives of the Human Rights Strategic Plan related to HIV stigma and discrimination, particularly to refine activities related to stigma associated with being part of a key population. The process revisiting of stigma reduction strategies should involve people living with HIV and key populations meaningfully.
- If not already done in consultations with Models of Hope, WAPCAS and others working with these persons should conduct a rapid assessment of the job satisfaction and job challenges faced by Models of Hope in an effort to formulate a sustainability strategy for this service.
- The denigration and demonization of LGBT persons in Ghana goes beyond stigma and discrimination and should be addressed as systematically as possible. GAC and CHRAJ should consult formally with LGBT organizations to develop a strategy for improving public awareness of the importance of HIV services for men who have sex with men and transgender persons and the barriers to care that they face.

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<th>HIV Program Area</th>
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<tr>
<td><strong>Training of health care workers in human rights and medical ethics</strong></td>
<td><strong>Baseline</strong></td>
<td><strong>Mid-term</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.0</td>
<td>2.0</td>
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The baseline study found that through 2017 there were various somewhat scattered efforts at health worker training in areas related to human rights and ethics and recommended that efforts be coordinated and based on a standard curriculum. Until 2017, the most important efforts
covering key population issues in health worker training were by John Snow International for an estimated 193 health professionals from 117 facilities, and the West Africa AIDS Foundation (WAAF) and the Human Rights Advocacy Centre (HRAC) for about 360 persons in six regions with a focus on LGBT issues and human rights. The baseline study found no pre-service training of health professionals on human rights and recommended efforts in this area as a priority.

As part of the human rights initiative, a three-step strategy was adopted for health worker training – training of selected trainers from a given facility, “step-down” training by those trainers of at least 70% of the staff in their respective facilities, and the implementation of “customized” stigma and discrimination reduction activities by “champions” identified in the step-down training. The training was based on a curriculum piloted in the Health Policy Plus (HP+) project with a focus on stigma and discrimination reduction. The evaluation of that pilot indicated a reduction in stigmatizing and discriminatory practices in the five facilities that participated.

According to WAPCAS, in 2019, 4078 staff from 15 health facilities, mostly hospitals, were trained, and 11 of the 15 completed step-down training in and were implementing stigma reduction activities. Persons living with HIV and members of key populations participated in the training. Completion of the step-down activity continued in 2020 with some delay due to COVID-19. Trainees included doctors, nurses, midwives, pharmacists and administrative personnel as well as Models of Hope. The anti-stigma activities undertaken after the step-down training have included anti-stigma campaigns in the facilities, development of informational materials and billboards. Monitoring of the activities is meant to be conducted by the “champions”.

Comments from the trainees indicated an “eye-opening” quality to the training, particularly with respect to “gender and sexual minorities”. Some participants noted that the training session marked the first time they engaged in person with MSM, for example.

WAPCAS reported that facilities that underwent this training undertook many changes, including, for example:

- More secure privacy for clients because of partitioning of consulting rooms;
- More acceptance for mixing of people living with HIV and key populations with other clients;
- Health workers themselves seeking HIV testing;
- Improvement in the practice of HIV universal precautions in the facilities;
- Friendlier staff whom clients find to be more approachable.

The National AIDS Control Program (NACP) noted that there is medical ethics training in the curricula of training schools for nurses, doctors and pharmacists but not human rights training as such. NACP, in collaboration with JSI Care Continuum, was involved with human rights and HIV-related trainings, but that works seems to have ended in 2019.

**Recommendations**

- WAPCAS’s summary of anecdotal results of the training is helpful, but it would be useful to have a more systematic evaluation of the results of the training, including a rapid survey or rigorous qualitative assessment of the perceptions of patients – especially people living with HIV and key populations – on whether the training has made a difference in everyday practice. Ghana Health Service with GAC should undertake this assessment.
• Ghana Health Service should institute HIV-related human rights training as a regular part of pre-service curricula for doctors, nurses and other health professionals based on lessons learned from the in-service training experience. Ideally human rights-related pre-service training should be sustained by government funding.

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<tr>
<th>HIV Program Area</th>
<th>Score</th>
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<tbody>
<tr>
<td>Sensitization of lawmakers and law enforcement officials</td>
<td>Baseline</td>
<td>Mid-term</td>
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<td></td>
<td>2.0</td>
<td>3.0</td>
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As noted in the baseline study, there is a history of engagement with the police in Ghana around practices involving people living with HIV and key populations. Surveys in 2008-09 found that one third of sex workers polled in five regions in Ghana reported having been forced to have sex with police officers, and some 15% of police admitted to releasing arrested sex workers only after forcing them to have sex. By this time, the Police Service had already begun to be exposed to training through its own AIDS Control Programme, with the support of UNFPA. WAPCAS assisted in the development of a curriculum on rights-based policing with a focus on HIV-affected populations.

In 2013, PEPFAR supported the development of a pre-service training curriculum for police on HIV-related human rights issues, focusing mostly on sex workers and men who have sex with men. The baseline survey reported that this curriculum was established in all of the police training institutions in the country and is represented in material on which new recruits are tested. Other NGOs have conducted periodic training sessions with police, especially related to key population issues, but the baseline also reported continuing concern among key population groups about police misconduct. A 2014 report of the Open Society Foundations recounted a dramatic reduction in police misconduct at least toward women sex workers, though mistreatment of male and transgender sex workers was still reported.†††††††† The baseline study also noted continued mistreatment of men who have sex with men (not in sex work).

Since the baseline study, WAPCAS has continued to build on this history of work. Recognizing the need for sustained support from the highest levels of the Ghana Police Service (GPS), WAPCAS, along with representatives of UNAIDS, the Ghana AIDS Commission and the CCM, met in 2019 with the Inspector General of Police and the Police Management Board, which is the highest decision-making body of GPS. Following that meeting a Police Technical Working Group (PTWG) was formed that included high-level representatives from the Police Training School, the police hospital, the HIV Unit of GPS, the Domestic Violence and Victim Support Unit of the police (DOVVSU) and WAPCAS. The Working Group is meant to oversee training and implementation of human rights-related practices. A committee was formed to review the HIV and Human Rights manual originally developed by PEPFAR, and the manual was updated and made more user-friendly.

The revised manual was used in the training of about 1500 officers and 89 who were trained as trainers in 2019. People living with HIV, sex workers and MSM participated in this training. Comments offered by the participants after the training included the intent to stop using possession of condoms by sex workers as evidence against them. In 2020, following sensitization of regional commanders by the PTWG, a further 2773 officers were trained in
seven regions. WAPCAS reported no police raids or “swoops” against sex workers during the end-of-year holidays in 2019, normally a time when such actions proliferate, and the pattern of few raids has held in 2020. CEPEHRG, which works with LGBT persons, noted that the police training and the work of paralegals have contributed to some improvements in police relations with LGBT communities, though suggested that more training aimed at the front desk police in all stations would help.

It has been an advantage that WAPCAS has assumed a leading role in this work given its relatively long experience in engaging police. In-service training continuing is admirable, as is engagement of high-level officials through the PTWG, but it is not clear whether GPS is ready to sustain training activities with its own resources.

With respect to training of judges and prosecutors, the baseline study noted that a number of judges from Ghana participated in UNDP-led Africa regional trainings on HIV and human rights, as well as a few sporadic efforts by other organizations. Since 2019, WAPCAS has organized on a regional level some meetings with representatives of the Ghana Attorney General’s office, CHRAJ and the Legal Aid Commission as key legal stakeholders for the rights of people with HIV/TB and key populations. The GAC Act of 2016 has been a subject of these stakeholder sessions.

**Recommendations**

- GAC should ensure that there is a plan to reach all officers of the GPS with the already tested HIV-related training program and to have periodic refresher training for all personnel, preferably with Ghana government resources.
- GPS should sustain and revise periodically the pre-service HIV-related curriculum for all new officers, preferably with Ghana government resources.
- While anecdotal reports of improved police conduct and reduction in the number of raids of key populations are encouraging, CHRAJ and WAPCAS should ensure that the system for reporting of cases of police abuse of PLHIV and key populations – through peer paralegals and other means – includes a mechanism for sharing these incidents swiftly with the Ghana Police Service. GPS, perhaps through the PTWG, should acknowledge receipt of reports of police misconduct, and there should be a means of communicating with GAC and with the public about how GPS addresses reported incidents. The public should be informed of any sanctions or reprimands issued through this follow-up.
- Given that a survey of sex workers was instrumental in motivating this work with police years ago, it would be enlightening for GAC to commission a survey of sex workers, men who have sex with men, people who use drugs and people living with HIV to discern the level of police abuse that they experience. Results of such a survey should be presented formally to the GPS and should inform updating the police training manual as appropriate.
- Future police training activities should ensure the inclusion of front-desk personnel as much as possible since they are often the first line of contact for persons who have suffered abuse.
The baseline study characterized legal literacy work through 2017 as small-scale and fragmented. The most significant effort noted in this period was the training of “M-Watchers” and “M-Friends”. M-Watchers are people living with HIV or key population members who are trained to assist their communities in responding to stigma and discrimination, gender-based violence and other abuses, including referral to emergency services and legal services where needed. M-Friends are lawyers, doctors, teachers, traditional leaders and others in the community who are willing to learn about the rights of PLHIV and key populations and help them to assert their rights and respond to rights violations. The baseline study noted the scarcity of M-Watchers and M-Friends compared to what the demand might be. Before 2017, there was also some training of paralegals and sometimes legal service providers on the rights of people living with HIV and key populations by a number of NGOs, including HRAC, HFFG, WAAF and WAPCAS. WAPCAS’ stakeholder consultations with CHRAJ and the Legal Aid Commission described above are also notable. The Alliance for Equality and Diversity and the Solace Initiative worked to help LGBTQI persons be aware of their rights and know how to use the legal system. SWAA worked with kayayeї along the same lines.

In 2019, WiLDaF developed a legal literacy curriculum and trained 88 persons living with HIV, sex workers, MSM and former TB patients as paralegals. (People who use drugs were not represented.) WiLDaF also supported WAPCAS, Pro-Link and CEPEHRG in community-level consultations to sensitize key population members, peer educators, case managers and other outreach workers on basic rights, how to report abuses and use the legal system, and how WiLDaF lawyers can help. There were 96 such sessions in 20 districts in 2019 with an average of 20 participants per session. In 2020, WiLDaF followed up with refresher training for 324 paralegals and peer-educators/M-Watchers (223 women in sex work, 3 persons from TB Voice, 64 men who have sex with men, and 34 persons from the Ministry of Health), though some of this work was conducted remotely because of COVID-19. In spite of periods of restricted movement, paralegals were active in identifying many cases that were referred to legal services or otherwise resolved (see “Legal services” program area below).

WAPCAS conducted an evaluation of the paralegal program in 2020 by gathering views of sex workers and men who have sex with men, both on awareness of the paralegals and on the quality of their work. A purposive sample of 80 persons was interviewed. The respondents were generally aware of the work of the paralegals and understood avenues for reporting violations. (See also legal services below.)

WAPCAS also developed IEC materials on the Ghana Health Service Patients Charter and the Ghana AIDS Commission (GAC) Act and materials for various key populations on rights literacy, as well as radio messages on stigma and discrimination. These included a “Know your rights” booklet co-produced with UNAIDS that is intended to facilitate community education for men who have sex with men, sex workers, and people living with HIV and/or TB. User-friendly
information on the GAC Act was especially important since it goes so directly to HIV-related human rights protections.

It is challenging to assess the impact of HIV-related legal literacy IEC materials and the work of paralegals in rights literacy. The Human Rights Strategic Plan proposes indicators such as the number of paralegals trained, the number of human rights violations identified, the number of materials developed, and so on. While these are important indicators, they are not likely to capture adequately the awareness, especially of key populations, of their rights and the avenues of access to justice available to them.

**Recommendations**

- Threatening of paralegals, as well as key population groups, is an urgent and alarming problem. WAPCAS and other implementers should work with field supervisors of paralegals to be sure that there is an effective process of responding to any reports from paralegals of threats to themselves or to key population members with whom they engage. Local officials, the regional CHRAJ representatives, and DOVVSU officers or other police trained in human rights should be part of this response, which may involve designating an official who can be a focal point for coordinating measures to address these threats and abuses as they arise.

- People who use drugs are in particular need of rights literacy and access to justice measures. With the results of the situation and needs assessment of the drug use sector, GAC and WAPCAS should engage promptly with the Narcotics Control Commission to formulate a plan to assess rights literacy among people who use drugs and to address rights literacy gaps for this population.

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<th>HIV Program Area</th>
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<td>Baseline</td>
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<tr>
<td>Legal Services</td>
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The baseline study found relatively little in the way of sustained HIV-related legal services in 2017. It estimated that from 2012 to 2017, the Human Rights Advocacy Centre (HRAC) provided legal services to 72 persons in five regions through a walk-in clinic and some mobile services, presumably a very small number compared to the real need. As noted in the baseline study, legal service provision depends on a good system for identifying cases that need legal services. The CHRAJ documentation system, also discussed in the baseline study, is considered in this report in the program area “Monitoring and reforming polices, regulations and laws” below.

WAPCAS has sought to strengthen HIV-related legal services by involving two lawyers from WiLDAF who can provide legal advice and services for cases referred by paralegals or M-Friends. In 2019 the WiLDAF lawyers handled 61 cases judged to require professional legal support. These encompassed a wide range of infractions, including assault, abuses committed by the police in “swoops” or otherwise, defamation, stigmatization, and threats of harm and even murder. Very few cases went to court. Some were reported to CHRAJ or referred to DOVVSU or other police authorities. In many cases, the victim or his/her family decided not to pursue the case.
In 2020, some 148 cases were brought forward by paralegals working with key populations (78 involving men who have sex with men and 70 involving sex workers). WAPCAS reports that most were resolved with the help of the paralegals’ field supervisors with only a few referred to the WiLDAF lawyers or to CHRAJ regional representatives. MSM cases frequently involved extortion or blackmail or threats of extortion. Sex worker cases most often involved gender-based violence.

The number of cases brought forward and the number helped by legal services seems small given the need, particularly among criminalized key populations. The paralegal evaluation conducted by WAPCAS found that key population members still fear to report violations and that sensitization in this regard must continue. In addition, in that evaluation several members of key populations complained that the services obtained through the paralegal, including the pro bono lawyers, were slow in coming, at time resulting in having to await services for days while in state custody. Respondents suggested that there should be pro bono lawyers in every district or municipality. Some also requested more paralegals and more interaction between paralegals and the general population to improve community attitudes toward key populations.

The director of NAP+ told the midterm assessment team that people living with HIV find there are too few lawyers who can handle cases of discrimination and other violations. She also asserted that women living with HIV have found that even if they can consult a lawyer, lawyers are often not sympathetic to concerns these women face, such as intimate partner violence.

WAPCAS acknowledged that the two lawyers supplied by WiLDAF are too few and noted that there is the hope of increasing that number to eight, but it is not clear whether those services can continue without Global Fund support. A more sustainable solution might be found in the engagement of the relatively new Legal Aid Commission (LAC) of Ghana. As noted above, WAPCAS’s “legal literacy stakeholder” consultations have included representatives of LAC. LAC was formally created with the Legal Aid Commission Act of 2019 explicitly “to ensure equality of access to justice and treatment before the law by serving as a public defender for the poor in need of cost-effective justice” and also by providing legal services to children and young people (from the Commission’s web site, www.lac.gov.gh). WAPCAS reported that LAC representatives at the stakeholder consultations have noted that the need for HIV-related legal services was consistent with their mandate but that LAC lacked the resources to take on cases they would otherwise want to take.

For NFM3, which was only just beginning at the time of the midterm assessment, CHAG was preparing to take on some training of new paralegals who would not necessarily be oriented to particular key populations, as well as to support existing paralegals. At the time of the assessment, CHAG was also planning to expand the roster of lawyers who might provide pro-bono services.

**Recommendations**

- GAC should consult with the Legal Aid Commission to assess its interest in providing HIV- and TB-related legal services over the long term and the feasibility of such an engagement, including the costs involved. GAC should determine whether the Legal Aid Commission can be a principal provider of such services or could contribute some services alongside other providers.
• While the evaluation of the paralegal program in 2020 yielded some insights as to the quality of legal services, CHAG as the new PR in this area should consider commissioning an independent evaluation of a larger sample of people living with HIV and key populations to determine the kinds of cases that are most likely to require legal assistance, the type of assistance these populations need, and perhaps a realistic estimate of the ideal number of legal assistance providers per region or district. (See also “Program quality” issues.)
• CHAG should monitor whether its non-key-population-oriented paralegals are nonetheless able to gain the trust of and relate to key population members in their work.

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<th>HIV Program Area</th>
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<tr>
<td>Monitoring and reforming policies, regulations and laws</td>
<td>Baseline</td>
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The baseline study, which was conducted shortly after the passage of the GAC Act, suggested that in 2017 there was little appetite for extensive advocacy on national law. Rather there was an interest in seeing how the provisions of the GAC Act would be implemented. At the time, there was, however, a debate in the country about narcotic drug laws that eventually culminated in the passage in 2020 of the Narcotic Control Commission Act, as noted above.

The Human Rights Strategic Plan was developed before the passage of the Narcotic Control Commission Act in 2020. The implementation of that law, especially the measures that would seem to open the door for HIV prevention services for people who use drugs, is central to the spirit and goals of the Human Rights Strategic Plan. It is a missed opportunity that the Strategic Plan does not have a focus on informing the public about the importance of health and harm reduction services for people who use drugs and educating health professionals in this area. The planned rapid assessment of the drug use sector should provide a basis for an advocacy plan to ensure that the policies and regulations associated with the implementation of the NCCA are conducive to reducing human rights-related barriers to health services for people who use drugs.

Efforts to monitor the application of laws or lack thereof have focused on establishing a system for documentation of HIV-related human rights violations. CHRAJ developed an online discrimination reporting system in 2013, but it was not functioning at the time of the launch of the Human Rights Strategic Plan. In 2019, WAPCAS assessed the state of the system and concluded, among other things, that CHRAJ lacked computer hardware at the regional level to make the system work. WAPCAS gave ten computers to CHRAJ to fill this gap. It was also found that some key populations, especially sex workers and men who have sex with men, were reluctant to report discrimination and other abuses because of stigma or threats they might receive.

In 2020, CHRAJ announced the revival of the discrimination reporting system at this URL – sdrs.chraj.gov.gh (Fig. 1). The link takes complainants to a fillable template that asks for the name, age, sex, occupation, email address and phone number of the complainant (with an assurance of confidentiality), information on the location and nature of the violation, and a question about the remedy sought. WAPCAS notes that the system should be able to follow cases through resolution, though how that happens is not evident from the starting template. People without internet access should be able to lodge complaints with the help of a paralegal,
peer educator, or CHRAJ regional officer. The online system is planned to be fully functional by late June 2021.

Particularly since the complaint mechanism requires identification of the complainant and since stigma and criminalization of key populations remain so present in Ghana, widespread use of the reporting system is unlikely without considerable efforts to persuade key populations and people living with HIV and TB that the system will indeed respect their confidentiality. People without access to the internet will also need clear instruction on avenues for lodging their complaints.

Fig. 1: Opening page of CHRAJ Stigma and Discrimination Reporting System

WAPCAS notes that the online reporting system will not be the only avenue for registering HIV-related human rights violations. Some community-based organizations will continue to gather reports of discrimination and other violations through work that may not be channeled through the online system. The plan is for GAC to be charged with gathering data on violations from all sources for compilation and analysis.

Recommendations

- GAC should ensure that the centralized reporting of human rights violations related to HIV and TB brings together in a coherent and interpretable way information on violations from all sources (online, peer worker reports, etc.) and that periodic reports from this consolidation are made publicly available.

- The preparation of the violations reporting system by WAPCAS, CHRAJ and GAC should include meaningful consultation with organizations of people living with HIV, TB survivors, and key populations to ensure that the system responds to their needs. Disseminating user-friendly information about the system for these populations in particular will be crucial as part of the roll-out of the system.
• GAC should undertake systematic and rigorous monitoring of the use of the CHRAJ reporting system and the other means of reporting violations, including summaries at least quarterly of the location and types of violations reported and how they are resolved. The analysis of these data should inform a refinement of strategies on legal literacy and legal services in the Strategic Plan.

• Informed by the results of the planned rapid assessment of the drug sector, it should be a high priority activity for GAC and other partners to amend the Strategic Plan to include activities to lay the groundwork for advocacy in favor of policies and regulations that will enable ready access to health and harm reduction services for people who use drugs. Public awareness-raising on the importance of treating drug use as a public health issue should be part of this work.

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<th>HIV Program Area</th>
<th>Score</th>
<th>Baseline</th>
<th>Mid-term</th>
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<tbody>
<tr>
<td>Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity</td>
<td></td>
<td>1.0</td>
<td>1.5</td>
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The baseline study found very little programming in this area. It documented some community-level advocacy for women’s sexual and reproductive rights by SWAA and some vocational support activities of the Widows Alliance Network. The baseline authors recommended better attention to gender mainstreaming in all HIV activities. Indeed the situation analysis in the Human Rights Strategic Plan noted that before the publication of the plan there was an “absence of clear strategies on addressing gender-related stigma and discrimination within communities and in the healthcare setting.”

Since the publication of the baseline report, scholarly studies have continued to emphasize the disproportionate risk environment, particularly related to disempowerment in the household, that is faced by girls and women in Ghana with respect to HIV. For example, a 2020 study in greater Accra found that, because of lack of economic autonomy, postpartum women living with HIV would often drop out of HIV treatment because they were not able to marshal the resources to attend both their own HIV consultations and health services for their newborns, a situation also complicated by HIV-related stigma faced by new mothers.+++++++ A 2020 study in Eastern Region found that compared to men living with HIV, women living with HIV were less likely to have revealed their HIV status to family members, more likely to be food-insecure and housing-insecure, and more likely to face stigma in the job market.++++ As noted above, the director of NAP+ reported the difficulty of women living with HIV to find legal support that takes their situations seriously, combined with the inability of women to pay for more sympathetic legal counsel. The need for comprehensive gender-transformative programming is plain.

WAPCAS highlights its work since the baseline with the DOVSSU unit of the Ghana Police Service on ensuring that perpetrators of gender-based violence are bought to justice and that GBV survivors get the support they need. The training of the peer paralegals on GBV has also been emphasized. Gender-based violence has also been the subject of consultations with traditional and religious leaders in seven regions.
In February 2020, the African NGO Mothers to Mothers (m2m) launched a “mentor mothers” program similar to ones it has implemented in other countries, to train women living with HIV to work with pregnant and postpartum women with a goal of elimination of vertical transmission of HIV and support for early child development of children born to women living with HIV. It is not clear whether the “mentor mothers” are trained in anti-stigma work, though their example may well have an empowering effect. In the first year of their work, they reached an estimated 1900 pregnant women in two communities.

The continuing activities supported by PEPFAR in the Western Region include prevention programs for adolescent girls and young women, including provision of condoms. Programs for both key populations and women more broadly include public messaging on women’s empowerment and screening and support in cases of intimate partner violence with referral to psychosocial services. PEPFAR is also supporting male-friendly services and male-only clinics in the Western Region with facility hours convenient to working men. PEPFAR through JSI has published impressive data on increases in testing, treatment-seeking and treatment adherence in the Western Region, but the publicly available data are not disaggregated by sex.

As noted above, comprehensive sexuality education (CSE) in public schools in Ghana, as recommended by UNFPA and supported by many civil society organizations in the country, has been put on hold. A well-conceived CSE program would be an important avenue for empowering girls and boys with information and life skills for reduction of sexual risk and sexual aggression. The freezing of implementation of CSE in schools is a setback for a rights-based national HIV response. Planned Parenthood Association of Ghana, Marie Stopes and other local groups, which previously contributed to in-school education, still offer some sessions for young people outside the classroom.

As also noted above, an urgent gender-related issue for Ghana in the current environment is the powerful backlash against men who have sex with men and transgender persons. Their repression threatens to undermine any overall success of the national HIV response in Ghana. WAPCAS noted that the planned training of CHRAJ regional officers on the discrimination reporting system in March 2021 was put on hold by GAC in view of public sensitivities around LGBT issues. WAPCAS has advised MSM paralegals and peer educators to hide rainbow symbols and other outward signs of their sexuality and has established safe houses in some districts where they can take refuge if attacked. CEPEHRG has shut down project offices and instructed peer educators and paralegals with whom it works on sticking to facilities where there are friendly contacts. Widely publicized condemnations of LGBT people by prominent persons impede the meaningful participation of organizations led by and serving men who have sex with men and transgender persons in the national HIV response. This is a situation calling out for courageous leadership on the part of Ghanaian authorities. CHRAJ’s statement on March 4, 2021 was important, calling for tolerance in the LGBTQI+ debates and asking for an end to speech and action that might incite aggression, hatred or violence. But it was only one step.

**Recommendations**

- GAC should work with NAP+ and any other organizations that include women living with HIV and women in key populations to revisit and sharpen the activities in the strategic plan to address discrimination against women and girls. Efforts should be made to increase visibility of the barriers to
HIV and TB services faced particularly by women and girls and ensure that existing strategies and programs address those barriers.

- All entities reporting data on HIV services should endeavor to disaggregate data by sex, especially measures such as treatment adherence, to enable women's and girls' access to services to be analyzed.

- GAC should add monitoring of the “mentor mothers” program to its M&E duties. CHAG and its sub-recipients should consult with m2m to be sure that the mentor mothers have materials and, if possible, training on stigma and discrimination reduction and are connected to paralegals in the community.

- GBV, including the link between GBV and HIV/STIs, should be a focus of pre-service and in-service training for police on human rights issues. All police should know how to refer GBV survivors to existing services.

- Ghana Education Service should unblock CSE, particularly ensuring that age-appropriate education on HIV and STIs is available to all young people in Ghana. The expertise and long experience of PPAG and Marie Stopes should be called on in the development and implementation of a comprehensive curriculum.

- If they have not already done so, GAC and CHRAJ should consult with groups led by and serving LGBTQ persons and develop a strategy for contributing to a reasoned public discourse in Ghana on human rights related to sexual orientation and gender identity.
The baseline study did not assess the TB program areas noted below, though there were some observations on TB measures in the HIV assessment. For this reason, there are no baseline scores for TB programs. The first assessment of TB-related stigma in the country is an important step and should inform a program of action in this area. The National TB Strategy recognizes stigma reduction as a priority. TB “champions” affiliated with the TB Voices Network conduct legal literacy sessions. More work is needed to protect people from losing their jobs when they are in TB treatment. TB work in prison may need more financial support, and prison overcrowding is a risk factor for TB that should be addressed.

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<th>TB Program Area</th>
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<tr>
<td>Stigma and discrimination reduction</td>
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The new National Strategic Plan for TB both recognizes TB-related stigma as a continuing barrier to TB services and notes some success in addressing it. The NSP attributes the 87% treatment success rate among those identified as sputum-positive partly to success in addressing TB-related stigma. At the same time, it notes stigma reduction as a key strategic pillar for the 2021-2025 period. The plan envisions a communications strategy that would target journalists and the general public, health workers, traditional chiefs, parliamentarians and others to help reduce stigma in the public mind and encourage all who need them to seek TB services.

In 2020, the National TB Control Program recognized the need to quantify and clarify the nature of TB-related stigma in the country and worked with civil society groups, especially the TB Voice Network to undertake a TB stigma study using an adapted version of the tool developed by Stop TB Partnership (Geneva). The Stop TB Partnerships stigma assessment tool is designed to assess both internal and perceived stigma and coves stigma in the workplace, health services and the community. Former TB patients were among the interviewers for this study in Ghana. As of late February 2021, a draft report and costed plan of action based on the results were being reviewed. Both National TB Control Program officials and civil society actors hoped this assessment and action plan would draw donor support promptly.

The TB Voice Network, which is an organization of former TB patients, supports a group of 99 “TB champions” in six regions who are persons cured of TB who help to identify TB cases, collect sputum, and encourage people to seek testing and treatment. They encourage people to overcome stigma-related fears and emphasize that TB treatment is free. The TB champions receive compensation only to cover their transportation costs; they work as volunteers. TB Voice also works with community leaders, traditional and religious leaders, and other influential persons to encourage them to speak out against TB-related stigma and encourage people to seek care.

TB Voice also found that COVID-19 was becoming an additional barrier to seeking TB services, adding to TB-related stigma in that people with coughs feared being misidentified as having COVID-19 if they came forward to seek care. TB Voice produced an animated video to raise awareness of the need for people with symptoms of either disease to seek care without being stigmatized. The video reached an estimated 100,000 persons through social media.
**Recommendations**

- The Global Fund and other donors should give prompt consideration to the proposed plan of action to reduce TB-related stigma that is informed by the results of the TB stigma survey.
- In its TB spending, the government of Ghana should give priority to ensuring that TB stigma reduction is not underfunded as a pillar of the national strategy.
- The National TB Control Program or CHAG and TB Voice may find it useful to commission a rapid assessment of the effectiveness of the TB champions, particularly to find how well they are known in their communities, whom they reach, and how well the messages they convey are understood. With documentation of their impact, the National TB Control Program should consider the possibility of finding government resources to compensate them beyond just transportation costs.

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<th>TB Program Area</th>
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<tr>
<td>Training of health care workers on human rights and medical ethics related to TB</td>
<td>Baseline</td>
<td>Mid-term</td>
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<td></td>
<td>n/a</td>
<td>2.0</td>
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The WAPCAS 2020 report on NFMII (2018-2020) noted that training health care providers on human rights and medical ethics related to HIV and TB is a core intervention of the Global Fund-supported human rights module. WAPCAS notes that in NFMIII (2021-2023), TB is now a major component of training, along with HIV, for health care workers. The exact geographic scope and content of the trainings were not shared with the mid-term assessment team.

**Recommendations**

- WAPCAS and the National TB Control Program should be provided with funding and support to assess the effectiveness of training of health care workers on TB-related human rights and medical ethics.

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<th>TB Program Area</th>
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<td>Sensitization of lawmakers and law enforcement officials</td>
<td>Baseline</td>
<td>Mid-term</td>
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Police involvement does not generally seem to figure prominently in human rights-related barriers to TB services in Ghana, though WAPCAS noted that discussions about stigma and discrimination covered some components of TB. (For activities with lawmakers, see “Monitoring and reforming policies” below.)

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<th>TB Program Area</th>
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<tr>
<td>Legal Literacy</td>
<td>Baseline</td>
<td>Mid-term</td>
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The “TB champions” affiliated with the TB Voice Network conduct “know your rights” sessions at or around health facilities on days when it is known that TB patients will be seeking refills of their medicines at these facilities. Some TB champions also visit patients or families in their homes with rights literacy messages.

Among the 88 paralegals trained in 2019 (as mentioned above) were 10 persons identified as TB survivors. These paralegals are distinct from the TB champions, though the two cadres...
work together. The paralegal training as represented in the manual made available to the midterm assessment team includes basic human rights and right to health principles relevant to HIV and TB but does not seem to have much TB-specific material or examples of cases of legal or human rights challenges TB patients or survivors may face.

**Recommendations**

- CHAG and WiLDAF should consult with TB-focused civil society organizations to ensure that any paralegal training or refresher training adequately covers the TB-related human rights barriers to health services.

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<tr>
<td>Legal Services</td>
<td>Baseline: n/a Mid-term: 3.0</td>
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The TB-focused paralegals affiliated with the TB Voice Network appear to be the main avenue to legal support in cases of injustice related to TB. The director of TB Voice Network cited cases of persons being forced to leave their homes because of TB or having their TB status revealed publicly by others. Paralegals focused on TB are part of a WhatsApp group managed by TB Voice Network and so can promptly report cases of abuse that they encounter for assistance from TB Voice in judging whether referral to a lawyer or other follow-up is needed. Like TB champions and other paralegals, the TB survivors who are paralegals are not compensated beyond their transportation expenses.

**Recommendation**

- CHAG and WAPCAS in collaboration with TB-focused civil society organizations should ensure that CHRAJ and its regional representatives, the WiLDAF lawyers, and others to whom TB-related legal cases might be referred have a current understanding of the particular kinds of human rights-related barriers faced by persons with TB, TB survivors and those who need to seek TB services.

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<th>TB Program Area</th>
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<td>Monitoring and reforming policies, regulations and laws related to TB</td>
<td>Baseline: n/a Mid-term: 3.0</td>
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TB Voice Network is advocating with members of Parliament to reform labor law in Ghana to protect people from being fired or unjustly losing income while they are undergoing treatment for TB. Since labor agreements in Ghana generally allow employers to fire people at will, an explicit protection for periods of TB treatment is needed. There is little recourse under current law for people who have been unjustly dismissed. This issue is not mentioned in the NSP for 2021-2025.

**Recommendations**

- The National TB Control Program should consider convening a consultation with members of Parliament, along with TB-focused civil society organizations and the Ghana Trades Union Congress or another organization representing workers’ rights, to explore avenues of protection for workers absent from the workplace because of TB treatment.
Breaking Down Barriers

TB-related discrimination against women does not appear to be seen by key stakeholders as a significant problem in Ghana. The TB NSP for 2021-2025 recognizes in a general way that “social arrangements and cultural practices” may hinder women’s autonomy in health-related decision-making in the household. Under-five children are considered a highly vulnerable group for TB, and the NSP highlights that pregnant women are considered a vulnerable population for which TB screening is a priority.

The mid-term assessment did not identify specific activities in this area.

The TB Voice Network mobilizes TB survivors as “TB champions,” as noted above, and also invites TB survivors to be part of the Network. There do not appear to be regular support groups other than this. The TB champions have among their goals to provide support and information to people undergoing treatment and through their sputum collection have the chance to engage with people who may need TB services or have questions about them.

**Recommendation**

- We repeat the recommendation above that if an evaluation of the work of TB champions finds them to be effective, the National TB Control Programme should consider devoting government funding to sustaining their work, including an adequate compensation package.

Persons in prison are recognized in the national strategic plan for TB as a vulnerable population. A 2011 policy covers HIV and TB in prison and commits the Ghana Prisons Service to provision of prevention, testing and treatment services for both diseases (but not provision of condoms) and protection from stigma and discrimination for persons affected by the diseases, whether prison personnel or incarcerated persons. The policy emphasizes protecting confidentiality of medical records and disease status to the greatest degree possible and generally has strong human rights statements. It includes commitments to sustained information sharing for staff and incarcerated persons on the facts of the diseases. USAID/FHI supported some HIV activities in the prisons through 2003. The Global Fund has supported some HIV and TB programs in prisons in Ghana since 2007.

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<td>Mobilizing and empowering patient and community groups</td>
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The national strategic plan for TB control for 2021-2025 includes screening all persons in prison for TB once a year, including through mobile services where needed to complement routine care. “Cell leaders” from among the incarcerated persons will be trained to help identify cases. The National TB Control Programme reports that the case notification rate in prison exceeds that of the general population. Relatively high HIV prevalence among incarcerated persons, especially women, represents an important TB risk. In 2012, the most recent figures reported in the NSP, there were 43 TB cases identified among 15,171 persons in prison, and 14 deaths from TB. The new strategic plan proposes extensive surveillance that should provide updated figures.

Representatives of the National TB Control Programme said that the Global Fund Technical Review Panel rejected some TB-related prison activities in the joint HIV/TB funding request for 2021-2023. The NTCP officials feared a shortage of resources since the Global Fund has been the main supporter of TB services in the country, but they noted that KNCV is providing some support.

With respect to both HIV and TB, it should be noted that a major risk factor in Ghanaian prisons is overcrowding. By the Ghana Prisons Service’s own reckoning, the prisons are holding 53% more persons than their intended capacity.

**Recommendations**

- If there are savings in other parts of work on the Human Rights Strategic Plan, GAC and the National TB Control Program should consider seeking Global Fund approval for support for essential elements of prison work that were not funded through the NFM III window.
- GAC and the National TB Control Programme should consider adding to the Human Rights Strategic Plan an activity to lay the groundwork for advocacy for addressing prison overcrowding, including sensitization of judges, prosecutors and the Prisons Service about the health consequences of prison overcrowding.
Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund’s definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of quantitative data on quality indicators on individual programs to remove human rights related barriers was beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Achieving Quality

WAPCAS was well chosen as the principal recipient for the Global Fund-supported human rights programs in this period. WAPCAS’ extensive history of work with key populations groups and people living with HIV has to a great degree ensured that programs to address the objectives in the Strategic Plan have built on earlier work and taken account of lessons learned from earlier programs. WAPCAS and several of the sub-recipients also worked on the Global Fund Community Systems Strengthening program in NFM II, which ensured some level of coordination with that work as it wound up.

The involvement of key populations and people living with HIV in health worker training and police training and as peer educators and paralegals is crucial and laudable. But the routine monitoring of the experiences of these persons in the use of health, policing and access to justice services is also crucial. The monitoring and evaluation plan in the Human Rights Strategic Plan suggests following indicators such as the number of police trained at various levels, the number of health workers trained, the number of cases reported of discrimination and other abuse, and so on. But these indicators do not yield information on the way in which key populations experience health, legal and other services, which is essential information for understanding whether these human rights-related activities are truly lowering barriers to health services.

WAPCAS’ qualitative evaluation of the experience of sex workers and MSM with the paralegals supported by the Global Fund was an important step in the right direction. But, if possible, it would be useful for people living with HIV and key populations to have a meaningful role in mobilizing the voices of larger number of their communities. It would be important to include a wide range of PLHIV and key populations beyond those who may be easily identified by
WAPCAS. This goal is challenging because Ghana does not enjoy the level of organization of key population-led groups that is found in some countries. While there are LGBTQ-led organizations and a national organization of people living with HIV, there are, for example, no identified national networks of sex workers, people who use drugs, or former prisoners that could consolidate the voices and the interests of those groups in decision-making about HIV and TB program implementation and evaluation. To capture those voices, then, requires a special effort. NAP+, however, has just demonstrated the capacity to manage the Stigma Index 2.0 process, including bringing together groups representing key population interests. Presumably NAP+ and other organizations involved with the Stigma Index could be called on to organize rapid assessments of the views and program experiences of the populations that the Human Rights Strategic Plan is designed to serve. Eventually a comprehensive response to human rights-related barriers in Ghana may entail finding ways to help establish key population-led groups of sex workers, people who use drugs and former prisoners.

Ghana’s long experience with Models of Hope as peer educators and outreach workers set the stage for creating a cadre of paralegal workers. With respect to all of these community-level workers, sustainability must be a central concern. The voluntarism behind these efforts is to be admired, but without adequate compensation, it must be expected that turnover will be high and eventually recruitment and retention will be untenable. Peer outreach and support are valuable services, and their value should be reflected in the compensation they receive.

The planned rapid assessment of the situation and needs of people who use drugs is very welcome, given the striking absence of interventions for this population in the Human Rights Strategic Plan. Using that assessment to inform the development of a rights-based strategy to ensuring access to health services for people who use drugs merits very prompt attention.

**Challenging Legal and Social Environment**

The backlash against LGBTQ people in Ghana is, again, an urgent human rights crisis and a profound threat to the national HIV response. It is appreciated, as reported by WAPCAS and other implementers, that outreach activities to this population have been able to continue to some degree. But it is not acceptable that LGBTQ outreach workers should have to have a network of safe houses or that training on a system of reporting human rights violations is delayed because of “controversy” around LGBTQ rights. The public statement by CHRAJ on this subject is commendable, but all the stakeholders in the national HIV response need to do more.

**COVID-19**

Due to the lockdown and restrictions related to COVID-19, a number of activities foreseen in the National Human Rights Strategic Plan were interrupted especially from March to May 2020, according to informants (see program areas above for the details of impact). In-person training sessions were particularly affected, along with some community-level mobilization activities. WAPCAS notes, however, that use of social media and various other virtual platforms kept disruptions to a minimum.

It was quickly realized, however, that COVID-19 brought its own human rights challenges. WAPCAS received permission from the Global Fund to reallocate some resources to address
COVID-19-related stigma and other human rights concerns, especially for HIV key populations and TB patients. WAPCAS mobilized many of the partners already active in the implementation of the Human Rights Strategic Plan to be part of a rights-based response to COVID-19 that included raising awareness of stigma and other human rights concerns that might arise around COVID-19 and monitoring and following up on COVID-19-related human rights violations. Information, Education and Communications (IEC) materials disseminated through social media and radio messages were meant to inform people about COVID-19 and avert discrimination, gender-based violence and other abuses. Messaging included information on access to legal services and advice should the need arise. These activities resulted in multiple queries from the public to the legal and public health experts mobilized for this purpose. In addition, WAPCAS organized food assistance for people living with HIV and TB and key populations, reaching over 8000 persons. WAPCAS judged these activities to be helpful in keeping COVID-19-related fears from undermining health services for marginalized persons more broadly. The USAID-supported Care Continuum project in the Western Region also transformed some of its HIV IEC structures for us in raising awareness about COVID-19, explaining testing, personal protective equipment, isolation and contact tracing.

Donor Landscape
While the Global Fund provides the main source of specific funding for programs to reduce human rights-related barriers to access HIV and TB services, PEPFAR/USAID is another significant donor in this area, primarily through its support of work with key populations. The most recent publicly available information on national AIDS spending acknowledges that public sources accounted for the highest AIDS expenditure in 2018 (51%). However, from the documents available to the mid-term assessment team, there is a lack of clarity about the exact proportion of funding that specifically supports programs to reduce human rights-related barriers to access HIV and TB services. This raises concerns about sustainability of funding for this type of work, especially as it relates to key and other stigmatized populations.

Recommendations

- As noted with respect to the supportive national environment above, GAC should establish a Steering Committee for the human rights efforts, which either includes M&E as a central mandate or has a sub-group that advises on M&E issues. This group should represent the views of people living with HIV, HIV key populations and TB survivors. It should meet periodically to hear from GAC and key implementing partners about the progress of the human rights work and can be called on to suggest new directions and strategies for resolving programmatic problems. It should advise on the meaningful participation of people living with HIV, key populations and TB survivors in all aspects of programs design, implementation and evaluation.
- Related to the previous recommendation, GAC and the Steering Committee should revisit the monitoring and evaluation strategy of the Human Rights Strategic Plan and ensure that there is a plan to monitor the experiences of people living with and affected by HIV and TB and key populations with respect to the various program areas. In particular, documenting the experiences of these populations with respect to police conduct, quality of care in health facilities, and recording and effective follow-up of reported human rights violations will be crucial.
- GAC and the National AIDS Control Programme should undertake a rigorous assessment of how the work of Models of Hope and other HIV and TB peer educators and outreach workers is contributing
to human rights-related interventions. If their work is deemed useful in this regard, a costed plan for ensuring sustainability of these services, including staff retention, should be developed.

- Without delay when the rapid assessment of the drug use sector is completed, there should be a formal convening of all relevant stakeholders – including GAC, WHO, WAPCAS the Ghana Health Service, the National AIDS Control Programme and civil society organizations that serve people who use drugs, the Ministry of Justice and Attorney General’s Office, the Narcotics Control Commission, and the Ghana Police Service – to share ideas and develop a rights-based strategy for ensuring access to HIV and TB services for people who use drugs.

- We repeat as a cross-cutting recommendation that GAC and CHRAJ and organizations led by LGBTQ persons should work together to develop a strategy for at least inserting into the current public discussion a rights-centered perspective of LGBTQ rights and the essential nature of rights-based health services for this population.

- GAC should consider organizing a donor roundtable with public and private donors that would highlight the importance of the human rights measures that have been put into place and the need to sustain and expand them.
Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers. For Ghana, increased investment in programs to reduce human rights-related barriers has resulted in creating supportive partnerships with law enforcement.

Reforming police practices with respect to HIV key populations

Police conduct toward sex workers and LGBTQ persons in Ghana has for some years been the subject of consideration study and program interventions. As noted above, surveys in 2008-09 alerted the police and policy-makers to the widespread nature of police violence against sex workers. Qualitative work since then confirmed sex workers’ experiences of being blackmailed by the police in exchange for sex, often sex without condoms. A 2015 study by CEPEHRG found that many LGBT persons in Ghana faced violence and abuse but were afraid to report these incidents for fear of being arrested for being gay.

A 2018 report by Human Rights Watch made similar conclusions, though it acknowledged that the Ghana Police Service was taking measures to improve police practices with respect to this population. The baseline study of the Breaking Down Barriers initiative found similar issues. The Ghana Police Service responded to HRW’s report by noting that it was striving to ensure that police stations could be safe spaces for LGBT people and pledging to “adopt more proactive steps and pragmatic approaches to ensure the protection of LGBT individuals generally.”

In undertaking expansion of police training on HIV and key population issues, WAPCAS built on a number of earlier efforts. GPS Chief Superintendent Jones Blantari was cited by a number of HRW’s informants as well as in other reports as someone who helped to sensitize his fellow police to the importance of GPS being a positive force in the national AIDS response. Chief Superintendent Blantari spoke at the International AIDS Conference in 2014 in Melbourne, telling the audience that although he is Catholic, he always carried condoms with him in his daily work to show that the police understood the importance of safe sex for people living with HIV, sex workers and others.

By that time, GPS’ DOVVSU was well established in its work to encourage reporting and prosecution of gender-based violence. A case study of key population-friendly policing by the Open Society Foundations in 2014 credited Blantari, supported by UNFPA, with the first extensive training sessions in GPS beyond DOVVSU on rights-based policing of “marginalized” persons vulnerable to HIV, including in pre-service police training schools. The training emphasized that raids or “swoops” as they are called in Ghana, should be avoided in the policing of sex workers because it would drive them underground and put everyone in their communities at risk. Blantari also encouraged sanctions against GPS officers who violated sex workers’ rights.
WAPCAS has been involved in efforts to engage the police in rights-based conduct toward key populations for many years. In undertaking to continue its work with GPS as part of the Human Rights Strategic Plan, WAPCAS recognized that influencing police practice is not a one-off activity. Beyond just a training program, now estimated to have reached over 6400 GOS officers, WAPCAS’ promotion of the creation of the Police Technical Working Group (PTWG) meant that a high-level police institution – representing DOVVSU, the HIV Unit of GPS, the police training institutions, and police hospital personnel – would have a continuing role in the oversight of rights-based policing of key populations.

It will be important to sustain monitoring the results of this continuing record of engagement with the police. WAPCAS judges the dramatic decline in police swoops of sex workers – down from more than 350 per year before 2019 to very few in the current period – to be an important indicator of changing practices. Swoops are not the only form of abuse that is of concern to key populations, however. The monitoring of police conduct by entities other than the police, including through the eventual CHRAJ reporting system, and ensuring accountability for misconduct is crucial. Monitoring the functioning and influence of the PTWG will yield important lessons for Ghana and other countries.

**Protecting HIV- and TB-affected persons in COVID-19 response**

As noted above, WAPCAS and other service providers responded to the COVID-19 emergency in ways that both reflected the lessons of HIV and provided direct support to people living with HIV and affected by TB. There was an early recognition that people living with HIV were particularly vulnerable to COVID-19 and that COVID-19 might carry stigma that would particularly affect people with TB and other respiratory conditions. The Ghana Commission on Human Rights and Administrative Justice (CHRAJ) engaged the mass media to inform the public that discrimination based on COVID status is a human rights violation. CHRAJ also denounced reported incidents of beating and other excessive punishment of people who violated the COVID-19 lockdown restrictions. With support from USAID, the Ghana Health Service’s Health Promotion Division developed informational materials highlighting the importance of stigma reduction and prevention of gender-based violence during COVID-19. This information was made available to subscribers to a widely used mobile phone service, among other outlets.

Civil society organizations used their advocacy voices and sometimes their service delivery capacity to address human rights-related concerns linked to COVID-19. WAPCAS’s effort to provide food assistance for people living with HIV and TB and key populations, noted above, was a model in this regard. Pro-Link was part of the food assistance effort and also counseled sex workers on COVID-19 prevention measures. Hope for Future Generations (HFFG) used International Women’s Day 2021 (8 March) to raise awareness of gender-based inequities and pressures on women as caregivers that were heightened by COVID-19. Plan International Ghana produced a video showing the impact of stigma on people with COVID-19 and their families. The Christian Health Association of Ghana in its capacity-building activities with health workers stressed strategies for responding to COVID-19 without compromising other health services.
Recognizing the constraints of lockdown and the impossibility of organizing in-person community events, WAPCAS organized experts from CHRAJ, WiLDAF and the Ghana Health Service to pull together radio programs that would reach a wide audience on human rights issues related to COVID-19. They even publicized the phone numbers of *pro bono* lawyers on the radio for people facing COVID-19-related discrimination or other abuses as well as means of access to basic information about COVID-19. Maximum use was also made of social media. These efforts exemplified protecting, respecting and fulfilling human rights while addressing an infectious disease emergency.
Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessments makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations. To reach comprehensiveness and achieve impact, the mid-term assessments makes the following recommendations.

Key Recommendations

Creating a Supportive Environment

• GAC should establish a Steering Committee for the human rights efforts, as envisioned in the national plan, which either takes on as a mandate or has a sub-group that advises on M&E issues. This group should represent the views of people living with HIV, HIV key populations and TB survivors. It should meet periodically to hear from GAC and key implementing partners about the progress of the human rights work and can be called on to suggest new directions and strategies for resolving programmatic problems. It should advise on the meaningful participation of people living with HIV, key populations and TB survivors in all aspects of programs design, implementation and evaluation and in resource mobilization.

• GAC should continue to raise awareness of the Strategic Plan among all stakeholders and to seek donor and domestic funding support for under-funded parts of the Strategic Plan.

Programmatic Scale-up

• Without delay when the rapid assessment of the drug use sector is completed, there should be a formal convening of all relevant stakeholders – including GAC, WHO, WAPCAS the Ghana Health Service, the National AIDS Control Programme and civil society organizations that serve people who use drugs, the Ministry of Justice and Attorney General's Office, the Narcotics Control Commission, and the Ghana Police Service – to share ideas and develop a rights-based strategy for ensuring access to HIV and TB services for people who use drugs.

• We repeat as a cross-cutting recommendation that GAC and CHRAJ and organizations led by LGBTQ persons should work together to develop a strategy for at least inserting into the current public discussion a rights-centered perspective of LGBTQ rights and the essential nature of rights-based health services for this population.

• Ghana Health Service should institute HIV-related human rights training as a regular part of pre-service curricula for doctors, nurses and other health professionals based on lessons learned from the in-service training experience. Ideally human rights-related pre-service training should be sustained by government funding.

Programmatic Quality and Sustainability

• GAC and the National AIDS Control Programme should undertake a rigorous assessment of the work of Models of Hope and other HIV and TB peer educators and outreach workers, including an investigation of their job satisfaction and compensation needs. If their work is deemed useful, a costed plan for ensuring sustainability of these services should be developed.

• GAC and the Steering Committee should revisit the monitoring and evaluation strategy of the Human Rights Strategic Plan and ensure that there is a plan to monitor the experiences of people living with and affected by HIV and TB and key populations with respect to the various program areas. In particular, documenting the experiences of these populations with respect to police conduct, quality of care in health facilities, and recording and effective follow-up of reported human rights violations will be crucial.

• GAC should consider organizing a donor roundtable with public and private donors that would highlight the importance of the human rights measures that have been put into place and the need to sustain and expand them.
### Comprehensive Recommendations

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- GAC should continue to raise awareness of the Strategic Plan among all stakeholders and to seek donor and domestic funding support for under-funded parts of the Strategic Plan. |

| Programmatic quality and sustainability | - As noted with respect to the supportive national environment above, GAC should establish a Steering Committee for the human rights efforts, which either includes or has a sub-group that advises on M&E issues. This group should represent the views of people living with HIV, HIV key populations and TB survivors. It should meet periodically to hear from GAC and key implementing partners about the progress of the human rights work and can be called on to suggest new directions and strategies for resolving programmatic problems. It should advise on the meaningful participation of people living with HIV, key populations and TB survivors in all aspects of programs design, implementation and evaluation.  
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- GAC and the Steering Committee should revisit the monitoring and evaluation strategy of the Human Rights Strategic Plan and ensure that there is adequate monitoring of the experiences of people living with and affected by HIV and TB and key populations with respect to the various program areas. In particular, documenting the experiences of these populations with respect to police conduct, quality of care in health facilities, and recording and effective follow-up of reported human rights violations will be crucial. Experiences of PLHIV and key populations may be captured routinely by community-led monitoring, but evaluations around issues or categories of violations that are less well covered may merit further investigation. |
• Without delay when the rapid assessment of the drug use sector is completed, there should be a formal convening of all relevant stakeholders – including GAC, WHO, WAPCAS the Ghana Health Service, the National AIDS Control Programme and civil society organizations that serve people who use drugs, the Ministry of Justice and Attorney General’s Office, the Narcotics Control Commission, and the Ghana Police Service – to share ideas and develop a rights-based strategy for ensuring access to HIV and TB services for people who use drugs.

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• GAC should consider organizing a donor roundtable with public and private donors that would highlight the importance of the human rights measures that have been put into place and the need to sustain and expand them.
### HIV-related recommendations by program area

| **Stigma and discrimination reduction** | ● GAC and WAPCAS should use the results of the Stigma Index 2.0 to revisit the objectives of the Human Rights Strategic Plan related to HIV stigma and discrimination, particularly to refine activities related to stigma associated with being part of a key population. The process revisiting of stigma reduction strategies should involve people living with HIV and key populations meaningfully.  
● If not already done in consultations with Models of Hope, WAPCAS and others working with these persons should conduct a rapid assessment of the job satisfaction and job challenges faced by Models of Hope in an effort to formulate a sustainability strategy for this service.  
● The denigration and demonization of LGBT persons in Ghana goes beyond stigma and discrimination and should be addressed as systematically as possible. GAC and CHRAJ should consult formally with LGBT organizations to develop a strategy for improving public awareness of the importance of HIV services for men who have sex with men and transgender persons and the barriers to care that they face. |
| **Training of health care workers on human rights and ethics** | ● WAPCAS’s summary of anecdotal results of the training is helpful, but it would be useful to have a more systematic evaluation of the results of the training, including a rapid survey or rigorous qualitative assessment of the perceptions of patients – especially PLHIV and key populations – on whether the training has made a difference in everyday practice. Ghana Health Service with GAC should undertake this assessment.  
● Ghana Health Service should institute HIV-related human rights training as a regular part of pre-service curricula for doctors, nurses and other health professionals based on lessons learned from the in-service training experience. Ideally human rights-related pre-service training should be sustained by government funding. |
| **Sensitization of lawmakers and law enforcement agents** | ● GAC should ensure there is a plan to reach all officers of the GPS with the already tested HIV-related training program and to have periodic refresher training for all personnel, preferably with Ghana government resources.  
● GPS should sustain and revise periodically the pre-service HIV-related curriculum for all new officers, preferably with government resources.  
● While anecdotal reports of improved police conduct and reduction in the number of raids of key populations are encouraging, CHRAJ and WAPCAS should ensure that the system for reporting of cases of police abuse of PLHIV key populations has a mechanism for sharing these incidents swiftly with the Ghana Police Service. GPS, perhaps through the PTWG, should acknowledge receipt of reports of police misconduct, and there should be a means of communicating with GAC and with the public about how GPS addresses reported incidents. The public should be informed of any sanctions or reprimands issued through this follow-up.  
● Given that a survey of sex workers was instrumental in motivating this work with police years ago, it would be enlightening for GAC to commission a survey of sex workers, men who have sex with men, people who use drugs and people living with HIV to discern the level of police abuse that they experience. Results of such a survey should be presented formally to the GPS and should inform updating the police training manual as appropriate.  
● Future police training activities should ensure the inclusion of front-desk personnel as much as possible since they are often the first line of contact for persons who have suffered abuse. |
## Legal literacy
- Threatening of paralegals, as well as key population groups, is an urgent and alarming problem. WAPCAS and other implementers should work with field supervisors of paralegals to be sure that there is an effective process of responding to any reports from paralegals of threats to themselves or to key population members with whom they engage. Local officials, the regional CHRAJ representatives, and DOVVSU officers or other police trained in human rights should be part of this response, which may involve designating an official who can be a focal point for coordinating measures to address these threats and abuses as they arise.
- People who use drugs are in particular need of rights literacy and access to justice measures. With the results of the planned rapid assessment of the drug use sector, GAC and WAPCAS should engage promptly with the Narcotics Control Commission to formulate a plan to assess rights literacy among people who use drugs and to address rights literacy gaps for this population.

## Legal services
- GAC should consult with the Legal Aid Commission to assess its interest in providing HIV- and TB-related legal services over the long term and the feasibility of such an engagement, including the costs involved. GAC should determine whether the Legal Aid Commission can be a principal provider of such services or could contribute some services alongside other providers.
- While the evaluation of the paralegal program in 2020 yielded some insights as to the quality of legal services, CHAG as the new PR in this area should consider commissioning an independent evaluation of a larger sample of people living with HIV and key populations to determine the kinds of cases that are most likely to require legal assistance, the type of assistance these populations need, and perhaps a realistic estimate of the ideal number of legal assistance providers per region or district. (See also “Program quality” issues.)
- CHAG should monitor whether its non-key-population-oriented paralegals are nonetheless able to gain the trust of and relate to key population members in their work.

## Monitoring and reforming laws, regulations and policies related to HIV
- GAC should ensure that the centralized reporting of human rights violations related to HIV and TB brings together in a coherent and interpretable way information on violations from all sources (online, peer worker reports, etc.) and that periodic reports from this consolidation are made publicly available.
- The preparation of the violations reporting system by WAPCAS, CHRAJ and GAC should include meaningful consultation with organizations of people living with HIV, TB survivors, and key populations to ensure that the system responds to their needs. Disseminating user-friendly information about the system for these populations in particular will be crucial as part of the roll-out of the system.
- GAC should undertake systematic and rigorous monitoring of the use of the CHRAJ reporting system and the other means of reporting violations, including summaries at least quarterly of the location and types of violations reported and how they are resolved. The analysis of these data should inform a refinement of strategies on legal literacy and legal services in the Strategic Plan.
- Informed by the results of the planned rapid assessment of the drug sector, it should be a high priority activity for GAC and other partners to amend the Strategic Plan to include activities to lay the groundwork for
advocacy in favor of policies and regulations that will enable ready access to health and harm reduction services for people who use drugs. Public awareness-raising on the importance of treating drug use as a public health issue should be part of this work.

**Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity**

- GAC should work with NAP+ and any other organizations that include women living with HIV and women in key populations to revisit and sharpen the activities in the strategic plan to address discrimination against women and girls. Efforts should be made to increase visibility of the barriers to HIV and TB services faced particularly by women and girls and ensure that existing strategies and programs address those barriers.
- All entities reporting data on HIV services should endeavor to disaggregate data by sex, especially measures such as treatment adherence, to enable women’s and girls’ access to services to be analyzed.
- GAC should add monitoring of the “mentor mothers” program to its M&E duties. CHAG and its sub-recipients should consult with m2m to be sure that the mentor mothers have materials and, if possible, training on stigma and discrimination reduction and are connected to paralegals in the community.
- GBV, including the link between GBV and HIV/STIs, should be a focus of pre-service and in-service training for police on human rights issues. All police should know how to refer GBV survivors to existing services.
- Ghana Education Service should unblock CSE, particularly ensuring that age-appropriate education on HIV and STIs is available to all young people in Ghana. The expertise and long experience of PPAG and Marie Stopes should be called on in the development and implementation of a comprehensive curriculum.
- If they have not already done so, GAC and CHRAJ should consult with groups led by and serving LGBTQ persons and develop a strategy for contributing to a reasoned public discourse in Ghana on human rights related to sexual orientation and gender identity.
<table>
<thead>
<tr>
<th><strong>TB-related recommendations by program area</strong></th>
<th><strong>Reducing stigma and discrimination</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• The Global Fund and other donors should give prompt consideration to the proposed plan of action to reduce TB-related stigma that is informed by the results of the TB stigma survey.</td>
</tr>
<tr>
<td></td>
<td>• In its TB spending, the government of Ghana should give priority to ensuring that TB stigma reduction is not underfunded as a pillar of the national strategy.</td>
</tr>
<tr>
<td></td>
<td>• The National TB Control Program or CHAG and TB Voice may find it useful to commission a rapid assessment of the effectiveness of the TB champions, particularly to find how well they are known in their communities, whom they reach, and how well the messages they convey are understood. With documentation of their impact, the National TB Control Program should consider finding government resources to compensate them beyond just transportation costs.</td>
</tr>
<tr>
<td>Training of health workers on human rights and ethics</td>
<td>• WAPCAS and the National TB Control Program should be provided with funding and support to assess the effectiveness of training of health care workers on TB-related human rights and medical ethics</td>
</tr>
<tr>
<td>Sensitization of lawmakers and law enforcement agents;</td>
<td>• n/a</td>
</tr>
<tr>
<td>Legal Literacy</td>
<td>• CHAG should consult with TB-focused civil society organizations to ensure that any paralegal training or refresher training adequately covers the TB-related human rights barriers to health services.</td>
</tr>
<tr>
<td>Legal services</td>
<td>• WAPCAS working with TB-focused civil society organizations should ensure that CHRAJ and its regional representatives, the WiLDAF lawyers, and others to whom TB-related legal cases might be referred have a current understanding of the particular kinds of human rights-related barriers faced by persons with TB, TB survivors and those who need to seek TB services.</td>
</tr>
<tr>
<td>Monitoring and reforming policies, regulations and laws that impede TB services</td>
<td>• The National TB Control Program should consider convening a consultation with members of Parliament, along with TB-focused civil society organizations and the Ghana Trades Union Congress or other organizations representing workers’ rights, to explore avenues of protection for workers absent from the workplace due to TB treatment.</td>
</tr>
<tr>
<td>Reducing gender-related barriers to TB</td>
<td>• n/a</td>
</tr>
<tr>
<td>Ensuring privacy and confidentiality</td>
<td>• n/a</td>
</tr>
<tr>
<td>Mobilizing and empowering patient groups</td>
<td>• We repeat the recommendation above that if an evaluation of the work of TB champions finds them to be effective, the National TB Control Programme should consider devoting government funding to sustaining their work, including an adequate compensation package.</td>
</tr>
<tr>
<td>Programs in prisons and other closed settings</td>
<td>• If there are savings in other parts of work on the Human Rights Strategic Plan, GAC and the National TB Control Program should consider seeking Global Fund approval to support essential elements of prison work that were not funded through the NFM III window.</td>
</tr>
<tr>
<td></td>
<td>• GAC and the National TB Control Programme should consider adding to the Human Rights Strategic Plan an activity to lay the groundwork for advocacy for addressing prison overcrowding, including sensitization of judges, prosecutors and the Prisons Service about the health consequences of prison overcrowding.</td>
</tr>
</tbody>
</table>
Annex II. Methods

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;

2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);

3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Ghana is an in-depth assessment.

<table>
<thead>
<tr>
<th>Mid-term Assessment Type</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid</td>
<td>Benin</td>
</tr>
<tr>
<td></td>
<td>Democratic Republic of Congo (rapid +)</td>
</tr>
<tr>
<td></td>
<td>Honduras</td>
</tr>
<tr>
<td></td>
<td>Kenya</td>
</tr>
<tr>
<td></td>
<td>Senegal</td>
</tr>
<tr>
<td></td>
<td>Sierra Leone</td>
</tr>
<tr>
<td></td>
<td>Tunisia</td>
</tr>
<tr>
<td></td>
<td>Uganda (rapid +)</td>
</tr>
<tr>
<td>Program</td>
<td>Botswana</td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
</tr>
<tr>
<td></td>
<td>Cote d'Ivoire</td>
</tr>
<tr>
<td></td>
<td>Indonesia</td>
</tr>
<tr>
<td></td>
<td>Jamaica</td>
</tr>
<tr>
<td></td>
<td>Kyrgyzstan</td>
</tr>
<tr>
<td></td>
<td>Mozambique</td>
</tr>
<tr>
<td></td>
<td>Nepal</td>
</tr>
<tr>
<td></td>
<td>Philippines</td>
</tr>
<tr>
<td>In-depth</td>
<td>Ghana</td>
</tr>
<tr>
<td></td>
<td>South Africa</td>
</tr>
<tr>
<td></td>
<td>Ukraine</td>
</tr>
</tbody>
</table>
All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. In-depth assessments were also envisioned to include site visits and a limited number of key informant interviews conducted during a two-week country trip. However, due to the COVID-19 pandemic, this was not possible. Therefore, researchers conducted remote interviews via Zoom and phone with key informants. Informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

### Assessing specific BDB programs

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope</td>
<td>What key and vulnerable populations does it reach or cover?</td>
</tr>
<tr>
<td></td>
<td>Does the program address the most significant human rights-related barriers within the country context?</td>
</tr>
<tr>
<td></td>
<td>What health workers, law enforcement agents, etc. does it reach?</td>
</tr>
<tr>
<td></td>
<td>Does it cover HIV and TB?</td>
</tr>
<tr>
<td>Scale</td>
<td>What is its geographic coverage?</td>
</tr>
<tr>
<td></td>
<td>Does it cover both urban and rural areas?</td>
</tr>
<tr>
<td></td>
<td>How many people does it reach and in what locations?</td>
</tr>
<tr>
<td></td>
<td>How much has the program been scaled up since 2016?</td>
</tr>
<tr>
<td></td>
<td>What is the plan for further scale up as per the multi-year plan?</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Does the program have domestic funding? How secure is that funding?</td>
</tr>
<tr>
<td></td>
<td>Does the program have other, non-Global Fund funding? How secure is that funding?</td>
</tr>
<tr>
<td></td>
<td>Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?</td>
</tr>
<tr>
<td></td>
<td>Does it avoid duplication with other programs?</td>
</tr>
<tr>
<td></td>
<td>Is the program anchored in communities (if relevant)?</td>
</tr>
<tr>
<td></td>
<td>What has been done to ensure sustainability?</td>
</tr>
<tr>
<td>Integration</td>
<td>Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?</td>
</tr>
<tr>
<td></td>
<td>Is the program integrated with existing HIV/TB services? (also speaks to sustainability)</td>
</tr>
<tr>
<td></td>
<td>Is the program integrated with other human rights programs and programs for specific populations?</td>
</tr>
<tr>
<td></td>
<td>How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)</td>
</tr>
<tr>
<td></td>
<td>Does the program address HR-related barriers to HIV and TB together? (if relevant)</td>
</tr>
<tr>
<td>Quality</td>
<td>Is the program’s design consistent with best available evidence on implementation?</td>
</tr>
<tr>
<td></td>
<td>Is its implementation consistent with best available evidence?</td>
</tr>
<tr>
<td></td>
<td>Are the people in charge of its implementation knowledgeable about human rights?</td>
</tr>
<tr>
<td></td>
<td>Are relevant programs linked with one another to try and holistically address structural issues?</td>
</tr>
<tr>
<td></td>
<td>Is there a monitoring and evaluation system?</td>
</tr>
<tr>
<td></td>
<td>Is it gender-responsive and age appropriate?</td>
</tr>
</tbody>
</table>
Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in February 2021 and completed in March 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Ghana Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

<table>
<thead>
<tr>
<th>Assessment Component</th>
<th>Researchers</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk review of available program reports, epidemiological</td>
<td>Nina Sun  Joanne</td>
<td>January 2021</td>
</tr>
<tr>
<td>information, and other background documents</td>
<td>Csete</td>
<td></td>
</tr>
<tr>
<td>25 Key informant interviews conducted remotely</td>
<td>Joanne Csete Nina</td>
<td>February – March 2021</td>
</tr>
<tr>
<td></td>
<td>Sun Isaac Bill</td>
<td></td>
</tr>
<tr>
<td>Follow-up with relevant key informants</td>
<td>Joanne Csete Nina</td>
<td>March 2021</td>
</tr>
<tr>
<td></td>
<td>Sun</td>
<td></td>
</tr>
<tr>
<td>Presentation of key report findings to Global Fund and</td>
<td>Researchers</td>
<td>November 2021</td>
</tr>
<tr>
<td>country stakeholders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Detailed Scorecard Calculations and Key**

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Value</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No programs present</td>
<td>No formal programs or activities identified.</td>
</tr>
<tr>
<td>1</td>
<td>One-off activities</td>
<td>Time-limited, pilot initiative.</td>
</tr>
</tbody>
</table>
| 2      | Small scale | On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population.  
2.0 Reaching <35%  
2.3 Reaching between 35 - 65% of target populations  
2.6 Reaching >65% of target populations |
| 3      | Operating at subnational level | Operating at subnational level (btw 20% to 50% national scale)  
3.0 Reaching <35%  
3.3 Reaching between 35 - 65% of target populations  
3.6 Reaching >65% of target populations |
| 4      | Operating at national level | Operating at national level (>50% of national scale)  
4.0 Reaching <35%  
4.3 Reaching between 35 - 65% of target populations  
4.6 Reaching >65% of target populations |
| 5      | At scale at national level (>90%) | At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population |

**Goal**

Impact on services continuum is defined as:

- a) Human rights programs at scale for all populations; and  
- b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.

**N/A**

Not applicable

Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).

*** Unable to assess**

Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).
Annex III. List of Key Informants

1. Cosmos Ohene-Adjei, Director of Policy and Planning, Dinah Akukumah, Policy and Planning Manager, Ghana AIDS Commission
2. James Duah, Benjamin, Joseph Addae, Christian Health Association of Ghana
3. Elsie Ayeh, Network of People Living with HIV (NAP+)
4. Comfort Asamoah-Adu, Executive Director, Rachel Ofori-Atta, Head of Human Rights Programming, WAPCAS (interviewed twice)
5. Naa Ashley-Vanderpuye, Executive Director, West African AIDS Foundation for Ghana
6. Yaw Adusi-Poku, Program Manager and Hilda Smith, Technical Officer, National Tuberculosis Program, Ghana Health Service
7. Nyonuku Akosua Baddoo, National AIDS/STI Control Programme (NACP), Ghana Health Service
8. Edem Assisi, Executive Director, Pro-Link
9. Senyo Wosornu, Executive Director, Maritime
10. Emmanuel Basintale, Superintendent – Ghana Police Service
11. Cecilia Senoo, Executive Director, Hope for Future Generations and Technical Adviser, Society for Women and AIDS in Africa (SWAA)
13. Samuel Owiredu, Deputy Director, Centre for Popular Education and Human Rights
14. Rita Afriyie, Coordinator – Technical Support Unit, Ghana AIDS Commission
16. Henry Nagai, Chief of Party and Project Director, John Snow International (JSI) Ghana
17. Steve Arko, Project Coordinator, School Health Education Program under Ministry of Education
18. Peggy Venance, Executive Director, Alliance for Dynamics Initiative
19. Melody Darkey, Executive Director and Lois Aduamoah-Addo, Program Manager, WiLDAF
20. Abena Adubea Amoah, Executive Director, Emmanuel Asamoah Ayim, National Service Personnel, Planned Parenthood Association of Ghana
22. Emmanuel Essandoh, Program Management Specialist, USAID
23. Isaac Annan, Director, Commission of Human Rights and Administrative Justice (CHRAJ)
24. Renicha McCree, Fast Track Adviser and Jane Okrah, Community Support Adviser, UNAIDS Ghana
Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

Global Fund Internal Documents

Country Documents


**Relevant Third-Party Resources**


33. PEPFAR. (n.d.). *PEPFAR Ghana – SID 4.0 Narrative Cover Sheet.*

34. WiLDAF and WAPCAS. (n.d.). *Legal Literacy Handbook for PLHIV and Other Key Populations trained as Paralegals in Ghana.*


37. WAPCAS. (n.d.). *Legal Literacy Know Your Rights.*


44. USAID, PEPFAR, Linkages. (2016). *Building Local Institutional Capacity to Serve Key Populations and People Living with HIV in Ghana.*


46. USAID, PEPFAR, Ghana Health Service, JSI, Population Council. (February 2021). *USAID Strengthening the Care Continuum Project.*


Breaking Down Barriers
Mid-term Assessment


