PEPFAR Ghana – 2019 Responsibility Matrix Narrative Cover Sheet

The Responsibility Matrix helps to better assess and understand the current distribution of HIV-related activities and responsibilities in PEPFAR partner countries. The Responsibility Matrix (RM) will serve as a baseline assessment of the functional responsibilities of the three major funding components of the HIV response: PEPFAR, the Global Fund, and Host Government. In this context, the term “responsibility,” it is meant to convey the word’s classic definition, but with regard to the elements and functions of HIV programs. That is, when a funder is responsible for a programmatic element of the HIV effort, it makes a contribution through that element and is accountable for its level of success or failure.

Country Overview: Ghana is a lower-middle income country with a Gross National Income (GNI) per capita of $2,130 (World Bank, 2018). The HIV/AIDS epidemic in Ghana is characterized as a low-level generalized epidemic with high prevalence rates among female sex workers (FSW) and men who have sex with men (MSM). International funding accounted for 58% of HIV and AIDS expenditures (NASA 2015-2016), while only 12% of general government expenditures goes to health (2016 National Health Account, 2017 Budget Statement & Economic Policy). The total health care expenditure from all sources is 5.34% of the GDP (2016 National Health Account).

In June 2018, the national program reset its current number of PLHIV on treatment to 100,000. This number was reached after reviews of site level and pharmacy data. During the Regional Operational Planning process of 2019 (ROP19), Ghana became the hub for the newly established PEPFAR West Africa Regional program, which includes Ghana, Burkina Faso, Liberia, Mali, Senegal, and Togo. During this process, Ghana’s annual budget was reduced by 25%, from $11,933,718 to $8,915,000, and activities were focused on achieving epidemic control by September 2020 in a single region, Western Region. Results of this shift include PEPFAR reducing efforts in national supply chain, lab, strategic information, and key population activities in five regions. Global Fund will step in to provide support for these areas where PEPFAR no longer will, beginning in October 2020.

Ghana has sufficient numbers and categories of health care workers and volunteers to provide quality HIV/AIDS prevention, care and treatment services; however, there is no equity in deployment and implementation is inconsistent. Considering the decline in donor funding and lack of achievement of past targets, optimization of programs and activities to accelerate progress towards epidemic control is critical.

Responsibility Matrix Process: Ghana PEPFAR team held a meeting to review a draft of the RM completed by a UNAIDS consultant on September 17th. The meeting was convened in close collaboration with UNAIDS Ghana office. Discussions centered on the tool to build consensus on the key issues and changes over time; and consequently, request clearance to share the tool with OGAC/HQ.

After the final meeting, the PEPFAR Ghana team circulated the consolidated RM to all participating stakeholders for a last review to ensure all references were accurate and updated for submission.

The Stakeholders’ involved in the entire process included Ghana Health Services (National AIDS Control Program, PPME), Ministry of Health, Ministry of Finance, Office of the President of the Republic of Ghana, Ghana Statistical Services, Ghana AIDS Commission, Ghana Armed Forces (GAF), multilateral partners (UNAIDS, Global Fund, WHO), implementing partners (Care Continuum, WAPCAS, PSM, EQUIP), academia
(1) ISSER, CCM², Civil Society Organizations (NAP+, GHANET, Hope for Future Generations), private sector (WAAF), media, and PEPFAR-implementing US government Agencies.

**Contact:** For any questions regarding Ghana’s RM, please contact the acting PEPFAR Co-Coordinator, and CDC Country Director, Dr. Michael Melchior (XLP3@cdc.gov).

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1 ISSER: Institute for Social, Statistical, and Economic Research;
2 Country Coordinating Mechanism
### HIV/AIDS Responsibility Matrix

**Country:** Ghana  
**Epidemic Type:** Generalized  
**Income Level:** Low middle  
**PEPFAR Categorization:** West Africa Region

#### Definitional guidance for dimension categories:
1. **Service Delivery** - Activities that involve direct contact with patients; or direct involvement in this activity.
2. **Non-Service Delivery Assistance** - Advice, training, etc. provided to ensure service is successful.
3. **Strategy Formulation and Planning** - Higher level oversight and strategic management that provides vision, guides programs, and works to ensure success of service and/or technical assistance.

#### Functional Elements

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Service Delivery</th>
<th>Non-Service Delivery Assistance</th>
<th>Strategy Formulation and Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host Govt. &amp; PEPFAR IPs</td>
<td>GFATM &amp; IPs</td>
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#### Programs

- **Care and Treatment**
- **Clinical Interventions**
- **Laboratory**
- **Linkage, Retention, Adherence**
- **TB-HIV**
- **HIV Testing Services**
- **Prevention**
- **Prevention of Mother-To-Child Transmission**
- **Male Circumcision**
- **Other Biomedical Prevention**
- **Key and Priority Populations**
- **Orphans and Vulnerable Children**

#### Commodities

- **Condoms**
- **Male Circumcision Kits and Supplies**
- **Antiretroviral Drugs**
- **Other Essential Drugs**
- **CD4**
- **Viral Load**
- **Reagents and Supplies**
- **Health Equipment**
- **PSM Costs**

#### Health Workforce

- **Service Delivery Personnel**: Facility-level staff total
- **Non-Service Delivery Personnel**: Facility-level staff total
- **Community Health Workers/Lay Cadres staff number**

#### Above Site Systems

- **Health Workforce**
- **Governance**
- **Institutional and Organizational Development**
- **Health Financing**
- **Health Management Information Systems**
- **Supply Chain Systems**
- **Laboratory Systems**
- **Other Systems Support**
- **Disease Surveillance**

#### Program Implementation, Management, and Support

- **At the Implementation Level**
- **At the Donor Level**

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*Legend*

- **Primary**: Primary responsibility for/contribution to element
- **Secondary**: Secondary responsibility for element (i.e., doesn’t lead, but offers substantial level of support)
- **Nominal**: Contributes to this effort, but offers a nominal/marginal level of support
- **None**: No responsibility/level of support
## HIV/AIDS Responsibility Matrix
### Country: Ghana

**Programs**
- Care and Treatment
- Clinical Interventions
- Laboratory
- Linkage, Retention, Adherence
- TB-HIV
- HIV Testing Services

**Prevention**
- Prevention of Mother-To-Child Transmission
- Male Circumcision
- Other Biomedical Prevention
- Key and Priority Populations

**Orphans and Vulnerable Children**

**Commodities**
- Condoms
- Male Circumcision Kits and Supplies
- Rapid Test Kits
- Antiretroviral Drugs
- Other Essential Drugs
- CD4
- Viral Load
- Reagents and Supplies
- Health Equipment
- PSM Costs

**Health Workforce**
- Service Delivery Personnel: Facility-level staff total
  - Salary and Benefits
  - Salary Top-Ups
  - Training and Supervision
- Non-Service Delivery Personnel: Facility-level staff total
  - Salary and Benefits
  - Salary Top-Ups
  - Training and Supervision
- Community Health Workers/Lay Cadres staff number
  - Salary and Benefits
  - Salary Top-Ups
  - Training and Supervision
- Secondment Staff number

**Above Site (Systems)**
- Health Workforce
- Governance
- Institutional and Organizational Development
- Health Financing
- Health Management Information Systems
- Supply Chain Systems
- Laboratory Systems
- Other Systems Support
- Disease Surveillance

**Strategic Information**
- Monitoring and Evaluation
- Surveys and Surveillance
- Research and Other Surveys

**Program Implementation, Management, and Support**
- At the Implementation Level
  - At the Donor Level