

National Youth Shadow Report

Progress Made on the UNGASS Declaration
of Commitment on HIV/AIDS



GHANA



Global Youth Coalition on HIV/AIDS
c/o Global Youth Action Network
211 E. 43rd St. Suite #905
New York, NY 10017, USA
Phone: +1 212 661 6111
Fax: +1 212 661 1933

info@youthaidscoalition.org

4 Eleme Rd, Off Eleme Junction
Port Harcourt, Nigeria
+2348055340179

www.youthaidscoalition.org

The Global Youth Coalition on HIV/AIDS (GYCA) is a youth-led, UNAIDS and UNFPA-supported alliance of 1,600 youth leaders and adult allies working on HIV/AIDS worldwide. The Coalition, based at a North Secretariat in New York City and a South Secretariat in Port Harcourt, Nigeria, prioritizes capacity building and technical assistance, networking and sharing of best practices, advocacy training, and preparation for international conferences.

GYCA aims to empower youth with the skills, knowledge, resources, opportunities, and credibility they need to scale up HIV/AIDS interventions for young people, who make up over 50% of the 5 million people infected with HIV each year. Our members are working at the local, national, regional, and international levels to ensure that young people are actively involved in policies and programmes to halt the spread of the deadly pandemic.

For more information about GYCA or to join, please visit www.youthaidscoalition.org or write to info@youthaidscoalition.org.

The views and findings in this report are those of the authors alone.

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We believe in the full participation of young people at all levels. We hope to continue to receive a warm welcome and support in all our actions.

We pledge our continued commitment to halting and reversing the spread of HIV/AIDS in this dear country of ours.

About the Authors

Sydney Tetteh Hushie, 22, is a youth media advocate with a media advocacy organisation in the Ghana Broadcasting Corporation, Youth In Broadcasting-Curious Minds of which is the Information and Advocacy Officer and a taskforce member of GYCA. Sydney has been an HIV/AIDS advocate for 10 years. He is 22 years old.

Samuel Kissi is 22 years old and is the President of the Children and Youth In Broadcasting-Curious Minds and a member of the Youth Coalition. He has been an advocate for 5 years and is currently involved in a number of HIV/AIDS advocacy initiatives, both nationally and internationally.

David Aburabura is 22 years old and is the financial administrator of Children and Youth In Broadcasting-Curious Minds and has been an HIV/AIDS advocate for nine years. His work in HIV/AIDS has exposed him to several skills training in advocacy, lobbying etc. He is a member of GYCA.

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Acronyms

HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immune Deficiency Syndrome
STI	-	Sexually Transmitted Infection
ASRH	-	Adolescent Sexual and Reproductive Health
SRH	-	Sexual and Reproductive Health
MOH	-	Ministry of Health
MOE	-	Ministry of Education
MDA	-	Ministries, Departments and Agencies
VCCT	-	Voluntary and Confidential Counseling and Testing
NGO	-	Non – Governmental Organisation
GBP	-	Great Britain Pounds
BCC	-	Behaviour Change Communication
DFID	-	UK Department for International Development
UNAIDS	-	United Nations Joint Programme against HIV/AIDS
USAID	-	United States Agency for International Development
YFS	-	Youth Friendly Services
FBO	-	Faith Based Organisation
CBO	-	Community Based Organisation
NMCG	-	Nurses and Midwifery Council of Ghana
GHS	-	Ghana Health Services
STEP	-	Skills Training and Education Programme

Preface¹

On 25–27 June 2001, heads of State and government representatives met for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), which resulted in the issuance of the Declaration of Commitment on HIV/AIDS (DoC). The DoC outlines what governments have pledged to achieve– through international, regional and country-level partnerships and with the support of civil society– to halt and begin to reverse the spread of the HIV/AIDS pandemic. The DoC is not a legally binding document; however, it is a clear statement by governments concerning what should be done to fight the spread of HIV/AIDS and what countries have committed to doing, with specific time-bound targets².

The DoC is unique because it recognized the **specific vulnerability of young people** to HIV and AIDS and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (...) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (...)
- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by, 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
 - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
 - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.
- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.
- (Paragraph 63) By 2003, develop and/or strengthen strategies, policies and programmes:
 - Which recognize the importance of the family in reducing vulnerability, in educating and guiding children and take account of cultural, religious and ethical factors,
 - To reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents;
 - Ensuring safe and secure environments, especially for young girls;
 - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
 - Strengthening reproductive and sexual health programmes; and
 - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible.

¹ Adapted from the Global Youth Coalition on HIV/AIDS and Global Youth Partners, “Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS.” UNFPA, 2004. <http://www.youthaidscoalition.org/resources.html>

² DoC on HIV/AIDS. Resolution adopted by the UN General Assembly, A/RES/S-26/2. August 2001

As part of the monitoring process of the DoC, progress made towards attaining the targets will be reviewed at the UN General Assembly in New York on May 31- June 2, 2006. The participation of young people in this review process is critical and this report strives to ensure their voices are heard.

Methodology

To ensure that the voices and concerns of young people are included in the monitoring process of the UNGASS DoC in its five year review, young people from around the world reported on the progress made towards achieving the UNGASS targets related to young people in their countries. Their participation is crucial to ensure that resulting policies and programmes take the needs and priorities of young people into consideration, and that young people are involved in their design, implementation and evaluation. To this end, young GYCA members have been selected to be part of their national delegations in Japan, México, Ghana, Democratic Republic of Congo, Nigeria, Zambia, and the Netherlands. GYCA has been lobbying country missions actively to ensure that young people's issues are incorporated into country statements at the high level meetings and into the negotiations on the final outcome document. At the Review meetings, young participants will use their knowledge of their national response to advocate to decision-makers on how best to scale up and improve current efforts.

To ensure that all of the country reports addressed the same issues, a guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.³ A number of questions, based on the indicators suggested by the UNAIDS *National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people*,⁴ were suggested to guide their research. Members of the Global Youth Partners Initiative⁵ actively contributed to the development of the research tool in 2004 through an interactive e-discussion. Data collection and analysis focused on four main indicators:

- 1) Political Commitment
- 2) Financial Commitment
- 3) Access to Information Services
- 4) Youth Participation

Young people used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV and AIDS (YLWHA) in their countries through focus group discussions, in-depth interviews and workshops. Young people were asked to make recommendations for strategies to ensure that their country would achieve the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic

³ The research guide is available upon request.

⁴ National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people. UNAIDS, 2004.

⁵ Global Youth Partners (GYP) is a UNFPA youth-adult partnership initiative, and aims to rally partners and stakeholders to increase investment and strengthen commitments for preventing HIV infections among young people, especially among under-served youth. GYP is building capacity of GYP team members, learning lessons from successful advocacy campaigns and building partnerships and collaborative networks with other youth initiatives, including youth-adult partnerships. In the foreground of the initiative stands the development, implementation and monitoring of national strategic advocacy action plans in seven countries.

literature. Young people also consulted representatives from national and local governments and national AIDS programmes, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organisations. The final reports were reviewed and edited by GYCA staff, preserving original content.

Why focus on young people?

Over half of all new infections worldwide each year are among young people between the ages of 15 and 24. Every day, more than 6,000 young people become infected with HIV – almost five every minute. Yet the needs of the world’s over one billion young people are often ignored when strategies on HIV/AIDS are drafted, policies developed, and budgets allocated. This is especially tragic as young people are more likely than adults to adopt and maintain safe behaviours.⁶ Young people are vulnerable to HIV infection because they lack the crucial information, education, and services to protect themselves.

The 2001 United Nations General Assembly Special Session on HIV/AIDS noted, “poverty, under-development and illiteracy are among the principal contributing factors to the spread of HIV/AIDS”. These factors are particularly poignant for young people who are so often voiceless and powerless in society. Young people are in a transitional phase between childhood and adulthood, and are rarely taken into account in official statistics, policies, and programmes.

This year, 2006, marks five years since the DoC was put into effect. The author and 60 young leaders in HIV/AIDS will participate in the Five Year AIDS 2006 Review at the United Nations Secretariat to advocate to decision-makers to scale-up comprehensive, evidence-based interventions on HIV/AIDS for and with young people.

⁶ Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

1.0 Introduction

1.1 Country Overview

Ghana is a small country situated on the west coast of Africa. It is an Anglophone country surrounded by three Francophone countries. The total land mass is 238, 537 square kilometers. Ghana is geographically and administratively divided into 10 regions, which are further divided into a total of 138 districts. The population of Ghana is currently estimated at 21.4 million (Base year 2000-National Population and Housing census) with females constituting over 51% of the total population and young people 0-24 forming about 52% of the population. The annual population growth is estimated at 2.07%⁷. Ghana has a GDP growth rate of 4.3% with a per capita of \$2,300⁸. The agricultural sector employs 60% of the labour force and accounts for 51% of the total GDP.⁹

The life expectancy of men in Ghana is 55.5 years and 58.1 years for women. The under five mortality rate is 102 per 1000 live births and an infant mortality rate of 58 per 1000. Public health expenditure is 1.7% of the GDP, private health expenditure is 2.9% and health expenditure per capita is US\$85.¹⁰

With regards to public health infrastructure, Ghana has 3 teaching hospitals, 10 regional hospitals and 91 district hospitals. There are 558 health centres, 1085 clinics, 320 maternity homes and 800 pharmacies located across all regions. Most of these facilities are located in urban areas making healthcare a major challenge, especially in the rural population, which constitutes 56% of the national population. This has a negative impact on the provision of health care to all.

The HIV prevalence in Ghana as of December 2005 stands at 2.7%. The results show a 13% decline of HIV prevalence from 2004 and a 20% decline from 2003. The 15-24 years age group has also declined for three years from 3.5% in 2002 to 1.9% in 2005. Over 80% of the infections are through heterosexual sex. Overall HIV prevalence in Ghana may be reaching a stabilization stage.¹¹

1.2 Methodology

The youth-led team reviewed national policy documents on HIV/AIDS and young people, including the National HIV/STI Policy, Adolescent Sexual and Reproductive Health Policy and HIV Sentinel Survey, 2005. The team also conducted interviews with ministers of state, including Hon. J.B. Dankwah Adu, Minister and Hajia Alima Mahama, deputy Minister of Women and Children, government officials, civil society organisations and young people. The purpose of the interviews was to seek information and clarification on issues of contention raised by the young people and review of the policy documents.

⁷ 2006 estimate. CIA World Factbook: <http://www.cia.gov/cia/publications/factbook/fields/2002.html>

⁸ Ibid.

⁹ *Ghana HIV/AIDS Sentinel Survey 2005*

¹⁰ *Ibid*

¹¹ *Ibid*

1.3 Key findings

From the review and interviews, a few issues were identified. These include:

- Ghana has a national policy on HIV/AIDS which guided the country on HIV/AIDS strategies and programmes
- The president of Ghana is the chairman of the Ghana AIDS commission. This helps to raise visibility for HIV/AIDS campaigns
- The president has a special advisor on HIV/AIDS
- Most funds for HIV/AIDS programmes are provided by donors with government of Ghana contributing 10% of total funds received.
- The country's direction for HIV/AIDS campaign for young people is abstinence based. Though condom is mentioned, it is silent for young people. This is due to source of donor support and culture of the people of Ghana which forbids sex for young people
- There are major policy conflicts between government ministries and the policy gaps is not seen as a priority among government officials
- There is availability of youth friendly HIV/AIDS services for young people.
- Young people's access to information is abstinence biased.
- There is a young person represented on the Ghana AIDS Commission. He is the national president of the Union of Ghana Students (NUGS). A new young person thus represents when there is a change in the leadership of NUGS
- Youth participation on policy formulation and programming is still very erratic and not coordinated. Most youth participation is in civil society organisation activities

1.4 Key Recommendations

There are a number of recommendations that were proposed by the young people and the team identified from the survey:

- There is an immediate need to review ministry of health and ministry of education policies to include the needs of young people
- The Government needs to commit more funds to HIV/AIDS, especially toward youth information, skills and services
- Government consultation with young people needs to have a policy backing to increase and coordinate youth participation
- Ghana needs a youth policy. A strategic document to guide all youth focused activities
- Opportunities for youth employment should be strengthened to enable young people with economic freedom, thus empowering them to make safe and responsible decisions to avoid risky behavior and infection with HIV.

2.0 Political commitment

2.1 Description/analysis

Ghana as a country is said to have a strong political commitment to HIV/AIDS. Ghana's President, John Agyakum Kuffour, is the Chair of the national AIDS commission, emphasizing the importance of HIV/AIDS on the national policy agenda. Ghana has a special advisor on HIV/AIDS, has an HIV/AIDS and STI policy, and an adolescent sexual and reproductive health policy. The HIV/AIDS policy enjoins all Ministries, Departments and Agencies (MDA's) to have HIV/AIDS desks. This is evident in all MDAs throughout the country.

The HIV/AIDS and STI policy has a chapter on young people¹. This policy together with the ASRH policy makes provision for young people to access information and services including VCT with no restrictions except with abortion. (There is a law on abortion that makes it illegal. However, the law makes exceptions in the case of rape, when proven by a medical doctor that the pregnancy shall be harmful to the pregnant woman, etc). VCCT is truly confidential in Ghana. This is because provision of this service was initiated by NGOs and there is a clause in the HIV/AIDS and STI policy that enforces confidentiality. The policy makes adequate provision for in and out of school youth. It also enjoins all health centres to have youth friendly services that ensure total confidentiality.¹² This is widespread in most health centres nationally. Government in partnership with NGOs have established youth resource centres not attached to health centres that provide a variety of services to young people especially out of school youth.

2.2 Gaps

HIV/AIDS strategies of various MDAs do not run in harmony. There are gaps in some policies; for example, the Ministry of Education (MOE) policy states that no student should be found with a condom in school. Anyone found would be punished (punishment varies from suspension to dismissal). There is no spelled out punishment. In most mission schools, students suffer indefinite suspension. However, Ministry of Health (MOH) policy and the ASRH policy also state that young people have a right and should have access to reproductive health services and information with a limitation on abortion. There is a clear conflict since reproductive health includes condoms, which are crucial in the fight against the spread of HIV/AIDS. This is a problem which can be blamed on the silence about sex in Ghana. It is also to ensure a high sense of morality in schools.

The national criminal code amendment Act 554 of Ghana puts the age of sexual responsibility at sixteen (16) and age of consent to marriage at eighteen (18). Age seventeen is thus left as a vulnerable age- young people are simultaneously told that they cannot have sex or use condoms until marriage, but the Government seems to be acknowledging through this policy that young people are having sex at age 16.

2.3 Recommendations for national action

¹² Youth-friendly health services offer young people confidential and comprehensive reproductive health information and services including condoms and voluntary, confidential counseling and testing for HIV. Providers are friendly and accessible and do not make judgments on young people's choices. Services are free or inexpensive, and locations and hours of operation are convenient for young people's schedules.

There is the need for a review of the MOH and MOE policy to allow young people who are in school have unlimited access to condoms. Evidence shows that providing condoms does not increase sexual activity and does not promote sex.

There is a need for a youth policy to coordinate all youth programmes in Ghana. This policy should clearly define the needs of young people as a heterogeneous group. There is a clear need for HIV/AIDS information to be packaged for in and out-of-school youth, rural and urban youth, infected and affected youth, etc. Currently there is no clear segregation in this area, but a mistaken implication that young people are not sexually active. Presently there is a diversity of youth programmes from various sectors. A coordinated approach would create a pool of funds and activities and distribution of roles among NGOs.



Interview with minister



FgD with young people

3.0 Financial commitment

3.1 Analysis/Description

Funding for HIV/AIDS programmes in Ghana is mainly channeled through NGOs. Various MDAs disburse government funds and draw a budget line for HIV/AIDS activities within the departments.

3.2 Major achievements and gaps

In 2005, the Ghana AIDS commission received 25 million GBP from the World Bank, 20 million GBP from DFID among other partners. The government of Ghana contributes 10% of the total donor contribution¹³. At the moment, \$21 million has been disbursed. The funds are evenly disbursed nationwide and among organisations. The AIDS commission is not an implementing body but a coordinating body, and supports a number of youth programmes. Most of these are entertainment and educative programmes. There are a few youth projects on awareness creation being supported. These should be a deliberate attempt to have young people participate and initiate advocacy projects; however, the commission cannot identify a specific figure allocated to young people. They explain that their target with their BCC campaign is young people and uses almost 70% of their funds². The focus of the programme is to provide funding for most youth

¹³ *Ghana AIDS Commission interview*

programmes mainly entertainment with a condition of having HIV/AIDS campaign attached and also brand the programme with HIV/AIDS messages (Director General –AIDS Commission). The commission also supports organisations that provide youth friendly services to young people.

Funds available for advocacy purposes to young people are inadequate. This was explained to be because young people do not request funds for this purpose. The Ministry of finance will be organizing a pre-UNGASS +5 Review financial commitment meeting to review targets for UNGASS.

3.3 Recommendations

There is the need for a specific focus on young people in the distribution of funds since it is clear that young people are most affected and infected. There is a need for funding to train young people to venture into advocacy programmes (capacity building training, resource material development, policy creation and evaluation, etc).

4.0 Access to information

4.1 Analysis

Young people's access to information and education on HIV/AIDS has seen a steady increase over the years. Government and civil society partners have been able to merge forces to enhance people's knowledge of the disease. A recent survey conducted by the Alan Guttmacher Institute showed that, "By 1998, general awareness of the disease was nearly universal among 15–19-year-olds, with 97% of both males and females reporting that they had heard of HIV/AIDS. However, about one in five young men and women still cannot name any specific way by which HIV is transmitted, and only about one in four believe themselves to be at risk of infection."¹⁴

For example, young people from rural parts of the country and those out of school generally have access to very little information on HIV/AIDS. This is partly because most sensitisation efforts have been centered on major towns and communities. One main channel that has been used to disseminate information on the HIV/AIDS has been the media. This is due to the level of access to the media by young people especially radio and TV. The Government spends a large amount of money every year on media campaigns on HIV/AIDS which is aimed equipping young people with information to help them make the right decisions. However this way of reaching the majority of young people has a number of limitations.

Young people from rural communities mostly do not have access to radio and television (the main channels used).

Sexual Activity among young people in Ghana

- Four in 10 Ghanaian women and two in 10 men aged 15–19 have ever had sex.
- By age 20, 83% of women and 56% of men have had sex; the median age at first intercourse is 17.4 for women and 19.5 for men.

¹⁴ Alan Guttmacher Institute. "Adolescents in Ghana: Sexual and Reproductive Health." 2006, <http://www.guttmacher.org/pubs/rib/rib1-04.pdf>.

- Among those who have had sex, four in 10 women and six in 10 men aged 12–24 have had more than one sexual partner.¹⁵

- Messages usually are not packaged to reflect the lifestyle of young people
- Most media campaigns do not take notice of the various backgrounds of young people, age, economic status, educational background, geographic location, etc. ‘We are all young but our needs differ widely’ said one youth activist. An example is that of abstinence. Most youth targeted messages are on abstinence. There are a few that promote condom use for young people.

4.2 Major achievements and gaps

Generally, the high level of awareness (over 97% HIV/AIDS awareness) and the low corresponding behavioural change reflects the lack of a vital ingredient in ensuring young people adopt safer lifestyles and make the right decisions concerning the sexual life. The majority of young people still have a very low perception of risk thus their reluctance to exercise behavioural change.

Although the level of information on HIV/AIDS is high, most young people only have information on the basics of HIV/AIDS. Most young people can not relate to specific issues on the disease. There is no structured curriculum on HIV/AIDS in the Ghanaian educational system; it is assumed that teachers would educate their students on the disease.

Through some of the UN bodies represented in the country and other stakeholders in the social field, some young people get education on life planning skills, sexual and reproductive health, gender, etc. Through these programs, young people are given a lot of information about the various issues related to the disease; but again, this is on a small scale as they only cover ‘programme areas’ and ‘working districts’ of the organisations involved.

The Government has also initiated a programme called STEP which is aimed at equipping young people who are out of school with employable skills. During this training they are also given information on SRH and HIV/AIDS.

Some groups of young people in vulnerable situations like those on the streets, rural and out of school youth have been receiving some attention from NGOs, faith and community based organizations (FBOs and CBOs). FBOs and CBOs are usually able to get small grants from the Ghana AIDS Commission which are used to reach out to young people from rural communities.

4.3 Recommendations

In order to ensure that young people are able to easily access information of HIV/AIDS most of the young people interviewed thought the following were imperative:

¹⁵ Alan Guttmacher Institute. “Adolescents in Ghana: Sexual and Reproductive Health.” 2006, <http://www.guttmacher.org/pubs/rib/rib1-04.pdf>.

- Efforts should address the young people from rural backgrounds
- Health Care providers should be sensitized to the needs of young people.
- Messages on HIV/AIDS should be developed with a diversity of the young people in mind so that they can relate to them more easily.
- Young people must have more involvement in the sensitisation of their peers
- Life planning skills and other such capacity building efforts through which information on HIV/AIDS is spread should be intensified since a greater number of the youth in vulnerable situations have not been reached.

5.0 Access to services

5.1 Analysis

The Ghana Health Service (GHS) is the principal agency for ensuring the good health of the people of Ghana. It is the government agency that is responsible for the provision of services and formulation of health policies. Through the years young people have had to join the mainstream health system to access services. The health system was already plagued with a number of problems which prevented everyone including young people from having access to their basic health needs. As funding for HIV/AIDS and reproductive health increased, the need for having youth friendly services was acknowledged by government and youth serving NGOs since in Ghana the majority of infected persons fall between the ages of 15 and 25 years.¹⁶

5.2 Major achievements and gaps

The provision of Youth Friendly Services received a lot of attention when about four years ago, the African Youth Alliance project was started in Ghana. Together with the GHS, UNFPA, PATH and Pathfinder International teamed up to implement this project which ended in 2005 but really succeeded in making YFS accessible to young people.

The Ghana Health Services, Christian Health Association of Ghana and Planned Parent Association of Ghana all have a number of youth friendly health facilities spread across the country. At these centers young people are able to receive information of SRH, STIs and HIV/AIDS, have access to voluntary counseling and testing services, etc. Young people have access to SRH services and are able to access various forms of contraception including condoms.

There are agencies in the country that are in charge of condom distribution and commodity security. Various organisations use young people who serve as peer educators to reach other youth with information and basic services like condom distribution. Condoms are easy to access and young people can have access to them from traditional distribution points like the hospitals and pharmacies to non traditional points like fast food joints, drinking spots, entertainment centers, etc.

¹⁶ Ghana HIV Sentinel Survey 2005

However there are a number of barriers to access to health services for young people.

- According to Ghana Education Service policy, young people in school can only have access to health information and not services. Therefore students found with condoms can be punished.
- The number of youth friendly health facilities spread across the country is very small
- Sometimes young people are denied access to services due to unavailability of the facilities or the expensive cost of treatment and care.
- Stigma associated with SRH services especially STIs and HIV/AIDS is still quite high

Owing to the small number of youth friendly facilities in the country most people are unaware of their existence. Currently the Ghana Health Service has YFS facilities in 20 of the 138 districts in the country making it the highest provider of YFS. In all there are about 40 YFS facilities in the country and these are evenly spread across the country but young people who are poor may still not have access before they cannot afford the cost of the services¹.

According to the end of project evaluation report of the African Youth Alliance, about sixty-one percent, 61% of all visits to the youth friendly facilities were from females. It is believed that young men do not want to access the facilities because most of them are situated in maternity or child health wards. Also, most of them think issues related to SRH and HIV/AIDS are not for men. They rather go to pharmacies and peer service providers and this reveals a shortfall in perceptions and de-stigmatization of the issues. In total young people aged 15 to 24 accounted for about 77% of the visits whilst younger adolescents aged 10 to 14 accounted for the remaining 23%.

There has also been the integration of youth friendly sexual and reproductive health into pre-service nursing training curriculum to ensure that nurses who pass out of these training institutions would already have the skill of youth friendliness. Members of the Nurses and Midwives' Council of Ghana (NMCG) have and are receiving capacity building in YFS.

Although young people's access to sexual and reproductive health services has increased over the last few years, the road to access to friendly health care services for young people is still miles ahead as current efforts do not even account for half the number of young people in the country.

5.3 Recommendations

- Government should invest more money in providing youth friendly services.
- Policies which prevent young people from having access to SRH services should be reviewed
- Efforts should be made to create awareness on the YFS facilities available
- Cost of services should be reduced to enable young people access them

6.0 Youth Participation

6.1 Analysis

The global cry for young people's involvement in the planning, actualization and monitoring and evaluation of SRH activities and HIV/AIDS prevention, care and support services has had considerable impact on the way youth serving organisations work in Ghana. This has resulted in the modification of implementing strategies of most of these organisations.

Most of these organisations have different ways of involving young people. Within some of the organisations, young people are mainly involved in the implementation of programmes. For instance they serve as peer educators, service providers, etc.

There are also institutions in which youth advisory boards have been set up. Unfortunately these boards are usually very powerless and rarely get any attention. The organisations provide space for these advisory board members to hold meetings and brainstorm of issues and sometimes submit proposals of initiatives they as young people want to undertake. They do not usually have the opportunity to advice on decisions taken by the organisations. Most of the young people were of opinion that youth participation in organisations is to satisfy donor requirements.

6.2 Achievements and gaps

On the brighter side, when young people get the opportunity to be involved in committees together with adults they are able to influence decisions that are taken since they express themselves and are able to join in deliberations and justify why their views or suggestions should be listened to and included.

There has been very little youth involvement in government programming. The national AIDS commission has a youth representative who is the president of the National Union of students. This is more of a political position and does not necessarily mean that the rep has adequate information on the reproductive health needs of the youth in Ghana. Youth participation has improved over years. In the past, there have been less or no youth participation. This has improved though no policy change has been mooted by young people.

6.3 Recommendations

It is highly recommended that there be a separate youth advisory board attached to the AIDS commission as currently there is no meaningful youth participation in the AIDS commission. There is also a need for a comprehensive policy backing for youth participation in Ghana. Youth in Ghana should not depend on the discretion of a manager in an organisation as to whether to involve young people.

7.0 Conclusion

The HIV/AIDS situation has improved over the years with the reduction in the national prevalence rate from 3.1% in 2004 to 2.7 in 2005. However the figure would be further reduced when the majority of society affected and infected with HIV/AIDS is treated as partners in the fight of the disease.

There is a need to invest in the future of the youth of Ghana. This would create opportunities for youth and broaden their scope of reach whilst increasing the impact of interventions and programmes targeted at them.

Young people have a lot to offer. The time to partner with youth is now.

