



# GHANA

A country context analysis on the human rights  
and health situation of LGBT



Published by COC Netherlands, September 2016

Lead author: Robert Akoto Amofo

Language editing: Tom Johnston

Layout: Luiz De Barros

This publication is published under Creative Commons 4.0



You are free to share, copy and redistribute the material in any medium or format under the following conditions:

- Attribution: You must attribute the work to COC Netherlands (But not in any way that suggests COC Netherlands endorses you or use of the work).
- Non-commercial: You may not use the material for commercial purposes
- No derivatives: If you remix, transform, or build upon the material, you may not distribute the modified material.

This document is published jointly by COC Netherlands and the Southern African partners of COC in the Bridging the Gaps programme, which receives support from the Dutch Ministry of Foreign Affairs.

## Acknowledgements

This publication was carefully reviewed by the following organisations: GALZ and Sexual Rights Centre. COC Netherlands thanks them for their extensive and constructive feedback.



# GHANA

A country context analysis on the human rights  
and health situation of LGBT





# TABLE OF CONTENTS

1. Background .....	3
1.1 General Context .....	3
2. International and regional human rights mechanisms .....	5
3. State of the community .....	7
3.1 Awareness of / behaviour in relation to human rights amongst LGBT people.....	7
3.2 Availability and accessibility of human rights protection and legal support for LGBT people.....	8
3.3 Demographics and characteristics of the LGBT population .....	9
Capacity levels in LGBT community .....	9
4. State of the movement.....	10
5. Health and wellbeing .....	12
5.1 HIV, STI and TB Epidemiology .....	12
Prevalence and incidence of HIV infections .....	12
Prevalence of other STIs.....	13
Prevalence of TB .....	14
Effect of HIV infections .....	14
5.2 Prevention .....	14
5.3 Availability and accessibility of healthcare for LGBT people.....	16
6. National HIV/AIDS Policies and Budget .....	17

---

## BACKGROUND

### 1.1 General Context

Chapter 5 of the Republic of Ghana's 1992 Constitution outlines the fundamental human rights and freedoms for all persons found in the country, including those who are lesbian, gay, bisexual or transgender (LGBT). Article 12 (2) states that "Every person in Ghana, whatever his race, place of origin, political opinion, colour, religion, creed or gender shall be entitled to the fundamental human rights and freedoms of the individual contained in this Chapter but subject to respect for the rights and freedoms of others and for the public interest."<sup>1</sup> Notwithstanding this, LGBT people in Ghana have their human rights abused on daily basis and they are denied access to justice because of their real or perceived sexual orientation or gender identity.


The public health approach to addressing HIV amongst key populations—specifically men who have sex with men (MSM)—appears to have created an enabling environment for LGBT work in Ghana. This approach has enabled the development of various policies and programmes that contribute to creating a safe space in which LGBT advocates can operate. The country's National HIV and AIDS Policy, the Ghana AIDS Commission's 'Standard Operating Procedures for Implementing HIV Programmes for Key Populations: Ghana', and the online reporting system of the Commission on Human Rights and Administrative Justice (CHRAJ) are examples of policies and programmes that have created some space for LGBT people to be formally recognised within the system.

### 1.2 Legal framework

From a legal perspective, there is only one law at the national level that seems to be an obstacle to furthering both the human rights of LGBT people in Ghana and their access to services. Section 104 of the Criminal Offences Act (Act 29) of 1960 is used as a tool to discriminate against and abuse the rights of LGBT people in many areas including access to health care, education, employment, security and even in recognition and acceptance by family members. According to Section 104(1)(a) of that Act: "Whoever has unnatural carnal knowledge—of any person of the age of sixteen years or over without his consent shall be guilty of a first degree felony and shall be liable on conviction to imprisonment for a term of not less than five years and not more than twenty-five years."<sup>2</sup> Section 104 (2) goes on to explain that "Unnatural carnal knowledge is sexual intercourse with a person in an unnatural manner or with an animal." Though generally interpreted as criminalising LGBT activities, arguments have been put forward that this specific law does not in fact criminalise all such activities. The law is understood to criminalise "unnatural carnal knowledge", which is interpreted as the penetration of the male sexual organ into any other part of the human body except the female sexual organ. Apart from peno-anal intercourse, no other sexual activity is criminalised under this law.

During the Constitution Review in 2011, various petitions were sent to the Constitutional Review Commission (CRC) — especially by religious institutions—recommending the criminalisation of homosexuality and clarification of Section 104 of the Criminal Offences Act. During this process, LGBT groups such as the Centre for Popular Education and Human Rights Ghana (CEPEHRG) collaborated closely with the Ghana Aids Commission (GAC) to advocate changes that would be in line with the rights of LGBT people in Ghana. In response to these calls, the CRC referred the matter to the Supreme Court of Ghana, requesting that the Court clarify the interpretation of Section 104 of the Criminal Offences Act. It is also worth noting that the government's white paper on the Constitutional Review Commission's report did not accept homosexuality.<sup>3</sup>

According to the Human Rights Advocacy Centre (HRAC), there are a number of international laws, protocols and covenants to which Ghana is a signatory. Those include the United Nations' Universal Declaration on Human Rights (UDHR, 1948), United Nations Convention relating to the Status of Refugees (1951), the United Nations Convention on the Rights of the Child (UNCRC, 1959), the International Covenant on Civil and Political Rights (ICCPR, 1966), the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966), the United Nations Convention against Torture (1987) and the Vienna Declaration and Programme of Action (VDPA, 1993).<sup>4</sup>



---

In the mainstream Ghanaian media, the discourse on homosexuality is often biased, inflammatory and dishonest.<sup>5</sup> The media always give titles to their reportages that are sensational and sometimes lead to the abuse of LGBT people who are either out or can be identified as such because of their perceived feminine behaviours (as men) or their perceived masculine behaviours (as women) or their perceived sexuality. Recently the Ghana Journalists Association (GJA) made comments against publishing articles on LGBT topics. Later on the GJA apologized for this and recanted an earlier call for anti-gay reporting.<sup>6</sup> In general, the media is helping to maintain the hostile environment for the LGBT community.

In Ghana several anti-homosexuality groups have been formed, one for example under the leadership of a prominent lawyer.

There is no political will to address issues of violence against LGBT people in Ghana. Over the years, various politicians have made homophobic statements against the LGBT community whenever issues of sexual orientation, and gender identity and expression (SOGIE) have come up. The most widely known of those comments was made by the late president John Evans Atta Mills in response to former British prime minister Tony Blair, who had called on African countries to respect the rights of LGBT people. In response to Blair's remarks Atta Mills asserted in the media that "the Ghana Government stands by its position that homosexuality is against the culture and norms of Ghanaians and, therefore, the government would not go against the wishes of the people."

Stigma and discrimination against the LGBT community in Ghana are manifest in various ways. A 2014 Pew Research Center poll found that 96% of Ghanaians answered "No" to the question "Should society accept homosexuality?"<sup>7</sup> Some Ghanaians do not believe or accept that homosexuality exists within the Ghanaian society (especially within individual families) and express shock whenever they are exposed to an LGBT person.

Though there are laws that protect the human rights of all persons, LGBT people in Ghana sometimes do not enjoy the freedoms and level of justice that those laws promote. There have been cases where people suspected of being LGBT have been dismissed or suspended from school, expelled from work or banished from their community. In some cases LGBT people are lynched or blackmailed and they are not able to report it to the police for fear of being identified by their perpetrators as an LGBT person to the police. Some LGBT people have been disowned by their parents, which forces them to stay with friends and sometimes results in a job loss, continued unemployment and/or a discontinued education.

Expatriates who sometimes decide to explore the LGBT community without caution are also likely to fall into the hands of thieves and blackmailers who pretend to be LGBT on social media. In some areas in Ghana, homophobes from anti-gay gangs purposefully go after LGBT people, sometimes beating them up or humiliating them.

## 2. INTERNATIONAL AND REGIONAL HUMAN RIGHTS MECHANISMS

Ghana is due for its next Universal Periodic Preview (UPR) in November 2017. The previous state report presented at the UPR in October 2012 did not make any mention of SOGIE. Several countries made recommendations to Ghana on SOGIE issues and requested that the government address the violence that has been meted out to LGBT people in Ghana and decriminalise sex between two consenting adults of the same sex. Table 1 lists some of the recommendations made by various countries to Ghana in relation to LGBT people.

Country	Recommendation	Ghana's response
Canada	Take steps to prevent, and ensure accountability for, acts of violence perpetrated against individuals, including on the basis of their sexuality	Accepted
Belgium	Ensure that complete and impartial investigations are conducted into allegations of attacks and threats against persons based on their sexual orientation or gender identity and bring those responsible to justice in conformity with the international standards  Adopt measures and take steps aimed at raising public awareness to fight against the climate of homophobia that prevails in the country	Accepted
France	Decriminalize same-sex relations between consenting adults	Noted
Slovenia	Decriminalize sexual activity between consenting adults of the same sex  Consider taking effective measures to combat the climate of homophobia  Ghana's Criminal Code be amended to decriminalize sexual activity between consenting adults.	Noted
Czech Republic	Decriminalize sexual activities between consenting adults and raise further awareness to promote tolerance in this area  That Ghana's Criminal Code be amended to decriminalize sexual activity between consenting adults.	Noted
Portugal	Adopt proactive measures at all levels to combat violence, stigmatization and discrimination towards persons on the basis of their sexual orientation	Noted
Spain	Eliminate the type of crime of "unnatural sexual relations", and adopt measures to eradicate discrimination motivated by sexual orientation and gender identity	Noted
Norway	Ensure that the provisions in the Constitution that guarantee equality and dignity are equally applied to members of the lesbian, gay, bisexual and transgender (LGBT) community and ensure thorough and impartial investigation into all allegations of attacks and threats against individuals targeted because of their sexual orientation or gender identity	Noted
Netherlands	Consider the report of the High Commissioner on sexual orientation and gender identity and determine which of the recommendations can be taken into account in the further detailing of government policies	Noted
United States	Train police, first responders, justice system and social services officials to respect and fully protect all human rights of every Ghanaian, including those who are lesbian, gay, bisexual and transgender	Noted
Romania	Consideration be given to revising the Criminal Code in order to repeal the provision that criminalizes the sexual activity between consenting adults	Noted

Table 1: List of recommendations regarding SOGIE for Ghana and Ghana's responses at its October 2012 UPR.<sup>8</sup>



---

Ghana submitted its most recent report on the ICCPR in June 2016 to the United Nations Human Rights Committee but it made no mention of SOGIE issues. Solace Brothers Foundation, with its partners Heartland Alliance, the Centre for International Human Rights and the Initiative for Equal Rights in Nigeria, submitted a shadow report on SOGIE issues in Ghana.

Ghana is one of about 16 countries whose reports to the African Commission on Human and People's Rights are overdue. Ghana has eight overdue reports to the Commission and failed to mention SOGIE in its most recent report, which was submitted on 1 September 1998.

There is no record of Ghana ever having included SOGIE issues in its reports to the Convention on Elimination of All Forms of Violence Against Women (CEDAW).



---

## 3. STATE OF THE COMMUNITY

### 3.1 Awareness of / behaviour in relation to human rights amongst LGBT people

Few organisations have undertaken projects that seek to specifically empower LGBT people in Ghana. Though the level of awareness of human rights amongst LGBT people has never been measured, human rights awareness programmes have been organised by some LGBT and other human rights organisations.

Over the years CEPEHRG has made some effort to promote the rights of LGBT people on radio and television. In 2006 a gay conference was organised which led to threats of arrests and the killing of an LGBT activist.

The Strengthening HIV/AIDS Response Partnerships with Evidence Based Results (SHARPER) project, which was supported by the United States Agency for International Development (USAID) and implemented by Family Health International 360, also undertook a number of gender-based violence prevention and human rights empowerment activities. The activities of this project were specifically targeted to key populations but of the MSMs who were part of the project's target audience only those who considered themselves actually benefited.

Notwithstanding the level of knowledge about human rights within the general LGBT community, few are willing to report human rights abuses to state officials like the police when they face violations of their rights.

The public health approach to HIV for MSM means that they also receive some level of empowerment by participating in the programmes. Under the SHARPER project, for instance, peer educators were expected to inform the MSM they reach with HIV services about their rights and to assist them in addressing any human rights abuses they might face.

There are currently no data or record systems for cases reported to the police. About 73 cases have been reported to the Commission on Human Rights and Administrative Justice (CHRAJ) since its inception. NGOs including Centre for Popular Education and Human Rights Ghana (CEPEHRG), Human Rights Advocacy Centre (HRAC) and Solace Brothers Foundation (SBF) recorded about ten cases all together over the six-month period from January to June 2016.

### 3.2 Availability and accessibility of human rights protection and legal support for LGBT people

LGBT NGOs are the first and the most accessible points of call for human rights protection for LGBT people. When seeking justice or accessing human rights protection from state institutions, most LGBT people prefer to be led by an officer from an LGBT organisation. In 2013, the HRAC established the legal aid desk for key populations that serves as a key entry point when it comes to accessing legal services for LGBT people.

All human rights protection services provided by the state are available in principle to the LGBT community. Unfortunately, however, the negative experiences of LGBT people in reporting cases to the police, especially to the Ghana Police Service in their various localities, discourages them from doing so. The police personnel at the various stations are not well informed with regard to Section 104 of the Criminal Offences Act and are likely to focus on the report that a person is gay or lesbian or bisexual and place them in— even if they are the victim who reported the abuse.

CHRAJ has set up an online and text-message-based reporting system that enables LGBT persons, female sex workers (FSW) and persons living with HIV (PLHIV) to report cases of stigma and discrimination. Cases reported are followed up by trained lawyers who support the victims and resolve any cases they can at their level. It is worth noting that from the establishment of the online reporting system until the compiling of this report, 73 complaints have been received. According to statistics from CHRAJ, about 29% of cases reported to date had been from LGBT persons.<sup>9</sup>

### 3.3 Demographics and characteristics of the LGBT population

The only specific data that partially cover the LGBT population are the data collected nationally on MSM as part of the Ghana Men's Study, which was released in 2011 (a subsequent study is expected to be conducted in 2016). There are no specific data-collection mechanisms relating to lesbians and transgender persons. Indeed, no programme has ever specifically targeted transgender persons in Ghana, nor is there any scientific or research information available on them.

In 2011, the Ghana AIDS Commission (GAC) estimated that there were about 34,470 MSM in Ghana.<sup>10</sup>

There are currently no data that clearly disaggregate violence against LGBT people in Ghana. Nevertheless, it is worth noting that level of violence against LGBT people is high, though many choose not to report such violence as they believe their sexuality would be used against them if they did. Gay men face a high level of violence because of the widespread hatred of gay men. Feminine gay men face an even higher level of violence compared to more masculine gay men. Lesbians and bisexuals also face violence but less so compared to gay men.

#### Capacity levels in LGBT community

There are very few LGBT front liners who have the capacity to deal with media attention. Considering the high degree of sensationalism and vilification in the media, LGBT people who have not been trained in that regard are always advised to stay away from the media. Front liners are mostly the heads of the various LGBT organisations or human rights organisations. A number of allies are also sometimes willing to step in to address issues in the media that are detrimental to or do not support the protection of LGBT people. These allies sometimes face verbal abuse and threats for having spoken out on behalf of LGBT people.

Public visibility for LGBT individuals is generally discouraged within the LGBT community. While being a feminine male or masculine female is acceptable in some areas (e.g. Jamestown and its environs), people may find it offensive if gay men or lesbians show affection in public.

LGBT groups are able to hold safe meetings in big towns, cities and public places under strict security precautions. Accra areas like Jamestown and Mamprobi and its environs provide safe spaces for LGBT people to meet. Some areas have been identified as red-flag areas where LGBT activities are totally frowned upon and where no LGBT group would hold any sort of meetings. These areas include Nima, Mamobi, Madina and Christian Village (in Accra) along with various places in the other regions of Ghana. Some other areas are quite neutral but may still require a certain level of security when a group decides to hold a meeting within such areas.

Most informal LGBT groups have little or no capacity to implement support for LGBT people. Apart from HIV-related services where peer educators and case managers have been tried to provide services, very little has been done to strengthen the capacity of informal LGBT groups to offer LGBT-related services to their peers.

The LGBT community does have a strong capacity for mobilisation. While that remains difficult in the northern part of Ghana, it is easier to mobilise LGBT people for activities in the south. For the past three years, activities around Gay Pride and the International Day Against Homophobia and Transphobia have brought hundreds of LGBT people together. They are able to effectively organise parties and fun events which are mainly attended only by LGBT people.

## 4. STATE OF THE MOVEMENT

There are currently several LGBT-specific organisations, but also other organisations working in the field of HIV and human rights that support the activities of the LGBT community in Ghana. Most of these organisations get funding to implement specific HIV or human rights related projects for the MSM/ LGBT community.

The LGBT umbrella organisation Alliance for Equality and Diversity (AfED) was formed in 2014 and inaugurated in 2016. AfED is expected to be a platform where all LGBT community members, LGBT organisations, allies and partners can come together to advocate for LGBT people in Ghana. Being new, AfED has just started its formation of leaders, structures and systems.

A number of LGBT organisations currently work together strongly to complement efforts within the LGBT community in Ghana. There is a high level of collaboration and consultation amongst the LGBT organisations. Some medical doctors, nurses, management consultants, project managers and lawyers support all these organisations in the work they do, which makes it easier to make referrals and take lessons learned from one organisation to the other.

A number of LGBT groups work with national institutions like CHRAJ and with some key individuals in the Ghana Police Service. Through HIV interventions and programmes, some LGBT and MSM organisations are able to work with the Ghana AIDS (GAC) Commission, the Ghana Health Service and the National AIDS/STI Control Programme (NACP). LGBT organisations sometimes involve some of these national institutions in their programmes and activities.

Majority of funding for LGBT-specific activities has come from embassies and other foreign donors including the Royal Netherlands Embassy, the Royal Norwegian Embassy, the High Commission of Canada through the Canada Fund for Local Initiatives and the British High Commission, all of which have committed some amount of funding to LGBT work in Ghana. The United States Embassy has always provided logistics support to various organisations. Every year, the United States Embassy commits funds from the United States President's Emergency Plan for AIDS Relief (PEPFAR) to organise pride events (e.g. showing movies and panel discussions). The events are low-key and not for the general public and the topics are always centred on HIV, however. The Royal Netherlands Embassy is the biggest donor to the LGBT-specific activities, funding two major projects in human rights protection and health. Other known donors include Planet Romeo.

LGBT advocates and organisations have always worked together with their allies in Ghana. Even so, Ghana continues to have a very low presence in international LGBT issues and Ghanaian LGBT advocates seem not to be united on the international front. Information from international conferences, training programmes and benefits most at times go to whichever organisation had a representative attending on the international front.

The HRAC is currently the only human rights organisation that is LGBT inclusive. They started implementing LGBT activities in 2012 and are still implementing the major LGBT project.

None of the organisations within the field of sexual and reproductive health (SRH), women's issues or PLHIV is directly and substantially engaged in any way with the LGBT community at the current time.

Companies and private businesses have not been supportive of the LGBT community in Ghana. No business has openly supported the LGBT advocacy or lobbying or committed resources of any kind.

There are no specifically established safe spaces for LGBT people in Ghana. Nevertheless, under the HIV or public health approach, drop-in-centres (DICs) have been established in some NGOs where LGBT people can go to hold meetings and access HIV-related services. Most of these DIC are mainly for MSM or FSW, however.<sup>11</sup> While some lesbians sometimes use the DICs as safe spaces, there are no such safe spaces for specifically for lesbians and transgender people like there are for the gays amongst the MSM.

## 5. HEALTH AND WELLBEING

### 5.1 HIV, STI and TB epidemiology

#### Prevalence and incidence of HIV infections

According to the 2015 HIV Sentinel Survey Report by the National AIDS/STI Control Programme (NACP) of the Ghana Health Service, HIV prevalence amongst adults aged 15 to 49 is estimated at 1.8%. The highest prevalence, at 3.4%, was recorded amongst 35 to 39 year olds, while the lowest, at 0.7%, was found amongst 15 to 19 year olds. The second highest prevalence, at 2.9%, was recorded amongst 30 to 34 year olds, while the second lowest, at 1.3%, was amongst 20 to 24 year olds.<sup>12</sup>

There are over 235,982 persons living with HIV and AIDS in Ghana, some of whom are organised into support groups with membership in all ten of the country's regions.<sup>13</sup>

Region	Prevalence (%)		
	2013	2014	2015
Greater Accra	2.7	3.1	3.2
Volta	1.2	2.2	1.7
Eastern	3.7	3.7	2.7
Central	1.1	1.4	1.8
Western	2.4	2.4	2.0
Ashanti	3.2	2.8	2.7
Brong Ahafo	2.1	2.6	1.7
Northern	0.8	0.6	1.2
Upper East	1.7	1.4	1.5
Upper West	0.8	1.3	1.3

Table 2: HIV Regional prevalence in Ghana

Table 2 gives an overview of changes in the regional HIV prevalence between 2013 and 2015. Key amongst the notable changes in the regional HIV prevalence is the general rise in prevalence in most of the regions. HIV prevalence rose in Greater Accra from 2.7% in 2013 to 3.2% in 2015, in Volta Region from 1.2% to 1.7%, in Central Region from 1.1% to 1.8%, in Northern Region from 0.8% to 1.2% and in Upper West from 0.8% to 1.3%. The following regions had a drop in HIV prevalence over the same period: Eastern Region went from 3.7% to 2.1%, Western Region went from 2.4% to 2.0%, Brong Ahafo Region went from 2.1% to 1.7% and Upper East Region went from 1.7% to 1.5%.

The most recent study to identify the HIV prevalence specifically amongst MSM in Ghana was the 2011 Ghana Men's Study. The study used respondent-driven sampling (RDS) to recruit participants in four geographic areas of Ghana: Accra/Tema, Cape Coast/Takoradi, Kumasi and Koforidua. The study identified the general HIV prevalence amongst MSM to be 17.5% at that time. HIV prevalence amongst MSM was highest in Accra/Tema at 34.3%, compared to 4.7%, 13.6% and 11.3% in Cape Coast/Takoradi, Kumasi and Koforidua, respectively. According to the 2011 Ghana Men's Study, a bivariate analysis of the presence of HIV infection and demographic characteristics showed that HIV infections were most common amongst older MSM across all sites studied. It also indicated that the proportion of MSM infected with HIV increases with each subsequent age category.<sup>14</sup>

No studies have been conducted to identify the HIV prevalence amongst women who have sex with women (WSW) and transgender people in Ghana.

## Prevalence of other STIs

Apart from HIV, the major STI recorded by the Ghana Health Service's National AIDS/STI Control Programme (NACP) is syphilis. In 2014 the NACP recorded a 0.6% prevalence of syphilis at the sites they visited, while in 2015 that had dropped to 0.1%.<sup>15</sup>

In addition to HIV, the 2011 Ghana Men's Study specifically screened MSM for syphilis, HSV-2 (genital herpes) and HBV (Hepatitis B). The prevalence of syphilis recorded amongst MSM ranged from 3.0% in Cape Coast/Takoradi to 4.9% in Kumasi. Across all sites, the prevalence of HSV-2 amongst MSM was the highest of any other STIs (including HIV). There were also regional differences with regard to HSV-2 prevalence: in Cape Coast/Takoradi had 27.1%, whilst Accra/Tema recorded 45.9%. The HBV prevalence amongst MSM ranged from 7.4% in Accra/Tema to 13.5% in Kumasi.

There are currently no recorded data on the prevalence of STIs amongst WSW and transgender people.

## Prevalence of TB

A 2014 TB prevalence survey conducted across the country showed that there were 286 cases per every 100,000 people in Ghana. That is over three times higher than the earlier WHO estimates showing less than 92 TB cases per every 100,000 people in Ghana.<sup>16</sup>

Amongst HIV-positive clients, Ghana recorded a TB prevalence of 24% in 2014.<sup>17</sup> There are currently no data recorded of TB as a co-infection with HIV amongst MSM, WSW and transgender people living with HIV.

## Effect of HIV infections


Ghana recorded 9000 HIV-related deaths in 2015.<sup>18</sup> The number of AIDS deaths in 2014 was 9,248 for adults and 1,295 for children, compared to 9,174 and 1,402, respectively, in 2013. There are no data on AIDS-related deaths specifically amongst MSM, WSW and/or transgender people.

## 5.2 Prevention

In collaboration with NACP and partners, the Ghana AIDS Commission (the programme-implementing agency under the office of the president) implements HIV-prevention programmes and activities. HIV-prevention programmes focus their messages and efforts on promoting the following specific behaviours: using condoms, limiting the number of sexual partners to one uninfected partner or staying faithful to one uninfected sexual partner, and for young people: delaying their first sexual intercourse.<sup>19</sup>

The provision of HIV prevention activities has increased amongst the general population including MSM. The 2014 Ghana Demographic and Health Survey (GDHS) reported that, on the whole, knowledge of HIV prevention techniques has increased compared with the results of the 2008 GDHS. Notwithstanding this, the report also indicated that HIV-prevention education could be further strengthened in certain groups, particularly amongst those who are young, those who with little or no education, and those in the lowest wealth quintile.

Ghana has a condom-and-lubricant promotion-and-distribution programme but had not developed a national condom and lubricant strategy until late 2015. At various times in the last couple of years, the country's supply of condoms proved inadequate to meet national demand, and poor condom quality was an issue on at least one occasion. The knowledge about and use of condoms has therefore been declining: in 2014, 77% of women and 86% of men aged 15 to 49 knew that consistent use of condoms is a means of preventing the spread of HIV. Amongst men aged 15 to 49 who had had two or more partners, condom use during the most recent act of sexual intercourse decreased from 26% in 2008 to 19% in 2014; amongst women who had had two or more partners in the previous 12 months, 11% reported having used a condom during their most recent act of sexual intercourse (GDHS 2014).<sup>20</sup>



---

Peer education is a key strategy in prevention programmes, especially amongst MSM and FSWs. Peer educators use interpersonal communication as a means of transmitting information on behavioural change with respect to HIV prevention. The distribution of condom and lubricants is also a key activity undertaken by these peer educators. In some MSM organisations, peer educators are given quotas in the distribution of condoms and lubricants.

Condom demonstrations, education on STIs and HIV testing and counselling (HTC) are offered at outreach activities organised for key-populations. Condoms and lubricants are also distributed to participants during such outreach activities.

Post-exposure prophylaxis (PEP) is not readily available to the general public in Ghana. The Guidelines for Antiretroviral Therapy only makes provision for health workers who by the nature of their work come in contact with blood and survivors of rape.

The NACP has scaled up the HTC programme. The number of sites providing HTC services increased from 1,178 in 2009 to 2,335 in 2014, reaching about 1.15 million clients in 2011, 857,000 in 2012, 668,929 in 2013 and 798,763 in 2014. Stock-outs of HIV-testing kits in 2012 and 2013 contributed to the inability of the programme to meet its 2012, 2013 and 2014 target of providing HTC services to 1.6 million clients. Between 2011 and mid-2013, more women than men had accessed HTC services by a ratio of about 4:1. By 2014 this ratio had increased to almost 9:1, due to the current policy of prioritising the elimination of mother-to-child transmission through HTC services in the general population.

Ghana continues to scale-up clinical services for PLHIV including ART. The scale-up of clinical care has continued in the public sector with linkages to the private sector through a concerted, coordinated programme led by the NACP. The scale-up has been facilitated by increased resources from the Government of Ghana and donor partners, including USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Health facilities providing ART increased from three in 2003 to 179 by December 2014. These health facilities have provided ART for PLHIV at district, regional and (tertiary) national health facilities in both the public and private sectors.

The number of adults and children receiving ART has also increased concomitantly with increasing numbers each year. In all, 95,848 PLHIV (90,756 adults and 5,092 children) have been put on ART since the onset of the programme in Ghana and 83,712 (79,131 adults and 4,581 children) of these are currently still on ART representing 95%.


Though there are programmes aimed at enrolling MSM into ART, there are no data pertaining specifically to MSM amongst the national data. WSW and transgender people are not specifically covered in any programme yet.

According to the 2011 Ghana's Men's Study, 50% of men reported having used a condom the last time they had had anal sex with a male partner, and 50% of MSM correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission. The 2011 Ghana Men's Study also reported that less than one-third of MSM in three of the four sites they studied had been monogamous with one partner in the period prior to the study. There is no such information on WSW and/or transgender people.

### **5.3 Availability and accessibility of healthcare for LGBT people**

The Patients' Charter of the Ghana Health Service spells out the rights and responsibilities of patients in Ghana. It entreats all health professionals to accord the necessary attention and confidentiality to all clients notwithstanding their status. Nevertheless, MSM in particular have reported instances of mistreatment or abuse by health professionals, including efforts to convert them from their "homosexuality". The attitude of some health professionals discourages MSM from accessing healthcare. It is very difficult to assess the healthcare accessibility issues with regard to lesbians and transgender people since no programme has targeted these groups in Ghana.

Due to the high prevalence of HIV amongst MSM—recognised as such through the 2011 Ghana Men's Study and the global records of high HIV prevalence amongst key populations including MSM—frantic efforts have been made by various HIV donors, NGOs and development partners in Ghana to make healthcare services, especially those relating to HIV, available to MSM.



Within the various HIV programmes for key populations in Ghana, selected healthcare professionals are trained to be sensitive to the healthcare needs of MSM. These staff are also attached to some local NGOs that provide HIV-related education and implement HIV programmes. At these NGOs, safe spaces known as drop-in-centres (DIC) have been established to enable MSM to have access to the trained healthcare staff for basic healthcare services.

So far, only nurses have been involved in the various HIV-related programmes that seek to ensure that MSM and other key populations have access to healthcare and HIV services; very few medical doctors are sensitive to sexual orientation and gender identities. Most of the healthcare professionals involved in providing healthcare services are female nurses between the ages of 35 to 55. All these healthcare professionals fall under either a PEPFAR-sponsored project such as the SHARPER, USAID's LINKAGES, GFATM and others.

The MSM community in Ghana who have had access to healthcare services from these health professionals (who have been trained to cater for their specific healthcare needs) have expressed satisfaction and sometimes even look to some of the health professionals for psychosocial support. Notwithstanding this, these healthcare services are MSM focused and do not serve the entire LGBT community. This means that lesbians and transgender persons may not have access to services specifically tailored for MSM. Transgender people especially do not have access to hormones and possibility of sex change. Also, not all MSM are comfortable even with the few trained health professionals. They would prefer going through the mainstream healthcare system to avoid being tagged MSM.

There is no available psychological support system for the LGBT community at large. Some MSM projects have tried to provide a support system, but those usually die out once the projects are over. There are no trained professionals providing LGBT-specific psychological support.

## 6. NATIONAL HIV/AIDS POLICIES AND BUDGET

The Ghana AIDS Commission (GAC) included most-at-risk populations (MARPs) in its 2011–2015 National HIV and AIDS Strategic Plan. It identified three categories of people, including MSM. With support from key partners like USAID under its SHARPER project, the GAC supported the development of a MARP-specific strategy, which also included strategies to address HIV issues amongst MSM. As a consequence of Ghana's definition of MARPs / key populations, WSW were not included in the strategic plans.

MSM have been a key focus of the national HIV response and various activities have been developed to address the issue of HIV amongst MSM. Development partners like USAID, PEPFAR and GFATM have encouraged Ghana to focus on HIV amongst key populations, which include MSM, by providing funding both to national institutions and civil society organisations for activities specifically for the MSM community. No surveys or research have been carried out to assess the epidemiological situation regarding HIV amongst WSW and transgender people and there are no policies and activities that focus on them in that regard.

At the national level, there has been a conscious effort to strategically include MSM in decision-making about the development and implementation of policies. There is a Technical Working Group on Key Populations that makes efforts to include MSM representatives in their work. MSM organisations participate in the development of national strategic plans (NSPs) and in various related programmes and projects. Nevertheless, there is a concern within the MSM community about their level of engagement and adequate representation over the past years.

Organisations like the Centre for Popular Education and Human Rights Ghana (CEPEHRG), the Maritime Life Precious Foundation (MLPF), the MICDAK Charity Foundation, the Solace Brothers Foundation, and Priorities for Sexual Health and Rights are all organisations that work with MSM or the LGBT community and have been involved in various policy-development and decision-making activities for the MSM community.

In the proposal-development process for the current GFATM funding round, CEPEHRG, the MLPF and MICDAK made an attempt to form an alliance which they call *Ghana* Alliance for Men Sexual and Reproductive Health and Rights (GHAMSHER) to be able to access direct funding as a principal recipient (PR). Unfortunately, the alliance did not any receive funding from the GFATM to let them function as intended due to issues that had to do with their capacity to manage funding as PRs since the alliance has not existed for a period that enables them to work together as PRs.

There is no direct funding from the Government of Ghana specifically for MSM work. Most of the direct funding for MSM interventions has come from development partners and donors including PEPFAR, USAID, GFATM and other smaller donors.



## ENDNOTES

1. The 1992 Constitution of the Republic of Ghana, available from: <http://www.politicsresources.net/docs/ghanaconst.pdf>
2. Criminal Offences Act 29 of 1960 § 104, 3 Laws of Ghana (rev. ed. 2004), available on the Ghana Legal website, at <http://www.wipo.int/edocs/lexdocs/laws/en/gh/gh010en.pdf>
3. The CRC Has Failed on Gay Rights, (accessed 2016), From <http://newsghana.com.gh/crc-has-failed-on-gay-rights/>
4. Human Rights Advocacy Centre (2015). Advocacy and Empowerment of LGBT Rights: 2015 LGBT Handbook. Accra: Human Rights Advocacy Centre,. pg. 39
5. Human Rights Advocacy Centre (2015). Advocacy and Empowerment of LGBT Rights: 2015 LGBT Handbook. Accra: Human Rights Advocacy Centre,. pg. 14
6. <http://www.pinknews.co.uk/2013/06/08/ghana-journalists-association-president-rebuked-for-urging-anti-gay-slant-in-media/>
7. The Global Divide on Homosexuality [Internet]. Pew Research Center's Global Attitudes Project. [cited 2015 Sep 12]. Available from: <http://www.pewglobal.org/files/2014/05/Pew-Global-Attit>  
<http://www.politicsresources.net/docs/ghanaconst.pdf> udes-Homosexuality-Report-REVISED-MAY-27-2014.pdf
8. <http://www.upr-info.org/database/>
9. <http://drsystm.chrajghana.com/>
10. Ghana AIDS Commission (2011). Ghana Men's Study 2011.
11. Ghana AIDS Commission (2013). Standard Operating Procedures for Implementing HIV Programmes for Key Populations
12. National AIDS/STI Control Programme, Ghana Health Service (2016). 2015 HIV Sentinel Survey Report. Accra
13. Ghana AIDS Commission, National Association of Persons Living with HIV, United Nations Joint Programme on HIV and AIDS (2014). Persons Living with HIV Stigma Index Study Ghana.
14. Ghana AIDS Commission (2011). Ghana Men's Study 2011.
15. National AIDS/STI Control Programme, Ghana Health Service (2016). 2015 HIV Sentinel Survey Report. Accra
16. Survey says tuberculosis prevalence in Ghana is high, (accessed 2016), from <http://www.ghanaweb.com/GhanaHomePage/health/Survey-says-tuberculosis-prevalence-in-Ghana-is-high-351985>
17. WHO (2014). Ghana Tuberculosis profile. (accessed in 2016) from [https://extranet.who.int/sree/Reports?op=Replet&name=/WHO\\_HQ\\_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=GH&outtype=pdf](https://extranet.who.int/sree/Reports?op=Replet&name=/WHO_HQ_Reports/G2/PROD/EXT/TBCountryProfile&ISO2=GH&outtype=pdf)
18. National HIV and AIDS Strategic Plan (NSP) 2016-2020 (draft)
19. Demographic and Health Survey. (accessed in 2016) from <https://dhsprogram.com/pubs/pdf/FR307/FR307.pdf>
20. Demographic and Health Survey. (accessed in 2016) from <https://dhsprogram.com/pubs/pdf/FR307/FR307.pdf>

