The Bank of Ghana’s HIV/AIDS Education Program

This program was launched as part of a World Bank financed Financial Institutions project. When the project was extended for two years after June 2002, the World Bank encouraged project beneficiaries to develop a HIV/AIDS education program.

Ghana’s central bank, the Bank of Ghana (BOG), took up the challenge and implemented an intensive education program beginning April 2001. Although World Bank funding ceased in June 2002, BOG has continued the program as a wholly BOG-funded activity.

The primary objective of the program was to prevent spread of infection among BOG staff by providing education that would lead to increased awareness of staff and their families about HIV/AIDS and eventually lead to positive behavior change.

The program was implemented by a Secretariat of staff members from BOG’s health clinic working under the guidance of a Supervisory Committee consisting of medical professionals and representatives of staff, management, and the government.

The activities of the program included communication, condom distribution, voluntary testing, counseling, and treatment/care. Communication was done through seminars, lectures, drama and documentaries. The promotional materials used the “STOP AIDS LOVE LIFE” slogan which is the official slogan of the Government of Ghana’s HIV/AIDS program.

The program was designed to reach out to all of BOG’s 2,600 staff and their 10,000 dependants across the country. BOG contracted an external firm to undertake a baseline survey which had 1178 respondents. A post-intervention survey undertaken in June 2002 had 852 respondents.

Impact on the ground

Awareness: The number of respondents who knew that condom use helps prevent sexual transmission of HIV increased from 78.0 percent to 88.8 percent. The percentage of respondents who felt that they were “very likely” or “likely” to contract HIV fell from 22.8 percent to 12.2 percent. Of the respondents who did not feel at risk, the primary reason given for such a feeling was “faithfulness to partner.”

Attitudes: Reported willingness to eat from the same bowl as an HIV-positive person increased slightly from 39.8 percent to 41.6 percent, while willingness to share an office with a HIV-positive co-worker increased from 80.7 percent to 89.2 percent. However reported willingness to share personal HIV status (if positive) with colleagues decreased from 44.9 percent to 39.0 percent.
Condom use: The percentage of respondents who reported having used a condom in their last sex act decreased from 36.9 percent to 34.8 percent. However, of the respondents who did use a condom, the percentage that gave HIV/AIDS prevention as a reason increased from 10.8 percent to 17.0 percent.

Voluntary testing: Twenty-one percent of the respondents in the post-intervention survey knew their HIV status. Fifty-three percent of those who knew their status got to know it through voluntary testing while 32 percent got tested on instructions from a doctor. The majority of respondents (74.3 percent) who knew their HIV status had been first tested after the start of the program.

Participation: In the post implementation survey, BOG staff expressed satisfaction with the program. Seventy-two percent of the respondents reported having taken part in at least one communication activity while 81 percent of the respondents said that the program had influenced their sexual behavior.

Lessons learned
Program objectives and activities: The key lessons regarding program activities are:
• It is unrealistic to expect cost recovery from a program of this nature. Condom use dropped noticeably when BOG attempted to recover some costs by selling condoms (at a discounted price) rather than giving them away free.
• Greater awareness does not necessarily mean that staff will take action. Despite a high level of awareness, getting staff to undertake voluntary testing to become aware of their HIV status remains a significant challenge for the program.
• Tackling the perceived stigma surrounding HIV/AIDS is the most difficult aspect of an education program. The BOG team has recognized this challenge and has embarked on a new “Get Closer” campaign.

Program coordination: BOG was fortunate to have a small, committed program management team who had the necessary drive to start and sustain the program. This team was helped by the following:
• Strong BOG senior management support (in terms of both time and financial resources).
• Leveraging of their efforts through the mobilization and training of 134 volunteer peer counselors who promoted the program and were available for providing guidance to staff.
• The active participation of staff representatives on the supervisory committee which promoted the notion that the program was being driven by staff, rather than being dictated by management.

Monitoring and evaluation: There is a need to clearly define impact indicators and targets. Although the BOG program started off with a set of impact indicators, measurement of results against targets was impractical because the targets were defined before the baseline survey and were therefore sometimes unrealistic. Furthermore, there were deficiencies in both surveys which made proper impact evaluation difficult.

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