The West Africa AIDS Foundation
&
International Health Care Centre

2025 Annual Report

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ACCRONYMS & ABBREVIATIONS

AIDS Acquired Immunodeficiency Syndrome

ANC Ante Natal Clinic

ART Antiretroviral Therapy/Treatment

ARV Antiretroviral (drugs)

BCC Behavioral Change Communication

CHAG Christian Health Association of Ghana

CHN Community Health Nurses

CHRAJ Commission on Human Rights and Administrative Justice

DIC Drop in centre

DOTs Directly Observed Treatment, Shortcourse

DOVVSU Domestic Violence & Victim Support Unit

ED Executive Director

EpIC Epic Epidermic Control

EPOA Enhanced Peer Outreach Approach

FHI 360 Family Health International

FSW Female Sex Worker

GBV Gender Based Violence

GF Global Fund

GP General Population

HIV Human Immunodeficiency Virus

HIVST HIV Self Test

IHCC International Health Care Centre

IP Implementing Partner

IPV Intimate Partner Violence

M & E Monitoring & Evaluation

MOU Memorandum of Understanding

ODK Software – An open- source mobile data collection platform

PEPFAR U.S president's Emergency plans for AIDS Relief

PLHIV People Living with HIV

PSEAH Protection from Sexual Exploitation Abuse and Harassment

PMTCT Prevention of Mother To Child Transmission

PORSH Priorities On Rights and Sexual Health

PEP Post Exposure Prophylaxis

PrEP Pre- Exposure Prophylaxis

PR Principle Recipient

STI Sexually Transmitted Infections

SR Sub Recipient

TB Tuberculosis

VP Vulnerable Population

WAAF West Africa AIDS Foundation

WAPCAS West Africa Program to Combat AIDS & STIs

WIYO Worldwide International Youth Organization

One Vision. One Continuum of Care

At the heart of Ghana's HIV response lies a powerful partnership—one that bridges community and clinic, prevention and treatment, diagnosis and lifelong support. The International Health Care Centre (IHCC) and the West Africa AIDS Foundation (WAAF) were born just a year apart, but their shared vision has shaped more than two decades of integrated, people-centred HIV care and general health. Together, they operate as two arms of one mission: ensuring that no one is left behind at any stage of the HIV care cascade—from prevention and testing to treatment, viral suppression, and sustained wellbeing.

IHCC was established in Accra in 1998 as a hospice and has since evolved into a leading community-based clinic specialising in infectious diseases, including HIV. Beyond its HIV mandate, IHCC also serves as a general health facility—with a fully equipped Outpatient Department, Laboratory and Pharmacy—open to the public for all health needs. A year later, in 1999, WAAF was formed as the non-governmental arm to strengthen and expand this work, focusing on HIV, TB and other health education, prevention, outreach, advocacy, and resource mobilisation. With aligned leadership and strategic goals, the two institutions function as a collaborative ecosystem: WAAF mobilises communities and tackles structural barriers, while IHCC delivers quality, compassionate clinical care. The result is a seamless continuum that responds not only to HIV as a medical condition, but as a social and human experience.

Prevention & Awareness: Laying the Foundation

The HIV response begins long before a diagnosis is made. Through targeted outreach in urban, rural, and hard-to-reach communities, WAAF leads behaviour change communication, stigma reduction initiatives, school-based education, and mass awareness campaigns—including World AIDS Day Health Walks and community and corporate screening events. These efforts encourage open conversations about sexual health, promote HIV self-testing, and empower individuals to know their status. IHCC complements this work by providing professional HIV testing and counselling services at its clinic and through mobile outreach, as well as index testing that reaches the partners and contacts of people living with HIV. Together, WAAF creates the demand for testing while IHCC ensures that quality, confidential services are there to meet it.

Linkage to Care & Treatment: Turning Diagnosis into Hope

A positive HIV diagnosis is not the end of the journey—it is the beginning of care. As an accredited Antiretroviral Therapy (ART) site under Ghana's National AIDS Control Programme, IHCC ensures immediate linkage to care and prompt initiation of treatment. WAAF plays a critical role behind the scenes, supporting referral pathways and helping clients navigate the transition from community testing points into clinical services. By addressing barriers such as stigma, fear, misinformation, and access challenges, both organisations work in close coordination to reduce delays in treatment initiation and strengthen trust in care—ensuring that no one is lost between systems.

Retention, Adherence & Long-Term Wellness

Achieving viral suppression requires more than medication—it requires sustained support. IHCC provides comprehensive, long-term HIV care, including regular clinical follow-ups, laboratory monitoring, management of opportunistic infections, nutrition counselling, and psychosocial services. Differentiated service delivery models—such as community-based ARV refills and flexible appointment systems—make care more accessible for stable clients. WAAF reinforces this through community-based psychosocial support, adherence education, and peer-led initiatives. Programs like the Healthy Mother Equals Healthy Baby project and the Rural Watch-DSD project empower persons living with HIV through monthly peer meetings, shared support networks, and the integration of nutrition and maternal health into HIV care.

Protecting the Next Generation

Preventing mother-to-child transmission (PMTCT) remains a shared priority. IHCC delivers comprehensive PMTCT services, ensuring that women living with HIV can give birth to HIV-negative babies, while WAAF's community outreach ensures pregnant women are tested early, linked to care, and supported throughout pregnancy and breastfeeding.

Confronting Stigma, Upholding Dignity

Stigma and discrimination remain among the most persistent barriers to HIV care. WAAF addresses these head-on through advocacy, education, and rights-based community engagement, while IHCC offers a safe, confidential, and non-judgmental clinical environment where every client is treated with dignity and respect. Together, they create spaces where individuals feel seen, supported, and empowered to stay in care.

Over the years, this partnership has reached hundreds of thousands of people with HIV education and testing, supported thousands in accessing treatment, and contributed meaningfully to Ghana's progress toward the global 95-95-95 targets. The strength of WAAF and IHCC lies not in parallel efforts, but in purposeful collaboration—proving that when community action is aligned with clinical excellence, and when care is truly connected, outcomes are transformed and lives are changed.

WAAF's Vision

To help battle the spread of HIV and AIDS, Tuberculosis, and other diseases, as well as mitigate their effects on communities by providing care and support to promote healthier individuals for a better future.

IHCC's Vision

To provide accessible and equitable medical care of the highest quality for all people, including people living with chronic illnesses, through supportive and compassionate initiatives that focus on the needs of patients and enhance health and quality of life.

WAAF's Mission

To be a key player of the global effort to develop and support individuals, communities, and nations.

IHCC's Mission

A world where everyone has access to affordable and quality health care.

Shared Core Values

- Access to healthcare for all without discrimination.
- Inclusion of choice.
- Equal care for women and men.
- Zero tolerance for stigmatization.
- Confidentiality of client's information.

2025 Projects

Commonwealth Disinfo Detour Project

Combating HIV Misinformation and Protecting Vulnerable Communities



In 2025, WAAF launched the Disinfo Detour project, made possible through funding from the Commonwealth Foundation. The project responds to a growing and urgent challenge in Ghana's HIV landscape: the increasing misuse and misapplication of HIV-related data to fuel stigma, discrimination, and violence against sexual and gender minorities and People Living with HIV (PLHIV).

Ghana has made significant strides in its national HIV response over the years. However, the public discourse surrounding the Human Sexual Rights and Family Values Bill and its passage in Parliament exposed a troubling pattern of false and misleading narratives, often rooted in religious and cultural biases, circulated widely across mainstream and social media. These narratives misrepresented HIV data, portraying vulnerable populations as vectors of disease and immorality, triggering moral panic, social isolation, and barriers to healthcare access for those who needed it most.

The Disinfo Detour project was designed to confront these harmful trends directly.

Working in close collaboration with the Ghana AIDS Commission (GAC), the National AIDS Control Programme (NACP), the Commission on Human Rights and Administrative Justice (CHRAJ), and affected communities, WAAF is co-developing frameworks to enhance data security, promote responsible data sharing, and prevent the weaponization of HIV information. These partnerships are central to ensuring that sensitive HIV data is handled ethically and communicated in ways that protect rather than endanger vulnerable communities.



A significant focus of the project has been enhancing the capacity of national agencies, civil society organisations, and community-based groups to identify, manage, and counter misinformation in real time. Through these efforts, WAAF is working to establish a sustainable structure that supports evidence-based public health communication, fosters trust between communities and health institutions, and upholds the human rights of all persons—regardless of identity or HIV status.

As implementation progresses, the Disinfo Detour project represents WAAF's commitment to ensuring that data serves people—not the other way around.

Scaling Up Quality HIV Care: Community Engagement and Human Rights



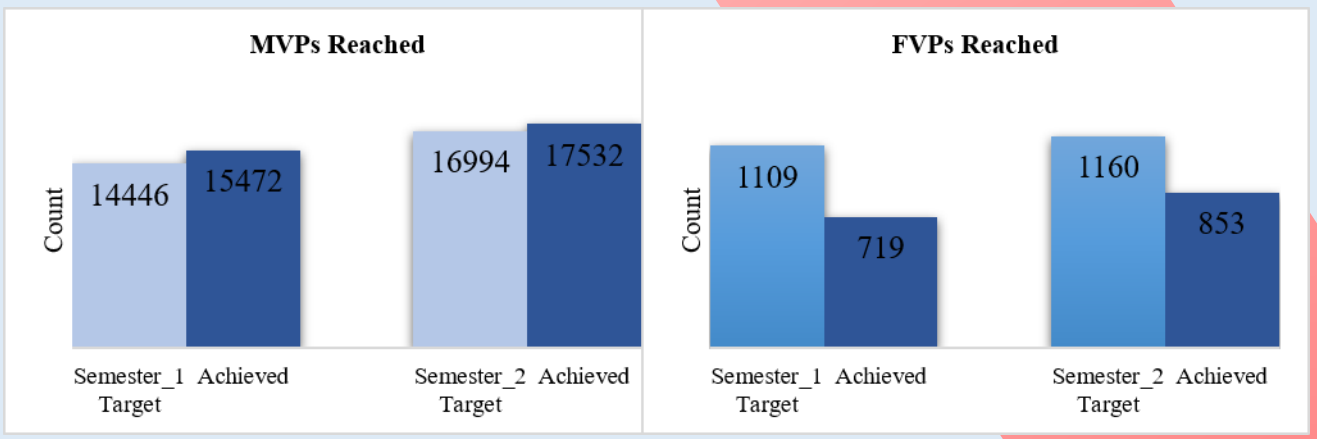
In 2025, WAAF continued its role as a Sub-Recipient to the West African Program to Combat AIDS and STIs (WAPCAS Plus) under the Global Fund Grant Cycle 7, with the project title *"Scaling up Quality HIV Care Cascade through Community Engagement and Addressing Human Rights Barriers."* Implemented across 14 districts in five regions of Ghana, this project represents one of WAAF's most expansive community-based HIV programmes — and one of its most impactful.

Grounded in peer-led service delivery and a human rights approach, the project deployed a dedicated team of field officers, outreach volunteers, community paralegals, case managers, and liaisons across all districts. Together, they brought HIV prevention, testing, treatment, and legal support directly to male vulnerable populations (MVPs) and female vulnerable populations (FVPs) — meeting people where they are, and walking with them through every step of the care cascade.

Reaching Communities with Prevention Education

Prevention remained at the core of the programme's work throughout the year. Through one-on-one sessions, small group discussions, hotspot outreach, and community mobilisation, WAAF delivered HIV and STI prevention education to tens of thousands of vulnerable persons across all five regions.

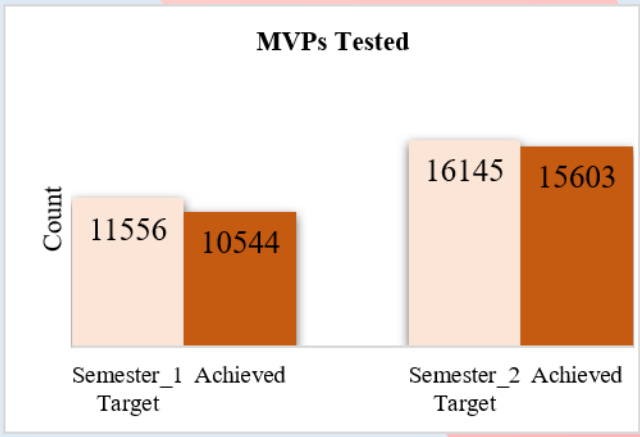
By the close of 2025, the programme had reached a combined total of **33,004 MVPs** and **1,573 FVPs** with prevention education covering HIV and STI transmission, correct and consistent condom and lubricant use, TB awareness, Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) information, HIV self-testing, and safer sex practices.

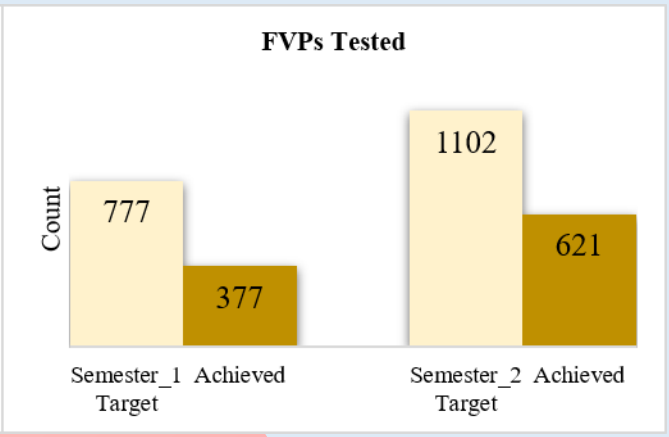


To ensure that education translated into action, WAAF distributed substantial quantities of prevention commodities throughout the year — providing MVPs with over **1.18 million condoms** and more than **410,000 water-based lubricants**, and FVPs with over **112,000 condoms** and **34,000 lubricants**. Distribution was sustained and scaled toward the end of the year to ensure uninterrupted access to these essential tools.

HIV Testing: Finding Those Who Need Care

Expanding access to HIV testing was a critical priority, with the programme deploying multiple testing approaches including social network referral testing, index partner testing, enhanced ringleader approaches, and social media mobilization. Testing volumes grew consistently across all four quarters, with Quarter 4 recording the year's highest volume.



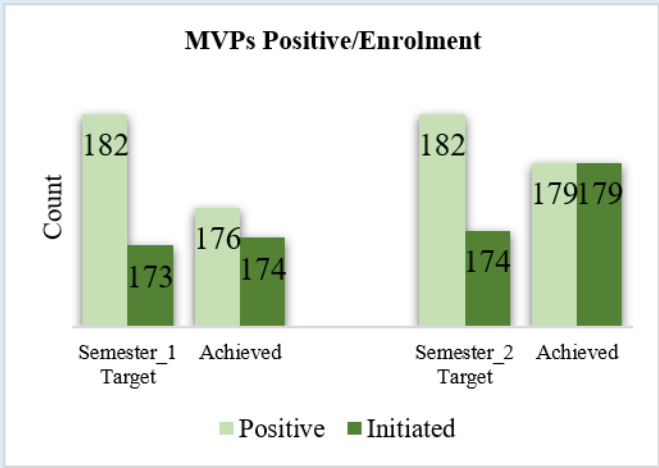


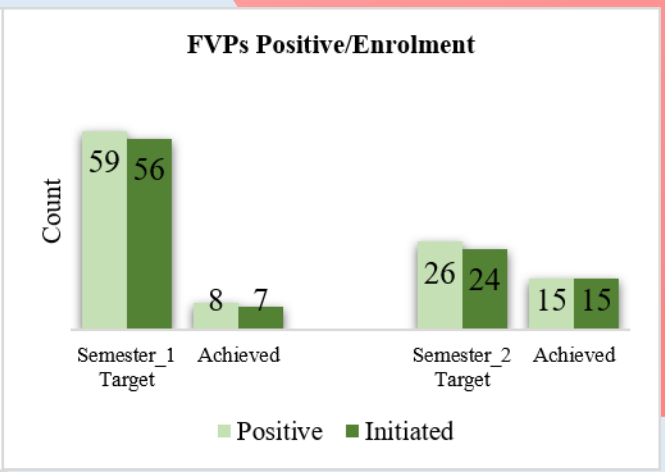
In 2025, a total of **26,147 MVPs** and **998 MVPs** were tested for HIV. Of these, **355 males** and **23 females** tested positive — representing a positivity rate of between 1% and 2% across the year. These figures reflect both the reach of the programme and the continued presence of undiagnosed HIV among vulnerable populations in the project areas.

From Diagnosis to Treatment: Achieving Near-Perfect ART Linkage

Perhaps the programme's most remarkable achievement in 2025 was its performance on ART linkage. Case managers provided intensive post-diagnosis support — including counselling, emotional care, community ARV delivery, and follow-up for clients who had disengaged from treatment — resulting in exceptional linkage rates throughout the year.

By the second half of 2025, **98% of all HIV-positive males and 91% of all HIV-positive FVPs** identified through the programme had been successfully initiated on ART — a result that held through both the third and fourth quarters. Even in the first quarter, linkage rates stood at **99% for males** and were actively strengthened for FVPs. These outcomes reflect the programme's commitment to ensuring that a positive diagnosis is never the end of the road, but the beginning of sustained care.





PrEP: Building Momentum for Prevention

PrEP uptake grew significantly over the course of the year, with slow early momentum giving way to strong results from the second quarter onward, driven by targeted acceleration plans and deepened engagement with health facilities. In the third quarter alone, **932 MVPs** and **101 FVPs** received PrEP education and were referred for initiation — surpassing targets for that period. By the fourth quarter, PrEP uptake exceeded programme goals in most districts, reflecting growing community awareness and improved facility-level responsiveness. Overall, **2,916 MVPs** and **272 FVPs** were enrolled on PrEP.

STI Screening, NHIS Support, and Broader Health Access

Beyond HIV, the programme addressed the wider health needs of vulnerable populations. Outreach volunteers referred a total of **1,825 VPs** for STI screening across the year, with **939** successfully accessing services. A persistent shortage of free STI medications at health facilities remained a significant barrier throughout 2025, often requiring clients to purchase treatments at their own expense — a challenge WAAF continues to escalate with relevant health authorities.

To strengthen broader healthcare access, WAAF also supported **1,159 MVPs** and **64 FVPs** with National Health Insurance Scheme (NHIS) registration, renewal, and card replacement across the year — ensuring HIV status did not become a barrier to accessing the full range of health services available to all Ghanaians.

Human Rights: Education, Protection, and Legal Support

Human rights protection was woven into every aspect of the programme. Community paralegals delivered legal education on stigma, discrimination, gender-based violence, the Patients' Charter, the Criminal Offenses Act, and the Ghana AIDS Commission Act 938 — equipping communities with the knowledge to recognise and respond to rights violations.

During the year, **eight human rights cases** were documented and supported, including incidents of blackmail, physical abuse, extortion, unlawful HIV status disclosure, outing, an attempted mob attack, police arrest, and entrapment. All cases received support through mediation, legal assistance, or referral ensuring that affected individuals were not left to navigate these violations alone. Community dialogue sessions further reinforced these efforts, with participants engaging in structured discussions on ART adherence, mental health, stigma, digital blackmail, and HIV prevention in the fourth quarter alone.

Looking Ahead

The 2025 results under GC7 demonstrate what is possible when community mobilisation, clinical linkage, and human rights protection work in concert. The programme's 98% ART initiation in the second half of the year is a milestone that reflects the dedication of every outreach volunteer, community paralegal, and case manager working on the frontlines of Ghana's HIV response. As WAAF looks ahead, strengthening STI service availability, deepening regional supervision in the Upper East and Upper West, and expanding PrEP uptake remain priorities — building on a foundation of results that continue to move Ghana closer to the 95-95-95 targets.

USG-EQUIP Ghana HIV Epidemic Control Activity



Through the US Government-supported Ghana HIV Epidemic Control Activity (ECA), the West Africa AIDS Foundation (WAAF) delivers evidence-based HIV prevention, testing, treatment, and care services across eight operational districts in the Western, Western North, and Ahafo Regions: Effia-Kwesimintsim, Shama, Jomoro, Nzema East, Sefwi-Wiawso, Bibiani-Anhwiaso-Bekwai, Asutifi South, and Asunafo North.

Implementation Context

The 2025 reporting period was marked by significant operational disruption. Full implementation ran from January to February, followed by a shortened operational period in March, a five-month suspension from April to August due to funding and transition challenges, partial service restoration in September and October under a bridge-gap arrangement, and full resumption in November and December. Despite these interruptions, WAAF maintained critical services and recovered performance rapidly upon reactivation.

Key Interventions

Across the reporting period, WAAF implemented a broad range of activities spanning HIV prevention, testing, treatment initiation, and retention. These included peer education and community outreach, HIV testing through multiple modalities, condom distribution, client case management and follow-up, ART initiation for newly identified clients, BCC, PMTCT, and PrEP services. Capacity-building sessions for community volunteers and regular district performance review meetings were also sustained throughout the year.

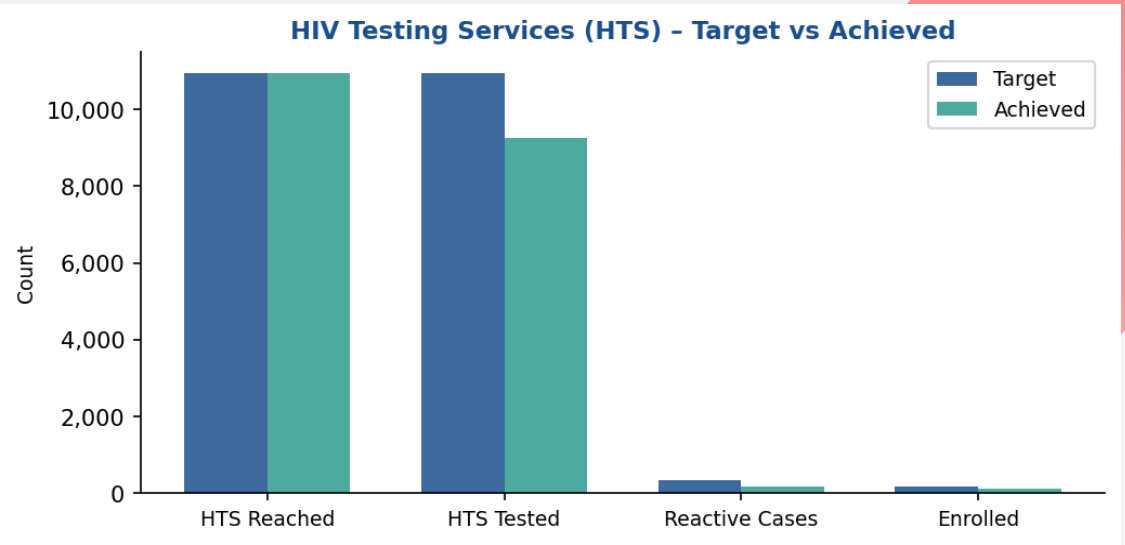
Innovative Case-Finding Approaches

To reach underserved populations and expand access to testing, WAAF deployed several community-centred strategies including Index Testing, door-to-door testing, social network testing, social group testing, and HIV Self-Testing. These approaches complemented facility-based services and enabled the project to identify people living with HIV in communities where routine outreach is limited.

HIV Testing Performance

Community mobilisation reached 10,948 individuals — achieving 100% of the annual HTS target — notwithstanding five months of suspended operations. Of those reached, 9,242 (84%) were formally tested, yielding 174 reactive cases. Of these, 135 (78%) were successfully enrolled in care. HIV self-testing contributed significantly, with 1,399 kits distributed, representing 91% of the annual target.

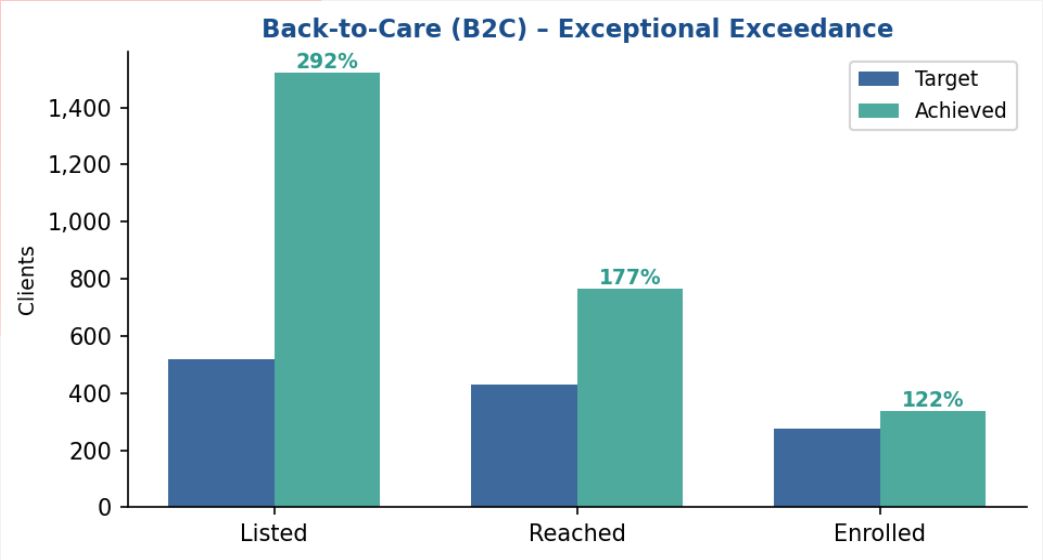
Indicator	Target	Achieved	Rate
HTS Reached	10,947	10,948	100%
HTS Tested	10,947	9,242	84%
Reactive Cases	342	174	51%
Enrolled in Care	174	135	78%



Linkage to Care and Treatment

WAAF continued to promote rapid treatment initiation through same-day confirmation and ART enrolment, motivational counselling, community-based initiation services, and peer support by people living with HIV. Back-to-Care (B2C) re-engagement was the highest-performing intervention of the year: 1,521 clients were listed (293% of target), 767 were reached (178%), and 339 were enrolled onto treatment (123% of target). This performance reflects the strength of WAAF's client-tracing systems and community engagement frameworks.

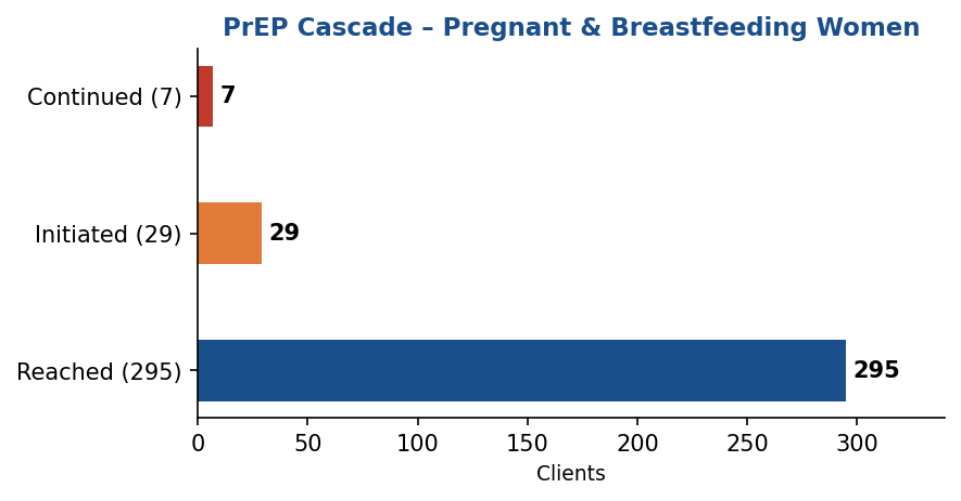
Indicator	Target	Achieved	Rate
Clients Listed	520	1,521	293%
Clients Reached	431	767	178%
Clients Enrolled	276	339	123%



PrEP for Pregnant and Breastfeeding Women

Community outreach reached 295 eligible women (75% of target). However, significant attrition occurred across the PrEP cascade, with only 29 women initiating PrEP (11% of target) and 7 sustaining continuation (3%). These findings point to persistent barriers in client acceptance, risk perception, and service continuity, and underscore the need for enhanced counselling protocols and differentiated service delivery for this population.

Indicator	Target	Achieved	Rate
Women Reached	393	295	75%
PrEP Initiated	264	29	11%
PrEP Continued	264	7	3%



Viral Load Suppression and Integrated Services

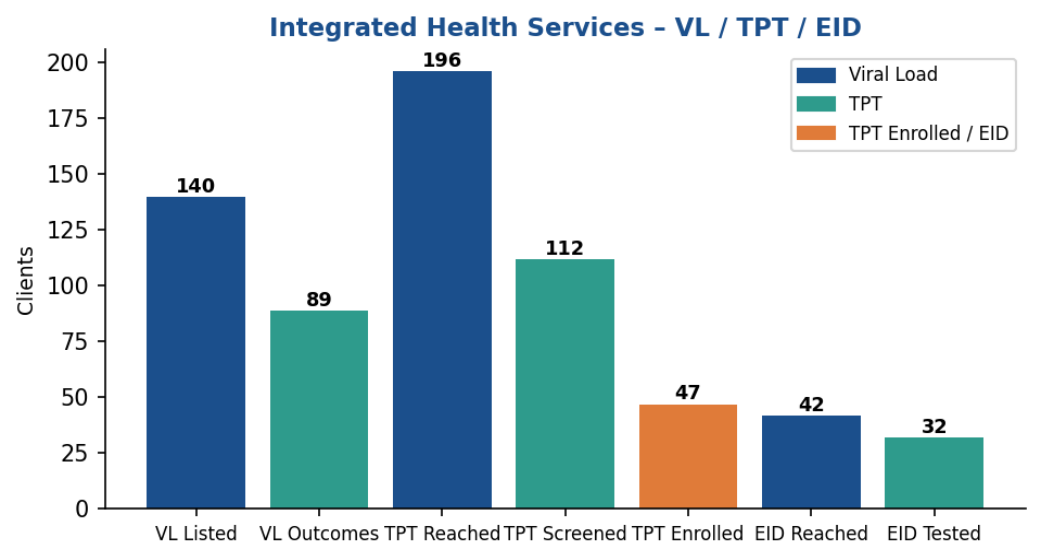
Maintaining viral suppression among people on treatment remained a core programme priority. WAAF sustained this through adherence counselling, drug refill monitoring, routine client follow-up, viral load sample collection and transportation, and laboratory coordination. A total of 140 clients were listed for viral load assessment, with 89 documented outcomes during the period.

TB preventive treatment (TPT) was integrated within HIV treatment lines: 196 clients were reached, 112 were screened, and 47 were enrolled on TPT. Under the Early Infant Diagnosis (EID) framework, 42 HIV-exposed infants were reached, 32 were tested, and zero new positive cases were identified — reflecting the effectiveness of PMTCT services in the project areas.

Service	Count
Clients Reached	196
Clients Screened	112
Enrolled on TPT	47

EID

Service	Count
Infants Reached	42
Infants Tested	32
New Positive Cases	0



Data-Driven Performance Management

Throughout the year, WAAF utilized performance dashboards and real-time data monitoring to track progress, identify service gaps, and guide operational decisions. Monthly district review meetings and stakeholder engagement sessions reinforced accountability across all implementing districts and supported timely course corrections where needed.

Looking Ahead

As implementation of the ECA continues, WAAF will focus on refining targeted testing strategies to improve case-finding yields, strengthening PrEP retention through differentiated service models, and expanding community-led B2C and self-testing approaches. The 2025 experience demonstrates that well-structured community frameworks can sustain resilient service delivery even under significant operational pressure, and these models will inform programme design in the period ahead.

Stop TB Community Level TB Case Finding



As part of the STOP TB Community Case Finding project, WAAF implemented Active TB Case Finding activities in four communities within the Sekondi-Takoradi Metropolis and Effia Kwesimintsim Municipality: Assake, Kwesimintsim, Amanful, and New Takoradi.

To maximise reach among working populations, outreach activities were conducted in the early morning hours before residents departed for farms, markets, and daily labour. Community engagement combined broad-based awareness through local Community i nformation centers with targeted door-to-door and one-on-one interactions to ensure direct contact with community members.

In recognition of the heightened vulnerability of Persons Who Use Drugs (PWUDs) to TB and their limited access to conventional health services, WAAF collaborated with peer leaders to extend screening services directly into hard-to-reach settlements, ensuring this marginalised population was included in the project.

The project provided an integrated continuum of care, with presumptive TB cases screened on-site, sputum samples collected and transported to diagnostic laboratories, and clients who tested positive promptly enrolled on treatment. This comprehensive approach was designed to minimise loss to follow-up at every stage of the TB care cascade.

Through the project, 522 community members were screened for TB, 51 individuals were identified as presumptive TB cases and referred for further diagnostic testing, and five people were confirmed to have TB and successfully linked to treatment and care.

The project reflects WAAF's commitment to community-led TB prevention, early detection, and treatment, while contributing to the Stop TB Partnership Ghana's goal of eliminating TB as a public health threat and ensuring that this preventable and curable disease claims no further lives in the communities we serve.

Rural Watch Project: Facility Based Group (FBG)

Empowering Communities Through Knowledge and Care

For People Living with HIV, access to accurate information can be just as important as access to medication. The Rural Watch Project implemented by the WAAF in collaboration with the IHCC is built on this understanding. This project brings together two groups of PLHIV: one group consisting of people who are consistent on treatment, and the second group consisting of people who have, for one reason or the other, defaulted from treatment. The two groups are brought together in one meeting with the hope that those who are stable on treatment will eventually influence the latter. Now in its second year of implementation, the project continued throughout 2025 to provide structured health education and psychosocial support to IHCC clients, equipping participants with the knowledge, confidence, and skills to take charge of their own health and wellbeing.

Over the course of the year, the project organised 11 educational sessions, reaching 20 participants across three core thematic areas: HIV awareness and prevention, sexual and reproductive health and rights (SRHR), and nutrition. Each session was designed not only to inform, but to create a safe and supportive space where participants could ask questions, share experiences, and engage openly with healthcare professionals free from judgement.

HIV Awareness and Education: Strengthening Knowledge, Reducing Stigma

A cornerstone of the Rural Watch Project's 2025 activities was a dedicated HIV awareness and education session attended by 20 participants. Facilitators guided discussions on the different types of HIV, the critical importance of early testing and treatment adherence, the relationship between HIV and tuberculosis, common HIV-related symptoms, and strategies for preventing new infections.

Beyond the clinical content, the session created meaningful space to address misconceptions and deeply held fears that continue to drive stigma in many communities. Upon completion, participants were better equipped to seek timely healthcare, make informed decisions about their treatment, and engage more confidently with the health system. Outcomes that are difficult to measure in numbers alone, but no less significant.

Sexual and Reproductive Health and Rights: Informed, Empowered, and Supported

The project's SRHR counselling session attended by 20 participants addressed one of the most personal and often least discussed dimensions of living with HIV. Discussions covered sexual and reproductive rights, access to quality healthcare, confidentiality, safe sex practices, STI prevention, healthy relationships, and reproductive choices.

Attention was given to the issue of disclosure, especially for children born with HIV with facilitators emphasising age-appropriate communication strategies and the importance of psychosocial support throughout the disclosure process. Participants were encouraged to understand and actively exercise their rights, reinforcing the project's broader commitment to dignity and self-determination for all people living with HIV.

Nutrition Education: Building Health from the Inside Out

Recognising that good nutrition is a foundation of effective HIV management, the Rural Watch Project facilitated a dedicated nutrition education session for 20 IHCC clients, led by the centre's Monitoring and Compliance Assistant. The session explored the critical role of a balanced diet in strengthening the immune system, supporting growth and development, and improving long-term health outcomes for people living with HIV.

Participants engaged actively with the content exploring practical, accessible strategies for making healthier food choices within their everyday realities. The session reinforced a message central to the Rural Watch Project's philosophy: that managing HIV well requires attending to the whole person, not just the virus.

Impact and Looking Ahead

Across all three thematic areas, the 2025 Rural Watch Project sessions contributed to measurably stronger health awareness, deeper understanding of HIV management, and greater appreciation of the role that nutrition and reproductive health play in overall wellbeing. In total, 20 participants engaged with the programme over the course of the year, each one leaving with greater knowledge, stronger support networks, and a clearer sense of their rights and options.

Participant feedback consistently highlighted the value of having a dedicated, judgement-free space for open dialogue, a reminder that the Rural Watch Project is more than an education initiative. It is a community, and a lifeline.

As WAAF and IHCC look ahead, the project will continue to evolve in response to the needs of its participants, expanding its thematic focus, deepening community engagement, and ensuring that the people it serves remain at the centre of every decision.

Healthy Mother = Healthy Baby Project

Integrated Care for Women and Children Living with HIV



A mother's health and her child's future are inseparable. This conviction sits at the heart of the Healthy Mother, Healthy Baby programme — an initiative of IHCC that continued throughout 2025 to provide integrated health education and psychosocial support to pregnant and lactating women living with HIV. Through monthly sessions held across the year, the programme reached ten mothers, creating a consistent, trusted space where women could access knowledge, build resilience, and find community with others navigating similar experiences.

In total, 12 sessions were held in 2025, each designed to address the full spectrum of what it means to live well with HIV during pregnancy and early motherhood — from clinical management to emotional wellbeing, from infant nutrition to the quiet weight of stigma.

Supporting the Whole Mother

Maternal mental health was a central theme throughout the year, reflecting a growing recognition that emotional wellbeing is as critical to treatment outcomes as medication adherence. Facilitators guided participants through practical coping strategies for managing stress, anxiety, and the emotional challenges that can accompany both motherhood and an HIV diagnosis. Mothers were supported to recognise the signs of mental health difficulties, understand that seeking help is a strength, and find access to available psychosocial support — including the peer networks fostered within the programme itself.

Sessions also addressed personal hygiene, healthy lifestyle practices, HIV treatment adherence, and postpartum care — equipping ten participants with the practical knowledge and confidence to care for themselves through every stage of pregnancy and beyond.

Giving Children the Healthiest Start

Alongside support for mothers, the programme placed significant emphasis on child health and nutrition. Sessions covered exclusive breastfeeding, complementary feeding, balanced diets for young children, and the role of good nutrition in healthy growth and development. For women living with HIV, navigating infant feeding decisions can be particularly complex — and the programme provided clear, evidence-based guidance to help mothers make informed choices with confidence.

By the close of 2025, 14 mothers had received dedicated nutrition education through the programme — each one better equipped to support the healthy development of their child from the earliest days of life.

Building Peer Support and Confronting Stigma

One of the Healthy Mother, Healthy Baby programme's most significant — and least easily measured — contributions is the community it creates. For many participants, stigma, emotional isolation, and limited family support are daily realities. The programme's monthly sessions offer something rare: a safe, judgement-free environment where women can speak openly, share experiences, and encourage one another.

Over the course of 2025, these sessions fostered stronger peer support networks among 14 participants, with many women reporting increased confidence, improved health-seeking behaviour, and a greater sense of connection and belonging. These outcomes matter not only for individual wellbeing, but for treatment adherence and long-term health outcomes — for both mothers and their children.

Participating mothers were trained in ice cream making as an income-generating skill to help them earn additional income. Although the project also intended to provide training in liquid soap production, this component could not be implemented before the end of the year, and we are hoping to do that in the coming year 2026.

Impact and Looking Ahead

The Healthy Mother Equals Healthy Baby project's achievement in 2025 reflects the profound difference that consistent, compassionate, community-based support can make. Across 12 sessions, 14 mothers engaged with a project that treated them not as patients to be managed, but as whole people deserving of knowledge, dignity, and care.

As we look ahead, the project will continue to respond to the evolving needs of its participants, deepening its mental health focus, strengthening nutritional support, and expanding its reach to ensure that no mother living with HIV faces her journey alone.

Because when a mother thrives, her child thrives, and that is a result worth every effort.

2025 In IHCC

Healthcare is most effective when it feels safe, respectful, and personal. In 2025, the International Health Care Centre (IHCC) strengthened its dedication to offering care that goes beyond just treatment care that listens, understands, and meets real human needs.

Throughout the year, IHCC has served as a trusted first point of contact for individuals and families looking for quality outpatient services. Whether dealing with common illnesses like malaria and typhoid or managing chronic conditions such as hypertension and diabetes, IHCC provided consistent and reliable medical support. Services related to reproductive health, laboratory tests, wound care, preventive screenings, and family planning remained key components of our offerings, ensuring clients received complete care all in one place.

In 2025, what set IHCC apart was not just the variety of services it offered, but also the overall experience connected to them. The organization focused on cutting down waiting times, enhancing appointment systems, and making clinical visits more welcoming for clients. With its digital booking system and outreach programs, IHCC made it easier and more flexible for people to access healthcare, especially for those who prefer private and convenient options.

The mobile outreach service helped IHCC extend its reach beyond the clinic's walls. By bringing services closer to communities, workplaces, and specific groups, the Centre removed obstacles that often stop people from getting timely care. This method supported IHCC's belief that healthcare should fit people's lives rather than forcing them to change their routines.

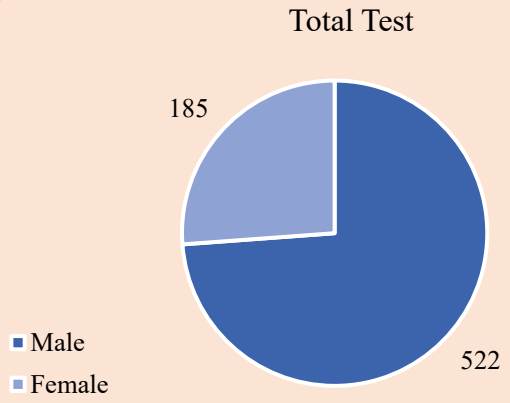
Prevention remained a key focus. Routine check-ups, vaccinations, and health education were highlighted as vital for long-term wellness. At the same time, IHCC continued to work with private health insurance companies to make healthcare more affordable and accessible for more people.

In 2025, IHCC aimed not just to provide services but also to build trust. Every consultation, test, and follow-up was based on confidentiality, professionalism, and respect. As part of WAAF, IHCC continues to promote inclusivity and non-discrimination, making sure that everyone who comes through its doors feels recognized, listened to, and supported.

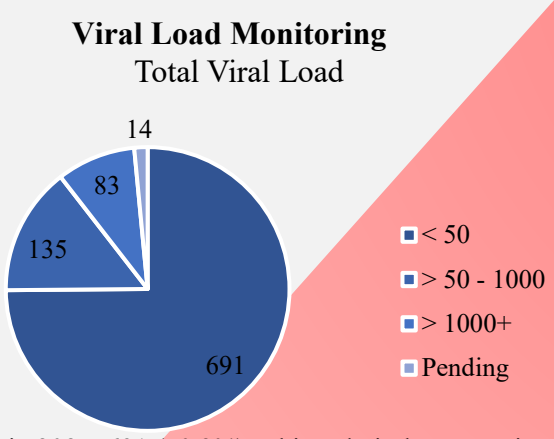
This year showed that IHCC is more than just a healthcare provider; it is a consistent presence in the community dedicated to promoting health equity and enhancing quality of life, one client at a time.

HIV Testing Services

In 2025, IHCC conducted a total of 707 retro tests.

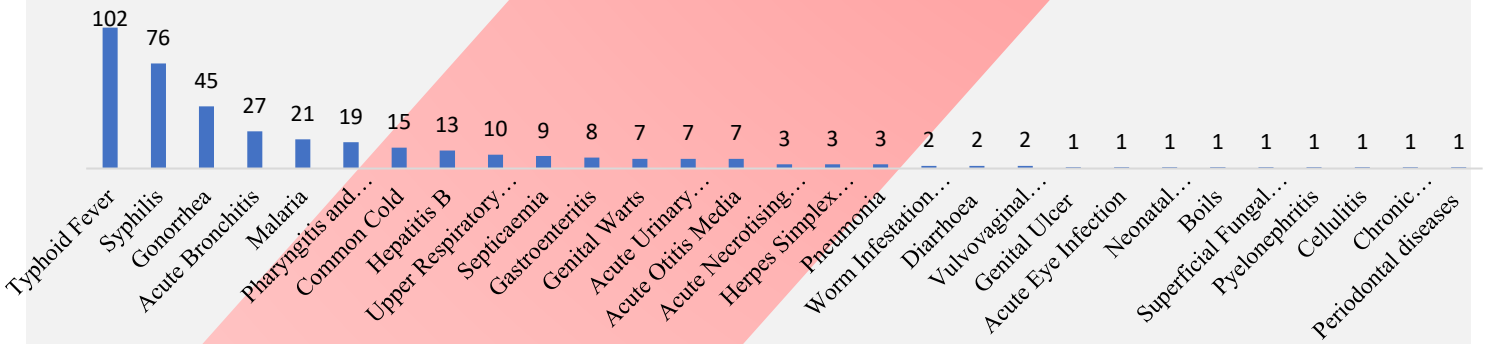


Of these, 113 (16%) tested positive and 594 (84%) tested negative. Among the positives, 26 (23%) were previously known positives, while 87 (77%) were newly diagnosed positives and were successfully linked to care. Out of the newly diagnosed cases, 73 (83.9%) initiated treatment at the facility.



925 viral load samples were collected in 2025. 691 (70.3%) achieved viral suppression (<50), 135 (13.7%) achieved low viraemia (>50–<1000), 83 (8.4%) attained high viraemia (≥1000), 14 samples (1.4%) are still pending and 2 (0.2%) results returned invalid.

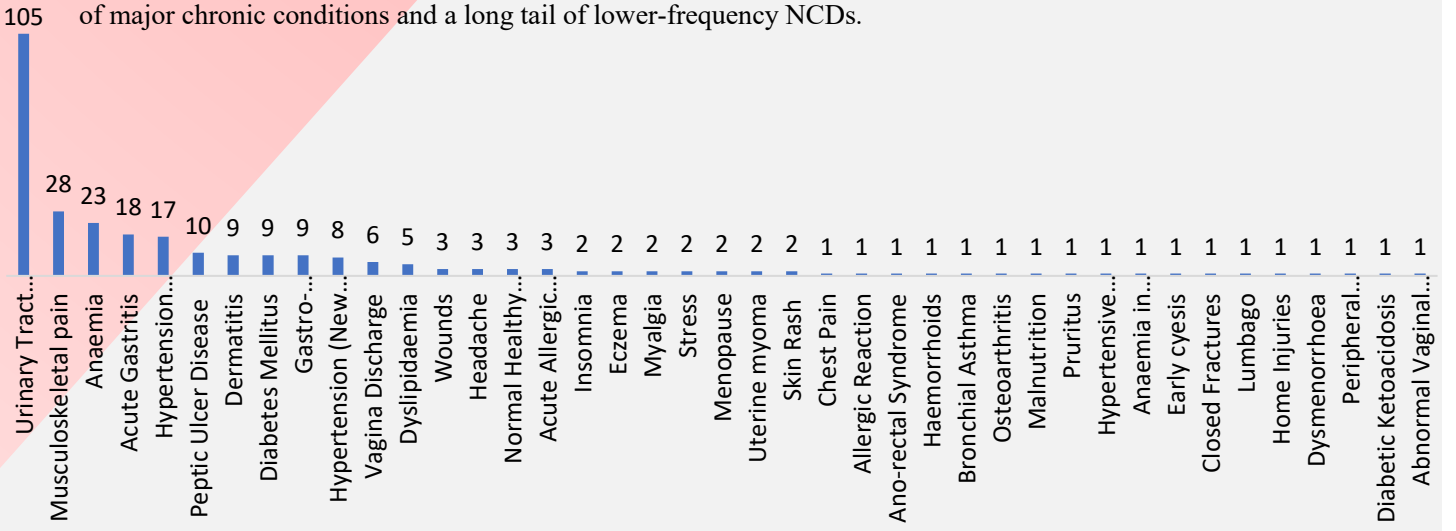
Morbidity (Communicable Diseases)



As illustrated in the graph above, the communicable disease for 2025 is dominated by three primary conditions. Typhoid Fever represents the single highest source of morbidity with 102 cases. Notably, sexually transmitted infections (STIs) comprise a massive portion of the top-tier data, with Syphilis (76 cases) and Gonorrhea (45 cases) ranking second and third respectively.

Morbidity (Non-Communicable Diseases)

The chart below displays the morbidity pattern for non-communicable diseases in 2025. It reveals a classic long-tail distribution, with urinary tract infection overwhelmingly dominating reported cases, followed by a smaller cluster of major chronic conditions and a long tail of lower-frequency NCDs.



Events, Workshops, and Meetings

Strengthening Cholera Preparedness: Training Program for Health Staff

Each year, especially at the beginning of the rainy season in Ghana, cholera cases tend to be on the rise. As part of efforts to enhance prevention and adequately manage cases, health workers from various hospitals and clinics across Accra gathered at the Ga-East Hospital, which is the Infectious Disease Hospital of Ghana, for an intensive training on cholera case management and infection prevention control. The training aimed to strengthen the preparedness of healthcare workers in managing cholera outbreaks effectively. The focus of the training therefore, was on improving cholera diagnosis, treatment, and prevention, while emphasizing the critical importance of infection control measures in healthcare settings. Participants received up-to-date guidance on rehydration therapy, treatment and sanitation protocols, and community education strategies. IHCC was represented by two staff members in the training. A step-down training at the facility which included all staff of IHCC was done immediately after the initial training.
This was to ensure that healthcare workers at the facility are adequately equipped with latest protocols and best practices to manage cholera cases at the facility and community. Enhancing skills and reinforcing prevention is crucial in safeguarding public health against any anticipated cholera outbreaks.

WAAF and IHCC enjoy servicing the people of Ghana; we continue to ensure our services are available to all and that absolutely no one is left behind. We also enjoy sharing our experiences as we continue our journey in the areas of health in Ghana focusing on HIV, TB and all associated. conditions. You can reach us and keep in touch with us via any of the under-listed contact details. We look forward to an exciting year in 2025 and you can follow our work on these same platforms.

Strengthening the HIV Response in Western North: A High-Level Visit from the Ghana AIDS Commission

On Monday, April 7, 2025, the Sefwi Wiawso District office of WAAF in the Western North Region welcomed a high-profile delegation from the Ghana AIDS Commission (GAC). The delegation was led by the Director General of GAC. He was accompanied by senior members of the commission in the name of Mr. Charles Oduro (Deputy Director of Finance), Mr. Fred Nana Opoku (Technical Director), Mr. Dramani Yakubu (Technical Coordinator, Western Region), and Madam Josephine (Executive Assistant). During the visit a broad coalition of stakeholders, such as Midack Charity Foundation, Equip Health Ghana, the Ghana Health Service (GHS), the Regional Coordinating Council, and various civil society organizations (CSOs) working in the region gathered together to welcome the delegation of GAC and to participate in the meeting. This joint meeting was a step towards enhancing regional collaboration with various stakeholders in the national fight against HIV and AIDS and sought to evaluate progress towards achieving national HIV goals by strengthening regional partnerships.
In his keynote address, the Director General underscored the urgency of working together to overcome persistent challenges in HIV prevention, care, and treatment, especially in underserved communities. He emphasized the importance of regional commitment, sustainable resource mobilization, intensified public education, and the use of data to guide interventions. Stakeholders used the opportunity to voice key challenges hampering their efforts,

including limited funding, logistical gaps, stigma and discrimination, and weak coordination among service providers.

The visit ended with a renewed spirit of collaboration and a shared commitment towards achieving objectives of the National HIV and AIDS Strategic Plan. The momentum generated promised to inject fresh energy into the HIV response across the Western North Region.

WAAF HIV Prevention Lecture at the University of Ghana



On June 23, 2025, the West Africa AIDS Foundation (WAAF) was invited by the University of Ghana, Legon School of Social Work, to deliver a lecture on the prevention of HIV infection. The session was held at the Kofi Abrefa Busia Hall within the Department of Social Work and was facilitated by Dr. Paul Sowah, WAAF's Deputy Executive Director. Dr. Sowah engaged the students in an informative and interactive session that covered various aspects of HIV, including how HIV infection occurs, methods of prevention, and the available treatment options in Ghana. Emphasis was placed on prevention strategies such as testing and counseling, safe sexual practices, and the prevention of mother-to-child transmission (PMTCT). The lecture was both educational and practical. Students were taught how to properly examine condoms for defects such as holes, tears or leaks before use.

Condoms were distributed to students as part of the practical awareness initiative. The class was very lively and interactive, with students asking insightful questions to deepen their understanding of HIV prevention and management. Before the session was brought to a close, WAAF extended its gratitude to the authorities of University of Ghana for the opportunity to educate and engage with the students on such an important public health issue. This takes us a step closer to Ending AIDS.

First Lady Lordina Mahama and Ghana AIDS Commission Host Free Medical Health Screening in Accra



On July 4th, In a commendable effort to promote public health and wellness, the first lady of Ghana, her excellency Lordina Mahama in collaboration with the Ghana AIDS Commission (GAC) organized a free health screening exercise for residents of Accra. The event held at the forecourt of the Accra Metropolitan Assembly, aimed to increase HIV testing, offer medical counselling and also encourage early detection of various health conditions in the process of this initiative Ghana health service, SOS and other stakeholders were invited to participate in the exhibition and health outreach. Amongst them is WAAF who also took part of the free health screening, the number of people who tested in total were 110, number of females tested was 106, men who tested were 4, where as positive cases was 1 and number of negative cases was 108 during the free health screening covered all critical health checks including HIV/AIDS testing and counselling, blood pressure and blood sugar, malaria testing and breast and cervical cancer.

The event aimed to encourage early detection and treatment of diseases while raising awareness about preventive healthcare measures. The first lady Lordina Mahama, a dedicated advocate for health and social welfare, emphasized the importance of regular health check-ups in her address. She reiterated her commitment to supporting vulnerable groups, particularly women and children through initiative that enhance healthcare accessibility. The Ghana AIDS Commission played a pivotal role in the exercise, providing HIV education and testing services and also highlighted the progress made in combating HIV/AIDS in Ghana while stressing the need to continue public engagement to eliminate stigma and encourage testing.

Beneficiaries of the free health screening expressed their gratitude for the initiative, calling for more frequent health outreach programs in underserved communities. Many attendees commended the first lady and the GAC (Ghana AIDS Commission) for their effort in prioritizing the health of Ghanaians.



UCEAP Students Engage with WAAF-IHCC to Explore Public Health Realities in Ghana



As part of their 2025 Summer Program in Ghana, students from the University of California Education Abroad Program (UC-EAP) had the opportunity to spend time with the West Africa AIDS Foundation (WAAF) and International Health Care Center (IHCC), engaging with real-world public health issues through lectures, discussions, and firsthand interaction. Led by public health expert Dr. Vera Opata, students were introduced to the structure of Ghana's health system and the delivery of primary healthcare services, with a focus on diseases of public health importance such as HIV/AIDS, Hepatitis B, Malaria, Diabetes, and Breast Cancer.

Dr. Opata provided critical insights into the epidemiology of these diseases in Ghana and their impact on community health outcomes, especially in underserved populations. During their time with the WAAF- IHCC team, students also gained a deeper understanding of the Foundation's mission and programming. They were given an overview of WAAF's work in HIV prevention, care, and treatment, as well as its support services for people living with HIV (PLHIV) and vulnerable populations who are often disproportionately affected by health disparities and social stigma.

A particularly impactful session was a moderated discussion with invited guests —a person living with HIV and individuals from the LGBTQI+ community—who courageously shared their lived experiences navigating healthcare, stigma, and resilience. These heartfelt stories gave students a unique opportunity to understand the psychosocial and social dimensions of health, going beyond theory to appreciate the human side of public health interventions.

The WAAF-IHCC experience offered students an important window into the challenges and innovations within Ghana's health landscape.

Through this collaboration, WAAF continues to affirm its role not only as a service provider, but also as a learning hub for global public health education and advocacy.

WAAF at ICASA 2025: Amplifying West African Voices on a Global Stage

The West Africa AIDS Foundation (WAAF) recorded a strong and impactful presence at the 23rd International Conference on AIDS and STIs in Africa (ICASA 2025), held in Accra, Ghana. The conference, under the theme "Africa in Action: Catalysing Integrated Sustainable Responses to End AIDS, TB & Malaria," brought together



governments, researchers, civil society, and communities to advance African-led, sustainable health solutions. A key highlight of WAAF's participation was the acceptance of three scientific abstracts presented by:

Benjamin Boateng — Bridging the Gap: Comprehensive HIV Service Delivery in Hard-to-Reach Communities

Penelope M. Agbai — From Vulnerability to Vitality: Transforming Maternal Health in Ghana

Gideon Pious Awuzu — Effect of the Human Sexual Rights and Family Values Bill on Access to Health Services by Vulnerable Populations – Greater Kumasi, Ghana.

These presentations reflected WAAF's practical experience in HIV prevention, maternal and sexual health, community engagement, and rights-based programming for vulnerable and key populations.

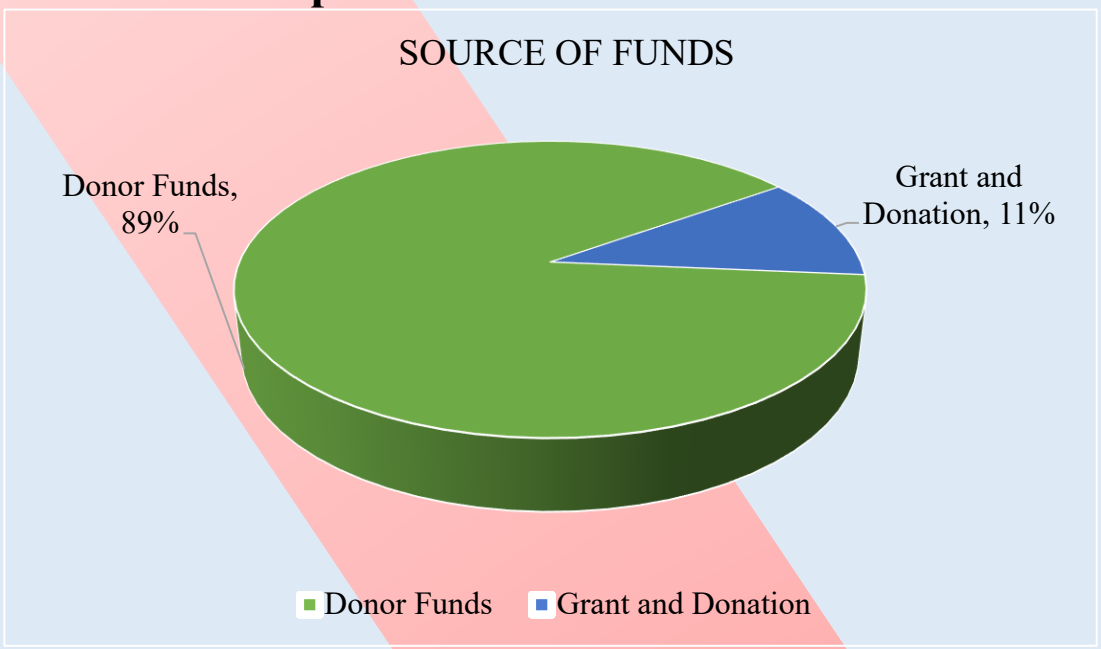
In addition, several WAAF staff received full and partial scholarships to participate in the conference, enabling broader institutional representation across technical sessions, capacity-building workshops, and strategic networking engagements.

Participation in ICASA 2025 strengthened WAAF's partnerships, enhanced staff capacity, and reaffirmed the organization's role as a leading civil society voice in the regional HIV response. Lessons from the conference are already informing WAAF's 2026 priorities, particularly the expansion of integrated community-based HIV services, strengthened maternal health interventions, and continued advocacy for equitable access to care.

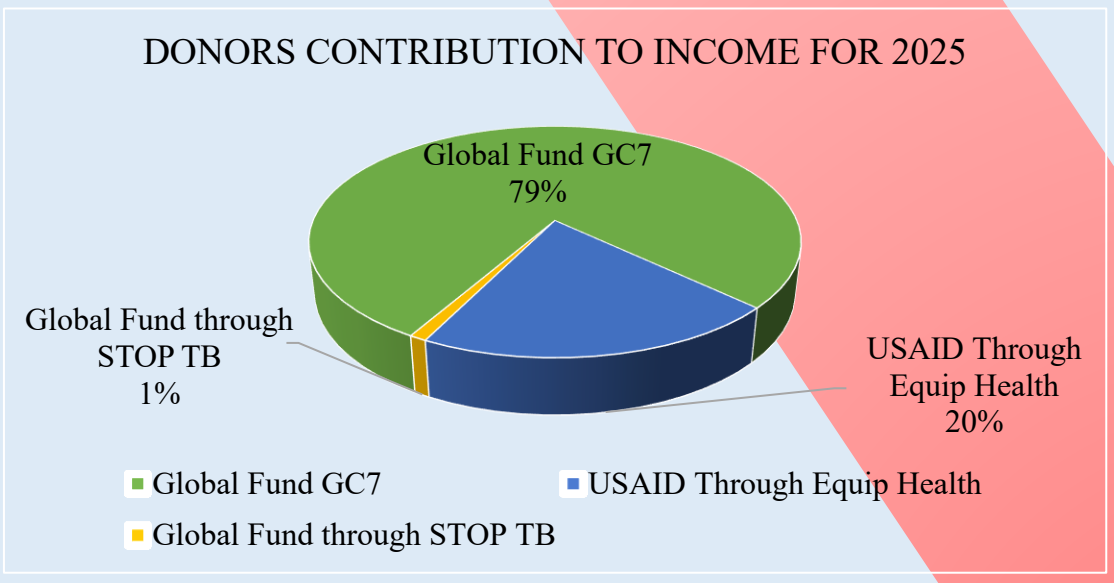




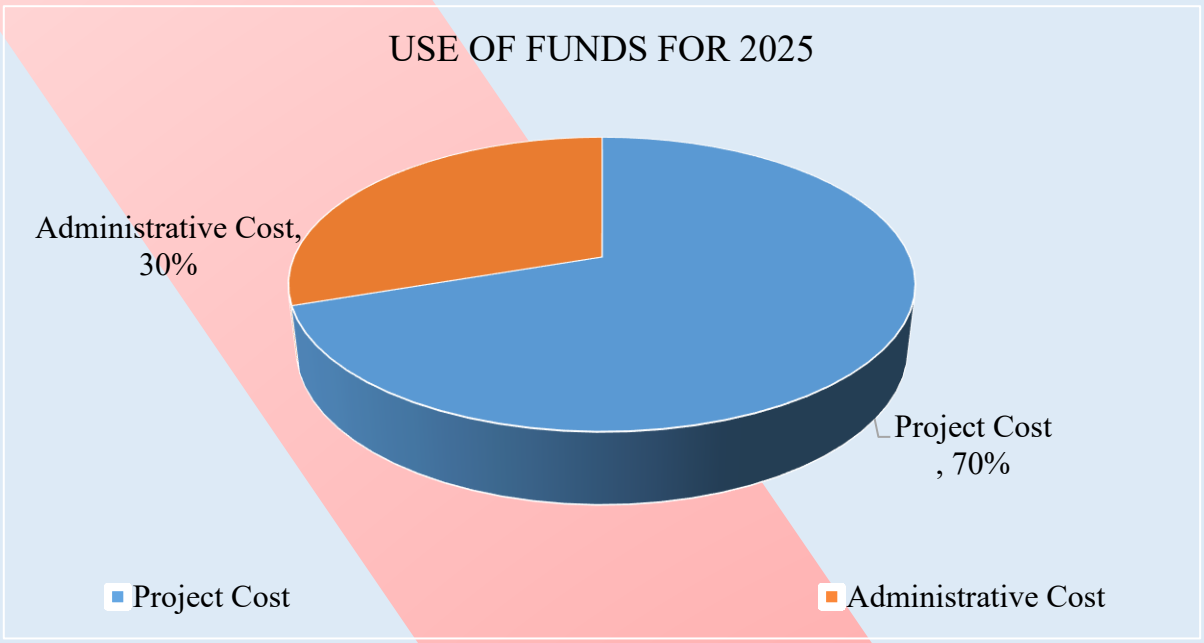
WAAF Financial Updates



For the year 2025, WAAF mobilized a total income of 6 million. As depicted in the above chart, this comprises 89% direct project funding from donors, 11% and coming from grants and donations for direct ground vulnerable beneficiaries.



In the year 2025, WAAF effectively mobilized GHS 5.3 million from donors for direct and specific project activities; out of this amount, Global Fund (GF) through WAPCAS under the GC7 project contributed 79%. USAID through Equip Health under the EpiC project granted 20% and Global Funds through STOP TB contributed 1%



As shown above in Figure 3.0, in the year 2025, the total expenditure for WAAF amounted to GHS 5.6 million out of this 70% was expended on direct field and Vulnerable beneficiaries while 30% was spent on other administrative cost.

National Service Experience



My national service year at the West Africa AIDS Foundation (WAAF) was nothing like what I had pictured. Before starting, I thought I would be treated like a typical service person, doing small tasks, following step-by-step instructions, and learning quietly in the background. The reality was very different. From the very beginning, WAAF gave me responsibilities that pushed me out of my comfort zone. I was treated as part of the team, expected to take initiative, and trusted to contribute in meaningful ways.

Working in the Programs Department as the Monitoring and Evaluation Assistant was both challenging and rewarding. I spent a lot of time assisting with collating and validating data from the field, preparing reports, and analyzing results to support program improvement. At first, it felt overwhelming, but as I settled in, I began to see how important my role was. One of the proudest moments of my service was when I got the opportunity to serve as a Research Assistant on the M'ahosan study. That opportunity not only gave me practical field experience but also came with financial compensation, which was a pleasant surprise. It was proof that my efforts were valued, even as a national service person.

Outside of data work, I had the opportunity to be part of larger projects and events, such as supporting World AIDS Day activities and helping to plan the TB Photo Challenge. These moments showed me another side of public health: how awareness campaigns and community engagement can make just as much impact as the numbers and reports. Along the way, I improved my teamwork, communication, and organizational skills, which will stay with me long after service.

The journey wasn't without challenges. Limited logistics and the pressure of tight deadlines sometimes made the work tough. There were moments when data from the field was inconsistent, and fixing it tested my patience. But those challenges taught me how to adapt quickly, stay focused, and manage my time better.

Looking back, my time at WAAF was a turning point. What I thought would be a routine service year turned into a period of growth and discovery. I left with stronger technical skills, more confidence in myself, and a clear sense of direction for my future career. Most of all, I learned that with the right attitude and effort, even unexpected challenges can become opportunities for growth.

GET INTOUCH

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- **Techiman** – TF5564, Diasempa
- **Sunyani** – New Dormaa Extension Pastoral Road Plot No. 188 Ethiopia Junction
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-**Bonsu** - Beside Kpogas Furnitures- Tech Traffic Light
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