

Ghana

HIV/AIDS



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HIV/AIDS

MedCOI

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The report has been reviewed by International SOS and EUAA.





Contents

Acknowledgements.....	3
Disclaimer.....	5
Glossary and abbreviations	6
Introduction.....	8
Methodology.....	8
Terms of reference	8
Collecting information.....	8
Quality control.....	8
Sources.....	9
1. Prevalence of HIV/AIDS.....	10
2. Access to treatment	10
2.1. Insurance and national programmes	11
2.2. Non-governmental organisations (NGOs).....	11
3. Cost of treatment	12
4. Cost of medication	14
Annex 1: Bibliography	17
Annex 2: Terms of Reference (ToR).....	19





Disclaimer

This report was written according to the EUAA COI Report Methodology (2023). The report is based on publicly available sources of information, as well as oral anonymised sources who are based in Ghana. All sources used are referenced.

The information contained in this report has been researched, evaluated and analysed with utmost care. However, this document does not claim to be exhaustive. If a particular event, person or organisation is not mentioned in the report, this does not mean that the event has not taken place or that the person or organisation does not exist.

Furthermore, this report is not conclusive as to the determination or merit of any particular application for international protection. Terminology used should not be regarded as indicative of a particular legal position.

'Refugee', 'risk' and similar terminology are used as generic terminology and not in the legal sense as applied in the EU Asylum Acquis, the 1951 Refugee Convention and the 1967 Protocol relating to the Status of Refugees.

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On 19 January 2022 the European Asylum Support Office (EASO) became the European Union Agency for Asylum (EUAA). All references to EASO, EASO products and bodies should be understood as references to the EUAA.

The drafting of this report was finalised on 27 March 2024. Any event taking place after this date is not included in this report. More information on the reference period for this report can be found in the methodology section of the Introduction.





Glossary and abbreviations

Term	Definition
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASR	Ashanti Region
CHAG	Christian Health Association of Ghana
CHPS	Community-Based Health and Planning Services
CR	Central Region
GHANET	Ghana HIV and AIDS Network
HIV	Human immunodeficiency virus
NACP	National AIDS Control Programme
NHIS	National Health Insurance Scheme
PLHIV	People Living with Human Immunodeficiency Virus
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PHC	Primary Healthcare





Term	Definition
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
VR	Volta Region
WAAF	West Africa AIDS Foundation
WAPCAS	Ghana-West Africa Programme to Combat AIDS and STI
WNR	Western North Region
WR	Western Region





Introduction

Methodology

The purpose of the report is to provide information on access to Human immunodeficiency virus (HIV) treatment in Ghana. This information is relevant to the application of international protection status determination (refugee status and subsidiary protection) and migration legislation in EU+ countries.

Terms of reference

The terms of reference for this Medical Country of Origin Information Report were developed by EUAA.

The terms of reference for this Medical Country of Origin Information Report can be found in Annex 2: Terms of Reference (ToR). The initial drafting period was finalised on 9 November 2023, peer review occurred between 10 November – 22 December 2023, and additional information was added to the report as a result of the quality review process during the review implementation up until 27 March 2024. The report was internally reviewed subsequently.

Collecting information

EUAA contracted International SOS (Intl.SOS) to manage the report delivery including data collection. Intl.SOS recruited and managed a local consultant to write the report and a public health expert to edit the report. These were selected from Intl.SOS' existing pool of consultants. The consultant was selected based on their experience in leading comparable projects and their experience of working on public health issues in Ghana.

This report is based on publicly available information in electronic and paper-based sources gathered through desk-based research. This report also contains information from oral sources with ground-level knowledge of the healthcare situation in Ghana who were interviewed specifically for this report. For security reasons, all oral sources are anonymised.

Quality control

This report was written by Intl.SOS in line with the European Union Agency for Asylum (EUAA) COI Report Methodology (2023),¹ the EUAA Country of Origin Information (COI) Reports Writing and Referencing Guide (2023)² and the EUAA Writing Guide (2022).³ Quality control of the report was carried out both on content and form. Form and content were reviewed by Intl.SOS and EUAA.

¹ EUAA, Country of Origin Information (COI) Report Methodology, February 2023, [url](#)

² EUAA, Country of Origin Information (COI) Reports Writing and Referencing Guide, February 2023, [url](#)

³ EUAA, The EUAA Writing Guide, April 2022, [url](#)





The accuracy of information included in the report was reviewed, to the extent possible, based on the quality of the sources and citations provided by the consultants. All the comments from reviewers were reviewed and were implemented to the extent possible, under time constraints.

Sources

In accordance with EUAA COI methodology, a range of different published sources have been consulted on relevant topics for this report. These include governmental publications, reports by non-governmental organisations and international organisations. All sources that are used in this report are outlined in Annex 1: Bibliography.

Key informant interviews were carried out in September 2023. Interviews were conducted with an officer who works within organisations of Ghana's healthcare system. A complete anonymised list of interviewees can be found in Annex 1: Bibliography.



1. Prevalence of HIV/AIDS

Human immunodeficiency virus (HIV) continues to be a disease of public health importance and Ghana is classified as having a low-level generalised HIV epidemic.⁴

In 2022, the Joint United Nations Programme on HIV/AIDS (UNAIDS) stated that 350 000 adults and children are living with HIV in Ghana, of which 330 000 (94.3 %) are aged 15 to 49 years. There are 25 000 children (aged 0 to 14 years) living with HIV. There are 230 000 adult women living with HIV, comprising 65.7 % of all those who live with HIV and 69.6 % of adults who live with HIV.⁵ 99Science, a Ghanaian science communication platform, reports that young people (aged 15 to 24 years) constitute 25 % of people who live with HIV (PLHIV) in the country.⁶

About 250 000 PLHIV are aware of their status (71 %) and 220 000 PLHIV who know their status are on antiretroviral therapy (ART).⁷

99Science reports that the country's HIV prevalence rate stands at 1.8 %. The prevalence across the country varies with the Northern Region recording the lowest prevalence of 0.02 % and the Eastern Region having the highest prevalence of 2.3 %, followed by the Greater Accra Region and the Western Region, with rates of 2.1 % and 2.2 %, respectively.⁸

2. Access to treatment

Ghana has a pluralistic health sector in terms of ownership (public and private) and in terms of healthcare models (orthodox, traditional and alternative medicine).⁹ Healthcare services are provided by the public sector, as well as by private sector service providers made up of for-profit providers and non-profit faith-based health facilities.¹⁰ The health system is organised in three levels: the primary level, with a focus on primary healthcare (PHC) services, starts with the community-based health and planning services (CHPS) compound, then the sub-district health centre/clinic and ends up at the district hospital. The secondary and tertiary levels have regional and teaching hospitals, respectively.¹¹

⁴ CCM Ghana, HIV/AIDS in Ghana, n.d., [url](#)

⁵ UNAIDS, Country factsheets, Ghana 2022, 2023, [url](#)

⁶ 99Science, HIV in Ghana: Everything you need to know, August 2023, [url](#)

⁷ UNAIDS, Country factsheets, Ghana 2022, 2023, [url](#)

⁸ 99Science, HIV in Ghana: Everything you need to know, August 2023, [url](#)

⁹ Ghana, MOH, National Health Policy: Ensuring healthy lives for all (Revised Edition), January 2020, [url](#), p. 23

¹⁰ Ghana, MOH, Health Sector Medium Term Development Plan 2022-2025, December 2021, [url](#), p. 11

¹¹ Ghana, MOH, Health Sector Medium Term Development Plan 2022-2025, December 2021, [url](#), p. 11



Public and private facilities, at all levels of the health system, can provide care within limits set by the Standard Treatment Guidelines 2017.¹² The primary level of care has the capacity to identify and make differential diagnosis of some of the conditions. This capacity is mostly at the district hospital level where they can make more definitive diagnosis, commence basic care and continue to refer the client to the appropriate secondary or tertiary facility for definitive case management. All patients can access care at the nearest point of service to them at any level of the health system. Based on the severity of the condition and the capacity of the point of service to manage the condition, care will be continued, or the patient will be referred to the next higher level of care for further appropriate case management. Patients can however walk into any emergency room in any secondary or tertiary facility and will be attended to.¹³

There is a National AIDS Control Programme (NACP) run by the Ghana Health Service. It provides prevention services, including promoting condom use, advocating for pre-exposure prophylaxis (PrEP) and ensuring access to post-exposure prophylaxis (PEP). Expanding HIV testing and prevention education can significantly reduce new infections, particularly among high-risk populations. It also provides treatment services that include early diagnosis and treatment. There are approximately 68 % of individuals on ART achieving viral suppression, and the outlook for effective HIV treatment seems positive.¹⁴

Persons requiring HIV services are eligible for free services if registered with designated public facilities located throughout the country. According to an interviewed infectious disease doctor, these services are considered to be easily accessible.¹⁵

2.1. Insurance and national programmes

The cost for HIV treatment is not covered under the National Health Insurance Scheme (NHIS) as HIV treatment is provided free by government. The NHIS is available for registration to all individuals living in Ghana.¹⁶

2.2. Non-governmental organisations (NGOs)

There are a number of non-governmental organisations (NGOs) supporting persons affected with HIV and AIDS to access the available treatment care and support available. They do not provide treatment services but they engage in prevention interventions. They also engage in advocacy and community engagement activities to raise awareness of what is available, where it is and how it can be accessed. Some of these organisations are Ghana HIV and AIDS Network (GHANET),¹⁷ the West Africa AIDS Foundation (WAAF),¹⁸ and the Ghana-West Africa

¹² Ghana, MOH, GNDP, Standard Treatment Guidelines, Seventh Edition, 2017, [url](#)

¹³ CHvKII101, Consultant Infectious Disease Doctor, Interview, September 2023, Accra

¹⁴ 99Science, HIV in Ghana: Everything you need to know, August 2023, [url](#)

¹⁵ CHvKII101, CHvKII101, Consultant Infectious Disease Doctor, Interview, September 2023, Accra

¹⁶ CHvKII101, Consultant Infectious Disease Doctor, Interview, September 2023, Accra

¹⁷ GHANET, 2023, [url](#)

¹⁸ WAAF (West Africa AIDS Foundation), 2020, [url](#)



Programme to Combat AIDS and STI (WAPCAS).¹⁹ The faith-based health service provider the Christian Health Association of Ghana (CHAG) provides treatment services in its facilities.²⁰

3. Cost of treatment

HIV outpatient treatment and laboratory tests are provided for free in all public facilities for all persons who have been diagnosed and are registered with the same or designated facility that provides HIV treatment care and support services.²¹

In Table 1 and Table 2 below, the prices for specialists consultations in public facilities are based on the NHIS tariffs for tertiary hospitals,²² while prices for the private sector as well as reimbursement and insurance information are provided by interviewee CHvKII101.²³

Table 1. Cost of specialist consultations in public tertiary and private health facilities

Specialist	Public outpatient treatment price in GHS	Public inpatient treatment price in GHS*	Private outpatient treatment price in GHS	Private inpatient treatment price in GHS*	Reimbursement/ special programme/ free/ comments
Internist	Free	127	300 to 400	400 to 500	<p>The cost of ART and HIV specific laboratory tests are free of charge in public facilities for both outpatient and inpatient treatments.</p> <p>The cost of admission and non-HIV related care and treatment can be covered within the limits of the NHIS or private insurance packages.</p> <p>If no insurance, then the patient pays out-of-pocket.</p>
HIV specialist	Free	127	300 to 400	400 to 500	
Infectiologist	Free	127	300 to 400	400 to 500	

¹⁹ WAPCAS, 2017, [url](#)

²⁰ CHAG, 2023, [url](#)

²¹ CHvKII101, Consultant Infectious Disease Doctor, Interview, September 2023, Accra

²² NHIS Tariffs for tertiary hospitals (2023)

²³ CHvKII101, Consultant Infectious Disease Doctor, Interview, September 2023, Accra



*The cost of inpatient treatment is calculated on a daily basis and includes bed and food.

Table 2. Cost of HIV laboratory, diagnostic imaging and specialist treatment interventions in public tertiary and private health facilities

	Public treatment price in GHS	Private treatment price in GHS	Reimbursement/ special programme/ free/ comments
Laboratory measurements			
Viral load count	Free	HIV viral load – 500	Free if obtained from government-approved HIV centres. If not, then cost is paid out of pocket by the patient or with private insurance.
CD 4 count	Free	Not found	
Laboratory research: resistance test for antiretroviral drugs	Free	HIV 1 & 2 resistance 2 860	
Treatment			
Clinical admittance on internal/ infectious disease department (daily rate)	127	400 to 500	Both public / private sector prices can be paid with NHIS or private insurance and the facility is reimbursed. If no insurance, then cost is born by the patient. The NHIS is does not cover the full cost of care in the private sector.



4. Cost of medication

The cost of medication for the treatment of HIV is free when provided in public facilities. Government, with support from the Global Fund and other bi-lateral and multilateral agencies, covers all treatment costs. Medication is mostly found in government designated treatment sites. Some medications can be found in a few private sector facilities on a payment basis.²⁴

Prices in private facilities and information on insurance and reimbursement are provided by interviewee CHvKII101.²⁵

In Table 3 below, '*Pharmacy*' refers to the private sector and '*Hospital*' refers to public sector.

Concerning the coverage and reimbursement of the medication prices in the table below, the following principles apply:

1. Both public and private sector prices can be covered by NHIS or/and private insurance.
2. If insured, on presentation of one's insurance card, whether NHIS or private, no payment is made by the patient, as the insurance company re-imburses the facility at a later date on submission of claims.
3. In private facilities, where NHIS coverage is accepted, the price difference between the NHIS tariffs and the private price is borne by the patient.
4. Uninsured patients pay out-of-pocket for all medications at public and private facilities.

Table 3. Cost of medicines in both public and private sector

Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital,...)
Abacavir	Abacavir	300 mg	tablet	30	Free	Hospital
Dolutegravir	Dolutegravir	50 mg	tablet	30	Free	Hospital
Efavirenz	Efavirenz	600 mg	tablet	30	Free	Hospital
Elvitegravir	Elvitegravir	150 mg	tablet	30	Free	Hospital

²⁴ CHvKII101, Consultant Infectious Disease Doctor, Interview, September 2023, Accra

²⁵ CHvKII101, Consultant Infectious Disease Doctor, Interview, September 2023, Accra



Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital,...)
Emtricitabine	Emtricitabine	200 mg	capsule	30	Free	Hospital
Tenofovir disoproxil	Tenofovir disoproxil	300 mg	tablet	30	196.3	Pharmacy
	Tenofovir disoproxil	300 mg	tablet	30	Free	Hospital
Tenofovir alafenamide	Tenofovir alafenamide	25 mg	tablet	30	187.7	Pharmacy
Zidovudine	Zidovudine	300 mg	tablet	60	Free	Hospital
Truvada® (combination of tenofovir disoproxil/ emtricitabine)	Truvada®	200 mg/ 300 mg	tablet	30	1105	Pharmacy
	Truvada®	200 mg/ 300 mg	tablet	30	Free	Hospital
Combivir® (combination of zidovudine / lamivudine)	Combination of zidovudine and lamivudine	300 mg/ 150 mg	tablet	30	Free	Hospital
Epzicom® Kivexa® (combination of abacavir and lamivudine)	Combination of abacavir and lamivudine	600 mg/ 300 mg	tablet	30	Free	Hospital
Juluca® (combination of dolutegravir and rilpivirin)	Combination of dolutegravir and rilpivirin	50 mg/ 25 mg	tablet	30	Free	Hospital
Kaletra® (combination of lopinavir / ritonavir)	Combination of lopinavir and ritonavir	200 mg/ 50 mg	tablet	120	Free	Hospital
Trizivir® (combination	Combination of abacavir /	300 mg/ 300 mg	tablet	30	Free	Hospital





Generic Name	Brand name	Strength of unit	Form	Number of units in the container	Price per box in GHS	Place (pharmacy, hospital,...)
of abacavir / zidovudine /lamivudine)	zidovudine / lamivudine					
Aciclovir	Aciclovir	200 mg	tablet	30	45	Pharmacy
Cefotaxim	Austell™	1 g	injection	1	372.7	Pharmacy
Ceftriaxone	Rocephin™	2 g	injection	1	174.8	Pharmacy
Doxycycline	Doxycycline	100 mg	capsule	10	22	Pharmacy
Fluconazole	Diflucan™	150 mg	capsule	1	307	Pharmacy
Itraconazole	Sporanox™	100 mg	capsule	28	195	Pharmacy
Nystatin	Nystatin	100 000 units/5ml	suspension	1	69.4	Pharmacy





Annex 1: Bibliography

Oral sources, including anonymous sources

CHvKII101, A Consultant Infectious Disease Doctor, Interview, Accra, September 2023. The person wishes to remain anonymous.

Public sources

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WAPCAS (Ghana-West Africa Program to Combat AIDS & STI), 2017, <https://www.wapcas.org/>, accessed 5 December 2023





Annex 2: Terms of Reference (ToR)

HIV/AIDS

Note for drafters: These are guidelines on the information to be included. If one aspect is not relevant, e.g., there is no national institute to treat this disease or no international donor programme, there is no need to mention it. Keep the focus on treating medicine – preventive care can be mentioned but is of less interest to the target group.

General information

- Briefly describe prevalence and incidence of HIV/AIDS (epidemiologic data).
- How is the health care organized for this disease?
- How is HIV/AIDS treated – at specific centres, in primary health care centres, secondary care / hospitals, tertiary care etc.?
- Which kinds of facilities can treat HIV/AIDS [public, private not for profit (e.g., hospitals run by the church), private for-profit sector]? Include links to facilities' websites if possible.
- How are the resources organized in general to treat patients with HIV/AIDS? Are there sufficient resources available to treat all patients?
- Is there a particular type of this disease for which no (or only partial) treatment exists in the country?
- Is there a (national) institute specialised in treating this disease?
- Are there any national or international plans or (donor) programmes for HIV/AIDS; if yes, could you elaborate on such programme(s) and what it entails?

Access to treatment

- Are there specific treatment programmes for HIV/AIDS? If so, what are the eligibility criteria to gain access to it and what they contain?
- Are there specific government (e.g., insurance or tax) covered programmes for this disease? If so, what are the eligibility criteria to gain access to it?
- Are there any factors limiting the access to healthcare for patients? If so, are they economic, cultural, geographical, etc.? Are there any policies to improve access to healthcare and/or to reduce the cost of treatments and/or medication? What is the number of people having access to treatment? Keep focus on e.g., waiting times rather than the exact number of specialists in the field.
- If different from information provided in the general section; is the treatment geographically accessible in all regions?
- What is the 'typical route' for a patient with this disease (after being diagnosed with the disease)? In other words: for any necessary treatment, where can the patient find help and/or specific information? Where can s/he receive follow-up treatment? Are there waiting times for treatments?
- What must the patient pay and when?



- Is it the same scenario for a citizen returning to the country after having spent a number of years abroad?
- What financial support can a patient expect from the government, social security or a public or private institution? Is treatment covered by social protection or an additional / communal health insurance? If not, how can the patient gain access to a treatment?
- Any occurrences of healthcare discrimination for people with this disease?

Insurance and national programmes

- National coverage (state insurance).
- Programmes funded by international donor programmes, e.g., Global Fund, UNAIDS, UNICEF, Gates foundation, Clinton foundation etc.
- Include any insurance information that is specific for patients with this disease.

Cost of treatment

Guidance / methodology on how to complete the tables related to treatments:

- Do not delete any treatments from the tables. Instead state that they are not available or information could not be found if that is the case.
- In the table, indicate the price for inpatient and outpatient treatment in public and private facilities and if the treatments are covered by any insurance or by the state.
- For inpatient, indicate what is included in the cost (bed / daily rate for admittance, investigations, consultations...). For outpatient treatment, indicate follow up or consultation cost.
- Is there a difference in respect to prices between the private and public facilities?
- Are there any geographical disparities?
- Are the official prices adhered to in practice?
- Include links to online resources used, if applicable (e.g., hospital websites).

Note: a standardised list of treatments was also included in the original ToR, as can be viewed in the report. Any treatment without a found price was removed at the editorial stage.

Cost of medication

Guidance / methodology on how to complete the tables related to medications:

- Do not delete any medicines from the tables. Instead state that they are not available or information could not be found if that is the case.
- Are the available medicines in general accessible in the whole country or are there limitations?
- Are the medicines registered in the country? If yes, what are the implications of them being registered?
- Indicate in the tables: generic name, brand name, dosage, form, pills per package, official prices, source, insurance coverage.



- Are (some of the) medicines mentioned on any drug lists like national lists, insurance lists, essential drug lists, hospital lists, pharmacy lists etc.?
- If so, what does such a list mean specifically in relation to coverage?
- Are there other kinds of coverage, e.g., from national donor programmes or other actors?
- Include links to online resources used, if applicable (e.g., online pharmacies).

Note: a standardised list of medication was also included in the original ToR, as can be viewed in the report. Any medication without a found price was removed at the editorial stage.

NGOs

- Are any NGOs or international organisations active for patients with HIV/AIDS? What are the conditions to obtain help from these organisations? What help or support can they offer?
- Which services are free of charge and which ones are at a cost? Is access provided to all patients or access is restricted for some (e.g., in case of faith-based institutions or in case of NGOs providing care only to children for instance).



