



**EXPLORING THE ROLE OF YOUNG PEOPLE IN GHANA'S GLOBAL FUND-SUPPORTED
HIV PROGRAMS: THE GAPS AND FACILITATORS FOR MEANINGFUL AND ETHICAL
YOUTH ENGAGEMENT IN THE HIV RESPONSE**

BY

(PRISCILLA AMA ADDO)

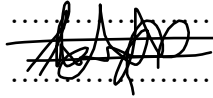
(MADC24001)

**A DISSERTATION/THESIS SUBMITTED TO THE UNIVERSITY OF MEDIA, ARTS AND
COMMUNICATION UniMAC IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE AWARD OF *MA/MPHIL IN COMMUNICATION***

NOVEMBER 2025


DECLARATION BY STUDENT

I hereby declare that this research is a result of my/our own original research and that, no part of it has been presented for another degree in this university or any other higher education institute. I further declare that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

..... Priscilla Ama Addo MADC24001  08/12/2025
Student	Index number	Signature	Date

CERTIFICATION BY SUPERVISOR

This Dissertation/Thesis has been prepared and presented under my supervision according to the guidelines for supervision and formatting of Dissertation/Thesis laid down by the University of Media, Arts and Communication, UniMAC.

Dr. Daniel Odoom 	08-12-2025
Supervisor	Signature	Date

ABSTRACT

Young people remain at the center of the HIV epidemic in sub-Saharan Africa, yet their meaningful engagement in HIV programming continues to face critical challenges. In Ghana, where young people under 30 constitute more than half of the population, their involvement in Global Fund-supported HIV programs is vital to achieving sustainable health outcomes. The objectives of the study were to explore the role of young people in Ghana's Global Fund-supported HIV programs, focusing on the existing gaps, barriers, and facilitators that shape their participation. It seeks to examine how young people are currently engaged in these programs, the impact of their involvement on program outcomes, and strategies to enhance their meaningful and ethical participation.

This study employs a convergent parallel mixed-methods design where quantitative data were gathered through structured questionnaires administered to young people aged 18-30 years from Greater Accra, Ashanti and Northern regions in Ghana, while qualitative data were collected through key informant interviews and focus group discussions with youth advocates, Global Fund implementers, and members of youth-led networks.

The findings indicate that although young people contribute meaningfully to peer education, community mobilization, and advocacy efforts, their engagement in decision-making and governance remains limited. Structural barriers such as stigma, adult dominance in program structures, insufficient funding for youth-led organizations, and lack of institutionalized representation hinder the realization of genuine youth leadership and participation.

The study concludes that meaningful and ethical youth engagement should go beyond tokenistic representation toward shared power, resources, and responsibility in HIV programming. This work shares how creating safe and inclusive spaces for youth participation will ensure equitable and lasting outcomes through youth leadership in Ghana's HIV response. The study contributes to the growing body of evidence advocating for youth-centered approaches that recognize young people as equal partners and essential agents of change in public health and development.

DEDICATION

I dedicate this dissertation to my wonderful mom and my two cats who have emotionally supported me through this journey.

ACKNOWLEDGEMENTS

I express my deepest gratitude to my supervisor Dr. Daniel Odoom for his patience and support throughout this journey. I am also grateful to all the wonderful young people from the Young Health Advocates Ghana and all other partners who supported me.

TABLE OF CONTENTS

CHAPTER ONE - INTRODUCTION	1
1.0 Introduction	1
1.1 Background of Study	2
1.2 Problem Statement	4
1.3 Research Aim	7
1.4 Research Objectives	7
1.5 Research Questions	7
1.6 Significance of the Study	8
1.7 Scope of the Study	9
1.8 Limitations of the Study	10
1.9 Organization of the Study	10
1.10 Chapter Summary	14
CHAPTER TWO - LITERATURE REVIEW	17
2.0 Introduction	17
2.1 Theoretical Framework	17
2.2 Review of Concepts and Key Issues	28
2.3 Empirical Review	35
2.4 Conceptual Framework	49
2.5 Chapter Summary and Lessons Learnt	52
CHAPTER THREE - RESEARCH METHODOLOGY	54
3.0 Introduction	54
3.1 Research Approach	54
3.2 Research Design	55
3.3 Study Setting	56
3.4 Study Population	56
3.5 Sample and Sampling Techniques	57
3.6 Data Collection Instruments	57
3.7 Reliability and Validity	58
3.8 Data Collection Procedure	58
3.9 Data Handling, Processing and Analysis	59
3.10 Ethical Considerations	59
3.11 Chapter Summary	60
CHAPTER FOUR - RESULTS AND DISCUSSION	61
4.0 Introduction	61
4.1 Qualitative Research Findings	62

4.2 How are young people currently involved in Global Fund-supported HIV programmes in Ghana?	62
4.3 How does young people’s involvement impact the success of these HIV programmes?	64
4.4 What are the challenges to young people’s involvement in Global Fund-supported HIV programmes?	66
4.5 What strategies can be adopted to improve youth involvement?	68
4.6 Thematic Framework Across All Three Regions	70
4.7 Key Informant Interviews (CCM Members)	71
4.8 Quantitative Research Findings	77
4.9 Chapter Summary	97
CHAPTER FIVE - SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	100
5.0 Introduction	100
5.1 Summary	101
5.2 Conclusion	102
5.3 Recommendations	103
REFERENCES	108
APPENDIX A - INTERVIEW GUIDE	114
APPENDIX B - QUESTIONNAIRE	119

LIST OF FIGURES

Figure 1 - Conceptual Framework.....	50
Figure 2 - Age Group.....	78
Figure 3 - Sex.....	78
Figure 4 - Disaggregation of region.....	78
Figure 5 - Role under the program.....	78
Figure 6 - Overall summary of quantitative analysis.....	78

LIST OF TABLES

Table 1: Key roles of young people in the project.....	62
Table 2: How people’s involvement impacts the success of the HIV programmes.....	63
Table 3: Challenges to young people’s involvement in Global Fund-supported HIV programmes.....	65
Table 4: Strategies can be adopted to improve youth involvement.....	67
Table 5: Thematic framework across all three regions.....	70
Table 6: Response on needs assessment.....	79
Table 7: Prioritisation and Goal Identification.....	82
Table 8: Proposal Writing/Development	84
Table 9: Programme Implementation.....	85
Table 10: Impact of Youth Involvement.....	88
Table 11: Capacity-building and Support System.....	90
Table 12: Youth Leadership and Representation	93
Table 13: Overall Interpretation of Findings.....	95

LIST OF ABBREVIATIONS

AIDS – Acquired Immune Deficiency Syndrome

ART – Antiretroviral Therapy

AYP – Adolescents and Young People

CATS – Community Adolescent Treatment Supporters

CCM – Country Coordinating Mechanism

CLM – Community-Led Monitoring

CSOs – Civil Society Organizations

DRID – Directorate of Research, Innovation and Development

GAC – Ghana AIDS Commission

GHS – Ghana Health Service

GF – Global Fund

HIV – Human Immunodeficiency Virus

ICT – Information and Communication Technology

M&E – Monitoring and Evaluation

NGO – Non-Governmental Organization

NFM III – New Funding Model III

PLHIV – People Living with HIV

PMTCT – Prevention of Mother-to-Child Transmission

PYD – Positive Youth Development

READY+ – Resilient and Empowered Adolescents and Young People

SDG – Sustainable Development Goals

SEL – Social Emotional Learning

SRHR – Sexual and Reproductive Health and Rights

SPSS – Statistical Package for the Social Sciences

TB – Tuberculosis

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNDP – United Nations Development Programme

UNFPA – United Nations Population Fund

UNICEF – United Nations International Children’s Emergency Fund

USAID – United States Agency for International Development

WHO – World Health Organization

Y+ Global – Global Network of Young People Living with HIV

CHAPTER ONE

INTRODUCTION

1.0 Introduction

Health is a key driver of productivity globally and nationally, and it is also a significant factor in development. Recently, Evans (2018) defines health as a foundational investment into a country's human capital because investing in health builds a productive workforce that transmits gains over generations. What this means is that health is a fundamental or a very core component of the well-being of humans. It is a critical factor of economic and social development. This is because poor health can impede the attainment of education, productivity at the workforce, and overall economic growth, meanwhile development initiatives can enhance health outcomes through improved infrastructure, education, and access to healthcare services. This interdependence or relationship signifies the importance of addressing health issues as part of broader development strategies.

Globally, there are 1.2 billion young people between the ages of 10–24, who constitute the largest youth population in history (Global Youth Report, 2020). According to the United Nations (2021), Sub-Saharan Africa is home to one of the fastest-growing populations of young people, with more than 60% of its population under the age of 25. In Ghana, about 57% of the population is under 25 years old, according to the Ghana Statistical Service (2024). Unfortunately, young people between the ages of 15-24 years are disproportionately affected by HIV. In 2023, 44% of all new HIV infections were among women and girls of all ages, with 62% of these infections occurring in sub-Saharan Africa (UNAIDS, 2023). Every week, 4,000 adolescent girls and young women between the ages of 15-24 years contracted HIV globally,

with 3,100 of these infections occurring in sub-Saharan Africa. UNICEF (2024) shared a press release on how, in 2023, 96,000 girls and 41,000 boys between the ages of 15-19 were newly infected with HIV, meaning seven out of ten new adolescent infections were among girls. In sub-Saharan Africa, 9 out of 10 new HIV infections among 15- to 19-year-olds are among girls. These devastating statistics highlight how significantly vulnerable young people are especially, adolescent girls to HIV.

1.1 Background of Study

In Ghana, the HIV epidemic shares broader trends found in sub-Saharan Africa. While specific data for Ghana may vary, the general challenges faced by young people in accessing HIV prevention, testing, and treatment services are consistent with those observed regionally. Young people in Ghana face barriers such as limited access to youth-friendly health services, stigma, and discrimination, which can hinder their ability to seek and receive appropriate care. According to the Ghana Health Service, the prevalence of HIV among young people aged 15-24 is estimated to be around 1.2%, with higher rates observed in urban areas and among certain high-risk populations (Kenu et al., 2014). The Ghana AIDS Commission reports that young women are more likely to be infected than young men, reflecting gender disparities in HIV vulnerability.

Meaningful youth engagement refers to a deliberate and inclusive partnership between young people and adults which is built on a shared type of mutual respect. This also involves shared decision-making power processes and an authentic recognition of each party's unique contributions (Global Consensus Statement, 2018). This approach is to ensure that young people's

views, talents, and capacities are actively incorporated into the planning and implementation processes of programs, policies, strategies, funding structures, and institutions that influence their livelihoods, communities, and society at large.

Meaningful and ethical youth engagement is essential for creating effective and sustainable interventions, in health programming. This is because it involves actively engaging young people from different backgrounds in the planning, implementation, monitoring, and evaluation of health programs like HIV, Sexual Reproductive Health and Rights, and many others. For a unique population like young people living with HIV, engaging them in HIV programs can better address their unique needs and circumstances, leading to improved health outcomes. Moreover, ethical engagement ensures that young people's rights and well-being are prioritized, and their voices are genuinely heard and action is taken. This approach does not only empower young people but it also enhances their relevance and their impact on health initiatives.

Recent studies have shown that programs that involve young people in decision-making processes are more likely to be successful and sustainable. This was proven by a study led by the World Health Organization (WHO) which found that youth-led interventions in HIV prevention and treatment were more effective in reaching their target populations and achieving positive health outcomes compared to adult-led or programs designed by adults. Ethical engagement also involves addressing issues which relate to consent, confidentiality, and the potential for exploitation, this is to ensure that young people's participation is voluntary and informed.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is a partnership which was designed in 2002 to rapidly progress or accelerate these three diseases as epidemics to end. It provides funding

and technical support to over 120 countries to strengthen health systems, improve access to essential health services, and promote community-based interventions. In Ghana, the Global Fund has and continues to support various HIV programs which are aimed at increasing access to antiretroviral therapy, preventing mother-to-child transmission, and promoting HIV prevention and testing services. For instance, in 2021, President Nana Akufo-Addo in collaboration with other civil society partners launched a US\$238 million Global Fund grant to augment Ghana's efforts to end HIV/AIDS, Tuberculosis, and Malaria. This grant aims to finance key interventions under the Global Fund's New Funding Model III (NFMIII), which spans from 2021 to 2023.

1.2 Problem Statement

The HIV epidemic continues to disproportionately affect young people, particularly in sub-Saharan Africa, Ghana. Despite the significant progress made in reducing new infections and improving access to treatment, young people, especially those aged 15-24, remain seriously vulnerable and face unique challenges in accessing and benefiting from these services. In Ghana, the Global Fund to Fight AIDS, Tuberculosis, and Malaria has played a crucial role in supporting or financing these HIV programs which are aimed at increasing access to antiretroviral therapy, preventing mother-to-child transmission (PMTCT), and promoting HIV prevention and testing services. This is known as the HIV Cascade of Care.

However, there are significant gaps in the meaningful engagement of young people, particularly those living with HIV, in these programs. Young people in Ghana face a range of different barriers that hinder their participation in HIV programs. While many young people are tech savvy, they are often not consulted or included in shaping the policies that affect their lives. This lack of engagement results in HIV programs that do not fully address the needs and the realities on the

ground for young people. (Kidman. et al, 2024) and (Greenwood et al, 2022) share this same opinion that improving youth health requires the strengthening of quality and the accessibility of adolescent and youth-focused services that offer comprehensive, tailored, and inclusive care. This includes training healthcare workers to understand what the specific needs of young people, and ensuring adequate resources and infrastructure are in place, and also establishing effective referral pathways and lastly ongoing support systems to sustain care.

A typical example challenges adolescents and young people living with HIV in Ghana often face are stigma, limited personal resources, and dependence on caregivers, which are not adequately addressed by existing programs. These are because of barriers such as limited access to youth-friendly health services, stigma and discrimination, lack or inadequate accurate information on HIV, and inadequate support systems. For instance, the (Global UNAIDS Report, 2023) reveals that adolescent girls and young women are disproportionately affected by HIV, accounting for a higher percentage of new infections compared to their male counterparts. This disparity is often exacerbated by socio-cultural factors, gender inequalities, and very limited economic opportunities, all these which further marginalize this vulnerable group.

Moreover, young people living with HIV often face additional challenges related to as mental health issues and difficulties in adhering to treatment regimens or plans. These challenges and many more are compounded by the severe lack of tailored interventions which can address their specific needs and their unfavorable circumstances. The limited involvement of young people in the design, implementation, and evaluation of HIV programs results in interventions that do not fully address their needs. This does not only lead to poor outcomes but a violation of their rights.

The participation of young people in matters affecting them is a right stipulated as stated in the Convention on the Rights of the Child.

Consequently, we see that Global Fund-supported HIV programs in Ghana, while making significant strides in reducing the overall impact of HIV, has not adequately addressed these gaps in youth engagement. There is a need for more inclusive and participatory approaches that actively involve young people in decision-making processes, while ensuring that their voices are heard and their needs are prioritized. This not only includes creating youth-friendly services, promoting peer education, but creating environments where young people feel supported and empowered to take ownership of their health.

In light of these challenges, this research aims to explore the role of young people in Ghana's Global Fund-supported HIV programs. Specifically, the study seeks to identify the barriers and facilitators to meaningful youth engagement, understand the experiences of young people living with HIV in these decision-making processes, and propose strategies to enhance their participation in HIV prevention, testing, and treatment services.

In conclusion, the problem of meaningful youth engagement in Ghana's Global Fund-supported HIV programs is very multifaceted. It requires a more comprehensive approach to address the unique challenges faced by young people. This study aims to provide more inclusive and effective interventions and recommendations that ultimately lead to improved health outcomes for this vulnerable population.

1.3 Research Aim

This study aimed to explore and critically assess how young people in Ghana are meaningfully engaged in HIV programs supported by the Global Fund, with a particular focus on their involvement in the planning, implementation, and evaluation processes.

1.4 Research Objectives

Specifically, this research sought to:

1. Assess how young people are involved in Global Fund-supported HIV programmes in Ghana.
2. Examine the effect/impact of young people's involvement on the success of these HIV programmes.
3. Explore challenges to young people's involvement in Global Fund-supported HIV programmes.
4. Identify strategies for improving young people's involvement in Global Fund-supported HIV programmes in Ghana.

1.5 Research Questions

The following are research questions guided the study:

1. How are young people currently involved in Global Fund-supported HIV programmes in Ghana?
2. How does young people's involvement impact the success of these HIV programmes?

3. What are the challenges to young people's involvement in Global Fund-supported HIV programmes?

4. What strategies can be adopted to improve young people's involvement in Global Fund-supported HIV programmes in Ghana?

1.6 Significance of the Study

The engagement of young people in the design, implementation, and evaluation of HIV programs remains crucial to achieving sustainable public health outcomes, especially in countries like Ghana. With young people representing a growing share of the population, there is an urgent need to understand how this demographic can be meaningfully involved in efforts to combat HIV. In Ghana, where young people continue to be disproportionately affected by the HIV epidemic, their inclusion in Global Fund-supported programs can help ensure that interventions are relevant, accessible, and responsive to their unique needs.

While the Global Fund emphasizes community and key population involvement, there is limited research specifically evaluating the role and impact of young people's participation. This study is significant because it will provide timely evidence on the extent and effectiveness of youth engagement in Ghana's Global Fund-supported HIV response. If these gaps are addressed, the study will generate insights that can inform more inclusive and impactful programming, particularly for young people in their diversity in health.

Moreover, its findings will be valuable for multiple stakeholders, including policymakers, civil society, development partners, such as the Ghana AIDS Commission, Ghana Health Service,

UNAIDS, WHO, and the Global Fund itself. It will help guide future investments and program designs, particularly ahead of the upcoming grant cycles. The research will also contribute to the broader academic and policy discourse on youth-led development and HIV response strategies. Finally, the study aims to promote more effective, equitable, and sustainable HIV interventions by centering the voices and experiences of young people in Ghana.

1.7 Scope of the Study

This research is focused on Ghana, a West African country with a significant burden of HIV/AIDS. Ghana is chosen due to its active engagement with the Global Fund and the availability of data and resources related to HIV programs. The study targets young people between the ages of 15-24 years as well as Global Fund local implementing partners and relevant youth networks. This age group is particularly vulnerable to HIV due to its various socio-economic and behavioral factors. This research aims to understand what the unique challenges and needs of this population are in the context of HIV programming. The research examines Global Fund-supported HIV programs like the Grant Cycle 7 in Ghana. These programs include initiatives aimed at increasing access to antiretroviral therapy, preventing mother-to-child transmission, promoting HIV prevention and testing services, and supporting community-based interventions. The study will explore how these programs engage young people meaningfully and identify areas for improvement.

1.8 Limitations of the Study

The study may be limited by the availability of participants willing to engage in the research. A smaller sample size may affect the generalizability of the findings, as it may not fully represent the diverse experiences of all young people in Ghana. Moreover, access to comprehensive and up-

to-date data on Global Fund-supported HIV programs and youth engagement may be limited. There may also be challenges with accessing young people living with HIV, which could restrict the depth and breadth of the analysis, potentially leading to gaps in the understanding of the issue.

The research is subject to time limitations, which may restrict the duration and extent of data collection and analysis. This could impact the thoroughness of the study and the ability to capture long-term trends and changes in youth engagement.

Limited funding and resources may affect the research, including the ability to conduct extensive fieldwork, access advanced analytical tools, and engage with a wide range of stakeholders.

1.9 Organization of the Study

This research aims to explore the role of young people in Ghana's Global Fund-supported HIV programs, focusing on the barriers and facilitators to their meaningful and ethical engagement. The study is structured into five main chapters, each addressing a specific aspect of the research process.

1.9.1 Chapter 1: Introduction

The first chapter provides an overall look of the research, setting the stage for the detailed exploration that follows. It begins with a background section that highlights the significant relationship between health and development and contextualizes the study within the broader landscape of HIV/AIDS globally, regionally, and finally, in Ghana. It proceeds to highlight the significance of the topic and the role of the Global Fund. The chapter then presents the statement of the problem, while clearly articulating the gaps in youth engagement in HIV

programs. The purpose of the study is defined, along with specific research questions and objectives. The significance of the study is discussed, emphasizing its potential contributions to knowledge and practice. Chapter one concludes with a discussion on the scope, limitations, and delimitations of the study, which define the boundaries of the research.

1.9.2 Chapter 2: Literature Review

The second chapter will review what the existing literature on youth engagement in HIV programs are, with a focus on sub-Saharan Africa and Ghana. This chapter will synthesize findings from previous studies, highlighting key themes, trends, and gaps in the current understanding of the issue. It examines the theoretical frameworks that have underpinned youth engagement, including concepts such as empowerment, ethical participation, tokenism, and social determinants of health. The literature review will also explore the specific challenges faced by young people in accessing and benefiting from HIV services, such as stigma and discrimination, and limited access to youth-friendly health services. This chapter will then provide a foundation for the research, informing the methodology and analysis that will follow.

1.9.3 Chapter 3: Methodology

The third chapter will outline the research methodology, explaining in details the approach used to collect and analyze the data. The chapter will begin with a description of the research design, explaining the rationale for choosing a mixed-methods approach that combines qualitative and quantitative data. The population and sampling methods are described, specifying the inclusion criteria for participants and the strategies used to recruit them. Data collection methods will be detailed, including interviews, focus group discussions, and surveys. The chapter will also discuss

what the ethical considerations of the study are, such as obtaining informed consent, ensuring confidentiality, and addressing potential risks to participants. Finally, the data analysis plans will be presented, outlining the procedures for coding, categorizing, and interpreting the data.

1.9.4 Chapter 4: Findings

The fourth chapter presents the findings of the study, organized around the research questions and objectives. The chapter will begin with a summary of the demographic characteristics of the participants, providing context for the data that follows. The findings will be presented in a very clear and concise manner, using tables, figures, and narrative descriptions to illustrate key points. The chapter will also discuss the barriers and facilitators to youth engagement identified through the data, providing detailed examples and quotes from participants. The findings will be analyzed in relation to the existing literature, highlighting similarities and differences and offering insights into the unique context of Ghana's Global Fund-supported HIV programs. The chapter concludes with a discussion of the implications of the findings for policy and practice, suggesting areas for further research and intervention.

1.9.5 Chapter 5: Discussion and Conclusions

The final chapter will summarise the findings, discussing their broader implications and significance. The chapter begins by summarizing the key findings of the study, reiterating the importance of meaningful and ethical youth engagement in HIV programs. The discussion section explores the theoretical and practical implications of the findings, relating them to the broader context of HIV/AIDS in Ghana and sub-Saharan Africa. The chapter then highlights the contributions of the study to the existing body of knowledge, emphasizing its potential to inform

policy and practice. It will then conclude with a summary of the study's limitations and delimitations, acknowledging the constraints that may affect the generalizability of the findings. Future research directions are suggested, highlighting areas that require further exploration to enhance youth engagement in HIV programs. The chapter ends with a call to action, urging policymakers, program implementers, and stakeholders to prioritize the needs and voices of young people in the ongoing fight against HIV/AIDS.

This structured approach will be followed to achieve the study's aim to provide a comprehensive understanding of the role of young people in Ghana's Global Fund-supported HIV programs, ultimately contributing to more effective and inclusive interventions.

1.10 Chapter Summary

Chapter One establishes the foundation for a study exploring the meaningful engagement of young people in Ghana's Global Fund-supported HIV programs. It begins by positioning health as a critical driver of productivity and development. It draws on Evans (2018), who describes how health is a foundational investment in human capital, significantly influencing economic and social development. Poor health negatively impacts education, productivity, and growth, while improved infrastructure and access to services foster better health outcomes. As such, health and development are interdependent and should be approached holistically.

The chapter highlights the demographic urgency of engaging young people in global health interventions. With 1.2 billion youth aged 10–24 globally and over 60% of Sub-Saharan Africa's population under 25, the vulnerability of youth to HIV is a major concern. In 2023 alone, 3,100 of the 4,000 weekly new HIV infections among adolescent girls and young women aged 15–24

occurred in Sub-Saharan Africa, according to UNAIDS. UNICEF (2024) further reported that seven out of ten new adolescent HIV infections occurred in girls, underscoring the gendered impact of the epidemic.

The situation in Ghana reflects broader regional trends. About 57% of Ghana's population is under 25, and youth especially adolescent girls who face significant barriers in accessing HIV services, including stigma, discrimination, and lack of youth-friendly services. HIV prevalence among youth (15–24) is about 1.2%, with urban areas and high-risk groups being most affected. Gender disparities are evident, with young women more likely to be infected than young men.

The chapter introduces meaningful youth engagement as a necessary and ethical approach in health programming. This is defined as a partnership between young people and adults grounded in mutual respect and shared decision-making (Global Consensus Statement, 2018), such engagement ensures that youth voices are integrated into planning, implementation, and evaluation. Youth-led programs are shown to be more effective, and their ethical involvement addressing consent, confidentiality, and voluntariness which strengthens program outcomes.

The chapter also introduces the Global Fund, which was established in 2002, and supports countries like Ghana through grants targeting HIV, TB, and malaria. Ghana's \$238 million grant launched in 2021 aims to expand HIV services, but challenges remain regarding youth involvement. Despite progress, the problem statement notes that young people in Ghana face systemic exclusion from decision-making processes, resulting in services that don't reflect their realities or meet their needs. Issues like stigma, lack of tailored interventions, and inadequate support systems hinder effective care for adolescents living with HIV.

The study aims to explore how young people are meaningfully engaged in Ghana's Global Fund-supported HIV programs. It sets out to assess their involvement, the impact of such involvement, the barriers they face, and strategies for improvement. The significance of this research lies in its potential to fill critical knowledge gaps and inform policy and programming. With limited studies evaluating youth participation in Ghana's HIV response, this study could influence future Global Fund strategies and improve outcomes for young people. The scope is focused on youth aged 15–24 involved in Global Fund programs in Ghana. Limitations include potential participant availability and data access challenges. The chapter concludes by outlining the structure of the thesis, which progresses from literature review through methodology, findings, and conclusion.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter begins by reviewing existing literature that relates to the meaningful and ethical youth engagement in HIV programming, particularly within the context of Ghana and sub-Saharan Africa. This draws on scholarly articles, global frameworks, theories, models, and approaches that will explore the theoretical underpinnings, key concepts, empirical studies, and gaps in the field. The purpose is to provide a comprehensive background that informs the study's methodology and analysis.

The role of young people in global health initiatives, particularly in HIV programs, has gained tremendous attention in recent years. This literature review examines the core concept of Positive Youth Development (PYD) as outlined in the paper "Positive youth development: current perspectives" by Daniel TL Shek et al. (2019) and explores its relevance to the engagement of young people in Ghana's Global Fund-supported HIV programs. The review will discuss what the theoretical roots of PYD are, various PYD models, and their potential application in the context of the HIV response in Ghana. Additionally, it will also highlight gaps and facilitators for meaningful and ethical youth engagement in these programs.

2.1 Theoretical Framework

Several theoretical perspectives shape the discourse on youth engagement in development and health interventions. This study is guided primarily by the following:

2.1.1 Positive Youth Development (PYD) Theory

Historically, the stage of adolescence has been viewed through a deficit or rather an insufficient lens, which is focusing on the challenges and problems associated with this developmental stage according to (Hall, 1904; Freud, 1905). However, contemporary or modern perspectives emphasize the strengths and potential of young people, which then advocates for a shift from a deficit or insufficiency to a strength-based approach (Shek et al., 2019). This shift is grounded in humanistic and existential psychology, which highlights human potential, self-actualization, and the importance of the meaning of life (Rogers, 1951; Frankl, 1946). Positive psychology, which emerged in the 1990s, further supports this perspective by focusing on individual strengths and the pursuit of a "good life" through authentic happiness and fulfillment (Seligman, 2002).

The ecological perspective, introduced by Bronfenbrenner (1977), emphasizes the interplay or relationship between individual development and environmental contexts. This perspective acknowledges what the multiple systems influencing youth development are, ranging from family, school, peers, and community. It provides a good framework for understanding how these systems can support or hinder positive development (Bronfenbrenner, 1979).

Positive Youth Development Models

Several models of PYD have been proposed over the decades, each emphasizing different aspects of youth development. Starting with Benson's 40 developmental assets framework which identifies internal and external assets that contribute to positive youth outcomes (Benson, 1997). These assets include positive values, commitment to learning, positive identity, and social competencies, and among many others. Empirical studies have shown that higher levels of these

assets are associated with lower risk behaviors and better developmental outcomes (Scales et al., 2006).

Moving on to Lerner et al. (2005), they propose five key indicators of PYD, namely: competence, confidence, connection, character, and caring, which together produce the sixth C: contribution. These Cs offer a multidimensional approach to measuring youth development and engagement. In the context of HIV programs in Ghana, young people's ability to act as peer supporters, educators, and advocates. Can be enhanced by creating or growing competencies such as decision-making, relationship-building, and empathy.

Moreover, the sixth C: contribution is critical. Youth-led and youth-serving networks can use this model to frame their roles not merely in terms of inclusion but as central contributors to strategic planning and service delivery. Lerner's 5Cs and 6Cs models propose competence, confidence, connection, character, caring/compassion, and contribution as key indicators of PYD (Lerner et al., 2005). These models emphasize how important it is to develop these capacities to foster positive development and community involvement. Research has demonstrated that these constructs are positively related to youth contribution and negatively related to problem behaviors (Geldhof et al., 2015).

Catalano et al. (2004) introduced 15 developmental constructs, which included constructs like bonding, resilience, social competence, emotional competence, and spirituality, as indicators of PYD. These constructs highlight how important both personal and ecological assets are in promoting positive youth development. Empirical studies have identified effective programs targeting these constructs (Catalano et al., 2004).

Now on Social Emotional Learning (SEL), it focuses on developing social and emotional competencies, such as self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (CASEL, 2017). SEL interventions have been shown to have positive impacts on academic performance, social behaviors, and mental health (Durlak et al., 2011). SEL frameworks have already been implemented in school-based health promotion programs across Africa. Incorporating SEL into youth HIV interventions can help equip young people with the emotional intelligence needed for effective peer-to-peer education, negotiation of safer sex, and conflict resolution in community activism.

A critical yet underexplored aspect of PYD is the “being” perspective, which emphasizes the cultivation of character and spirituality. Shek et al. (2019) argue that this dimension often overlooked in Western PYD models, however it is crucial for holistic development and is particularly resonant in collectivist societies like Ghana, where cultural and spiritual values influence health-seeking behaviors.

In Ghana, integrating PYD into HIV programs means empowering youth with skills and responsibilities, building supportive environments, and valuing their lived experiences. This aligns with the objective of exploring strategies for improving youth involvement in Global Fund-supported HIV programs.

How This Applies to HIV Programs in Ghana for Young People

In Ghana’s context of Global Fund-supported HIV programs, the principles of PYD offer a whole new valuable, and framework that is integral for engaging young people meaningfully and ethically. It shares an ecological perspective on the importance of considering the multiple contexts

in which young people live, including family, school, and community. This holistic approach can help identify and address what the various factors are in influencing HIV risk and prevention behaviors, as well as the HIV Cascade of Care among youth.

Benson's developmental assets framework can guide the development of programs that build on young people's strengths and provide supportive environments. For example, programs can focus on enhancing social competencies and positive identity, which are all crucial for making informed decisions about sexual health and HIV prevention. Empirical evidence additionally suggests that such asset-building strategies can lead to lower risk behaviors and better health outcomes (Scales et al., 2006).

Lerner's 5Cs and 6Cs models talk about how important it is to develop competence, confidence, and connection, which are essential for youth participation in HIV prevention efforts. Programs that encourage or promote these capacities can empower young people to contribute to their communities and advocate for HIV-related issues effectively. Research has also shown that these constructs are positively related to community involvement and negatively related to problem behaviors (Geldhof et al., 2015).

Catalano's 15 developmental constructs go further to provide a comprehensive set of indicators for designing and evaluating HIV programs. Through targeting constructs such as bonding, resilience, and social competence, programs can address the multiple dimensions of youth development and promote positive outcomes. For HIV programs in Ghana, integrating these constructs into training curricula, peer support frameworks, and monitoring tools can ensure that youth engagement is not tokenistic but transformational. For example, promoting "self-

determination” and “opportunities for prosocial involvement” can help sustain youth-led community outreach and advocacy initiatives. Empirical studies have identified effective programs targeting these constructs, which can serve as models for HIV prevention initiatives (Catalano et al., 2004).

Social Emotional Learning (SEL) interventions can be integrated into HIV programs to develop social and emotional competencies that support healthy behaviors and relationships. These competencies, such as self-awareness and responsible decision-making, are crucial for making informed choices about sexual health and HIV prevention. Empirical evidence shows that SEL interventions have positive impacts on academic performance, social behaviors, and mental health, which are all relevant to HIV prevention (Durlak et al., 2011).

In Ghana, integrating PYD into HIV programs means empowering youth with skills and responsibilities, building supportive environments, and valuing their lived experiences to be capable to engage in decision-making processes. This aligns with all four research objectives:

- Objective 1 (assessing youth involvement): PYD highlights the importance of recognizing young people as capable contributors, not just beneficiaries.
- Objective 2 (examining impact): PYD links the development of competencies and empowerment to improved health and program outcomes.
- Objective 3 (exploring challenges): the framework helps identify barriers such as lack of skill-building opportunities and unsupportive environments.
- Objective 4 (identifying strategies): PYD provides a blueprint or a guide for designing supportive, asset-based youth engagement programs.

Gaps and Facilitators for Youth Engagement

Despite the potential benefits of PYD models, there are several gaps and challenges in implementing these approaches in Ghana's HIV programs. One significant gap is the lack of integration between the different PYD models and approaches. This can lead to confusion and inconsistency in program design and evaluation (Lerner et al., 2011). To address this, there is a need for a holistic understanding of youth development that integrates various disciplinary perspectives and emphasizes the interplay or flexibility between individual and ecological factors (Cantor et al., 2018).

Another gap is there is limited empirical research on PYD models in non-Western contexts, including Ghana. Most studies have been conducted in Western countries, and there is a need for more research to validate these models in diverse cultural settings (Shek et al., 2019). This can help ensure that programs are culturally relevant and effective in promoting positive youth development and HIV prevention.

Facilitators for meaningful and ethical youth engagement include the development of culturally appropriate programs that build on local strengths and resources. Programs should involve young people in the design, implementation, and evaluation processes to ensure that their voices and perspectives are heard (Shek et al., 2019). Additionally, programs should provide opportunities for skill-building and leadership development, which can empower young people to take an active role in supporting the elimination of HIV.

The concept of Positive Youth Development (PYD) offers a valuable framework for engaging young people in Ghana's Global Fund-supported HIV programs. It shows the strengths and

potentials of young people, and how PYD models can guide the development of programs that promote positive outcomes and support HIV prevention efforts. However, there are gaps and challenges in implementing these approaches, such as the need for integration between different models and empirical research in non-Western contexts. Addressing these gaps and leveraging facilitators for meaningful and ethical youth engagement can enhance the effectiveness of HIV programs and contribute to the well-being of young people in Ghana. Future research and program development should focus on integrating various disciplinary perspectives, validating PYD models in diverse cultural settings, and involving young people in all stages of program design, implementation, and evaluation.

2.1.2 Hart's Ladder of Participation

Hart (1992) introduced the Ladder of Participation, which outlines the various categories or levels of youth involvement, ranging from manipulation to full youth-initiated shared decision-making. This model is crucial for evaluating the extent or depth of youth engagement and identifying whether their participation is truly meaningful or tokenistic. In examining youth engagement in Ghana's Global Fund-supported HIV programs, it is required to revisit foundational participation frameworks that illuminate the structures and nuances of youth involvement in governance and decision-making processes. The article by Botchwey et al. (2019), "Including Youth in the Ladder of Citizen Participation," provides an important conceptual framework for understanding levels of youth engagement and proposes modifications to existing models that are especially relevant in the Global South context.

Botchwey et al. (2019) begins by revisiting Sherry Arnstein's seminal "Ladder of Citizen Participation" (1969), a typology that ranks participation from manipulation to citizen control. While Arnstein's model was groundbreaking, it was adult-centered and did not directly address the unique experiences, realities or capacities of youth in participatory processes. This shortcoming was then addressed by Hart (1992), who adapted Arnstein's ladder to reflect youth agency, presenting rungs such as tokenism, assigned but informed, and youth-initiated shared decision-making with adults.

These foundational models are highlighting a key concern: participation is not merely about inclusion but the quality and depth of engagement. Youth, particularly in public health and planning domains, are often situated on the lower rungs of participation, where they may be consulted or informed but rarely share decision-making power. This dynamic is evident in many Global Fund-supported initiatives in Ghana, where youth are present in consultative forums or as peer educators but are not consistently included in strategic or governance-level processes.

A central theme in Botchwey et al.'s analysis is how systemic barriers prevent youth from ascending beyond tokenistic roles. The authors reference Frank's (2006) typology of dominant perspectives that hinder youth engagement: the developmental view (youth lack the cognitive maturity), the vulnerable view (youth need protection), the legal view (youth lack formal rights as citizens), and the romantic view (youth values differ so widely from adults that cooperation is impractical). These views are used to justify excluding youth from meaningful decision-making spaces, perpetuating adult-centric power structures.

In Ghana, such perspectives persist in subtle and overt ways. Though the country has committed to youth participation under the Ghana Adolescent Health Policy and via its engagements with the Global Fund, young people, particularly those living with HIV, continue to be regarded as beneficiaries rather than decision-makers. Programs often default to developmental or protectionist logics, sidelining the leadership potential of youth. Botchwey et al. (2019) propose three new rungs on the participation ladder: consent, advocacy, and incorporation, which would better reflect contemporary forms of youth engagement. These rungs emerge from their case studies of three youth planning initiatives in the United States: Y-PLAN (Youth-Plan Learn Act Now), YEAH! (Youth Engagement and Action for Health), and GUB (Growing Up Boulder). Each program reveals distinct patterns of youth participation and adult facilitation. They show significant refinements to existing models, recognizing that youth rarely start at “partnership” and must navigate complex power dynamics, often requiring adult allies to mediate access to decision-making spaces.

An important gap identified by Botchwey et al. is the lack of attention to intersectionality in participation models. Youth are definitely not a monolithic group; aside differences in gender, there is disability, sexual orientation, HIV status, and socioeconomic background which shape the ways in which they experience exclusion or empowerment. This insight is particularly relevant in Ghana, where young women living with HIV or LGBTQ+ youth face multiple layers of stigma, often being further marginalized even within youth spaces. This calls for a deliberate focus on equity in youth engagement. Programs must disaggregate data and tailor participation mechanisms to ensure that marginalized youth are not further sidelined. In Ghana’s HIV response, meaningful

youth participation must go beyond numbers and representation to include accountability mechanisms that track how diverse youth voices shape decisions.

Based on this review, the conceptual innovations stated by Botchwey et al. (2019) can inform more ethical and impactful models of youth engagement within Ghana's Global Fund-supported HIV programs. The reimagined ladder of participation provides a diagnostic tool for assessing where youth currently sit in relation to real power and influence. In many cases, youth are consulted (placation or consent), but their input does not shape funding priorities, implementation strategies, or monitoring and evaluation frameworks.

In conclusion, Botchwey et al. (2019) make a compelling case for updating our conceptual tools to reflect what the dynamic realities of youth engagement are. Their critique of Arnstein's and Hart's ladders is not a rejection but an evolution of one that recognizes the importance of directionality in power (youth-initiated vs. adult-granted), the theme of intersectionality, and the role of institutions in scaffolding or promoting participation. These insights are invaluable for practitioners and policymakers working in the HIV sector, where youth engagement is often promoted rhetorically but falls short in practice.

For Ghana's Global Fund-supported HIV programs, this means applying this refined ladder offers this study an opportunity to critically assess current participation structures and to possibly develop or build new, more inclusive pathways for meaningful youth leadership. Ultimately, transforming youth engagement from tokenism to incorporation and beyond is not just good practice, it is a moral imperative in the fight against HIV.

This theory directly supports the research objectives:

- Objective 1 (assessing youth involvement) uses the ladder to determine where youth currently fall on the participation spectrum.
- Objective 2 (examining impact) benefits from analyzing how higher levels of engagement (e.g., youth-initiated roles) correlate with more successful programs.
- Objective 3 (exploring challenges) relates to identifying systemic and structural barriers that keep youth at lower levels of the ladder.
- Objective 4 (identifying strategies) is supported by the ladder's upper rungs, which suggest ways to advance youth from tokenistic to leadership roles.

Using Hart's Ladder can help assess current practices and guide improvements toward more meaningful participation or engagement. Through linking this model to the study's research objectives, it offers a lens for examining the current state of youth engagement and identifying steps toward ethical involvement.

2.2 Review of Concepts and Key Issues

2.2.1 The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is one of the world's largest multilateral financing mechanisms dedicated to accelerating the end of three of the deadliest epidemics. It was established in 2002, with aim of creating large-scale interventions that target these three diseases in low- and middle-income countries, based on principles of country ownership, partnership, and performance-based funding. Over the years, its model has evolved to embrace a more inclusive and people-centered approach, increasingly recognizing the importance of community and youth engagement in health programming.

The Global Fund operates through a country-led model where national stakeholders, including governments, civil society, and affected populations, come together through Country Coordinating Mechanisms (CCMs) to develop funding requests and oversee grant implementation. The participation of civil society and communities most affected by the diseases is not only encouraged but required. However, despite this commitment, the extent of youth engagement in Global Fund-supported programs remains uneven, particularly in sub-Saharan Africa.

Research by Hader and Smith (2020) indicates that young people, especially adolescents and youth from key populations, often remain on the margins of decision-making processes, despite being heavily impacted by the HIV epidemic. This aligns with the first objective of the study, which seeks to assess how young people are involved in Global Fund-supported HIV programs in Ghana. Findings from READY+ and Y+ Global suggest that while youth are sometimes engaged in outreach or peer-led services, their participation in planning, budgeting, and monitoring remains minimal.

The Global Fund's 2023–2028 Strategy takes a more deliberate stance on this issue by committing to scale up community and youth-led responses. It recognizes that achieving health equity requires shifting power to communities, including young people, and equipping them with resources, space, and leadership opportunities. This supports the second research objective of the study, which is to examine the impact of young people's involvement on the success of HIV programs. Evidence from community-led monitoring projects shows that youth engagement can improve program

responsiveness, increase service uptake, and strengthen accountability at the local level (Global Fund, 2023).

A central feature of the Global Fund's approach is its investment in community systems strengthening. This means supporting networks of people living with HIV, including youth-led networks, and building their capacity to participate meaningfully in funding cycles. Studies such as those by Fajobi et al. (2022) show that youth-led accountability initiatives have been effective in influencing health service delivery in various African countries. However, these initiatives often operate on limited budgets and face institutional resistance. This reflects the third objective of the study, which explores the challenges to young people's involvement. Key barriers include adult-centric decision-making, tokenism, legal limitations such as age-of-consent laws, and lack of funding for youth-led organizations.

The Global Fund has responded to some of these gaps by supporting initiatives such as the HER Voice Fund and the Youth Council under the Communities, Rights and Gender Strategic Initiative. These platforms aim to amplify youth voices and ensure that young people's lived experiences shape policy and programming. Nonetheless, the literature points out that for such efforts to be sustainable, they must be institutionalized within national mechanisms and not limited to special projects or pilot initiatives of any regard.

Furthermore, participation must be both meaningful and ethical. Hart's Ladder of Participation and the Positive Youth Development (PYD) framework, as discussed in the theoretical section, highlight the need for moving beyond token representation to genuine power-sharing. This directly informs the fourth objective of the study, which is to identify strategies for improving youth

involvement. Literature suggests that such strategies include providing flexible funding for youth-led groups, revising CCM membership criteria to include youth representation, and building mentorship pipelines for young advocates to transition into leadership roles.

To conclude, the Global Fund project presents a unique opportunity for young people to influence national HIV responses through structured and resourced engagement. While there has been progress in integrating these youth perspectives, there remains persistent structural and systemic challenges that continue to limit the full realization of this potential. Literature has underscored the importance of not only inviting young people to the table but also equipping them with the tools, resources, and decision-making power to shape the outcomes. This review reaffirms the critical role of youth in the success and sustainability of Global Fund-supported programs and sets the stage for further exploration in the Ghanaian context.

2.2.2 HIV and Development

HIV and development are closely linked, particularly in regions with high prevalence rates such as sub-Saharan Africa. The epidemic has long been recognized as both a cause and a consequence of underdevelopment. It disrupts the productive potential of populations, imposes financial burdens on households and national economies, and deepens existing inequalities. This is why it is important we understand how HIV and development intersect and why it is critical for designing programs that are not only health-focused but also responsive to the broader social and economic realities of affected people.

HIV impacts national development by reducing human capital. Young people, who form a significant portion of the workforce in many developing countries, are among the most affected. When youth are infected or affected by HIV, their ability to access education, employment, and social participation is diminished. This leads to long-term economic losses for individuals and communities. In Ghana, as in many parts of Africa, the epidemic continues to disproportionately affect adolescents and young adults, posing a serious challenge to the trajectory of the country's development.

Beyond economic productivity, HIV also affects social structures. Households with people living with HIV often divert resources from education and nutrition to medical costs. Children orphaned by AIDS may drop out of school or become caregivers at an early age, perpetuating cycles of poverty and vulnerability. The World Bank (2016) emphasizes that countries with high HIV prevalence often experience slower economic growth and reduced gross domestic product, particularly when the epidemic is concentrated among adults of working age.

The development sector has increasingly recognized that addressing HIV is not only a health imperative but also necessary for development. The Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being), underscore the importance of ending the HIV epidemic as part of broader efforts to achieve economic and social progress. Similarly, UNAIDS has argued that progress on HIV is tightly linked to gender equality, education, and poverty reduction and all core pillars of sustainable development.

From a policy perspective, there has been a shift toward integrating HIV responses into broader development planning. National development strategies in Ghana and other African countries

increasingly include targets for HIV prevention, treatment, and youth engagement. This integrated approach is vital, particularly when addressing the needs of adolescents and young people, who are not only vulnerable to infection but also critical to national growth.

Youth engagement in HIV programs contributes directly to development. Empowering young people to lead awareness campaigns, participate in service delivery, and contribute to policy-making enhances their skills and civic engagement. Moreover, it ensures that HIV programs are more responsive and effective. This directly supports the second research objective, which seeks to examine the impact of young people's involvement in HIV programs. When youth are meaningfully engaged, there is evidence of improved health outcomes, increased service uptake, and stronger program ownership.

However, meaningful youth engagement in the HIV and development space remains limited. Legal, structural, and social barriers continue to exclude young people from decision-making platforms. According to studies by Chirwa et al. (2018) and Strauss et al. (2020), youth are often involved in program implementation but excluded from governance and resource allocation. These challenges reinforce the importance of exploring strategies, as highlighted in the fourth objective of this study, to ensure youth inclusion is sustainable and transformative.

The Global Fund Strategy (2023–2028) also recognizes the importance of aligning HIV responses with broader development goals. It promotes community and youth-led approaches as key drivers of equity and sustainability. This strategy believes that by placing people at the center of the response, it affirms that investment in youth health is also an investment in development.

In summary, HIV and development are deeply interconnected. The epidemic affects not only economic productivity, social welfare, and national progress, especially when young populations are impacted. Integrating HIV responses into development agendas, and ensuring that youth are central to these responses, is both a practical and ethical imperative. Literature consistently supports the argument that development cannot be sustained in contexts where HIV is not adequately addressed and where youth are not meaningfully involved.

2.2.3 Meaningful and Ethical Youth Engagement

Meaningful youth engagement refers to the deliberate and inclusive involvement of young people at all stages of program design, implementation, and evaluation, where their voices influence decisions and contribute to sustainable outcomes. It emphasizes power-sharing and values the lived experiences of young people as central to effective HIV responses. According to the Global Consensus Statement on Meaningful Adolescent and Youth Engagement (2018), endorsed by UNAIDS, this type of engagement must be authentic, inclusive, and accompanied by the resources and capacity-building needed to ensure young people can fully participate. Y+ Global's We Matter, Value Us (2021) further asserts that meaningful engagement must also address systemic barriers, including adultism, stigma, and unequal access to information and funding.

Ethical engagement ensures that youth participation is safe, voluntary, informed, and protective of their rights and well-being. It includes respecting confidentiality, addressing intersecting inequalities, and creating enabling environments that are responsive to the diverse needs of young people, particularly those living with HIV. This concept directly supports Research Objective 1, which seeks to assess how young people are involved in Global Fund-supported HIV programs,

and Objective 4, which explores strategies for improving their involvement. When engagement is both meaningful and ethical, it leads to more responsive, equitable, and impactful HIV interventions.

2.2.4 Tokenism and Barriers

Tokenism occurs when young people are included symbolically without genuine decision-making power. Common barriers to meaningful participation include:

- Stigma and discrimination
- Lack of youth-friendly services
- Inadequate funding
- Limited institutional capacity to support youth engagement
- Poor representation of marginalized groups such as young people living with HIV (YPLHIV)

2.3 Empirical Review

2.3.1 UNFPA's Practical Guide on Meaningful Adolescent and Youth Engagement (MAYE) of 2021

The following empirical review strongly supports the first research objective, which seeks to assess how young people are involved in Global Fund-supported HIV programmes in Ghana. Drawing from the UNFPA's Practical Guide on Meaningful Adolescent and Youth Engagement (MAYE) of 2021, the review provides evidence of how young people contribute meaningfully to various components of health programming. These include risk communication, peer education,

community mobilization, service delivery, and resource distribution. In Ghana, these practices can inform and shape the evaluation of youth participation in Global Fund-supported initiatives. For example, youth-led awareness campaigns, condom distribution, and counseling services are strategies that can be adapted to the Ghanaian context to promote HIV prevention and treatment. The review also emphasizes the importance of trust-building, youth capacity development, and representation in policy and decision-making, all of which are critical to understanding the current extent and quality of youth involvement. These strategies link or relate to the fourth research objective which recommends strategies for strengthening ethical and sustainable youth-led engagement in Global Fund-supported HIV interventions in Ghana. Best practices and lessons learned from other contexts offered by this review offer a benchmark to measure how youth participation in Ghana compares and where improvements can be made. It also highlights gaps such as the need for structured youth-led working groups and stronger youth representation in governance bodies, which directly informs the assessment of youth involvement in Global Fund-supported HIV responses. Therefore, this review directly contributes to achieving the objective by offering both a framework for evaluation and a vision for more inclusive and effective youth engagement in Ghana's HIV response.

2.3.2 Between Rhetoric and Reality: Learnings from Youth Participation in the Adolescent and Youth Health Policy in South Africa

The second objective of this study is to identify the gaps and barriers to meaningful and ethical youth engagement in Global Fund-supported HIV programmes is supported by this empirical review by Jacobs and George (2022). It presents a critical empirical investigation into youth participation in policy-making through a case study of South Africa's Adolescent and Youth

Health Policy (AYHP). Drawing on qualitative data and policy analysis, the study examines how youth were involved in shaping the AYHP, the extent of their influence, and the enabling or constraining factors that shaped the outcomes of their participation. The study is highly relevant in understanding how youth can be meaningfully engaged in policy development, particularly in contexts with complex health burdens like HIV. It provides transferable lessons that enrich the understanding of youth engagement in Global Fund-supported HIV programs in Ghana.

The study begins by situating youth participation within a growing global discourse on rights-based and inclusive governance. It acknowledges the international momentum around youth inclusion in health and development initiatives, supported by frameworks such as the Sustainable Development Goals, the Global Consensus Statement on Meaningful Adolescent and Youth Engagement, and various regional youth charters. Despite these normative commitments, the authors argue that youth participation often fails to move beyond rhetoric into institutionalized and impactful practice.

One of the central findings of the research is that youth were meaningfully engaged in the early stages of the AYHP development through participatory workshops, dialogues, and consultative forums. This was made possible by partnerships between government departments, academic institutions, and community organizations with experience in youth work. However, the study notes that this engagement was not sustained throughout the policy process. Young people had limited involvement during the drafting, final approval, and implementation stages, which ultimately reduced the transformative potential of their contributions. This pattern reflects a broader trend observed across many low- and middle-income countries, where youth engagement is often limited to consultation rather than co-ownership of health policies.

The study also highlights the unevenness of youth representation. While some urban, connected, and civically active youth participated in policy consultations, particularly those from rural areas, LGBTQ+ communities, youth with disabilities, and those out of school were excluded or poorly represented. This raises critical questions about whose voices are being elevated and whether the most vulnerable and affected youth are meaningfully involved. The authors emphasize that true equity in participation requires deliberate outreach strategies and inclusive platforms that are accessible to all youth, not just those with prior engagement experience or access to elite spaces.

From a structural perspective, the study identifies several barriers that hindered effective youth participation. These include bureaucratic rigidity, limited intersectoral coordination, the absence of youth quotas in decision-making bodies, and the lack of sustainable funding for youth-led initiatives. Furthermore, adult-centric attitudes within institutions often undermined the credibility and contributions of young participants, reinforcing hierarchies that prevent meaningful power-sharing. These institutional and systemic challenges are directly relevant to the Ghanaian context, where Global Fund-supported programs have similarly struggled with institutionalizing youth leadership beyond implementation roles such as peer education.

The authors propose several enabling factors for meaningful and ethical youth participation which support our objective three of exploring the facilitators and enablers that promote meaningful youth participation in HIV-related decision-making processes.. These enablers include sustained investment in youth capacity-building, transparent feedback mechanisms, mentorship opportunities, and dedicated funding for youth-led and youth-serving organizations. The importance of building long-term youth structures within the health system is also emphasized. Such structures can ensure that youth engagement is not ad hoc but becomes embedded in

governance and accountability mechanisms. These recommendations strongly align with international guidance from organizations such as UNAIDS and Y+ Global, which emphasize the importance of ethical participation that is voluntary, informed, and supportive of youth well-being.

Linking these findings to the objectives of this study, the article provides valuable evidence to assess the current levels of youth involvement in HIV-related programming of Objective 1 as well as Objective 3. It shows how engagement can begin well but lose momentum when youth are excluded from policy finalization and oversight. The paper also offers insight into the potential impact of youth participation on health outcomes and program design, as the early involvement of youth in the AYHP helped shape its priorities and responsiveness to youth-specific issues.

Moreover, the study directly addresses the challenges to youth participation of Objective 3 by detailing the structural, financial, and sociocultural barriers that limit the influence of young people. These barriers are mirrored in Ghana's context, where youth face obstacles such as limited representation on Country Coordinating Mechanisms, underfunded youth networks, and weak institutional commitment to youth voices. Finally, the article contributes to strategies for improving youth participation of Objective 4 by recommending long-term investments in youth leadership and institutional reforms that normalize youth presence in governance spaces.

In conclusion, Jacobs and George (2022) provide a well-researched and practical analysis of youth participation in health policy. Their findings underscore the gap between rhetorical commitments to youth inclusion and actual institutional practice. The study's emphasis on sustained, inclusive, and well-supported youth engagement is highly relevant to improving the effectiveness, equity,

and sustainability of HIV programs supported by the Global Fund. It reinforces the need to move from tokenism to transformation by embedding youth as full partners in national health responses.

2.3.3 Youth engagement in HIV prevention intervention research in sub-Saharan Africa: a scoping review

The third empirical review begins with a study conducted by Asuquo et al. (2021). It provides a critical empirical examination of how youth have been engaged in HIV prevention intervention research across sub-Saharan Africa over twenty years. The review analyzed 74 unique intervention studies identified from over 100 publications and categorized them by the level of youth engagement using a modified version of Hart's ladder of participation. The study revealed a significant discrepancy between policy rhetoric on youth inclusion and the actual depth of youth participation in intervention design, implementation, and evaluation. Only 9 out of 74 interventions, representing just 12 percent, demonstrated moderate to substantial youth engagement in which young people had shared or full decision-making power in any phase of the research process.

A majority of the interventions, which is 65% exhibited only minimal engagement where youth were consulted or assigned roles without meaningful input or influence, while nearly a quarter, 23 percent, had no youth engagement at all. This finding is alarming considering the consistent global emphasis by institutions such as UNAIDS, WHO, and USAID on the need for participatory and youth-centered HIV responses, especially in a region where young people account for a significant proportion of new HIV infections. The review highlights a continued trend in which youth are

treated as passive beneficiaries or implementation tools such as peer educators, rather than as equal partners or co-researchers.

Importantly, the study also identified several promising practices that led to substantial youth engagement, including youth-led research initiatives and the use of crowdsourcing methods which significantly relates to Objective 3 of this study. For example, one intervention empowered street-connected youth in Uganda to design and lead all phases of a community HIV prevention program, from data collection to intervention delivery and analysis. This model of engagement, where youth held leadership roles and initiated the intervention process, stands as a rare but compelling example of ethical and meaningful involvement. Similarly, a crowdsourced HIV self-testing intervention invited young people to submit their ideas for service delivery, resulting in diverse and contextually grounded solutions. These cases underscore the feasibility of more inclusive models when youth are provided with the right support, training, and trust. However, such examples were the exception rather than the norm, indicating significant gaps in implementation, policy alignment, and conceptual clarity regarding what constitutes meaningful engagement.

One of the major gaps the review exposes is the lack of standardized approaches to measure youth engagement. Most studies failed to report the mechanisms, scope, or outcomes of youth participation, making it difficult to assess the quality or effectiveness of their engagement. This absence of standardized indicators also obscures how youth contributions shape intervention design or outcomes. Furthermore, engagement was uneven across the different phases of research. The intervention phase showed the highest incidence of youth involvement, mostly through peer education roles, but very few studies engaged youth meaningfully in pre-intervention planning or post-intervention dissemination and analysis. This reveals a pattern in which youth are more likely

to be included in delivery mechanisms than in strategic or evaluative roles, which limits both their influence and learning potential.

Another significant gap highlighted is the limited inclusion of diverse youth populations. The review does not extensively analyze how gender, sexual orientation, disability, or HIV status might influence youth participation. Considering that many young people at the highest risk of HIV infection face additional layers of marginalization, such as LGBTQ+ youth or young people living with HIV, the lack of intersectional analysis is a considerable limitation. This gap has serious implications for equity and representation, as programs may inadvertently reinforce exclusion or overlook the unique insights of marginalized subgroups whose voices are critical to shaping effective and inclusive interventions.

Additionally, while the review identifies ethical concerns, including adult skepticism, funding limitations, and the need for parental consent as barriers to youth engagement, it does not explore in depth how these challenges might be systematically addressed. For instance, the role of institutional donors, national ethics review boards, or local policy environments in facilitating or obstructing youth-led research remains underexplored. Without intentional structural support and policy reform, even well-intentioned programs may struggle to move beyond tokenistic involvement or may unintentionally replicate adult-centric control over what should be youth-owned spaces of action.

The authors recommend scaling up creative engagement methods such as participatory research, crowdsourcing, and youth-led evaluation, and they emphasize the need for capacity building and mentorship to ensure that youth are not set up to fail. These recommendations are highly relevant

for countries, especially Ghana, where young people may increasingly be involved in HIV programs supported by the Global Fund, yet often lack influence over strategic decisions and funding priorities. These recommendations support the Objective 4 of this research study. For engagement to be meaningful and ethical, youth need not only a seat at the table but also the skills, resources, and institutional recognition to play leadership roles across all stages of programming. Youth engagement must be institutionalized as a core principle rather than a symbolic or temporary practice.

In summary, Asuquo et al. (2021) offer robust empirical evidence that youth engagement in HIV prevention research in sub-Saharan Africa remains insufficient and largely superficial. While a few exemplary models demonstrate the transformative potential of youth-led approaches, the majority of interventions rely on limited or symbolic participation. The review highlights the urgent need for standardized metrics, structural reforms, and capacity-building efforts to embed youth leadership across all phases of HIV programming. For policymakers, researchers, and donors committed to reducing HIV among young people, this review serves as both a cautionary tale and a call to action. Integrating these insights into Ghana's Global Fund-supported HIV response could help shift youth engagement from rhetoric to reality and from participation to partnership.

2.3.4 Young people's participation in community-based responses to HIV: From passive beneficiaries to active agents of change

The participation of young people in Global Fund-supported HIV programmes is increasingly recognized as a key factor in achieving effective and sustainable responses to the epidemic.

Evidence from the UNAIDS report on youth participation in community-based HIV responses illustrates the central role young people play, not only as beneficiaries but also as active contributors in program design, implementation, and service delivery. This aligns with the first research objective, which is to assess how young people are involved in HIV programmes in Ghana.

In various contexts, young people have served as peer educators, community mobilizers, psychosocial supporters, and advocates in policy spaces. In Ghana, similar forms of involvement are emerging, though they remain inconsistent and underutilized, especially in decision-making processes, an example of this is the Global Fund Grant Cycle 6. This review also exposes the persistent barriers to meaningful engagement, directly supporting the second objective, which seeks to identify such gaps. Key among these are limited inclusion of youth in governance structures, stigma and discrimination that deter service access and open participation, insufficient and unsustainable funding for youth-led initiatives, and legal constraints such as restrictive age-of-consent policies. These challenges hinder young people from fully participating in and shaping HIV interventions.

Furthermore, in relation to the third research objective, which explores facilitators and enablers of youth participation, the review highlights effective strategies such as capacity-building for both young leaders and adult allies, the promotion of inclusive and responsive policies, the support of youth-led initiatives, and the provision of material and financial support for young participants. These elements have been shown to increase the quality and consistency of youth engagement.

Finally, the review offers practical recommendations relevant to the fourth objective, which focuses on strengthening ethical and sustainable youth-led engagement. Among these are increasing youth representation in all programmatic stages, addressing structural and legal barriers that hinder engagement, ensuring sustainable funding models, building capacity through training and knowledge sharing, and designing youth-friendly and inclusive services. Implementing these strategies will not only deepen the involvement of young people in Ghana’s HIV response but will also improve health outcomes and strengthen the integrity and responsiveness of Global Fund-supported programmes. Through this empirical lens, it becomes clear that ethical, inclusive, and well-supported youth engagement is not only a moral imperative but also a strategic necessity for an effective national HIV response.

2.3.5 ‘We have nice policies but...’: implementation gaps in the Ghana adolescent health service policy and strategy (2016–2020)

This empirical review explores the role of young people in Global Fund-supported HIV programs in Ghana, drawing insights from Agblevor et al. (2023), whose study critically examines the implementation of the Ghana Adolescent Health Service Policy and Strategy (2016–2020). The review supports the first research objective by highlighting the various roles that young people currently play in Ghana’s HIV response, such as through peer education, community mobilization, and public awareness campaigns like the Adolescent Ambassadorial Challenge and the YOLO television series. These initiatives illustrate active youth involvement in shaping adolescent health conversations.

However, the study also reveals significant implementation gaps, with only 17 percent of planned strategies fully executed, suggesting that youth engagement remains inconsistent and often symbolic. This directly addresses the second research objective by identifying major barriers to meaningful and ethical youth engagement. These include limited financial resources, stigma surrounding sexual and mental health, fragmented and inconsistent legal frameworks, and poor awareness among both adolescents and service providers. These systemic obstacles inhibit the full integration of young people in program implementation and policy influence. In alignment with the third research objective, the study identifies facilitators that can enhance youth participation, such as adopting bottom-up approaches that account for structural and cultural realities, promoting integrated and multisectoral programming, and leveraging community involvement and digital innovation. For example, platforms like the You Must Know mobile application offer innovative ways to provide youth with access to sexual and reproductive health information, though uptake remains low due to institutional restrictions.

Finally, in relation to the fourth research objective, the study proposes strategies to strengthen youth-led engagement, including increasing investment in adolescent health programs, reforming restrictive legal policies, scaling up awareness campaigns, providing capacity-building opportunities, and supporting youth-led organizations with financial and technical resources. Taken together, these insights underscore the need to bridge the gap between well-intentioned policy and on-the-ground practice. By addressing structural and systemic barriers while reinforcing enabling factors, stakeholders can ensure that young people are not only included in Ghana's HIV response but are empowered to lead it in ways that are ethical, impactful, and sustainable.

2.3.6 We Matter, Value Us: A guideline for organisations on the meaningful and ethical engagement

of young people living with HIV in the HIV response

This empirical review draws on the Global Network of Young People Living with HIV (Y+ Global) guideline on the meaningful and ethical engagement of young people living with HIV (YPLHIV). This offers a comprehensive framework for improving youth participation in Global Fund-supported HIV programs in Ghana. The guideline underscores the importance of involving YPLHIV at all stages of the HIV program cycle, including design, implementation, monitoring, and evaluation. This directly addresses the first research objective, which seeks to assess how young people are currently involved in Global Fund-supported HIV interventions in Ghana. The guideline advocates for the creation of structured and intentional opportunities for YPLHIV to contribute meaningfully to decision-making, ensuring that their lived experiences and perspectives are integrated into programmatic and policy outcomes. While youth engagement exists in Ghana, it is often inconsistent, informal, or focused on outreach and peer education alone. The review thus serves as a valuable reference point for assessing the quality and extent of youth participation in existing initiatives.

The guideline also exposes significant barriers that limit ethical and meaningful youth engagement, directly informing the second research objective. Among the key challenges identified are the absence of safeguarding and protection policies, inadequate funding and logistical support, and limited power-sharing between adult-led institutions and youth participants. In the Ghanaian context, these challenges are further compounded by social stigma, particularly for YPLHIV, and

cultural attitudes that can discourage open youth participation in leadership spaces. The guidelines urge organizations to conduct thorough risk assessments, provide appropriate safeguarding training, and ensure fair compensation for the time, labor, and intellectual contributions of young people. These recommendations speak directly to the structural and operational gaps that persist in many Global Fund-supported programs in Ghana.

Aligned with the third research objective, which focuses on exploring the facilitators and enablers of meaningful youth engagement, the guideline highlights several practical strategies. These include building inclusive and respectful organizational cultures, ensuring representation of diverse youth populations, supporting youth-led initiatives, and forming equitable partnerships between youth and adults. In Ghana, enabling these conditions would help young people feel respected, supported, and safe in their contributions to HIV programs. The guideline emphasizes that inclusive environments and intentional leadership development opportunities can significantly strengthen the quality of youth engagement, particularly for marginalized groups such as adolescent girls, young key populations, and young people in rural areas.

Finally, in support of the fourth research objective, the guideline presents detailed strategies for building ethical and sustainable models of youth-led engagement. These include providing consistent financial investment in youth-led organizations, offering long-term mentorship and technical assistance, establishing regular mechanisms for feedback and accountability, and strengthening the capacity of young people to participate effectively in research, program implementation, and advocacy. For Ghana, these strategies are especially relevant in addressing the disconnect between policy rhetoric and actual practice. If these recommendations are put into

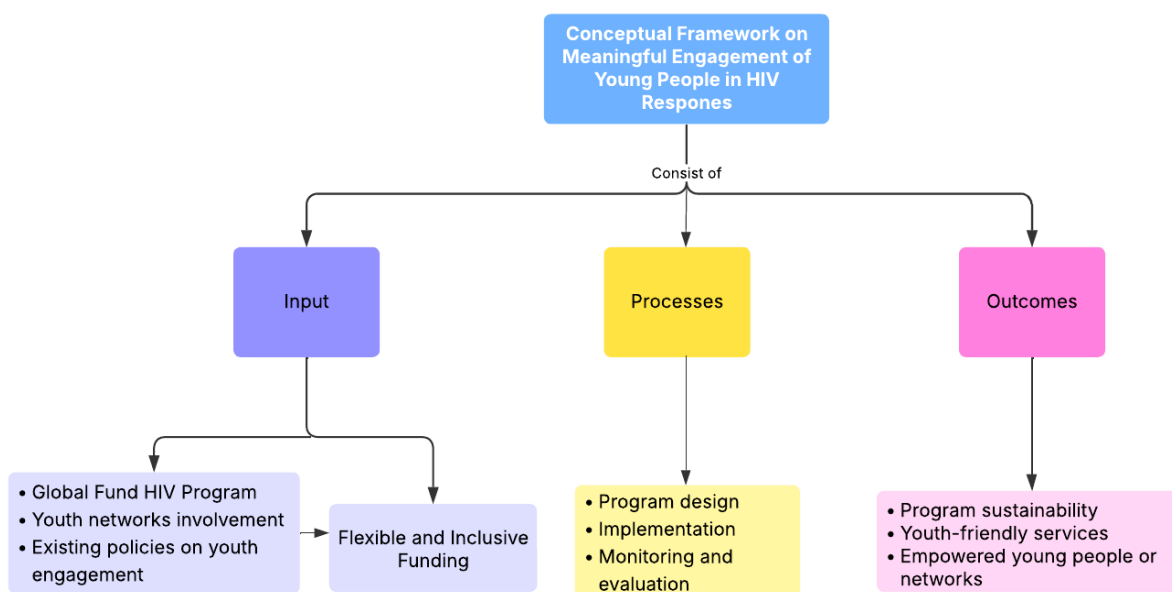
effect, organizations can shift from ad-hoc youth involvement to sustained, rights-based participation that is integrated into the core of HIV programming.

In conclusion, the Y+ Global guideline offers a practical and evidence-based roadmap that aligns closely with the research objectives of this study. It provides the tools and insights necessary to assess current levels of youth engagement, identify the structural and cultural barriers that must be addressed, highlight the conditions that foster meaningful participation, and propose realistic, scalable strategies for strengthening youth-led action. When applied in Ghana, these principles can transform the HIV response into one that is inclusive, equitable, and driven by the voices of young people living with HIV. This approach not only improves the responsiveness and effectiveness of Global Fund-supported programs but also promotes youth empowerment and leadership as essential components of a sustainable HIV response.

2.4 Conceptual Framework

This study is guided by a conceptual framework that focuses on understanding how young people in Ghana are meaningfully engaged in HIV programs supported by the Global Fund. The framework is structured around three interlinked components: **inputs, processes, and outcomes**. These components help to explain how various resources and structures influence youth engagement, and how such engagement can lead to improved health results and sustained program impact.

Fig 1



Inputs form the foundation of this framework. They include the Global Fund’s HIV programming, the involvement of youth networks, available funding mechanisms, and existing policy frameworks. The Global Fund provides financial support for HIV programs in Ghana, aiming to reduce new infections and improve treatment outcomes. However, the success of these programs depends not only on funding but also on how well youth-led and youth-serving organizations are integrated into the overall response. Youth networks, such as national and community-based groups, play a crucial role in mobilizing young people, providing peer support, and voicing youth concerns in policy spaces. These networks are essential in ensuring that HIV programs are responsive to the unique needs of adolescents and young people.

Funding mechanisms, another important input, determine how resources are allocated and whether they allow for youth-driven initiatives. Flexible and inclusive funding is key to empowering youth organizations and enabling them to contribute meaningfully. Additionally, the presence of policy frameworks that support youth participation such as national HIV strategies or youth policies

which shape the space in which young people can engage. When policies are youth-friendly and inclusive, they create an enabling environment for young people to take part in decisions that affect their health and well-being.

The **processes** component focuses on how young people engage in different stages of HIV programming. This includes participation in decision-making, program design, implementation, and evaluation. Meaningful engagement goes beyond simply including young people as beneficiaries; it involves recognizing them as partners and leaders. In decision-making spaces, this means having seats at the table, being consulted early, and having the power to influence outcomes. During program design, youth should be involved in identifying priorities, shaping interventions, and ensuring services meet their specific needs. In implementation, young people can take on roles such as peer educators, outreach workers, or campaigners positions that allow them to connect with their peers in relatable and effective ways.

Evaluation is another important process, as it allows for reflection, learning, and improvement. When young people are part of monitoring and evaluation (M/E) teams or contribute to the analysis of program results, they help ensure that programs are accountable and responsive. These processes must be designed to be inclusive, accessible, and respectful of young people's time, knowledge, and lived experiences.

Finally, the **outcomes** refer to the results that stem from effective youth engagement in HIV programming. These include improved health services that are more youth-friendly and tailored to the realities of young people, especially those living with HIV. Increased uptake of services is another expected outcome, as programs co-created with youth are more likely to be accepted and

trusted by young beneficiaries. Furthermore, when young people are meaningfully involved, they gain skills, confidence, and visibility, contributing to their personal and collective empowerment.

An often overlooked but critical outcome is program sustainability. Programs that involve young people from the start are more likely to be grounded in community realities and enjoy long-term relevance and support. Engaged youth also contribute to leadership continuity, as they become future advocates, implementers, and decision-makers in the HIV response.

Overall, this conceptual framework highlights the importance of viewing youth engagement not as a one-time effort, but as a continuous and supported process that starts with the right inputs, values meaningful participation throughout, and leads to tangible and lasting outcomes.

This framework assumes that meaningful and ethical engagement enhances the responsiveness and effectiveness of HIV programs for young people, while also empowering them as agents of change.

2.5 Chapter Summary and Lessons Learnt

This chapter has explored both theoretical perspectives and empirical evidence on youth engagement within HIV responses and health policy. The review highlights a growing global emphasis on youth-inclusive approaches, driven by international frameworks and youth-led advocacy. However, it also uncovers persistent implementation gaps, particularly in sub-Saharan Africa and Ghana, where systemic and structural barriers often hinder meaningful participation.

Several key lessons emerged. First, youth engagement must be meaningful and ethical, transcending symbolic or tokenistic inclusion to ensure that young people are active partners in

shaping the programs that affect their lives. Second, young people's involvement should be recognized as a fundamental right, not a discretionary choice by program implementers. Third, effective youth engagement requires a deliberate focus on the intersections of age, gender, and health status, acknowledging the unique barriers faced by young women, young people living with HIV, and other marginalized subgroups. Lastly, sustainable engagement demands the establishment of strong institutional frameworks, consistent funding, and ongoing capacity development for both youth and adult allies.

This chapter lays the groundwork for the following methodology chapter, which will investigate how these principles of youth engagement are operationalized within Ghana's Global Fund-supported HIV programs. Additionally, particular attention will be paid to the lived experiences and voices of young people involved in these initiatives.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the methodology employed to explore how young people are meaningfully and ethically engaged in Global Fund-supported HIV programmes in Ghana. It presents how the research will be laid out, the design to be used, the population of interest, data collection procedures, and ethical considerations. The chapter also explains how reliability and validity will be ensured throughout the process, and finally how data will be analysed and interpreted, especially maintaining alignment with the research objectives.

3.1 Research Approach

The study adopted a mixed methods approach to provide a comprehensive understanding of the topic by combining the depth of qualitative inquiry with the breadth of quantitative analysis. The chapter outlines the research design, study population, data collection instruments, sampling techniques, ethical considerations, and methods of data analysis. Attention is also given to how issues of reliability and validity were assured throughout the research process. A qualitative and quantitative approach is suitable for understanding social contexts, lived experiences, and the meaning individuals attach to these realities. Given the study's focus on youth engagement within HIV programme structures and funding mechanisms, this approach provided the flexibility to explore emerging themes. The quantitative component assessed youth participation in specific programme stages, including needs assessment, prioritisation, goal identification, proposal

writing, selection of leading partners, and programme implementation. Combining these approaches allowed for a deeper and more holistic exploration of the research topic.

The use of a qualitative approach also aligned with the study's theoretical grounding in Positive Youth Development (PYD) and Hart's Ladder of Participation, both of which emphasize youth agency. This enabled the researcher to prioritise youth voices and perspectives in both the design and execution of the study.

3.2 Research Design

A descriptive exploratory research design was adopted. This design allowed the study to document current practices and experiences related to youth engagement within the implementation of these programmes while also exploring areas that are not well understood. The design supported the generation of new insights into both the facilitators and barriers to meaningful and ethical youth involvement in HIV programming. Additionally, in this design, qualitative and quantitative data was collected within the same time frame but analysed separately. After analysis, the results was compared and integrated to enhance the interpretation of findings. The qualitative strand adopted a descriptive exploratory design, which allowed for the investigation of complex, underexplored experiences related to youth engagement. The quantitative strand used a cross-sectional descriptive design to collect data from a sample of youth at a single point in time, capturing the scope and structure of their participation in the HIV response.

Elements of participatory research were incorporated to ensure that young people are not merely respondents but contributors to the process. This involved the use of open-ended tools that allowed youth participants to shape the discussion and reflect on their lived experiences.

3.3 Study Setting

The study was conducted across the Greater Accra, Ashanti and Northern regions of Ghana, where Global Fund-supported HIV programmes were actively implemented. These areas were chosen based on their diverse population demographics, the presence of active youth networks, and the scale of HIV programming funded by the Global Fund.

These locations enabled the study to capture a wide range of youth experiences in both urban and peri-urban contexts, and across various implementation partners and service delivery models.

3.4 Study Population

The study population included young people between the ages of 18-30 years who are currently participating in or directly affected by Global Fund-supported HIV programmes. This included adolescents living with HIV, youth peer educators, youth-led network members, and community advocates. In addition to this, the study engaged key informants such as programme officers, implementing partners, and Country Coordinating Mechanism members and the secretariat.

This population was selected to reflect a diversity of gender, HIV status, geographic location, and levels of program involvement. Their experiences were central to understanding how youth engagement is currently operationalised within the programmes.

3.5 Sample and Sampling Techniques

As regards sampling, the study used purposive sampling to identify individuals who are best positioned or have the experience to provide relevant, authentic-based information. Approximately 30 participants were recruited, and 10 key informants for the qualitative aspect. However,

quantitatively, 200 respondents were targeted. These individuals were selected based on their active involvement in HIV programming linked to the Global Fund.

Snowball sampling was also applied to reach hard-to-identify populations, such as young people living with HIV, queer young people living with HIV who may not be affiliated with visible organisations. This ensured the inclusion of marginalised voices who are often excluded.

3.6 Data Collection Instruments

The main data collection instruments were two semi-structured interview guides: one for youth participants and the other for programme stakeholders. These guides were developed based on the research questions and theoretical framework. The interview questions covered areas such as the nature or scope of youth participation, decision-making roles, challenges faced, support systems available, and ethical dimensions of engagement. Notes and audio recordings (with permission) were used to capture participants' responses accurately. The quantitative data was collected using a structured questionnaire designed to assess youth involvement in various phases of the HIV programme cycle. The questionnaire included Likert-scale and multiple-choice questions, with a few open-ended questions that allowed for additional detail. All instruments were pre-tested and adjusted for clarity and relevance before use.

3.7 Reliability and Validity

To enhance reliability, the interview guides were reviewed before full-scale data collection began. This allowed adjustments to be made to ensure consistency in interpretation. Interview procedures were standardised across all respondents to the maximum extent.

Validity was ensured through data triangulation across different respondent categories such as young people living with HIV, youth-led networks, peer supporters, program implementer, and the Country Coordinating Mechanism for the Global Fund. Furthermore, the study used member-checking, shared summaries of the responses with selected participants confirmed the accuracy of interpretations. The researcher also maintained a reflective journal to minimise bias and document critical observations throughout the data collection process.

3.8 Data Collection Procedure

Data collection took place over a three-week period. Interviews was conducted virtually, depending on participants' preferences and availability. Through three focus group discussions, each session lasted approximately 45 to 60 minutes. Youth participants were recruited through youth networks, community-based organisations, and referral mechanisms.

Informed consent was obtained before each interview started, and participants was assured of confidentiality and voluntary participation. Interviews were conducted in English, with translation support provided in local languages where needed.

3.9 Data Handling, Processing and Analysis

All interviews were transcribed and analysed using thematic analysis, following Braun and Clarke's (2013) six-phase model. Transcripts were first read and re-read to familiarise the researcher with the data. I, the researcher familiarised myself with the data, then generated codes, grouped these into categories, and develop themes that align with the study objectives. Quantitative data was collected via Google Forms and entered into SPSS for analysis. Descriptive statistics such as frequencies and percentages were used to summarise responses.

The results of both analyses were integrated during interpretation to offer a comprehensive understanding of the findings. Additionally, analytical memos were used throughout the process to track emerging insights and potential areas for deeper exploration.

3.10 Ethical Considerations

Ethical approval was sought from the UniMAC - IJ Directorate of Research, Innovation and Development (DRID) before the commencement of data collection. Participation in the study was entirely voluntary, with informed consent obtained from all adult participants.

Confidentiality and privacy were strictly observed. Pseudonyms were used in transcripts and all identifying information were removed from the results. Participants were made aware of their right to withdraw at any stage without any consequences. All data was securely stored on password-protected devices accessible only to me, the researcher.

3.11 Chapter Summary

This chapter outlined the mixed methods methodology used to investigate how young people are engaged in Global Fund-supported HIV programmes in Ghana. The use of both qualitative and quantitative data allowed for a more comprehensive understanding of the research problem and also helped achieve the research objectives. With careful snowballing techniques, confidentiality was made paramount, and careful sampling ensure inclusion of diverse voices. All instruments and procedures have been designed to maximise reliability, validity, and ethical integrity. The next chapter presents the results that emerge from the data collected using this methodology.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents findings from the mixed methods (qualitative and quantitative aspects) of the study which were carried out in a convergent parallel manner. The findings from the data collected respond to the four research questions guiding this study:

1. How are young people currently involved in Global Fund-supported HIV programmes in Ghana?
2. How does young people's involvement impact the success of these HIV programmes?
3. What are the challenges to young people's involvement in Global Fund-supported HIV programmes?
4. What strategies can be adopted to improve young people's involvement in Global Fund-supported HIV programmes in Ghana?

The Qualitative aspect involved focus group discussions with 10 participants each from three regions: **Greater Accra, Ashanti, and the Northern region**, as well as key informant interviews. Participants selected include young people living with HIV, peer educators, Community Adolescent Treatment Supporters, Community Monitors, members of youth-led networks living with HIV, staff of community-led organizations, and selected members from the Country Coordinating Mechanism. These focus group discussions took place on Google Meet with a duration of 45 minutes to an hour. Participants were informed of their rights and consent was received before the session started. Each session, participants were allowed to choose their pseudonyms with the cameras off.

Findings are presented thematically according to each research question. The first aspect examines the qualitative data collected and analysed, followed by the second aspect, which focuses on quantitative data. Direct quotes from participants are included to give voice to their perspectives. Tables summarise the key points, and interpretation is provided in relation to the study objectives and relevant literature.

4.1 Qualitative Research Findings

Across all regions, young people were engaged primarily in peer support, adherence counselling, and outreach. Roles extended into monitoring, mobilisation, and limited advocacy, but decision-making remained constrained. Table 1 presents roles of young people in the project.

4.2 How are young people currently involved in Global Fund-supported HIV programmes in Ghana?

Across all regions, young people were engaged primarily in peer support, adherence counselling, and outreach. Roles extended into monitoring, mobilisation, and limited advocacy, but decision-making remained constrained. Table 1 presents roles of young people in the project.

Table 1: Key roles of young people in the project

Regions	Key Roles of Young People in Project
Greater Accra	Adherence counselling, peer education, clinic support on adolescent days, advocacy through petitions and consultations
Ashanti	Facility support (cader roles), home visits, psychosocial support, CLM verification, outreach to women-only groups

Northern	Peer education on ART and SRHR, CLM data collection, mobilisation into PLHIV networks, small-scale facilitation
----------	---

Participants reported multiple entry pathways into Global Fund-supported programmes, including volunteering after completing secondary school, referral by health staff, and recruitment by civil society organisations.

Particularly shared the following sentiments:

“After SHS we were invited by models of hope to volunteer. That was how I joined.” (Bambi)

“I was called because of my viral load results and later became a model of hope.” (Green)

I was recruited by NAP+ in 2019 and have been a model of hope for four years now.” (Strawberry)

Their roles included adherence counselling, follow-up calls to clients, conducting health talks, and linking young people to clinics. Importantly, they acted as a bridge between health facilities and young clients, providing relatable support and reassurance.

The findings show that young people are deeply embedded in service delivery roles across regions. They engage peers in adherence, tracing, counselling, and outreach. Accra participants described more advocacy-related roles, reflecting their proximity to national-level platforms. Ashanti participants focused on verification and psychosocial support, while Northern youth highlighted community-led monitoring and mobilisation into networks.

Despite these variations, the common thread is that youth are implementers, not decision-makers. This mirrors Hart’s (1992) ladder of participation, where involvement often stops at “consulted but informed.” Chaudhury et al. (2022) similarly argue that youth in HIV programmes across sub-Saharan Africa are more often service delivery agents than agenda-setters.

Youth involvement is framed primarily around service delivery, with young people serving as “peer bridges” rather than decision-makers. This reflects what Hart (1992) described as “assigned but informed” participation, where young people carry out tasks but have limited influence over strategic decisions. Global Fund guidance highlights the importance of *meaningful* participation, defined as involvement where young people have both voice and influence (Global Fund, 2021). The findings suggest that while Ghana’s programmes have integrated youth into frontline roles, their participation remains functional and supportive, with limited decision-making power.

4.3 How does young people’s involvement impact the success of these HIV programmes?

Table 2 summarizes the results on people’s involvement impact the success of the HIV programmes

Table 2: How people’s involvement impacts the success of the HIV programmes

Themes	Greater Accra	Ashanti	Northern
Adherence & Retention to Care	Peer role models encouraged adherence, improved clinic attendance	Client follow-up and referrals improved treatment continuity	Youth encouragement and peer testimonies boosted morale and adherence
Community Reach	School and community outreach dispelled myths	Women-focused outreach addressed stigma in safe spaces	Mobilisation expanded PLHIV network membership
Service Efficiency	Youth-supported clinic days, reducing wait times	Cadres eased facility workload	Country-led monitoring (CLM) provided data to highlight service gaps
Advocacy Impact	Petitions secured increased allowances under GC6	Limited advocacy; more service-oriented	CLM findings less influential due to weak uptake

Youth involvement strengthens programme effectiveness across all regions by improving adherence, expanding community reach, and enhancing trust. This confirms findings by MacPherson et al. (2015), who showed that peer-led models increase retention among adolescents in Malawi and Zimbabwe. Participants from Greater Accra highlighted policy influence through petitions, a dimension absent in Ashanti and weaker in the Northern Region. Also, participants from the Ashanti region emphasised facility-level improvements, while Northern participants focused on mobilisation into networks and feedback loops. These differences suggest that regional programme designs and contexts shape how youth contributions manifest.

Globally, evidence confirms that peer-led approaches contribute to better viral suppression and retention (Willis et al., 2021). Yet, as participants noted, their impact often remains under-recognised in formal programme reports.

A participant stated,

“When young people see us at the clinic, they open up more because they know we understand them.” (Strawberry)

Their shared lived experiences created stigma-free spaces for disclosure and support.

The findings highlight how youth involvement enhances the responsiveness of HIV services. UNAIDS (2020) recognises peer-led approaches as critical for adolescent and young people’s HIV outcomes, especially in promoting adherence and reducing stigma. The data also reflect the principle of **“nothing for us without us,”** with young people acting as effective agents of change. These contributions respond to Objective 2 by showing how youth positively impact programme effectiveness, even when under-recognised by policymakers.

4.4 What are the challenges to young people’s involvement in Global Fund-supported HIV programmes?

The study further explored the challenges to young people’s involvement in Global Fund-supported HIV programmes as captured in Table 3.

Table 3: Challenges to young people’s involvement in Global Fund-supported HIV programmes

Themes	Greater Accra	Ashanti	Northern
Decision-making	Tokenistic involvement, ignored contributions	Exclusion from grant review and planning	Invited but silenced, limited project info

			shared
Financial Insecurity	Limited allowances, no insurance or social protection	Allowance inconsistencies, self-funded transport	Transport costs and economic hardship hinder participation
Structural Barriers	Delays in viral load results, rigid GC7 rules	Project continuity uncertain, logistical bottlenecks	Project details withheld, tokenism in selection
Stigma	Facility and community stigma	Stigma in schools and churches	External stigma and internalised stigma, fear of being recognised
Training and Strengthening Youth Capacity	Few sustained training opportunities	Initial training, limited refreshers	Limited livelihood skills, weak mentorship

Challenges varied across regions but converged on exclusion from decision-making and financial precarity. Youth are consistently present in delivery but absent in governance. This reflects broader critiques of tokenism in youth engagement (UNFPA & UNAIDS, 2019). Even in spaces where they should feel safe to contribute, young people admit to feeling intimidated by older leaders and sometimes being resistant to their priorities.

Some of the comments from the participants are as follows:

“Older leaders act like we don’t know anything. Our inputs are not taken seriously.” (Purple)

“They shut us down in training, saying that’s not how it’s done, even though we speak from experience.” (Khespy)

Accra youth emphasised system bottlenecks like viral load delays, while Ashanti participants flagged continuity issues with short funding cycles. Northern participants highlighted cultural silence and self-stigma, unique challenges rooted in socio-cultural norms. Pantelic et al. (2017) note that stigma, both internal and external, remains a key barrier to young people's engagement in HIV services globally, and the Northern case illustrates how this is compounded by cultural taboos.

Participants shared the following sentiments:

"Clients feel stigmatized coming to clinics with elders, who think HIV is only sexually transmitted." **(Bambi)**

"Some professionals felt threatened by my knowledge and discriminated against me." **(Gold)**

Financial challenges were universal: allowances were inconsistent or insufficient, and transport costs often had to be borne personally.

Participants shared the following sentiments:

"We are told it's only allowance, not a salary, so there's no long-term benefit." **(Rabbit)**

"Career certificates should come from Ghana Health Service so we can be employed after projects." **(Pretty)**

Instead of a genuine partnership, youth are often present but with little real power. The issue of financial insecurity further demonstrates structural exclusion, where young people's labour is

essential but undercompensated. Such conditions risk disincentivising sustained involvement and undermining the sustainability of Global Fund programming.

4.5 What strategies can be adopted to improve youth involvement?

Additionally, the study examined strategies can be adopted to improve youth involvement (Table 4). A number of strategies were suggested to improve youth involvement in the programmes.

Table 4: Strategies that can be adopted to improve youth involvement

Theme (Strategy Area)	Greater Accra	Ashanti	Northern
Inclusion in Decision-making	Youth seats at CCM, inclusion in grant reviews	Recognition in planning meetings	Youth involved from proposal to evaluation, “nothing about us without us”
Training & Recognition	Certification for peer roles, ongoing training	Refresher trainings and mentorship	Livelihood training, skills development, financial support
Financial Support	Better allowances or stipends, social protection	Transport and stipends maintained	Transport refunds and seed funding
Youth-Friendly Services	Adolescent clinic days, privacy safeguards	Female-only outreach and safe spaces	Strong confidentiality in PLHIV networks
Systemic efficiency	Faster lab turnaround, anti-stigma laws	Continuity across project cycles	Rural outreach beyond cities

Proposed strategies highlight both commonalities and regional differences. All groups called for genuine inclusion in decision-making, better financial support, and ongoing training.

A participant stated:

“Career certificates should come from Ghana Health Service so we can be employed after projects.” (Pearl)

Additionally, Accra participants stressed policy reform and formal recognition (certificates, CCM seats). Ashanti participants emphasised continuity and mentorship, while Northern participants prioritised geographical equity and livelihood training. These differences reflect both context and needs: urban youth are closer to policy spaces, while rural youth face economic and geographical barriers.

A participant opined that:

“Youth with degrees should be allowed to manage projects, not only volunteer.” (Khespy)

The call for livelihood support in the North is significant, it is important to address economic vulnerability is critical for sustaining engagement of young people with HIV. Similarly, (WHO 2018) recommends differentiated service delivery to meet varied youth needs, including rural outreach.

These recommendations align with calls in the literature for ethical and meaningful engagement of young people in health governance (Y+ Global, 2022). They also align with the Global Fund’s Strategic Initiative on Community, Rights, and Gender, which emphasises capacity strengthening

and formal recognition of community contributions. Participants envision not short-term allowances but **career pathways**, policy reforms, and youth-led leadership spaces.

4.6 Thematic Framework Across All Three Regions

Table 5: Thematic framework across all three regions

Research Focus	Greater Accra	Ashanti	Northern
Youth Roles	Peer counselling, adolescent clinic support, advocacy petitions	Facility-based cadre work, psychosocial support, CLM verification	Peer education, CLM data collection, PLHIV mobilisation
Impact	Improved adherence, advocacy gains, and smoother clinic days	Improved adherence, referrals, and accountability in service delivery	Improved adherence, mobilisation into networks, and uptake of CLM data
Challenges	Exclusion, viral load delays, stigma, and financial insecurity	Exclusion, project continuity issues, stigma in schools/churches	Exclusion, stigma (internal + external), cultural silence, transport costs
Strategies	Recognition, certification, inclusion in CCM, faster labs	Mentorship, continuity, female outreach, and recognition in planning	Equal inclusion, rural outreach, livelihood training, confidentiality

4.7 Key Informant Interviews (CCM Members)

In addition to the survey, three one-on-one interviews were conducted with members of the Country Coordinating Mechanism (CCM). These interviews sought to understand how decision-making bodies that oversee Global Fund–supported HIV programmes in Ghana currently involve young people, particularly young people living with HIV (YPLHIV). The interviews also explored how youth engagement is defined, the roles young people play, challenges that hinder their involvement, and strategies to strengthen their participation. Findings are presented thematically in relation to the study objectives and research questions.

4.7.1 The Current Involvement of Young People

All three key informants explained that young people are involved primarily through community networks affected by the three diseases, particularly HIV networks. These networks provide entry points for youth to participate in consultations, awareness-raising activities, and outreach campaigns. However, beyond this indirect involvement, youth are rarely positioned as co-designers or implementers of programmes.

One informant stated:

"Most of the time, young people come in through the networks of people living with HIV. They participate when these networks are called to meetings, but they do not have their own structured space within the CCM."

At different stages of the programme cycle, including planning, implementation, monitoring and evaluation, and advocacy, youth engagement was described as limited and inconsistent. Informants

agreed that youth roles are largely confined to being beneficiaries, with minimal opportunity to influence decision-making. Selection of youth participants was said to be guided informally by network leaders rather than by transparent or standardised criteria.

4.7.2 Definitions of Meaningful Youth Engagement by Stakeholders

When asked to define meaningful youth engagement, CCM members described it as the presence of youth at meetings or consultations, or their ability to share ideas when called upon. However, none of the informants could provide clear examples of structured mechanisms that operationalise youth engagement especially within the project. This finding reflects a conceptual gap, where youth engagement is acknowledged in principle but not embedded systematically in practice.

4.7.3 Impact of Youth Participation and Feedback Mechanisms

Informants struggled to identify concrete impacts of youth involvement on programme outcomes. Youth participation was often characterised as symbolic visibility rather than functional influence. While community networks have facilitated the inclusion of young people in discussions, their contributions rarely translate into decisions that shape programme effectiveness.

Two informants acknowledged that the CCM does not have formal feedback systems that capture and respond to the voices of young people or youth-led networks. Communities have the option of informing their representative or the closest community representative on the CCM of their priorities. In this case this could be the President of the National Association of Persons Living with HIV in Ghana. Feedback is usually gathered informally and, in many cases, is not prioritised in decision-making. One respondent admitted:

"We do not have a formal system where young people's views are gathered and responded to. Their contributions mostly come through networks, but these do not always reach leadership."

However, they stated that the secretariat had an Ethics Committee that served to support all community members or populations that are served by the Global Fund. This means there are general pathways for young people to complain about their issues, but as to whether action would be taken is a different story.

4.7.4 Perceptions of Youth Engagement and Risks of Tokenism

Participants highlighted that adult staff and leadership within the CCM often perceive youth engagement as tokenistic. Young people are invited to fulfil representation requirements rather than to contribute substantively to programme governance. One informant observed:

"Leadership still thinks young people are too inexperienced to contribute meaningfully to technical decisions. That makes their presence more of a formality than actual participation."

Efforts to prevent tokenism were described as weak, with youth voices frequently overshadowed by more senior stakeholders.

4.7.5 Challenges and Structural Limitations

All three informants pointed to funding and structural barriers as the main challenges to youth participation. Although community networks are used to channel youth involvement, these networks often face financial and capacity constraints, which limit their ability to consistently support meaningful youth representation.

The governance culture of the CCM was also identified as a barrier. Decision-making spaces are dominated by senior professionals, which leaves little room for young people to contribute. Ethical considerations such as consent, safety, and compensation were inconsistently applied. Informants admitted that no standard framework exists to guarantee fair compensation or protection for young people when they engage in CCM or Global Fund processes.

4.7.6 Capacity-building and Opportunities for Leadership

Participants acknowledged that very few structured mentorship or capacity-building initiatives are available for young people living with HIV within the Global Fund programme in Ghana. Occasional workshops and ad hoc training sessions were mentioned, but these lacked continuity and strategic design.

Opportunities for young people to assume leadership positions were also scarce. Even when youth are included in meetings through community networks, decision-making roles such as chairing sessions or influencing resource allocation are almost always reserved for senior stakeholders.

When asked about strategies to improve youth engagement, informants recommended: establishing transparent and standardised criteria for selecting youth representatives, creating structured mentorship programmes to build the skills of young leaders, allocating specific budget lines for youth participation and leadership development strengthening youth-led networks so they can negotiate for more space within CCM structures.

4.7.7 Summary of key findings from key informant interviews

The perspectives of CCM members reveal that young people living with HIV are currently engaged indirectly through community networks affected by the three diseases, rather than as independent actors within Global Fund structures. Their roles are limited, their contributions are often symbolic, and their influence on decision-making is weak. The absence of clear feedback mechanisms, insufficient funding, and a lack of systematic mentorship programmes further undermine meaningful engagement. While community networks remain important pathways for youth involvement, stronger institutional commitment, structured frameworks, and dedicated resources are needed to ensure that the participation of young people is meaningful, sustainable, and impactful.

4.7.8 Unexpected Findings

An unexpected theme was the privileging of educated youth over those with experiential knowledge. A participant shared that: “*Opportunities are given to those with degrees, leaving out people with real experience.*” This raises equity concerns, as formal education becomes a gatekeeper or in this case, a barrier to leadership, while grassroots youth with lived expertise are sidelined. This finding highlights the need for a dual model valuing both formal qualifications and community expertise.

The findings from the FGDs confirm that young people play a crucial but under-recognised role in Ghana’s Global Fund–supported HIV programmes. They contribute to adherence, stigma reduction, and innovative outreach, yet remain marginalised in decision-making, face financial insecurity, and confront stigma and systemic inefficiencies.

Participants highlighted strategies that move beyond tokenism to meaningful engagement: certification, financial empowerment, youth-friendly clinics, legal protections, and leadership opportunities. These findings reinforce the need to situate youth participation at higher rungs of Arnstein’s ladder, where young people share power rather than being relegated to symbolic involvement. The findings also align with UNAIDS’ call for youth-led and youth-serving approaches to HIV responses.

4.8 Quantitative Research Findings

The quantitative aspect of this data analysis presents the findings from **117** young people and stakeholders who completed the survey on youth involvement in Global Fund–supported HIV programmes in Ghana. Results are organised around the four research questions, supported by descriptive statistics and group comparisons.

4.8.1 Background Characteristics of Respondents

The respondents in this study represented a diverse group of young people across Ghana. The majority were within the age ranges of **22–25 and 26–30 at 50.4% and 39.3%** respectively, which aligns closely with the target age group of the research. Both male and female respondents participated, with a slightly higher number of **males at 57.3% and females at 42.7%**. Geographically, responses came from the three regions, with **52.1% for Greater Accra, 25.6% for Ashanti, and 22.2% for the Northern regions**. In terms of roles, **58.1%** identified as Adolescents and Young People Living with HIV, **21.4%** as Peer-led educators, **12.8%** as members of a youth-led network, and **0.9%** as Programme Volunteers. Other statistics relate to Community Adolescent Treatment Supporters and Staff of a community-led organisation. This diversity

ensured that perspectives were captured from multiple contexts across the country, providing a broad understanding of young people’s involvement in Global Fund-supported HIV programmes.

Fig. 2

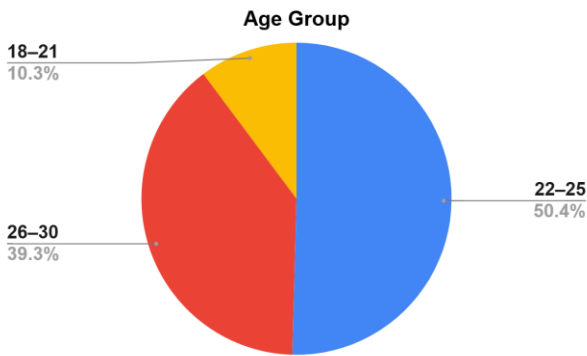


Fig. 3

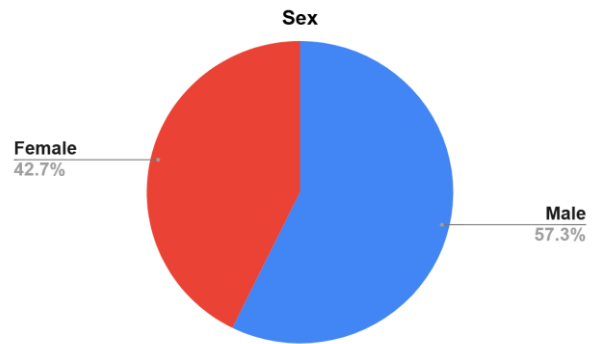


Fig. 4

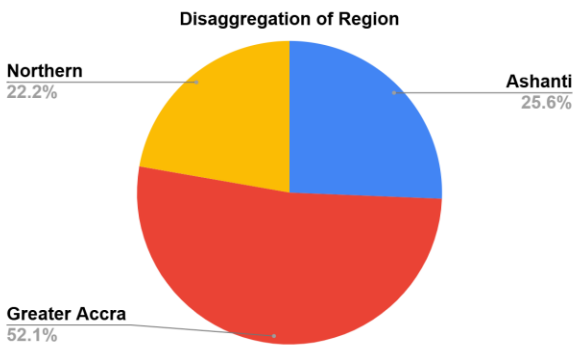
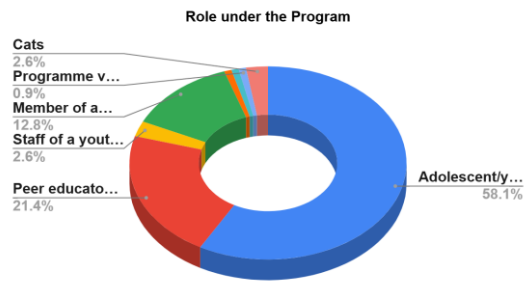


Fig. 5



4.8.2 Needs Assessment

Table 6 captures results on needs assessment.

Table 6: Response on needs assessment

Statement	Mean
I was involved in identifying the key HIV-related needs of young people in my community.	3.64
My opinions were considered during the needs assessment stage of the programme.	3.45
The programme communicated the findings from the needs assessment to young people.	3.44
I believe the needs assessment reflected the actual priorities of young people in my area.	3.58
I was involved in identifying the key HIV-related needs of young people in my community.	3.68
Overall Mean Average	3.56

An overall mean of **3.56** suggests that, across all related statements under **Needs Assessment**, respondents generally reported being moderately to highly involved in the needs assessment process. This score indicates that young people are not entirely excluded from the process and, in many cases, they have opportunities to participate. However, the score does not reach the higher end of the scale, which means their engagement is inconsistent and sometimes limited to certain stages of the assessment rather than being systematic. For instance, while young people felt reasonably involved in identifying key HIV-related needs, they were less confident that the findings of the needs assessment were communicated back to them. This gap points to weak feedback mechanisms and limited transparency, which may affect young people's sense of ownership in the process.

Therefore, while the results highlight a fair level of participation, they also reveal that the involvement of young people is not yet fully meaningful or institutionalized. If programmes want to strengthen engagement, they must go beyond consultation and ensure that young people's inputs are visibly integrated, acknowledged, and acted upon. This would help to transform participation from being tokenistic or ad hoc into being a consistent, structured, and impactful component of programme planning.

4.8.3 Prioritisation & Goal Identification

On Prioritisation and goal identification, various views were expressed as seen in Table 7.

Table 7: Prioritisation and Goal Identification

Statement	Mean
I participated in discussions about which HIV issues should be prioritised in the programme.	3.52
Young people had a meaningful role in deciding which services or populations to focus on.	3.58
My input influenced the final list of priorities for the programme.	3.75
I participated in discussions about which HIV issues should be prioritised in the programme.	3.5
Young people were consulted in setting the goals of the HIV programme.	3.58
The goals of the programme reflect what young people want to achieve in the HIV response.	3.75
Young people helped define what success should look like for the programme.	3.79

Youth-led organisations influenced the overall vision of the program.	3.73
Young people were invited to validate program goals.	3.78
There were safe spaces for youth to critique or refine program goals.	3.44
Overall Mean	3.64

An overall mean of 3.64 indicates that young people were moderately to highly involved in shaping programme priorities and goals. The results suggest that respondents generally felt that their voices influenced programme decisions, but with some variations across different aspects of participation.

Notably, the highest-rated items were “Young people helped define what success should look like for the programme” (m=3.79), “Young people were invited to validate program goals” (m=3.78), and “My input influenced the final list of priorities for the programme” (m=3.75). These scores highlight that young people perceive themselves as having tangible influence on what the programme set out to achieve, particularly in defining success and validating priorities. This reflects a promising degree of ownership and agency in decision-making processes.

On the other hand, the lowest-rated item, “There were safe spaces for youth to critique or refine program goals” (m=3.44), points to a gap in creating inclusive and non-threatening environments for youth participation. While young people may have been consulted and even involved in

validating goals, they did not always feel empowered to challenge or refine those goals. Similarly, repeated items on participation in priority-setting discussions scored slightly lower (m=3.50–3.52), suggesting that while involvement occurred, it may not have been consistent across all respondents or settings.

Overall, the findings show that youth engagement in programme goal-setting goes beyond tokenism and includes genuine contributions, but it remains uneven. Engagement appears stronger in validating and endorsing goals than in critical reflection, negotiation, and shaping safe participatory spaces. To make youth involvement fully meaningful, programmes should strengthen feedback loops, create more safe spaces for dialogue, and ensure that youth are not only consulted but also empowered to influence decisions at every stage.

4.8.4 Proposal Writing/Development

Different views were expressed on Proposal Writing/Development as seen in Table 8.

Table 8: Proposal Writing/Development

Statement	Mean
I was involved in reviewing or contributing to the programme proposal submitted to the Global Fund.	3.15
There were opportunities for young people to give feedback on draft versions of the proposal.	3.02
The proposal writing process was transparent and inclusive of youth voices.	3.21

Feedback I gave on proposals was acknowledged or used.	3.10
I was aware of how youth priorities were budgeted for.	3.14
Overall Mean	3.12

An overall mean of **3.12** suggests that youth involvement in the proposal development stage of Global Fund-supported programmes was low to moderate. Compared to involvement in needs assessment and programme goal-setting, this score shows that young people felt far less engaged in highly technical and decision-heavy processes like proposal writing and budgeting.

The highest-rated item was *“The proposal writing process was transparent and inclusive of youth voices” (3.21)*. While still modest, this suggests that some efforts were made to open up the process to youth contributions, though not at a strong or consistent level. Close behind were *“I was involved in reviewing or contributing to the programme proposal” (3.15)* and *“I was aware of how youth priorities were budgeted for” (3.14)*, which also hover slightly above 3. These reflect only minimal involvement and awareness, pointing to young people being consulted occasionally but not given meaningful space in decision-making.

The lowest score, *“There were opportunities for young people to give feedback on draft versions of the proposal” (3.02)*, indicates that structured opportunities for youth consultation were rare or insufficiently communicated. Similarly, *“Feedback I gave on proposals was acknowledged or used” (3.10)* suggests that even when young people did contribute, their inputs were not systematically integrated or visibly acted upon.

Overall, these findings reveal that youth engagement in proposal development remains largely tokenistic, where involvement is limited to ad hoc consultation rather than genuine participation. The low mean average (3.12) signals significant gaps in transparency, feedback loops, and youth influence over budgetary decisions. To improve this, Global Fund processes in Ghana should prioritize creating formal, well-structured mechanisms for youth to engage in proposal drafting, ensure that youth inputs are integrated, and provide clear communication about how priorities and budgets reflect their contributions.

4.8.5 Programme Implementation

Respondents shared their perspective on Programme Implementation as seen in Table 9.

Table 9: Programme Implementation

Statement	Mean
I was aware of the criteria used to select implementing partners for the programme.	3.37
Young people were involved in discussions or decisions about which partners should lead implementation.	3.51
The selected partners are responsive to the needs and priorities of young people.	3.56
I am currently involved in implementing activities within the Global Fund-supported programme.	3.31

Youth-led organisations are empowered to be key actors in programme implementation.	3.81
My contributions during implementation are acknowledged and valued by programme staff.	3.43
I have access to tools or resources to support my implementation role.	3.21
Young people are sometimes excluded from key decision-making at the facility level	3.78
The programme provides ongoing opportunities for young people to influence how activities are carried out.	3.64
Young people are rarely involved in monitoring and evaluation exercises of the program	3.70
Overall Mean	3.53

An overall mean of **3.53** indicates that youth involvement in the **implementation stage** of Global Fund-supported programmes is **moderately strong**, but with significant variation across specific dimensions of participation. This suggests that young people are not merely beneficiaries but play active roles in delivering activities, although gaps remain in ensuring their full inclusion and support.

The highest-rated item was “*Youth-led organisations are empowered to be key actors in programme implementation*” (3.81). This reflects a positive trend where youth-led structures are not only engaged but trusted as partners in implementation, pointing to progress in shifting from

tokenism toward genuine partnership. Similarly, strong scores were observed for “*Young people are sometimes excluded from key decision-making at the facility level*” (3.78, reverse-coded) and “*Young people are rarely involved in monitoring and evaluation exercises*” (3.70, reverse-coded). These high averages highlight perceived gaps in inclusion, meaning that although youth are involved in implementation, they still face systemic exclusion from governance and accountability processes.

On the lower side, items such as “*I have access to tools or resources to support my implementation role*” (3.21) and “*I am currently involved in implementing activities*” (3.31) scored below the overall mean. These results suggest that while youth roles exist, they are often under-resourced and inconsistently applied. Without adequate tools, resources, and structured roles, young people’s contributions risk being symbolic rather than sustainable.

Middle-range items such as “*My contributions during implementation are acknowledged by staff*” (3.43) and “*The programme provides ongoing opportunities for young people to influence activities*” (3.64) indicate moderate recognition and space for input, but not at the strongest possible level.

Overall, these results suggest that implementation is the stage where youth involvement appears most visible and practical, especially through youth-led organisations. However, it is also the stage where issues of resource access, recognition, and exclusion from facility-level decisions are most strongly felt. While the moderate overall mean of 3.53 reflects progress compared to proposal development (3.12), it also underscores that implementation remains uneven and requires stronger

structural support and accountability mechanisms to ensure consistent, meaningful youth leadership.

4.8.6 Impact of Youth Involvement

Respondents share their experience on the Impact of Youth Involvement with the Project in Table 10.

Table 10: Impact of Youth Involvement

Statement	Mean
Young people help increase awareness of HIV services at this facility.	4.28
Young people support other clients in accessing HIV treatment.	4.49
Young people make HIV services more youth-friendly.	4.43
Young people improve communication between health workers and young clients.	4.41
Young people encourage adherence to HIV treatment among peers.	4.56

Young people’s involvement helps reduce stigma at the facility.	4.28
Overall Mean	4.41

An overall mean of 4.41 demonstrates a very strong consensus that young people’s involvement in health facilities has a highly positive impact on HIV service delivery and uptake. Compared to earlier stages like proposal development (3.12) or implementation overall (3.53), this score suggests that facility-level engagement of young people is where their contributions are most visible and widely valued.

The highest-rated item was *“Young people encourage adherence to HIV treatment among peers”* (4.56). This indicates that peer support is seen as one of the most **powerful roles young people play**, directly contributing to better health outcomes by improving treatment continuity and reducing loss to follow-up. Closely following were *“Young people support other clients in accessing HIV treatment”* (4.49) and *“Young people make HIV services more youth-friendly”* (4.43). These scores show that young people are perceived as **bridges to the health system**, helping peers overcome barriers of stigma, accessibility, and unwelcoming services.

Middle-to-high ratings were also seen for *“Young people improve communication between health workers and young clients”* (4.41) and *“Young people’s involvement helps reduce stigma at the facility”* (4.28). These highlight the **transformative social role** of youth involvement, fostering trust between providers and clients while contributing to a more enabling and stigma-free environment.

The lowest (but still strong) scores were for “*Young people help increase awareness of HIV services*” (4.28) and “*reduce stigma*” (4.28). Although these remain positive, they suggest that outreach and stigma-reduction efforts may not always be as visible or consistently effective across facilities as peer support and service-friendliness.

The overall mean of 4.41 underscores that youth engagement at the facility level is where meaningful involvement has the clearest and most tangible benefits. Unlike earlier phases of the programme cycle (where youth often face exclusion from decision-making or resourcing), their presence in facilities translates into peer-driven support, better communication, improved adherence, and stigma reduction. This stage provides a strong argument for scaling up youth-led models of service delivery and for positioning young people not only as advocates but as essential actors in improving health outcomes.

4.8.7 Capacity-building and Support Systems

We learn about how Capacity-building and Support Systems take place within the project in Table 11.

Table 11: Capacity-building and Support System

Statement	Mean
I received training or mentoring before joining the program.	3.87

I have had opportunities to improve my advocacy or leadership skills.	4.01
My organisation provides support to help me participate in Global Fund spaces.	3.74
I know where to go when I need help understanding program processes.	3.86
The program has formal channels for youth feedback.	3.88
Overall Mean	3.87

An overall mean of 3.87 indicates that respondents perceive a fairly strong level of capacity-building and support for their involvement in Global Fund-supported programmes. This falls within the “moderately high” range, suggesting that most young people feel reasonably well-prepared and supported, though there is still room for improvement in institutional and organizational backing.

The highest-rated item was **“I have had opportunities to improve my advocacy or leadership skills” (4.01)**. This highlights that youth participation is not only about being present but also about developing agency and leadership capacity, which is a critical enabler for meaningful engagement. It shows that the programme is investing in young people’s skills and empowerment, which aligns with sustainability goals of youth-led advocacy.

Other strong areas include “The program has formal channels for youth feedback” (3.88) and “I received training or mentoring before joining the program” (3.87). These indicate that young people recognize structured avenues for their input and some preparatory mentoring support. However, the fact that these averages are below 4.0 suggests these mechanisms are present but may not be equally accessible, consistent, or comprehensive across all contexts.

Slightly lower ratings were given to “I know where to go when I need help understanding program processes” (3.86) and “My organisation provides support to help me participate in Global Fund spaces” (3.74). These scores suggest that while young people may feel personally prepared, organizational and structural support systems are weaker, limiting their ability to navigate complex processes or sustain their engagement.

Overall, the mean of 3.87 reflects that young people feel moderately well-supported and empowered, particularly in skill-building and advocacy, but they continue to face challenges in terms of organizational backing, resource access, and process navigation. Strengthening mentorship systems, ensuring consistent feedback mechanisms, and providing stronger institutional support from youth-serving organizations could help move these averages into the **“very strong” range (above 4.2)**.

4.8.8 Youth Leadership and Representation

This table 12 focuses on Youth Leadership and Representation from the perspective of young people.

Table 12: Youth Leadership and Representation

Statement	Mean
Young people have a seat at the Country Coordinating Mechanism	3.72
Youth-led organisations should be recognised and engaged at every step of the project cycle.	3.63
Young People are empowered enough to hold leadership positions	3.88
Young people should be given leadership positions in program governance structures.	3.53
Young people have been part of decision-making bodies such as advisory groups or steering committees.	3.83

The program provides coaching to prepare youth for leadership roles.	3.68
Youth leadership is recognized and celebrated in program spaces.	3.43
Young people feel empowered to represent youth voices in high-level meetings.	4.03
Overall Mean	3.72

An overall mean of **3.72** indicates that respondents perceive **youth leadership and governance engagement to be moderately strong**, but not yet fully institutionalized or consistently practiced across all levels of Global Fund-supported programming.

The highest-rated item was *“Young people feel empowered to represent youth voices in high-level meetings”* (4.03). This demonstrates that when youth are given the platform, they are **confident in speaking up and advocating for their peers**. It signals that empowerment is present, and youth can take on influential roles when given opportunities.

Other relatively strong areas include *“Young People are empowered enough to hold leadership positions”* (3.88) and *“Young people have been part of decision-making bodies such as advisory groups or steering committees”* (3.83). These scores suggest that youth are beginning to be integrated or included into governance structures, and some degree of recognition exists. However,

the ratings remain below 4.0, showing that these opportunities are not yet universal or sufficiently consistent.

On the other hand, weaker scores were found in “*Youth leadership is recognized and celebrated in program spaces*” (3.43) and “*Young people should be given leadership positions in program governance structures*” (3.53). These indicate that while young people may have entry into governance spaces, their contributions are often under-acknowledged and not systematically celebrated, limiting visibility and motivation.

The programme also scored moderately in providing coaching to prepare youth for leadership roles (3.68). This highlights that although some capacity-building efforts are present, they may not be comprehensive enough to prepare youth for sustained leadership roles.

Overall, the mean of 3.72 reflects a moderately positive but an uneven picture of youth leadership. Young people are sometimes included in governance bodies and are empowered to speak when given platforms, but there are gaps in recognition, systematic inclusion, mentorship, and institutionalizing youth leadership roles.

Strengthening coaching, ensuring youth voices are not just present but **valued and celebrated**, and embedding youth leadership positions into formal governance structures would help move this average toward a “very strong” level (above 4.2).

4.8.9 Overall Interpretation of Findings

This table 13 presents an overall interpretation of the findings from the quantitative aspect.

Table 13: Overall Interpretation of Findings

Statement	Mean
Needs Assessment	3.56
Prioritisation & Goal Identification	3.64
Proposal Writing/Development	3.12
Programme Implementation	3.53
Impact of Youth Involvement	4.41
Capacity-building and Support Systems	3.87
Youth Leadership and Representation	3.72

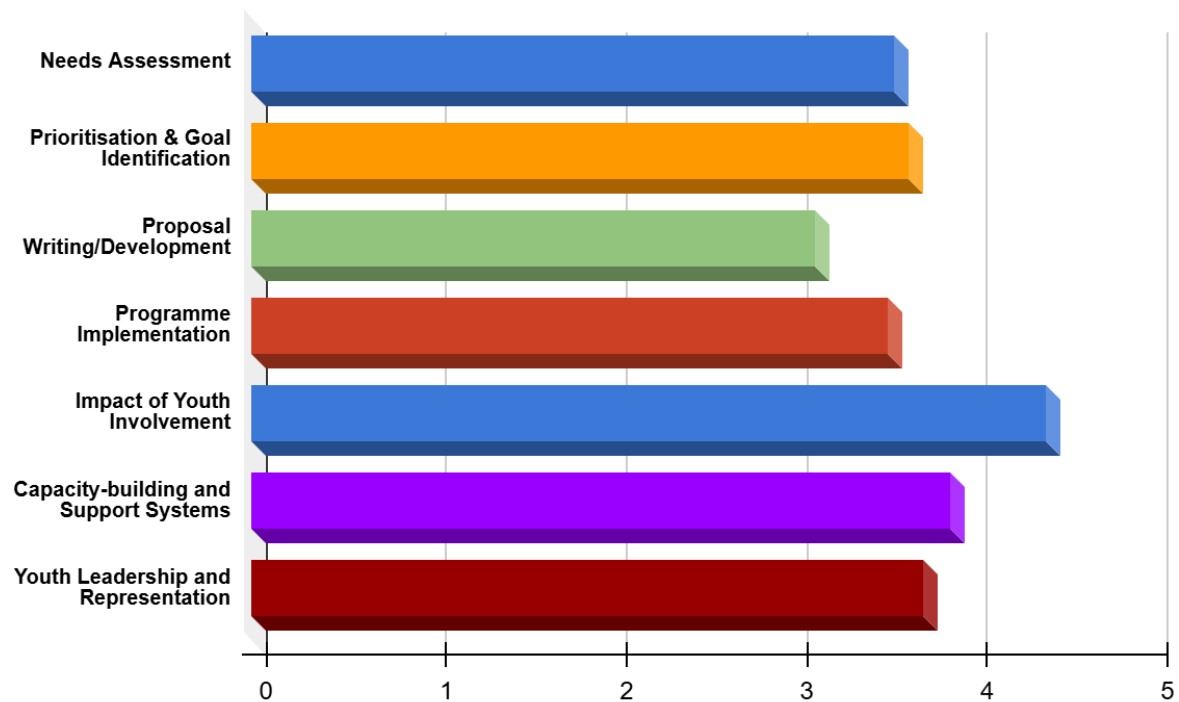


Fig. 6

4.9 Chapter Summary

The results present a layered picture of how young people are involved at different stages of Global Fund-supported HIV programmes in Ghana.

1. **Needs Assessment (3.56) and Programme Implementation (3.53):** These averages suggest that young people are moderately engaged in identifying community HIV-related needs and in supporting programme activities. Their involvement is evident but often inconsistent and not always embedded in formal structures.
2. **Prioritisation & Goal Identification (3.64):** This area scored slightly higher, reflecting that young people play a somewhat stronger role in shaping which HIV issues should be

prioritised and in influencing programme goals. However, the score indicates there is still room to deepen their participation beyond consultation into co-decision-making.

3. **Proposal Writing/Development (3.12):** This is the **lowest-rated stage**, showing a significant gap. Young people reported limited involvement in reviewing proposals, providing feedback, or understanding how youth priorities were budgeted for. This suggests that the most technical and high-level processes remain adult-dominated, leaving youth voices underrepresented at the point where funding and strategic directions are finalised.
4. **Impact of Youth Involvement (4.41):** This is the highest-rated category. Respondents strongly believe that when young people are involved, they improve programme outcomes particularly by making services more youth-friendly, encouraging adherence, supporting peers, and reducing stigma. This high score validates the significance of meaningful youth participation and demonstrates that their contributions have tangible effects on the success of HIV responses.
5. **Capacity-Building and Support Systems (3.87):** This dimension shows a fairly strong score, reflecting that training, mentoring, and feedback systems exist to support young people's engagement. However, it is still below the "very strong" level (4.0+), pointing to the need for more structured and consistent investment in youth leadership development.
6. **Youth Leadership and Representation (3.72):** This score shows that young people are gradually being integrated into governance structures like advisory groups, committees, and the Country Coordinating Mechanism (CCM). They also feel empowered to represent their peers in high-level meetings. However, challenges remain around the recognition, visibility, and celebration of youth leadership, as well as ensuring that these roles go

beyond

tokenism.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This final chapter presents a summary, conclusion and key recommendations that have been provided. The study sought to understand how young people participate in Global Fund-supported HIV programmes in Ghana, assess the impact of their involvement in the response against HIV, explore the challenges they face, and identify strategies that can enhance their meaningful engagement within the program and provide recommendations that will strengthen youth leadership in health and development.

The findings from both the qualitative and quantitative components revealed that young people remain central to Ghana's HIV response, contributing significantly to community mobilisation, peer education, adherence counselling, and stigma reduction. However, their participation is often limited to implementation and service delivery levels, with very restricted influence on decision-making processes, programme design, and policy formulation. This chapter puts together these findings and provides several recommendations which are aimed at strengthening meaningful and ethical youth engagement in HIV programming in Ghana. It also highlights the importance of youth health and development as critical to the sustainability of Ghana's HIV response and broader public health outcomes.

5.1 Summary

The study found that young people are actively engaged in various operational aspects of HIV programmes supported by the Global Fund, particularly as peer educators, adherence counsellors, and community monitors. Core observations showed that young people play crucial roles in

improving retention in care, promoting treatment adherence, supporting community outreach, and making services more youth-friendly. However, despite these contributions, their involvement remains largely functional rather than strategic and empowered for leadership. It was observed that young people often serve as implementers or beneficiaries and are rarely involved in programmatic setting, grant design, or decision-making within national HIV coordination mechanisms such as the Country Coordinating Mechanism (CCM).

The impact of youth participation was notably positive being the highest ranking variable from the data collected. Across the three regions studied, **Greater Accra, Ashanti, and the Northern Region**, young people reported improving service quality and accessibility. Stakeholders leading the Global Fund program affirmed that youth participation has been a positive element in stigma reduction, increased adherence rates, and enhanced trust between service providers and young clients. Quantitative findings corroborated this, with high average scores (**4.41**) reflecting strong perceptions of youth impact in service delivery and patient engagement.

Nonetheless, other observations showed multiple challenges constrain young people's full participation. These include tokenistic representation in governance structures, limited financial compensation, and the absence of structured career pathways. Youth participants also face stigma, both internal and external, which affects their confidence and participation in programme activities. Furthermore, capacity-building efforts remain inconsistent and often one-off, lacking the continuity and mentorship needed to strengthen young leaders. We discovered how systemic barriers, such as bureaucratic CCM structures and limited rural representation, exacerbate these challenges, leaving many young people, especially those from marginalised communities, excluded from key decision-making processes.

The study also revealed important regional differences in how youth engagement is operationalised. Young people in Greater Accra tended to have stronger exposure to advocacy roles and policy processes, while those in Ashanti and the Northern regions were more engaged in community mobilisation, data collection, and peer-led outreach. This variation highlights the need for context-specific approaches that consider both urban and rural disparities in access, opportunity, and representation.

Overall, the findings emphasised that meaningful youth engagement in Global Fund-supported HIV programmes in Ghana requires more of a paradigm shift from perceiving youth as service agents to recognising them as equal partners, innovators, and decision-makers. It cannot keep saying this in policy when it does not reflect the realities on the ground.

5.2 Conclusion

This study concludes that young people remain indispensable to the success and sustainability of Ghana's HIV response. They are a very crucial partner and their participation has demonstrably improved adherence, enhanced the quality of service delivery, and reduced stigma within communities and health facilities. This has reflected in the nation's effort to curb newer infections and have adherent population living with HIV on treatment. However, their involvement continues to be characterised by tokenism, financial precarity, and limited decision-making power. The path forward requires transforming youth participation from functional involvement to genuine partnership, where young people are not only heard but have the power to influence and lead.

Investing in youth health and development is an investment in Ghana's future. Empowered young people contribute to healthier communities, stronger institutions, and more resilient health

systems. Through the promotion of meaningful and ethical youth engagement, stakeholders such as the Global Fund, Ghana AIDS Commission, the CCM, and development partners can accelerate progress towards ending AIDS by 2030. Ultimately, prioritising youth health and leadership is not only a moral obligation but also a strategic imperative for achieving equitable, inclusive, and sustainable public health outcomes in Ghana and beyond.

5.3 Recommendations

5.3.1 The Global Fund

Since funding comes directly from this agency, the Global Fund should strengthen its commitment to youth engagement by institutionalising clear frameworks that require and monitor the participation of young people in their diversity throughout the grant cycle. This includes the needs assessment, proposal development, implementation, monitoring, and evaluation stages. Youth participation should not only be a box-ticking exercise but a measurable indicator of programme quality and inclusiveness. Dedicated funding lines should be established to support youth engagement initiatives, leadership training, and mentorship under the Community, Rights, and Gender (CRG) portfolio.

The Global Fund should also consider introducing accountability mechanisms that require Country Coordinating Mechanisms to report annually on youth participation and leadership outcomes. This could involve developing a Youth Participation and Leadership Index within the performance-based funding model, ensuring that youth engagement is both incentivised and tracked. Furthermore, cross-country learning and exchange programmes should be promoted to enable Ghanaian youth to learn from regional best practices in youth-led HIV responses. Such capacity

exchange opportunities will strengthen the knowledge base of young advocates and enhance their contribution to national HIV governance processes.

5.3.2 Youth Networks Living with and Affected by HIV

Youth networks, particularly those representing young people living with HIV and key populations, must play a stronger and more coordinated role in advocacy, leadership development, and accountability. To achieve this, they need to build internal capacity and adopt inclusive governance systems that represent the diversity of young people's experiences, especially young women, rural youth, and those with lived experiences of HIV. Strengthening their institutional and technical capacities will enable these networks to effectively influence policies and funding decisions at both national and subnational levels.

Youth networks should also prioritise mentorship and peer learning initiatives that prepare emerging youth leaders to engage meaningfully with institutional actors such as the CCM, Ghana AIDS Commission, and international partners. In addition, they should advocate for recognition of youth-led roles through formal certification processes endorsed by health authorities, which would improve employability and long-term career prospects for young peer educators and community treatment supporters. Documentation of success stories and impact evidence should also become a strategic focus, enabling networks to demonstrate their contribution and leverage greater support from development partners.

5.3.3 Country Coordinating Mechanism (CCM)

The CCM, as the central governance body for Global Fund programmes in Ghana, must move beyond symbolic inclusion and institutionalise meaningful youth representation. This should

involve creating permanent youth seats within the CCM with equal voting rights, ensuring that young people have substantive influence in decision-making. Transparent and standardised criteria must be adopted for the selection of youth representatives to ensure fair representation across gender, geography, and experience.

The CCM should also establish formal feedback systems that capture the perspectives of young people and youth-led organisations. This can include regular youth consultations, online feedback portals, and regional dialogue sessions to inform decision-making. In addition, structured mentorship programmes linking youth representatives with senior members could help transfer institutional knowledge and strengthen young people's confidence in engaging in technical and policy discussions. Dedicated funding should be allocated within CCM operations to support youth participation, logistics, and capacity development to ensure that financial barriers do not exclude young people from consistent participation.

5.3.4 Ghana AIDS Commission (GAC)

As the coordinating body for the national HIV response, the Ghana AIDS Commission should engage youth networks in their diversity living and affected by HIV on integration of a solid youth engagement as a strategic pillar within its policies and national frameworks. This can be done by developing youth participation guidelines that align with the principles of ethical and meaningful engagement, as outlined by the Global Fund and UNAIDS. GAC should work in partnership with youth-led organisations to co-create youth-friendly services, promote adolescent health days in health facilities, and strengthen referral systems for young clients.

Moreover, GAC should collaborate with the Ghana Health Service and the National Youth Authority to create formal certification schemes for peer supporters and Community Adolescent Treatment Supporters (CATS). This would not only validate their contributions but also improve their employability within the health system. In addition, GAC should promote anti-stigma campaigns targeting health providers and communities, recognising that stigma remains a key barrier to youth engagement and adherence. By embedding these approaches into national HIV strategies and Global Fund proposals, GAC can ensure that young people are meaningfully represented at every stage of the HIV response.

5.3.5 Development Partners and Donors

Development partners and donors play a pivotal role in promoting and sustaining youth engagement. They should adopt a long-term, flexible funding approach that supports youth-led organisations to build institutional resilience beyond project cycles. Funding mechanisms should prioritise the inclusion of youth-led initiatives that address social protection, mental health, and livelihood empowerment, recognising that financial insecurity remains a significant barrier to sustained participation.

In addition, development partners should support the generation and dissemination of data on youth engagement outcomes to strengthen evidence-based advocacy and policy influence. They can also promote regional and global learning exchanges, allowing young leaders from Ghana to share best practices and gain exposure to international policy environments. Collaboration between donors, government, and youth networks should focus on promoting enabling environments for young people to engage freely, safely, and ethically in health governance processes.

5.4 Limitations of the Study

This study was conducted in Ghana and focused on young people from the Greater Accra, Ashanti and Northern regions. It focuses specifically on Global Fund HIV-supported programs thus all respondents and stakeholders engaged are connected to the Global Fund program. Moreover, the study specifically focuses more on young people living with HIV as a community and does not take into consideration other intersecting factors within the community such as persons living with disabilities, or queer young people.

REFERENCES

- Addo-Ashong, E., Darko, N., & Agyepong, I. A. (2021). Health system barriers to HIV care in Ghana. *BMC Public Health*, *21*(1), 214.
- Agblevor, E. A., Darko, N. A., Acquah, P. A., Addom, S., Mirzoev, T., & Agyepong, I. A. (2023). “We have nice policies but...”: Implementation gaps in the Ghana adolescent health service policy and strategy (2016–2020). *Frontiers in Public Health*, *11*, 1198150. <https://doi.org/10.3389/fpubh.2023.1198150>
- Armstrong, A., Baggaley, R., Ferguson, J., Van der Kwaak, A., & Wolmarans, L. (2013). *The voices, values and preferences of adolescents on HIV testing and counselling*. Geneva: World Health Organization.
- Asuquo, S. E., Tahlil, K. M., Muessig, K. E., Conserve, D. F., Igbokwe, M. A., Chima, K. P., ... & Tucker, J. D. (2021). Youth engagement in HIV prevention intervention research in sub-Saharan Africa: A scoping review. *Journal of the International AIDS Society*, *24*(2), e25666. <https://doi.org/10.1002/jia2.25666>
- Benson, P. L. (1997). *All kids are our kids: What communities must do to raise caring and responsible children and adolescents*. San Francisco: Jossey-Bass.
- Biesta, G. (2021). Mixing methods in. In *Research methods and methodologies in education* (p. 186).

Botchwey, N., Matthews, S. A., O'Connell, L., & Faber, C. (2019). Rethinking youth participation: Consent, advocacy, and incorporation in community planning. *Journal of Planning Education and Research*, 39(3), 278–289. <https://doi.org/10.1177/0739456X18803270>

Dawuda, J. A., Mensah, E. S., & Kusi, A. (2024). Awareness of HIV status and barriers to accessing testing services among the youth in Asutifi North District, Ghana. *Journal of Interventional Epidemiology and Public Health*, 7, 56.

Fajobi, T., Ojo, O., & Maseko, N. (2022). *Community-led accountability in health: Lessons from Africa*. Nairobi: African Population and Health Research Center.

Ghana AIDS Commission. (2021). *National HIV/AIDS strategic plan 2021–2025*. Accra: Ghana AIDS Commission.

Ghana AIDS Commission. (2023). *National HIV prevalence and impact survey*. Accra: Ghana AIDS Commission.

Ghana Health Service. (2021). *Annual report 2020*. Accra: Ghana Health Service.

Ghana Health Service, Kenu, E., Obo-Akwa, A., & Nuamah, G. B. (2014). Knowledge and disclosure of HIV status among adolescents and young adults attending an adolescent HIV clinic in Accra, Ghana. *BMC Research Notes*, 7, 844. <https://doi.org/10.1186/1756-0500-7-844>

Ghana Statistical Service. (2024). *Population and housing census summary report*. Accra: Ghana Statistical Service.

Global Fund. (2021). *Grant portfolio: Ghana*. Geneva: The Global Fund.

Global Fund. (2023). *GC6/GC7 performance reports for Ghana*. Geneva: The Global Fund.

Global Fund. (2023). *The Global Fund strategy (2023–2028): Fighting pandemics and building a healthier and more equitable world*. Geneva: The Global Fund.

Global Fund Office of the Inspector General. (2019). *Grant implementation in Western and Central Africa (WCA): Overcoming barriers and enhancing performance in a challenging region*. https://www.theglobalfund.org/media/8493/oig_gf-oig-19-013_report_en.pdf

Global Youth Report. (2020). *United Nations youth report*. New York: United Nations.

Greenwood, G. L., Wilson, A., Bansal, G. P., Barnhart, C., Barr, E., Berzon, R., ... & Gaist, P. (2022). HIV-related stigma research as a priority at the National Institutes of Health. *AIDS and Behavior*, 26(Suppl 1), 5–26.

Hanefeld, J. (2014). The Global Fund to Fight AIDS, Tuberculosis and Malaria: 10 years on. *Clinical Medicine*, 14(1), 54–57.

Hart, R. (n.d.). *Roger Hart's ladder of children's participation*. Organizing Engagement. Retrieved from <https://organizingengagement.org/models/ladder-of-childrens-participation/>

Hader, S., & Smith, J. (2020). *Youth engagement in the Global Fund: Progress and gaps*. Geneva: The Global Fund.

Jacobs, T., & George, A. (2022). Between rhetoric and reality: Learnings from youth participation in the adolescent and youth health policy in South Africa. *International Journal of Health Policy and Management*, 11(12), 2927. <https://doi.org/10.34172/ijhpm.2022.6004>

Joint United Nations Programme on HIV/AIDS. (2019). *Young people's participation in community-based responses to HIV: From passive beneficiaries to active agents of change*. Geneva: UNAIDS.

Joint United Nations Programme on HIV/AIDS. (2021). *Ghana country profile*. Geneva: UNAIDS.

Kidman, R., Waidler, J., & Palermo, T. (2020). Uptake of HIV testing among adolescents and associated adolescent-friendly services. *BMC Health Services Research*, 20, 1–10.

Lerner, R. M., Lerner, J. V., Almerigi, J., Theokas, C., Phelps, E., Gestsdottir, S., ... & von Eye, A. (2005). Positive youth development, participation, and contribution. *Journal of Youth Development*, 1(1), 1–20.

Morgan, D. L. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research*, 1(1), 48–76. <https://doi.org/10.1177/2345678906292462>

Pragmatism. (n.d.). *Wikipedia*. Retrieved from <https://en.wikipedia.org/wiki/Pragmatism>

Pragmatism as a paradigm for mixed methods research. (n.d.). *SAGE Research Methods*. Retrieved from <https://methods.sagepub.com/book/mono/integrating-qualitative-and-quantitative-methods-a-pragmatic-approach/chpt/pragmatism-as-paradigm-mixed-methods-research>

Shek, D. T. L., Dou, D., Zhu, X., & Chai, W. (2019). Positive youth development: Current perspectives. *Adolescent Health, Medicine and Therapeutics*, 10, 131–141. <https://doi.org/10.2147/AHMT.S179946>

United Nations Children's Fund. (2024). *Adolescent HIV report and press release*. New York: UNICEF.

United Nations Population Fund. (2021). *Practical guide on meaningful adolescent and youth engagement (MAYE)*. New York: UNFPA.

World Health Organization. (2006). *Report of the technical consultation on the health of young people in developing countries*. Geneva: WHO.

https://iris.who.int/bitstream/handle/10665/43453/WHO_TRS_938_eng.pdf

World Health Organization. (2019). *Providing peer support for adolescents and young people living with HIV: Operational guidelines (ages 10–24)*. Geneva: WHO.

<https://iris.who.int/bitstream/handle/10665/327149/WHO-CDS-HIV-19.27-eng.pdf>

World Health Organization, PMNCH. (2020). *Global consensus statement on meaningful adolescent and youth engagement*. [https://pmnch.who.int/news-and-events/news/item/07-08-](https://pmnch.who.int/news-and-events/news/item/07-08-2020-global-consensus-statement-on-meaningful-adolescent-and-youth-engagement)

[2020-global-consensus-statement-on-meaningful-adolescent-and-youth-engagement](https://pmnch.who.int/news-and-events/news/item/07-08-2020-global-consensus-statement-on-meaningful-adolescent-and-youth-engagement)

World Bank. (2020). *Building human capital starts with health*. Retrieved from <https://blogs.worldbank.org/en/health/building-human-capital-starts-health>

Y+ Global. (2022). *We Matter, Value Us: Guidelines for ethical and meaningful youth engagement*. Amsterdam: Y+ Global.

Office of the High Commissioner for Human Rights (OHCHR). (1989). *Convention on the Rights of the Child*. Retrieved from [https://www.ohchr.org/en/instruments-](https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child)

[mechanisms/instruments/convention-rights-child](https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child)

APPENDIX A - INTERVIEW GUIDE

Qualitative Data Gathering

Exploring the Role of Young People in Ghana's Global Fund-Supported HIV Programs: The Gaps and Facilitators for Meaningful and Ethical Youth Engagement in the HIV Response

Introduction

Thank you for agreeing to participate in this study. My name is Priscilla Ama Addo, and I am conducting this research as part of my Master's thesis in Development Communication to help understand how young people are meaningfully involved in HIV programs supported by the Global Fund in Ghana.

Your participation is completely voluntary, and you can choose to stop the interview or skip any questions at any time. With your permission, I would like to record this interview for accuracy and reliability purposes. All your responses will be kept strictly confidential and used only for academic purposes. You are free to provide pseudonyms should you be uncomfortable with disclosing your real name.

Do you have any questions before we begin this interview?

SECTION A: Interview Questions for Young People or Youth-led Networks (18–30 years)

Background Information:

Age:

Gender:

Level of Education

Region/District:

Are you living with HIV? Yes/No

Category of engagement under the Global Fund HIV program:

- Adolescent/young person living with HIV
- Peer educator or peer supporter
- Member of a youth-led network
- Programme volunteer
- Staff of a youth-led/community-based organisation
- Other (please specify): _____

Years of involvement:

Section A: Aligns with Objective 1

1. Describe how you became involved in the Global Fund-supported HIV program?
2. What roles have you played or currently play in the program? Are you a peer educator, advocate, volunteer, or member of a youth network involved in the program?
3. In what ways do you feel your voice is heard in the activities or decisions of the program?
4. Have you ever participated in a grant planning or decision-making meeting? If so, what was your experience?

5. Explain how young people like you are treated as equal partners in the program, or more like beneficiaries?

Section B: Aligns with Objective 2

6. What opportunities have you had to lead activities or initiatives within the program?
7. How prepared or confident did you feel when you first joined the program?
8. What kinds of support (mentoring, training, or funding) have helped you participate meaningfully?
9. Are there moments when you felt excluded or not taken seriously in your role? Please tell me any moment when you felt excluded or not taken seriously in your role.

Section C: Aligns with Objective 3

10. How do you think your gender, HIV status, or background has shaped your experience in the program?
11. How safe do you feel to speak up or challenge decisions in the program spaces?
12. What barriers prevent young people in your community from participating in HIV programs?
13. How would you describe the relationship between youth and adult stakeholders in these programs?

Section D: Aligns with Objective 4

14. What does meaningful and ethical engagement mean to you personally?
15. What kinds of support (mentoring, training, or funding) have helped you participate meaningfully?
16. What changes would you recommend to make youth involvement in Global Fund-supported HIV programs better and more inclusive?

End of Interview:

Thank you very much for your time and honest responses. Your insights are valuable and will help contribute to a better understanding and improve youth engagement in HIV programming in Ghana. If you have any questions, do not hesitate to reach out to me on 0265409074 or through email: yhag.org@gmail.com

SECTION B: Interview Questions for Program Implementers and CCM Representatives

Introduction

Thank you for agreeing to participate in this study. My name is Priscilla Ama Addo, and I am conducting this research as part of my Master's thesis in Development Communication to help understand how young people are meaningfully involved in HIV programs supported by the Global Fund in Ghana.

Your participation is completely voluntary, and you can choose to stop the interview or skip any questions at any time. With your permission, I would like to record this interview for accuracy and reliability purposes.

Each question is divided into sections aligned to the following **research objectives**:

1. To assess how young people are involved in Global Fund-supported HIV programmes in Ghana.
2. To examine the effect/impact of young people's involvement on the success of these HIV programmes.
3. To explore challenges to young people's involvement in Global Fund-supported HIV programmes.
4. To identify strategies for improving young people's involvement in Global Fund-supported HIV programmes in Ghana.

All your responses will be kept strictly confidential and used only for academic purposes.

Do you have any questions before we begin this interview?

Background Information:

Name of organisation:

Role/Title:

Years working with Global Fund HIV programming:

Region/District:

Section A: Aligns with Objective 1

1. How does your organisation currently involve young people aged 18 to 30 in HIV programming supported by the Global Fund?
2. What roles do young people typically play in program activities? Are they co-designers, implementers, or mainly beneficiaries?
3. How do you define meaningful youth engagement in the context of your work?
4. At what stages of the program cycle (planning, implementation, M&E, advocacy) are young people involved?
5. What systems or criteria guide how young people are selected to participate in key spaces?

Section B: Aligns with Objective 2

6. What impact do you think youth participation has had on the program's outcomes or effectiveness?
7. How do you have formal mechanisms for gathering and responding to feedback from young participants or youth-led networks involved?
8. In your view, how do adult staff or leadership perceive youth engagement within your organisation?
9. How does your team ensure that youth participation is not tokenistic?
10. How do you define meaningful youth engagement in the context of your work?

Section C: Aligns with Objective 3

11. Have you experienced any challenges in engaging young people in leadership or governance spaces? If so, please explain.
12. What are the funding or structural limitations that hinder more meaningful youth participation?
13. How are ethical issues such as consent, safety, and compensation managed in your engagement with youth-led networks?

Section D: Aligns with Objective 4

14. What capacity-building or mentoring programs are offered to young people to enhance their contributions? If yes, what are they?
15. What recommendations or strategies can be made to improve the quality and sustainability of youth engagement in the HIV response under the Global Fund?
16. What opportunities are provided for young people to take on leadership roles within your organisation or the HIV program?
17. How does your organisation support the growth and sustainability of youth leadership in HIV response efforts?

End of Interview:

Thank you very much for your time and honest responses. Your insights are valuable and will help contribute to a better understanding and improve youth engagement in HIV programming in Ghana. If you have any questions, do not hesitate to reach out to me on 0265409074 or through email: yhag.org@gmail.com

APPENDIX B - QUESTIONNAIRE

Quantitative Data Gathering Survey

This questionnaire is part of a research study that seeks to understand how young people in Ghana are engaged in the design and implementation of Global Fund-supported HIV programmes. Your responses will help assess the extent to which young people are meaningfully involved in key stages such as needs assessment, setting priorities, defining goals, proposal development, selecting implementation partners, and rolling out programme activities.

Your participation is voluntary, and all responses will be kept strictly confidential. The survey does not collect your name or any identifying information. The findings will be used to advocate for stronger youth participation and improved programming that reflects the real needs and voices of young people.

Please answer each question honestly based on your own experiences. The survey should take about 10–15 minutes to complete.

If you have any questions about this survey, feel free to contact me on 0265409074.

Thank you for your contribution to strengthening youth engagement in the HIV response.

Demographic Section (Please select the most appropriate response)

1. Please select the age group you belong to.

- Below 21
- 21–25
- 26–30

2. Which region are you based in?

- Greater Accra
- Ashanti
- Northern

3. What is your sex?

- Male
- Female
- Prefer not to say

4. What is your level of education?

- Basic
- Secondary
- Tertiary
- Vocational

4. Which of these categories of the Global Fund HIV Programming do you fall under?

- Adolescent/young person living with HIV
- Peer educator or peer supporter
- Member of a youth-led network
- Programme volunteer
- Staff of a youth-led/community-based organisation
- Other (please specify): _____

Instructions to help you complete the following survey

This survey contains 20 statements designed to assess how young people are involved in different stages of the Global Fund-supported HIV programme. Think about each statement separately and answer only based on your experience. The following questions are aligned with the research objectives as listed below:

For each statement, please indicate how much you agree or disagree based on your personal experience. Use the scale below:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral (Neither agree nor disagree)
- 4 = Agree
- 5 = Strongly Agree

There are no right or wrong answers. We are only interested in your honest views.

Please indicate your level of agreement with the following statements (1 = Strongly Disagree to 5 = Strongly Agree)

Section A - Needs Assessment (<i>Aligns with Research Objective 1</i>)					
Statement	1	2	3	4	5
Young people were involved in identifying the key HIV-related needs of young people in their community.					
Young people’s opinions were considered during the needs assessment stage of the programme.					
The programme communicated the findings from the needs assessment to young people.					
Young people believe the needs assessment reflected the actual priorities of young people in their area.					
Section B: Prioritisation & Goal Identification (<i>Aligns with Research Objective 1 and 2</i>)	1	2	3	4	5
Young people participated in discussions about which HIV issues should be prioritised in the programme.					
Young people had a meaningful role in deciding which services or populations to focus on.					

Young people's input influenced the final list of priorities for the programme.					
Young people participated in discussions about which HIV issues should be prioritised in the programme.					
Young people were consulted in setting the goals of the HIV programme.					
The goals of the programme reflect what young people want to achieve in the HIV response.					
Young people helped define what success should look like for the programme.					
Youth-led organisations influenced the overall vision of the program.					
Young people were invited to validate program goals.					
There were safe spaces for youth to critique or refine program goals.					
Section C: Proposal Writing/Development (<i>Aligns with Research Objective 3</i>)	1	2	3	4	5
Young people were involved in reviewing or contributing to the programme proposal submitted to the Global Fund.					
There were opportunities for young people to give feedback on draft versions of the proposal.					
The proposal writing process was transparent and inclusive of youth voices.					
Feedback from young people on proposals were acknowledged or used.					
Young people are aware of how youth priorities were budgeted for.					
Section D: Programme Implementation (<i>Aligns with Research Objective 2 & 3</i>)	1	2	3	4	5

Young people are aware of the criteria used to select implementing partners for the programme.					
Young people were involved in discussions or decisions about which partners should lead implementation.					
The selected partners are responsive to the needs and priorities of young people.					
Young people are currently involved in implementing activities within the Global Fund-supported programme.					
Youth-led organisations are empowered to be key actors in programme implementation.					
Young people’s contributions during implementation are acknowledged and valued by programme staff.					
Young people have access to tools or resources to support my implementation role.					
Young people are sometimes excluded from key decision-making at the facility level					
The programme provides ongoing opportunities for young people to influence how activities are carried out.					
Young people are rarely involved in monitoring and evaluation exercises of the program					
Section E: Impact of Youth Involvement (<i>Aligns with Research Objective 2</i>)					
Young people help increase awareness of HIV services at this facility.					
Young people support other clients in accessing HIV treatment.					
Young people make HIV services more youth-friendly.					

Young people improve communication between health workers and young clients.					
Young people encourage adherence to HIV treatment among peers.					
Young people’s involvement helps reduce stigma at the facility.					
Section F: Capacity-building and Support Systems <i>(Aligns with Research Objective 2)</i>	1	2	3	4	5
Young people received training or mentoring before joining the program.					
Young people have had opportunities to improve my advocacy or leadership skills.					
Organisation provides support to help young people participate in Global Fund spaces.					
Young people know where to go when they need help understanding program processes.					
The program has formal channels for youth feedback.					
Section G: Youth Leadership and Representation <i>(Aligns with Research Objective 4)</i>					
Young people have a seat at the Country Coordinating Mechanism					
Youth-led organisations should be recognised and engaged at every step of the project cycle.					
Young people are empowered enough to hold leadership positions					
Young people should be given leadership positions in program governance structures.					
Young people have been part of decision-making bodies such as advisory groups or steering committees.					

The program provided coaching which prepared youth for leadership roles.					
Youth leadership is recognized and celebrated in program spaces.					
Young people feel empowered to represent youth voices in high-level meetings.					