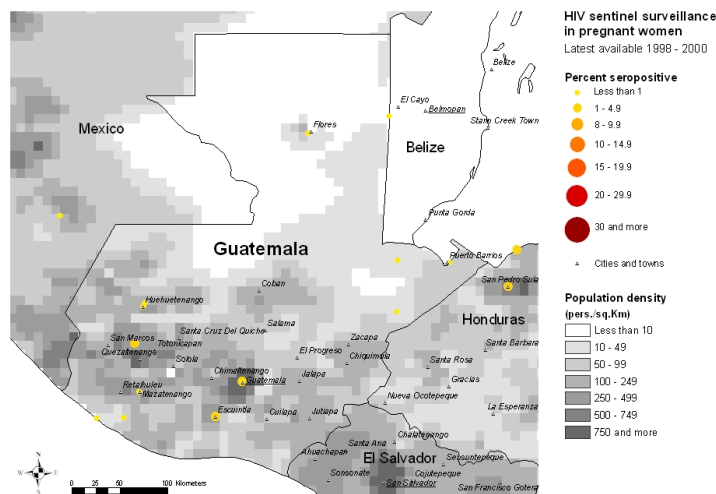


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: **13 000\***  
 Antiretroviral therapy target declared by country: **universal access**

13 000\*



Map Data Source:  
 WHO/UNAIDS Epidemiological Fact Sheets  
 and the United States Census Bureau  
 Map production:  
 Public Health Mapping & GIS  
 Communicable Diseases (CDS)  
 World Health Organization



World Health Organization

## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	12.7	United Nations
Population in urban areas (%)	2005	47.1	United Nations
Life expectancy at birth (years)	2003	66	WHO
Gross domestic product per capita (US\$)	2002	1 933	United Nations
Government budget spent on health care (%)	2002	16.6	WHO
Per capita expenditure on health (US\$)	2002	93	WHO
Human Development Index	2003	0.663	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

°°=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* National estimates indicate that 7500 to 8500 people needed antiretroviral therapy in 2005.

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.6 - 1.8%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	38 000 - 130 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Nov 2005	5 513	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	13 000*	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2005	146	National HIV/AIDS Program
HIV testing and counselling sites: number of people tested at all sites	Jan-Dec 2005	21 112	National HIV/AIDS Program
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female°°		NA	
Reported condom use at last higher risk sex (15-24 years)% - male°°		NA	

## 3. Situation analysis

### Epidemic level and trend and gender data

Guatemala has a concentrated and accelerating HIV/AIDS epidemic with an estimated 38 000 to 130 000 people currently living with HIV/AIDS and a national prevalence of HIV infection among adults of about 1%. From 1984 to 2003, only 6588 AIDS cases were reported, and the country recognizes underreporting as a major concern. The epidemic is concentrated among sex workers and men who have sex with men. More men than women have AIDS, but the number of cases among women has increased significantly in recent years. About 75% of HIV infections are attributed to heterosexual transmission. The cumulative percentage of cases among children in Guatemala of 4% as of June 2002 was only exceeded in Latin America by Honduras, Argentina and Uruguay. Guatemala shares with Honduras and Nicaragua a high prevalence of HIV infection among people with tuberculosis of 8%. The epidemic is located mainly in urban areas and is spreading across the southern coast. Guatemala City has higher transmission rates, with 70% of all cases occurring within the Metropolitan Region, as well as other urban areas and along the main transport routes.

### Major vulnerable and affected groups

The most vulnerable populations include sex workers, men who have sex with men, prison populations, youths at social risk, street children, people with tuberculosis and people living with HIV/AIDS, all of whose conditions of vulnerability reduce their capacity to prevent transmission. According to the Ministry of Health, no cases of infection have been reported among injecting drug users or through blood or blood products. Recent HIV/AIDS epidemic estimates indicate that the people in the most vulnerable groups (sex workers and men who have sex with men) comprise 36% of the total estimated number of people living with HIV/AIDS. Female and male sex workers in Guatemala have an HIV prevalence rate of about 5%. HIV prevalence rates of 4% among brothel-based sex workers and 15% among street-based sex workers have been measured. Men who have sex with men have an HIV prevalence rate of about 11%.

### Policy on HIV testing and treatment

The country produced a National Strategic Plan on HIV/AIDS for 1999-2003 with five key objectives: prevention; improving coordination; improving surveillance systems; promoting training and education; and improving treatment, care and support for people living with HIV/AIDS. A national law passed in 2000 declared HIV/AIDS and sexually transmitted infections to be a problem of national urgency and provides for protecting human rights in the face of HIV/AIDS. Guidelines and standards for the clinical management of HIV infection have been developed, based on the adaptation of standards proposed by the Pan American Health Organization/WHO and the United States Centers for Disease Control and Prevention.

Antiretroviral therapy: first-line drug regimen, cost per person per year

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP



First-line drug regimens for adults: stavudine + lamivudine + nevirapine or zidovudine + lamivudine + efavirenz. First-line drug regimen for pregnant women: zidovudine. Second-line drug regimen for pregnant women: zidovudine + lamivudine + neftinavir. First-line drug regimen for children: zidovudine + lamivudine + neftinavir (or efavirenz). Successful price negotiations have led to substantially reduced prices for antiretroviral therapy in Central America. Guatemala was one of the six Central American countries that reached a historic agreement with five pharmaceutical companies in early 2003 to reduce the cost of antiretroviral drugs by an average of 55% from current prices, based on the Accelerated Access Initiative in Central America and the Caribbean. The most common treatment in the region, zidovudine + lamivudine + efavirenz, now costs between US\$ 1000 and US\$ 1400 per year, according to estimates by the Pan American Health Organization. For countries selecting to use generic antiretroviral drugs, the annual price of first-line triple therapy will be further reduced to between US\$ 800 and US\$ 1200 per person per year. During 2005, the average cost per person per year has been below US\$ 1000.

#### Assessment of overall health sector response and capacity

In response to the emerging problem of HIV/AIDS and sexually transmitted infections, the government moved early to create the National HIV/AIDS Program in 1987. The country developed a National Strategic Plan for 1999-2003 that encouraged cooperative efforts between the Ministry of Health and private organizations. Specific Ministry of Health activities include creating a national unit to provide care for people living with HIV/AIDS, strengthening the HIV/AIDS surveillance system, creating a commission to improve the quality and availability of antiretroviral drugs at the lowest possible cost and supporting organizations of people living with HIV/AIDS. The Plan has been updated for 2004-2008. Guatemala maintains a health infrastructure that includes health centres, hospitals, a headquarters and nongovernmental organizations in all 22 departments of the country. This includes the national programmes for sexually transmitted infections and HIV/AIDS, for tuberculosis and for malaria, which provide technical guidance. Health workers have been trained to deliver antiretroviral therapy. The National Sexually Transmitted Infections and HIV/AIDS Prevention and Control Program has a working team of 16 employees at the central level. Two public clinics provide HIV/AIDS care in Guatemala City. One is located in Roosevelt Hospital and the other is administered by the Integral Health Association located within the San Juan de Dios General Hospital. Less than half the pregnant women who visit health care centres in Guatemala City have access to antiretroviral medicines to prevent the mother-to-child transmission of HIV. The Guatemalan Congress recently repealed a law that restricted access to medicines, which may lead to improvements in the availability of generic antiretroviral drugs.

#### Critical issues and major challenges

The Guatemalan system has offered antiretroviral therapy for several years but faces temporary shortages and a limited availability of drugs. Models for the delivery of comprehensive care to people living with HIV/AIDS are being developed in Central America, but efforts to deliver antiretroviral therapy as part of this care are limited by weak health services infrastructure and the need for human resource capacity-building. Underreporting of AIDS cases is a major issue. Another important limitation on access to treatment is the high cost of antiretroviral drugs and the scarcity of drugs on the local market. Most people treated in the public sector belong to the most vulnerable population groups and are unable to acquire treatment privately. In addition, regional and bilateral trade agreements with the United States may limit access to generic drugs. Priority areas for action include consolidating coordination mechanisms and advocacy, strengthening epidemiological surveillance, building human resource capacity in the health sector and promoting care and access to antiretroviral therapy. Financial limitations have impeded the Ministry of Public Health and Social Assistance from being able to offer antiretroviral drugs through its network of health services. It is hoped that this gap will be closed with new public funds and the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

## 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that about US\$ 21 million was required to support scaling up antiretroviral therapy in Guatemala during 2004-2005 to meet the WHO "3 by 5" treatment target of 6000 people.
- Most of the expenditure related to HIV/AIDS in Guatemala is on care through the social security system, which needs additional funding to expand its antiretroviral therapy coverage. Expenditure on antiretroviral drugs account for more than 60% of the total expenditure related to HIV/AIDS, and prevention accounts for about 15%.
- Guatemala submitted a successful Round 3 proposal to the Global Fund with a total funding request for five years of about US\$ 40.9 million and approved two-year funding of US\$ 8.4 million, focusing on prevention and integrated care among vulnerable groups and in priority areas. The proposal foresees large-scale expansion of access to early diagnosis and integrated care for people living with HIV/AIDS, including antiretroviral therapy and managing opportunistic infections. As of December 2005, US\$ 5.7 million has been disbursed for implementation of activities.
- Along with Belize, Costa Rica, El Salvador, Honduras, Nicaragua and Panama, Guatemala submitted a successful Global Fund multi-country Round 4 proposal (the Mesoamerican Project in Integral Care for Mobile Populations: Reducing Vulnerability of Mobile Populations in Central America to HIV/AIDS) with a total five-year budget of US\$ 4.7 million and two-year approved funding of US\$ 2.1 million. The grant agreement was signed in August 2005, and as of December 2005, close to US\$ 500 000 has been disbursed.

## 5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated that Guatemala's total treatment need was 12 000 people, and the WHO "3 by 5" treatment target was calculated at 6000 people (based on 50% of estimated need). The government has not declared a treatment target for the end of 2005 but is committed to the goal of universal coverage. In 2005, WHO/UNAIDS estimated that Guatemala's treatment need was 13 000 people.
- Antiretroviral therapy has been provided through the public health care system for several years in Guatemala, but expansion of coverage has been limited by lack of capacity and a limited availability of drugs. During 2003, an estimated 2000 people living with HIV/AIDS were receiving care at the two care centres in Guatemala City. On the south-west coast in the Department of Quetzaltenango, serving Suchitpéquez and Retalhuleu, the nongovernmental organization Clínica Vida (Life Clinic) cares for more than 600 adults and 80 children living with HIV/AIDS, in coordination with Médecins Sans Frontières Switzerland. Médecins Sans Frontières is also treating more than 1600 people with antiretroviral drugs in two Guatemala City hospitals, and health centres in Coatepeque and Puerto Barrios. In 2003, the Guatemalan Social Security Institute provided antiretroviral therapy, clinical care and follow-up care to about 360 children and 1500 adults; and the Ministry of Health provided antiretroviral therapy to 200 people. In total, 2300 adults and 440 children were receiving antiretroviral therapy during 2003. As of July 2004, WHO/UNAIDS estimates indicate that 3617 people were receiving antiretroviral therapy, mostly in Guatemala City, the capital. By December 2005, around 5500 people were receiving antiretroviral therapy in seven treatment centres in Guatemala.
- With successful implementation of programmes funded by the Global Fund Round 3 proposal, an estimated 80% of pregnant women living with HIV who visit health care centres will have access to antiretroviral therapy.
- As of December 2005, there were 146 sites providing voluntary counselling and testing services in Guatemala, of which 143 were in the public sector, and 3 in the non governmental sector. Services for the prevention of mother-to-child transmission are provided in 71 sites, or 20% of all sites providing antenatal care services.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

There is one national coordinating authority - the National Sexually Transmitted Infections and HIV/AIDS Prevention and Control Program, which has been active since 1987. Guatemala receives budgetary support to fight HIV/AIDS from external cooperation agencies, including the United States Agency for International Development, the Swedish Agency for International Development Cooperation and various agencies of the United Nations System, in addition to nongovernmental organizations and government organizations such as Médecins Sans Frontières and individual countries such as Brazil and Taiwan. National technical committees have also been developed, comprising representation from the Ministry of Health, nongovernmental organizations, civil society and other agencies.

#### Service delivery

The National Sexually Transmitted Infections and HIV/AIDS Prevention and Control Program provides leadership in delivering health services for the prevention and control of HIV/AIDS in the health sector. The Guatemalan Social Security Institute provides overall leadership in delivering services for HIV care and treatment. The National Sexually Transmitted Infections and HIV/AIDS Prevention and Control Program and the Global Fund primarily finance and procure antiretroviral therapy and diagnostic tests. Several nongovernmental organizations provide services that support scaling up antiretroviral therapy, including HIV testing and counselling, reaching out to vulnerable populations, training health care workers and directly providing treatment and care services.

#### Community mobilization

Nongovernmental organizations play an active role in community mobilization, especially in Guatemala City. They include Médecins Sans Frontières, Hospice San Jose, Gente Positiva, Gente Nueva, OASIS, Integral Health Association and APAES-Solidaridad. These organizations provide HIV/AIDS services, including prevention, counselling, stigma education, testing and palliative treatment. The United States Agency for International Development is also involved in capacity-building throughout Central America. Thirty-one nongovernmental organizations in the civil sector work with the issue of HIV/AIDS and related matters. These organizations principally undertake prevention activities for the general population through various information, education and communication activities and, in some cases, with highly vulnerable populations. Their services also include voluntary counselling and testing. Since 1999, some nongovernmental organizations have facilitated the formation of groups of people living with HIV/AIDS. There are three independent groups of people living with HIV/AIDS.

#### Strategic information

The National Sexually Transmitted Infections and HIV/AIDS Prevention and Control Program provides leadership in surveillance, monitoring and evaluation, including surveillance of antiretroviral drug resistance. WHO provides technical guidance on HIV/AIDS surveillance throughout Central America. The United States Agency for International Development provides additional support for the national HIV/AIDS surveillance system through the United States Centers for Disease Control and Prevention.

## 7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Holding a subregional meeting in August 2005 in Costa Rica for countries of Central America to assess progress towards "3 by 5" and to identify gaps and areas of cooperation
- Implementing the "3 by 5" strategy and developing national and subregional strategic plans
- Developing a subregional plan for HIV/AIDS surveillance in Central America
- Holding training workshops in the subregion on prevention and counselling among youth and vulnerable groups, delivering antiretroviral therapy and preventing sexually transmitted infections
- Establishing the Regional Revolving Fund for Strategic Public Health Supplies (including antiretroviral therapy), with 12 countries in the subregion signing the agreement and purchases worth more than US\$ 12 million being made in 2003

Key areas for WHO support in the future

- Supporting the provision of voluntary counselling and testing to pregnant women and other vulnerable groups
- Supporting prevention and early diagnosis of sexually transmitted infections
- Supporting information, education and communication activities and second-generation HIV surveillance

Staffing input for scaling up HIV treatment and prevention

- A National Programme Officer is in place as well as a Subregional HIV/AIDS Officer (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama). Additional staffing needs identified include a preventive medicine specialist with expertise in sexually transmitted infections and HIV/AIDS.