

Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 2 500  
 Antiretroviral therapy target declared by country: universal access



World Health Organization

### 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	0.8	United Nations
Population in urban areas (%)	2005	38.4	United Nations
Life expectancy at birth (years)	2002	64.3	WHO
Gross domestic product per capita (US\$)	2002	951	United Nations
Government budget spent on health care (%)	2002	11.1	WHO
Per capita expenditure on health (US\$)	2002	53	WHO
Human Development Index	2003	0.720	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 indicated that 18 000 to 20 000 people were living with HIV/AIDS in 2005. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006.

\*\* Multiple Indicator Cluster Surveys

### 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.8 - 7.7%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	3 500 - 35 000*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	1 200	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	2 500	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	26	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	Sep 2005	10 546	Ministry of Health
Knowledge of HIV prevention methods (15-24 years)% - female°	2000	36	MICS**
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

Guyana has one of the highest prevalence rates of HIV infection in Latin America and the Caribbean, second only to Haiti. In 2005, the adult prevalence was estimated at 2.5%, and about 18 000-20 000 people 0-49 years old were living with HIV/AIDS. The epidemic has spread beyond the specific high-risk population groups into the general population. Since 1987, when the first AIDS cases were reported, the epidemic has been growing progressively, with a cumulative 4502 AIDS cases reported at the end of the third quarter of 2004. The primary mode of transmission is heterosexual.

#### Major vulnerable and affected groups

Young people are severely affected. Almost 75% of reported cases are in the age group 19-35 years, with the greatest concentration in the age group 25-35 years. Population groups at higher risk include miners and loggers, female sex workers, men who have sex with men, prisoners, indigenous populations and other mobile populations. The prevalence among gold miners was estimated to be 6% in 1998 and 47% among female sex workers in 1997. Recent data from a behavioural surveillance survey conducted in 2004 indicate prevalence rates of 27% among female sex workers and 21% among men who have sex with men.

#### Policy on HIV testing and treatment

In 2002, the government declared a universal treatment programme for people living with HIV/AIDS. National HIV/AIDS guidelines for care and treatment include sections on antiretroviral therapy for adolescents and adults, for children and for people in special circumstances and the prophylaxis and management of common opportunistic infections. HIV infection is diagnosed in Guyana by sequential testing using two enzyme-linked immunosorbent assay (ELISA) tests. Guyana also adopted the use of rapid testing by parallel testing process.

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

Treatment with antiretroviral drugs in Guyana began in 2002. Treatment is provided free of charge at the Genitourinary Medicine Clinic in Georgetown (the capital) and other donor-supported sites. The preferred choice for first-line treatment is stavudine + lamivudine + nevirapine. The Guyana Pharmaceutical Company produces antiretroviral drugs locally, but these have not been prequalified by WHO. Based on available information regarding drugs purchased externally, the cost of the first-line drug regimen is US\$ 2095 per person per year.

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



Since the first case of AIDS was reported in Guyana in 1987, the Ministry of Health has provided strong clinical and technical leadership in the fight against HIV/AIDS. In the past decade, it has done this through the National AIDS Programme Secretariat, established in 1992. The National AIDS Programme Secretariat provides technical oversight of the HIV/AIDS activities in the health sector. The Ministry of Health is currently implementing its National HIV/AIDS Strategic Plan for 2002-2006. A National Policy Document on HIV/AIDS was approved by the Cabinet and adopted in Parliament as a government policy. The Cabinet endorsed the 1999-2001 HIV/AIDS Strategic Plan and current National HIV/AIDS Strategic Plan for 2002-2006. This plan, which includes surveillance; care, treatment and support; risk reduction; and management and coordination of the national response, is executed through a vertical mechanism and is not yet fully integrated into the decentralized health care system. A new National HIV/AIDS Strategic Plan for 2006-2010 is being finalized. Although Guyana has a decentralized health care system, coverage of services is limited. Additional human and financial resources are needed to upgrade facilities and expand activities beyond major urban centres. The 2001 Guyana Poverty Reduction Strategy Paper identified HIV/AIDS as an area for special attention in the health sector. In addition to government resources, various international donors, nongovernmental organizations and community-based organizations contribute to the response to the epidemic.

#### Critical issues and major challenges

Technical and human resource capacity for managing HIV/AIDS is limited in Guyana and has been further undermined by the emigration of health professionals and the freeze on public-sector recruitment imposed by International Monetary Fund regulations. Health facilities are concentrated in the area around Georgetown. Coordination between HIV and tuberculosis programmes needs to be reinforced. Surveillance, both epidemiological and behavioural, needs to be strengthened, monitoring and evaluation mechanisms need to be developed and efforts by various institutions need to be coordinated better. Coordination among various partners and stakeholders engaged in activities related to the care and support of people living with HIV/AIDS also needs to be strengthened.

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

- WHO estimates that about US\$ 3.7 million was required to support scaling up antiretroviral therapy in Guyana to meet the WHO "3 by 5" treatment target of 1000 people during 2004-2005.
- Guyana submitted a successful Round 3 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria for a comprehensive programme of prevention, treatment, care and support, with a total funding request of US\$ 26.6 million over five years and two-year approved funding of US\$ 8.9 million. As of November 2005, US\$ 2.1 million had been disbursed for implementing activities.
- The financial allocation of the National AIDS Programme Secretariat increased from US\$ 400 000 in 2001 to US\$ 845 275 in 2003.
- In March 2004, the World Bank approved a US\$ 10 million grant to Guyana over five years as part of the Bank's Caribbean Multi-Country HIV/AIDS Prevention and Control Adaptable Program Lending to support HIV/AIDS prevention, treatment and care efforts for people living with HIV/AIDS.
- Guyana is a beneficiary of the United States President's Emergency Plan for AIDS Relief. Under the Emergency Plan, Guyana received US\$ 12.2 million in fiscal year 2004 to support a comprehensive HIV/AIDS prevention, treatment and care programme. In fiscal year 2005, the United States is committing about US\$ 19.7 million to support Guyana's fight against HIV/AIDS.
- Support is also available from other bilateral partners, including the Canadian International Development Agency.

## 5. Treatment and prevention coverage

- In 2003, WHO estimated Guyana's total antiretroviral therapy need to be 2000 people, and the WHO "3 by 5" treatment target was calculated at 1000 (based on 50 % of estimated need). At the end of 2005, it was estimated that Guyana's total antiretroviral therapy need was about 2500 people.
- The government is committed to providing universal access to care and treatment for everyone living with HIV/AIDS who is in need.
- Under the Global Fund Round 3 proposal, funding is planned to provide treatment to 2050 people by the end of the second year and to 6400 people by the end of the fifth year of the programme.
- WHO/UNAIDS estimate that, as of September 2004, 469 people were receiving antiretroviral therapy, mostly through the public sector. People living with HIV/AIDS were initially offered treatment only in the Genitourinary Medicine Clinic in Georgetown, but four additional regions now offer treatment. By December 2005, 1200 people were reported to be receiving antiretroviral therapy in Guyana.

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

#### Leadership and management

Political commitment to fight HIV/AIDS is strong in Guyana. The leadership's commitment has been enhanced by the recent establishment of a Presidential Commission on HIV/AIDS. The Health Sector Development Unit of the Ministry of Health provides operational support to the Presidential Commission on HIV/AIDS. The National AIDS Programme Secretariat provides technical oversight of the HIV/AIDS activities in the health sector. The National AIDS Council coordinates the multisectoral response.

#### Service delivery

The National AIDS Programme Secretariat provides leadership in delivering HIV/AIDS prevention, care and treatment services. At the central level, the Genitourinary Medicine Clinic in Georgetown provides services for the outpatient management of people with HIV/AIDS. The National Laboratory for Infectious Diseases manages laboratory testing. The Ministry of Health manages a centralized procurement system. The William J. Clinton Foundation and the Caribbean Community (CARICOM) provide support for procuring drugs and laboratory supplies in the region. The United States Agency for International Development provides support for expanding the prevention of mother-to-child transmission. The United States Centers for Disease Control and Prevention and the Canadian International Development Agency are providing support for building a central public health laboratory. The United States Centers for Disease Control and Prevention also support the expansion of voluntary testing and counselling. The Faculty of Health Sciences at the University of Guyana, the Ministry of Health and the Georgetown Public Hospital Corporation plan to develop and provide specialized training on HIV diagnosis, treatment and care for various categories of health workers with financial support from the Global Fund. WHO provides normative guidance and support for implementing the national response. The World Bank grant will contribute directly to scaling up ongoing initiatives.

#### Community mobilization

A range of nongovernmental organizations, United Nations agencies and bilateral donors work alongside the government in mobilizing communities and supporting people living with HIV/AIDS. Various community-based organizations are engaged in activities related to preventing mother-to-child transmission, voluntary counselling and testing and behaviour change communication. The World Bank grant and the Global Fund Round 3 grant are intended to provide additional support to nongovernmental organizations and organizations of people living with HIV/AIDS and to expand home-based care services in association with the Ministry of Labour, Human Services and Social Security.

#### Strategic information

The Ministry of Health provides leadership in monitoring and evaluation, surveillance, antiretroviral drug resistance, information management and operational research. The Inter-American Development Bank and Family Health International are providing technical support for developing a national health information system. A national monitoring and evaluation plan for HIV/AIDS activities is under development and a monitoring and evaluation unit will be created within the Health Sector Development Unit of the Ministry of Health to coordinate data collection and analysis.

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

#### WHO's response so far

- Providing support for developing programmes for preventing mother-to-child transmission
- Providing assistance for developing the National HIV/AIDS Strategic Plan for 2002-2006
- Setting up an HIV/AIDS Task Force and developing a subregional strategic plan (Pan American Health Organization)
- Establishing an HIV/AIDS country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy

#### Key areas for WHO support in the future

- Participating in revising the National HIV/AIDS Strategic Plan (2006-2010) to reflect input from new initiatives, including those of the United States President's Emergency Plan for AIDS Relief, the World Bank and the Global Fund
- Coordinating the development of the national monitoring and evaluation strategy and framework
- Participating in developing a national strategic plan on behaviour change communication
- Providing technical support to strengthen the Health Sector Development Unit of the Ministry of Health, including management, monitoring and evaluation and human resource development

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

- An international HIV/AIDS Country Officer to support the government and all partners in scaling up antiretroviral therapy was recruited in March 2005.