



GUYANESE AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

Country Profile: Guyana

HIV/AIDS in Guyana

Adults and Children Living with HIV: 12,000¹

AIDS Deaths (Adults and Children): 1,200¹

AIDS Orphans: Not Available¹

Since 1987, when the first case was reported, there has been a progressive increase in the prevalence of AIDS in Guyana. Data from the Ministry of Health indicates that a total of 3,485 cases were officially reported by the end of 2003. The majority of infected persons are 20-39 years old – young persons who represent the most productive sector of the population. The male to female ratio of infected persons at the end of 2001 was 1.5:1, down from 5.8:1 in 1988. AIDS cases were reported from all regions of the country. The major exposure category was heterosexual contact, reported in over 80 percent of AIDS cases. Approximately 18 percent of the cases have been attributed to transmission among men who have sex with men. There has been a parallel increase in the annual number of AIDS-related deaths, with AIDS representing the leading cause of death among persons in the 25-44 year age range.

U.S. Government Response

Between 1988 and 2000, the Government of Guyana was the main source of financial support for HIV/AIDS programs. Since then, external funding has surpassed domestic sources of funding by approximately 50 percent.

The U.S. Government (USG) response under the U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) in Guyana focuses on prevention due to the early stage of the epidemic, and aligns closely with the nation's own response to the epidemic. Key USG activities include:

- Strengthening the surveillance system to produce information to inform the design of interventions for HIV/AIDS reduction and care for those affected;
- Reducing the risk of, and vulnerability to, HIV infection through targeted prevention service among high-risk populations;
- Supporting a network of nongovernmental, community-based and faith-based organizations in strategic locations across the country to provide prevention and care services;
- Supporting the expansion of prevention of mother-to-child HIV transmission (PMTCT), counseling and testing, and treatment services to increase geographic coverage and accessibility;
- Training health providers in prevention, treatment and care to ensure successful scale-up and improvement of services in Guyana;
- Procuring pharmaceuticals and medical supplies;
- Strengthening of the Government of Guyana's supply chain management system; as well as
- Supporting the construction of a national reference laboratory for support of HIV/AIDS care and treatment.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the Emergency Plan in 2003 — the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as strong, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, nongovernmental organizations and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Guyana is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Guyana received more than \$12 million in Fiscal Year (FY) 2004 and nearly \$19.4 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$21.7 million to support Guyana's fight against HIV/AIDS.

¹ UNAIDS, Report of the Global AIDS Epidemic, 2006.



President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease around the world.

U.S. Department of State

U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U.S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

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Emergency Plan Achievements in Guyana to Date

Challenges to Emergency Plan Implementation

HIV/AIDS was the second leading cause of death among Guyanese in 2002. The most affected are adults between the ages of 20 and 30, the most economically active population. As these individuals become sick and die, their families struggle to cope emotionally and economically. Guyana is deeply polarized along racial/ethnic lines, affecting all aspects of politics and society. Roughly 35 percent of the population lives below the poverty level. The greatest weakness of the Guyanese economy is its relative isolation from outside markets, primarily as a consequence of poor transportation infrastructure. Basic infrastructure is crumbling, a problem that is expected to persist given the ruggedness of the terrain and low investment in maintenance. Guyana's healthcare system is characterized by weak management information, procurement, logistics, and supply systems. In addition, a large proportion of health sector posts are unfilled as Guyana suffers due to the migration of educated professionals. This undermines Guyana's capacity to provide health, education, and social services and fosters dependence on international partners.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 ¹	155,500
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 ¹	35,200
# of USG condoms shipped in Calendar Year 2005 ⁶	0
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{3,4}	12,600
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{3,5}	200
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 ^{3,4}	11,700
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 ³	700
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 ³	5,200
# of individuals receiving downstream site-specific support for treatment as of September 30, 2006 ¹	1,600
# of individuals receiving upstream system strengthening support for treatment as of September 30, 2006 ²	0

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

² Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

³ Total results combine individuals reached through downstream and upstream support.

⁴ It is possible that some individuals were counseled and tested more than once.

⁵ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

⁶ The Government of Guyana is committed to providing free condoms and does not require USG support for condom procurement. Through the Emergency Plan, the USG continues to provide technical assistance in support of the distribution program to non-traditional outlets.

Critical Interventions for HIV/AIDS Prevention

- Supported an increase in the number of service providers for prevention of mother-to-child HIV transmission (PMTCT) at antenatal care facilities.
- Supported efforts to upgrade facilities and integrate PMTCT activities.
- Supported efforts of the Ministry of Health to adopt a national rapid testing algorithm and supported training in the use of HIV rapid tests.
- Supported the Me-to-You Campaign, which successfully obtained 86,000 pledges from individuals to abstain from sex, to stay faithful to one partner, or to use condoms every time they have sex, and to go for counseling and testing.
- Collaborated with the Ministry of Health to establish of a network of 36 School Health Clubs across nine regions in secondary schools that promote healthy lifestyles and the prevention of HIV among club members and their classmates.

Critical Interventions for HIV/AIDS Treatment

- Collaborated with the Ministry of Health to establish an enhanced antiretroviral treatment (ART) adherence system with clinic and community components. As a result, ART adherence rates have improved from approximately 60 percent to over 90 percent.
- Coordinated with the Ministry of Health and others to pioneer a health information management system to enhance patient information collection, tracking and analysis.
- Supported the procurement of hematology and chemistry laboratory equipment to monitor patients on ARVs. There is 100 percent support for free CD4 count testing in all HIV treatment and PMTCT sites, with more than 4,352 free CD4 tests performed.
- Supported the training of laboratory staff and clinical providers through a National Strategic HIV Training Plan developed by partner organizations and the Ministry of Health.

Critical Interventions for HIV/AIDS Care

- Offered multidisciplinary technical assistance to 121 doctors, lab and clinical staff in HIV/AIDS comprehensive management for HIV-positive patients.
- Supported the training or retraining of 127 volunteers in home-based and palliative care and 24 volunteers in providing sexually transmitted infection management and opportunistic infection diagnosis and management.
- Provided support for TB treatment and care for approximately 200 co-infected patients at a HIV/TB clinic.
- Supported adherence counseling and other support services for over 5,000 orphans and vulnerable children.
- Supported training or retraining of 92 persons, enabling them to provide support services to orphans and vulnerable children.
- Collaborated with the private sector to provide micro-credit for HIV infected persons.