Country Profile — *Guyana*

U.S. President's Emergency Plan for AIDS Relief

Office of the United States Global AIDS Coordinator

Providing leadership, coordination and oversight to the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief

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

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HIV/AIDS in Guyana

HIV Infected: 11,000[1]
AIDS Deaths: 1,100[1]
AIDS Orphans: 4,200[1]

Since 1987, when the first case was reported, there has been a progressive increase in the annual incidence 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 by over 80 percent of AIDS cases. Approximately 18 percent of the cases have been attributed to transmission among men who have sex with men (MSM). There has been a parallel increase in the annual number of AIDS related deaths, with AIDS being 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 (GOG) 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. response 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 U.S. activities include:

- Strengthening the surveillance system to produce information to inform the design of interventions for HIV/AIDS reduction and plan 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, care, and support services;
- Supporting the expansion of prevention of mother-to-child transmission (PMTCT), counseling and testing, and treatment services to increase geographic coverage and accessibility; and
- Training health providers in prevention, care, treatment and support to ensure successful scale-up and improvement of services in Guyana.

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the President's Emergency Plan for AIDS Relief (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, U.S. Government (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 (NGOs) 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 at least 50 percent of HIV infections worldwide. Under the Emergency Plan, Guyana received $12.2 million in FY2004 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2005, the U.S. is committing more than $19.7 million to support Guyana's fight against HIV/AIDS.

[1] Ministry of Labor, Human Services and Social Security and UNICEF; An assessment of the Situation of Children made Vulnerable or Orphaned in Guyana, South America; June 2004.

Emergency Plan Achievements in Guyana

Challenges to Emergency Plan Implementation

AIDS was the second leading cause of death among Guyanese in 2002. The most vulnerable people are the most economically active, and as these individuals die, families struggle to cope emotionally and economically. Roughly 35 percent of the population lives below the poverty level. Guyana is deeply polarized along racial/ethnic lines, which affects all aspects of politics and society. 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. This problem 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 systems, procurement, logistics and supplies of essential drugs and commodities. In addition, a large proportion of health sector posts are unfilled as Guyana suffers from a "brain drain" of educated professionals. This undermines Guyana's capacity to provide health, education, and social services and fosters dependence on donors.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and Being Faithful	221,800
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services	5,700
# of pregnant women receiving antiretroviral prophylaxis	67
# of individuals receiving counseling and testing	8,900
# of HIV-infected individuals who received palliative care/basic health care and support	300
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program	800
# of individuals receiving upstream system strengthening support for treatment [1]	____
# of individuals receiving downstream site-specific support for treatment [2]	600

Prevention and care results reflect accomplishments through September 2004 and combine upstream and downstream support. Treatment results reflect accomplishments through March 2005.

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

[2] Number of individuals reached through downstream site-specific support includes those receiving treatment where the Emergency Plan supports programs at the point of service delivery.

Critical Interventions for Prevention of HIV/AIDS

- Increased the number of service providers for PMTCT at antenatal care facilities. Continued to upgrade facilities and integrate PMTCT into poly-clinic services and reporting systems. In a 10-month period program has reached over 25 percent of all pregnant women, with over 80 percent accepting testing and have provided treatment to nearly 75 percent of all newborns born to HIV-positive mothers.
- Worked with the Ministry of Health (MOH) to adopt a national rapid testing algorithm and train trainers and testers for HIV rapid testing so that results can be given in as little as 15 minutes. This decision was made after research found that 80 percent of persons tested do not return for their results.
- 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.
- In partnership with MOH, established a network of 36 School Health Clubs across nine regions in secondary schools, which promote healthy lifestyles and the prevention of HIV among the health club members and their classmates.
- Supported three national workshops for members of the School Health Clubs, which included the theme of HIV prevention among adolescents and young adults.

Critical Interventions for HIV/AIDS Treatment

- Scaled up PMTCT-Plus activities in six clinics with approximately 200 patients, including HIV positive women, their partners and their HIV-exposed children.
- Established a national cervical cancer screening program for HIV-infected women at the HIV Center of Excellence. HIV-positive women have a 10-fold risk of invasive cervical cancer compared to HIV-negative women.
- In collaboration with MOH, established an enhanced antiretroviral (ARV) drug adherence system with clinic and community components. ARV drug adherence rates have improved from approximately 60 percent to over 90 percent.
- Pioneered a health information management system with MOH and other collaborators to enhance patient information collection, tracking and analysis.
- Developed a strategy for the establishment of the national HIV reference laboratory with provision of equipment, human resources, reagents, database development and standard operation protocols.
- Procured 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- Plus sites, with more than 2,200 free CD4 tests done to date.
- Trained laboratory staff and clinical providers through a National Strategic HIV Training Plan developed by the USG partners and the MOH.

Critical Intervention for HIV/AIDS Care

- Offered multidisciplinary technical assistance to doctors, lab and clinical staff in HIV/AIDS comprehensive management for 121 HIV-positive patients.
- Trained 82 volunteers in providing home-based and palliative care and 24 in providing sexually-transmitted infection (STI) syndromic management and opportunistic infection (OI) diagnosis and management.
- Supported five Comprehensive Care Centers in five regions.