



HEALTH PROFILE: GUINEA

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	140,000 (low-high estimate 51,000–360,000)
Total Population (2004)	8,620,000
Adult HIV Prevalence (end 2003)	3.2%
HIV-I Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking treatment for sexually transmitted infections, or others with known risk factors)	39.7%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	5.0%

Sources: UNAIDS, U.S. Census Bureau

HIV is spreading quickly in Guinea. The estimated total number of adults and children living with HIV in 2003 was 140,000 (with a low estimate of 51,000 and a high estimate of 360,000), up from an estimated 110,000 in 2001, indicating an increase in adult prevalence of 0.4% (from 2.8 to 3.2%) over the two-year period.

HIV prevalence varies by region. Surveillance surveys conducted among women seeking antenatal care in 2001 and 2002 show higher rates of HIV in urban areas than in rural areas (3.2 vs. 2.6%, respectively). Prevalence was highest in Conakry (5%) and in the cities of the Forest Guinea region (7%) bordering Côte d'Ivoire, Liberia, and Sierra Leone.

HIV is spread primarily through multiple-partner heterosexual intercourse. Men and women are at nearly equal risk for HIV, with young people aged 15 to 24 most vulnerable. Surveillance figures from 2001–2002 show high rates among commercial sex workers (42%), active military personnel (6.6%), truck drivers and bush taxi drivers (7.3%), miners (4.7%), and adults with tuberculosis (8.6%).

Several factors are fueling the HIV/AIDS epidemic in Guinea. They include unprotected sex, multiple sexual partners, illiteracy, endemic poverty, unstable borders, refugee migration, lack of civic responsibility, and scarce medical care and public services.

NATIONAL RESPONSE

As one of the poorest nations in the world, Guinea faces daunting social, economic, and political problems. Until 2002, the national response to the epidemic was weak, primarily because of a lack of governmental commitment, poor leadership, and inadequate resources. Since then, high-level political commitment and will to fight HIV/AIDS have been strengthened, but little money has been allocated to health, and most government-backed projects are funded primarily with external financing.

The National AIDS Control Program was reorganized in 2002, partly to meet the requirements for receipt of a \$20 million loan from the World Bank to fight HIV/AIDS. Government response to the epidemic is now directed through the Office of the Prime Minister. The National AIDS Commission directs general activities, whereas the National Program for the Care, Support, and Prevention of Sexually Transmitted Infections (STIs)

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living with HIV/AIDS and to improve coordination among donors and Guinean government agencies.

Prevention

The behavior change communication activities being implemented aim to increase awareness of personal risk of HIV to reduce high-risk behaviors, primarily among sex workers, the military, mine workers, truckers, and youth.

Such efforts employ interpersonal communication as well as various mass media—including television, radio, and billboard advertising—to prevent the spread of AIDS through the promotion of condom use.

Activities are conducted through the private sector nationwide by Population Services International (PSI) and through the public sector in Conakry, Upper Guinea, and the forest region by PRISM [*Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA* (Strengthening Reproductive Health and Sexually Transmitted Diseases/AIDS Interventions)], Family Health International (FHI), and other partners.

USAID also funds an HIV/AIDS prevention program implemented by PSI that combines condom social marketing with focused behavior change communication strategies to implement the “ABC” HIV-prevention approach (Abstain, Be faithful, or use Condoms correctly and consistently). The program focuses on the needs of sexually active individuals aged 15–65 years, with particular emphasis on sex workers, active military troops, miners, truckers, and out-of-school youth.

Using USAID funds, PSI began distributing *Prudence Plus* condoms in 1991, followed by the 1995 introduction of *Depo Provera* contraceptive injections and *Planyl* oral contraceptives. PSI’s successful social marketing project has dramatically improved the availability of modern contraceptives throughout Guinea. From 1998 to 2002, annual sales of condoms in the private sector increased by 150%. By 2004, sales surpassed 7.4 units per capita, and condoms were available in commercial outlets in 97% of rural Guinea’s sub-prefectures.

In Upper Guinea, USAID provides funds to the bilateral PRISM project. PRISM uses multimedia strategies, including a mass media campaign; advocacy; and community mobilization (through peer educators) to teach young people how to

and HIV/AIDS manages clinical activities (i.e., overseeing surveillance and testing, and providing counseling, care, and support to individuals living with HIV/AIDS).

About half of the government ministries have designed action plans to address HIV/AIDS in their work. The Ministry of Communication, for example, is charged with managing behavior change communication efforts, and the Ministry of Planning supervises epidemiological research.

USAID SUPPORT

In 2005, the U.S. Agency for International Development (USAID) assistance to Guinea for health, family planning, and HIV/AIDS programs is expected to total about \$6.2 million, \$2.2 million of which is specifically targeted toward HIV/AIDS activities. Most USAID-sponsored activities occur in Conakry and in Upper Guinea, the poorest region of the country, comprising 20% of the population and exhibiting the worst health indicators.

To fight HIV/AIDS, USAID’s goal is to reduce high-risk behavior among those at risk in high-prevalence areas. Specifically, USAID supports training and technical assistance activities to improve behavior change communication efforts, HIV counseling and testing services, HIV surveillance, condom social marketing, and services to prevent and treat STIs. USAID initiatives are also designed to reduce stigma against people

protect themselves from HIV, other STIs, and unplanned pregnancies. The project's youth campaign targeted thousands of young people to increase their awareness of the risk of "short marriage" (known as *Foudoukoudouni* in Malinke, the local language), a prevalent practice among miners involving the frequent exchange of sexual partners.

The PRISM project works through coordinating committees represented by members of local nongovernmental organizations (NGOs) and both local and international government agencies working in the prefectures.

Since 2003, USAID has provided funding to FHI in the design and implementation of a comprehensive behavior change communication program targeting highly vulnerable populations in Conakry and in urban centers of the forest region. The FHI/IMPACT (Implementing AIDS Prevention and Care Activities) project provides technical and financial assistance to local implementing partners to train, manage, and supervise teams of peer facilitators that use interpersonal communication techniques to reach targeted populations.

USAID funds are also used by the Adventist Development and Relief Agency, Africare, and Helen Keller International to provide training on HIV/AIDS prevention. As training targets both the general community and health providers, workshops have been organized for local health authorities as well as community and religious leaders. Most workshop participants (both men and women) receive training on how to be effective peer educators to facilitate their dissemination of HIV/AIDS prevention and awareness information upon return to their respective communities.

Treatment

Access to antiretroviral drugs to treat HIV/AIDS is generally not available in Guinea. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), an estimated 16,000 adults need immediate treatment for HIV/AIDS, but as of June 2004, drugs were only available for 500.

USAID also provides financial and technical assistance to strengthen the Ministry of Health's pharmaceutical logistics system, with a focus on the supply of drugs to treat and manage STIs and opportunistic infections. USAID funds training for health authorities at the central and regional level and for local health center personnel to increase awareness of the syndromic approach to diagnosing STI (grouping together infections that cause similar clinical signs and symptoms) and to ensure the availability of appropriate drugs. In addition, USAID is providing funds to FHI/IMPACT to support the training of health care providers in the comprehensive care and treatment of AIDS patients.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has thus far disbursed \$1.4 million to Guinea for activities to expand and strengthen the blood safety program and treatment of STIs and HIV/AIDS, and to reduce mother-to-child HIV transmission.

Care and Support

In 2002, the PRISM Youth Campaign found that general knowledge about AIDS was increasing greatly in Upper Guinea. More than 90% of men and women surveyed had heard about AIDS, and most knew at least one mode of transmission. Most survey participants also knew how to prevent HIV/AIDS. However, less than 50% of the men and only 25% of women surveyed knew that a healthy-looking person could have AIDS.

USAID offers funding to a variety of U.S. and Guinean partner organizations to monitor HIV prevalence and to create systems of support for those living with HIV/AIDS, including a system of HIV counseling and testing centers.

Through FHI/IMPACT funding, USAID now supports four integrated counseling and testing centers—two in Conakry and two in the forest region. USAID also has supported activities to:

- Standardize policy and norms and procedures guidance for all partners implementing counseling and testing services in Guinea
- Train Guinean health officials in HIV/AIDS counseling and testing to facilitate the creation of additional counseling and testing sites

- Develop and implement a home-based HIV/AIDS care program to be administered by local NGOs (facilitated by the FHI/IMPACT provider guide, tools, and training curricula currently in development) to help meet the basic psychosocial needs of people living with HIV/AIDS
- Develop tools for the prevention of mother-to-child transmission (PMTCT)

Approximately half of Guinea's population is under age 15. In 2003, the United Nations Children's Fund estimated that by 2003, approximately 420,000 children under age 18 (10% of Guinean children) had lost one or both parents. UNAIDS estimates that 35,000 of these children (8% of Guinean orphans) lost one or both parents to AIDS in 2003. Only about 200 of these orphans received any sort of formal assistance (e.g., food aid, health care, protection services, or psychosocial support services). USAID efforts to implement health activities and provide humanitarian relief to refugees follow the *Framework for the Prevention, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, an approach established by the United Nations General Assembly Special Session on HIV/AIDS for orphans and other children made vulnerable by HIV/AIDS.

Strategic Information

About 75% of Guinean men and 50% of Guinean women know that condoms can be used for both contraception and protection against HIV. Although gender gaps in these statistics are closing, more education efforts are still needed.

A reliable system for collecting and analyzing behavioral and seroprevalence data is needed to identify the trends of the HIV/AIDS epidemic and thus improve planning and implementation of future interventions. The USAID-funded seroprevalence surveys conducted in 2001 and sentinel surveillance surveys undertaken in 2003 provide a good start to establishing this system. USAID continues to support these efforts to help the Ministry of Health upgrade national and regional surveillance systems and procedures.

Through the USAID-funded IMPACT Project, FHI will continue to identify and track risky behaviors among those at high risk of HIV, as well as the general population.

Ongoing demographic and health surveys, which include HIV testing, will also provide valuable information on HIV/AIDS.

IMPORTANT LINKS AND CONTACTS

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USAID webpages on Guinea:

http://www.usaid.gov/locations/sub-saharan_africa/countries/guinea/

<http://www.usaid.gov/gn/>

FHI webpage on Guinea:

<http://www.fhi.org/en/hivaids/country/guinea/guineaprograms.htm>

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For more information, see: http://www.usaid.gov/our_work/global_health/aids