# HIV/AIDS in Guyana and USAID Involvement

Guyana is one of five countries in the Latin America/Caribbean region with an HIV/AIDS epidemic that has spread beyond specific high-risk groups into the general population<sup>1</sup>. Next to Haiti, the country has the second highest HIV/AIDS prevalence in the region. While segments of the population have a general awareness of HIV/AIDS and sexually transmitted infections (STIs), recognition of the AIDS epidemic, accuracy of information regarding modes of transmission, and recognition of personal risk are low, especially among youth. About 75 percent of reported AIDS cases occur in those between the ages of 19 and 35, with the greatest concentration in the 25-35 age group. Although more cases have been reported among men, the trend in the 1990s was toward an equal number of male and female AIDS cases.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), by the end of 1999:

- 15,000 adults (3.01 percent adult prevalence) were living with HIV/AIDS. (The Ministry of Health estimates that actual HIV prevalence is as high as 5 to 7 percent.)
- Of these 15,000 cases, 67 percent occurred among men;
- 150 children under the age of 15 were living with HIV/AIDS;
- 1100 children under the age of 15 had lost their mother or both parents since the beginning of the epidemic; and
- 900 people died of AIDS in 1999 alone.

Again according to UNAIDS, among reported AIDS cases at the end of 1998:

- Approximately 75 percent of cases were transmitted heterosexually;
- 13 percent were transmitted via men who have sex with men (MSM);
- 2.3 percent were transmitted from mother to child; and
- 0.4 percent through injecting drug use.

It is important to note that homosexual and bisexual transmission are thought to be underreported, and heterosexual transmission overreported.

North Atlantic Ocean

VENEZUELA Mabaruma

Parika, GEORGETOWN
Bartica Ansterdam
Linden Ituni

SURINAME

Lethem

Map of Guyana: PCL Map Collection,
University of Texas

<sup>&</sup>lt;sup>1</sup> The other four countries are Bahamas, Barbados, Dominican Republic, and Haiti

### **NATIONAL RESPONSE**

In a statement before the June 2001 United Nations General Assembly Special Session on HIV/AIDS, Dr. Leslie Ramsammy, Guyana's Minister of Health, noted that Guyana's HIV/AIDS Strategic Plan emphasizes partnership with civil society organizations and people living with HIV/AIDS. The country endorses the "ABC" strategy emphasizing abstinence, behavior change, and condom promotion, and is committed to reducing mother-to-child transmission (MTCT) of HIV. Ramsammy noted that areas of need include: development of HIV surveillance systems; voluntary counseling and testing (VCT); training for health professionals; capacity building for health infrastructure; and availability of antiretroviral medicines.

#### **USAID STRATEGY**

In FY 2001, **USAID** allocated \$800,000 to Guyana's HIV/AIDS prevention efforts. The Mission's overall strategy centers around developing the capacity of eight nongovernmental organizations (NGOs) to expand HIV/AIDS prevention activities, especially among youth. In addition, USAID's assistance to Guyana includes support for HIV/AIDS prevention, information, education and communication programs; and promotion of youth-friendly HIV/AIDS/STI services.

The USAID-supported HIV/AIDS youth initiative in Guyana has been chosen by the Inter-American Development Bank as a "best practice" in the area

of youth volunteerism, and was presented at a March 2002 meeting of the Board of Governors in Brazil. In addition, the United Nations International Year of the Volunteer project will feature the Guyana youth project in an upcoming film on international volunteer initiatives.

Guyana will be included under USAID's Caribbean regional HIV/AIDS response, beginning in early 2002. Regional activities include support for a Jamaican-based theater group, ASHE, to work with local theater groups and/or schools in Guyana, using entertainment to educate young people about HIV/AIDS, sexually transmitted infections (STIs), and reproductive health.

The primary goals of USAID's Caribbean regional response are to:

- Increase capacity of NGOs and communitybased organizations to deliver HIV/AIDS prevention programs in target countries (\$997,000 in FY 2001); and
- Strengthen national capacity to implement an effective response to HIV/AIDS in target countries through the Caribbean Epidemiology Center (CAREC) (\$500,000 in FY 2001).

## USAID/GUYANA-SUPPORTED PROGRAMS

USAID's primary implementing partner in Guyana is **Family Health International (FHI)**. Through

Key Population, Health, and Socioeconomic Indicators		
Population	697,181	U.S. Census Bureau 2001
Growth Rate	-0.1%	U.S. Census Bureau 2000*
Life Expectancy	Male: 61	U.S. Census Bureau 2000*
	Female: 67	
Total Fertility Rate	2.1	U.S. Census Bureau 2000*
Infant Mortality Rate (per 1,000)	39 per 1,000 live births	U.S. Census Bureau 2000*
Maternal Mortality Ratio (per 100,000 live births)	N/A	World Bank 1990
GNP per capita (US\$)	\$3680	World Bank 2000
Public health expenditure as % GDP	0.8%	World Bank 1998
Adult Literacy (% of people 15 and above)	Male: 99.01	UNESCO 2001
	Female: 98.2	

<sup>\*</sup> From U.S. Census Bureau 2000 HIV/AIDS country profiles, which included data from U.S. Census Bureau, Population Reference Bureau, UNAIDS and WHO.

FHI, USAID/Guyana funds eight indigenous NGOs to work collaboratively in developing HIV/AIDS awareness, knowledge, and prevention strategies. The initiative — the Guyana HIV/AIDS/STI Youth Project — targets youth ages 8 to 25, and includes activities to promote self-risk assessment, identify and train peer educators in counseling skills, and expand peer education networks. NGOs use music, street theater, life skills camps, talk shows, and marches to engage youth and spread prevention messages.

In FY 2001, the Guyana HIV/AIDS/STI Youth Project planned to scale up its prevention network by expanding to other NGOs and target populations, such as religious organizations, parent groups, unions, and mining communities. The project will also expand to rural areas.

In early 2002, USAID/Guyana commissioned a condom social marketing assessment through **TvT Associates, Inc./The Synergy Project** to provide an analysis of current information and stakeholder views on the viability of condom social marketing in Guyana.

#### OTHER U.S. SUPPORT

Guyana is one of three Latin American/Caribbean countries included in the **Centers for Disease Control and Prevention's (CDC)** Global AIDS

Program (GAP). In collaboration with other U.S. government agencies, GAP funds primary prevention; surveillance and infrastructure development; and care, support and treatment activities in those countries most affected by HIV/AIDS. In 2002, CDC will begin providing technical assistance to the CAREC HIV prevention, care, and treatment programs.

#### **DONOR SUPPORT**

Although awareness of Guyana's HIV/AIDS epidemic is growing, concerted bilateral donor efforts have been slow to materialize.

The Canadian International Development Agency (CIDA) is currently designing a program to strengthen the Ministry of Health's capacity to manage communicable diseases including HIV/AIDS

and tuberculosis (TB), and to develop a communicable disease database. CIDA has also provided grants to conduct peer training, develop support groups, mobilize volunteers, and design education programs for schools at Hands International Guyana, a local NGO.

The **European Union** recently developed a new regional HIV/AIDS program with Guyana as a special emphasis country.

In 2000, **Japan** provided funding to NGOs supported by USAID's HIV/AIDS program through their grass roots funding mechanism.

The **Pan American Health Organization (PAHO)** initially took the lead in working with the government of Guyana and indigenous NGOs to develop the National AIDS Program Strategic Plan.

#### **CHALLENGES**

According to USAID, Guyana faces the following challenges in combating its growing HIV/AIDS epidemic:

- Meeting the social and material needs of persons living with HIV/AIDS through effective care and support programs;
- Increasing recognition of HIV infection risk, especially among youth;
- Increasing levels of donor support;
- Improving the national HIV/AIDS surveillance system; and
- Improving reporting of actual HIV/AIDS cases.

#### SELECTED LINKS AND CONTACTS

- 1. National AIDS Program: Communicable Diseases Control, Ministry of Health, Brickdam, Georgetown, Guyana. Tel: (592) 265-164, Fax: (592) 256-985.
- 2. PAHO Country Office: Dr. Bernadette Theodore-Gandi, PAHO/WHO Representative, Lot 8 Brickdam Stabroek, Georgetown, Guyana. (*or* P.O Box 10969, Georgetown, Guyana). Tel: (592) 225-3000, Fax: (592) 226-6654.
- 3. UNAIDS Caribbean Team: Angela Trenton-Mbonde, Team Leader, c/o UNDP, 19 Keate Street, P.O. Box 812, Port-of-Spain, Trinidad and Tobago. Tel: (868) 624-0468, Fax: (868) 623-8516.

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Prepared for USAID by TvT Associates, Inc., under The Synergy Project. For more information, see <a href="https://www.usaid.gov/pop-health/aids/">www.usaid.gov/pop-health/aids/</a> or <a href="https://www.synergyaids.com">www.synergyaids.com</a>.

Please direct comments on this profile to: info@synergyaids.com.

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