

# GUYANA

*Report prepared by the Joint UN Team on AIDS*

## PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021, 96% of people living with HIV know their HIV status, 95% of people who are diagnosed with HIV are on treatment, and 95% of people on treatment achieve viral suppression.	<b>ON TRACK</b>	By 2020, an estimated 94% people living with HIV knew their HIV status in Guyana, of whom 70% were on treatment, and 87% of those on treatment were virally suppressed (GAM 2021).
By the end of 2021, Guyana eliminates mother-to-child transmission of HIV.	<b>SLOW PROGRESS</b>	In 2020, the elimination of mother-to-child transmission of HIV (eMTCT) programme in Guyana faced significant disruptions due to stockouts of testing kits. The mother-to-child transmission of HIV rate increased from 8% in 2019 to 11% in 2020 (GAM, 2021).
By the end of 2021, an estimated 2000 young people and members of key populations access combination HIV prevention services.	<b>SLOW PROGRESS</b>	An estimated 554 young people and people from key populations accessed HIV prevention services in 2020 (UNFPA, 2020). However, significantly higher prevalence rates were recorded in 2020 amongst key populations in Guyana—5.5% among female sex workers, 4.9% among men who have sex with men, and 8.4% among transgender women (HIV National Strategic Plan, 2021-2025).
By the end of 2021, there is a 50% decrease in discrimination experienced by people living with HIV while accessing services in healthcare facilities.	<b>SLOW PROGRESS</b>	The Ministry of Health developed the national adolescent standards for the provision of sexual and reproductive health (SRH) and HIV testing, counselling, and treatment services—in line with PAHO/WHO guidelines. These standards will guide healthcare providers in extending friendly and rights-based services and reducing discriminatory practices towards adolescent and young people. The Stigma Index survey 2.0 planned in 2020 was postponed due to the COVID-19 pandemic.

<p>By the end of 2021, 85% of the national HIV response is funded through domestic resources.</p>	<p><b>SLOW PROGRESS</b></p>	<p>The Government of Guyana covered 60.7% of the total HIV response budget in 2019, with no significant increase in 2020 due to the COVID-19 pandemic. The public expenditure on HIV services increased from US\$ 550 000 in 2013 to US\$ 3.8 million in 2019.</p>
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### JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UN WOMEN, WHO-PAHO, UNAIDS SECRETARIAT, FAO, IOM, UNRCO

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

*While HIV prevalence among the general population remains at a stable level, the epidemic continues to disproportionately affect key and vulnerable populations in Guyana. In this view, the Joint Team made significant contribution to scale up HIV prevention and treatment services among these groups, including training and deployment of peer educators, expanding access to HIV services among migrants, miners, loggers, and female sex workers, and implementation of outreach initiatives targeting men who have sex with men and transgender persons. Community health workers and healthcare providers were also trained to improve quality of community-and facility-based PMTCT, paediatric HIV and sexually transmitted infection services. The Joint Team supported assessment of civil society organizations' capacities to plan and implement social contracting mechanism which is critical to expanding access to community led HIV prevention and treatment services to key populations.*

### HIV TESTING, CARE AND TREATMENT

#### UPSTREAM ADVOCACY; TECHNICAL SUPPORT; FOSTERING PARTNERSHIPS

The Ministry of Public Health (MoPH) completed the review of the National Strategic Plan to end HIV/AIDS 2021-2025 with technical support from the Joint Team and consultation with civil society, faith-based organizations, development partners, and the private sector. The plan was amended to include priorities of the newly established administration, including pre-exposure prophylaxis (PrEP) programmes. It also predominantly targets young people and seeks to ensure more persons know their status, access treatment, and achieve viral suppression—ultimately reaching the fast-track targets by 2025.

The Joint Team supported the Government to improve HIV programmes in four mining and logging regions, Barima-Waini, Cuyuni-Mazaruni, Potaro-Siparuni, and Upper Takutu-Upper Essequibo. As a result, HIV prevention, testing, care, treatment, and other healthcare services and initiatives are now accessible to communities in these regions, particularly miners, loggers, females sex workers and migrants.

### **ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS**

With support from the Joint Team, the Ministry of Health implemented a proactive case management and monitoring system to ensure adherence to prevention of mother-to-child transmission of HIV (PMTCT) services during pregnancy, delivery, and post-partum period. Three peer navigators were trained and assigned to multidisciplinary healthcare teams to track pregnant women, mothers and exposed infants who defaulted from PMTCT services. In 2020, peer navigators made over 158 calls mothers who were no longer attending clinic, and 192 calls were made to mothers who had missed their child's immunisation dates. As a result, 89 clients/mothers were returned to care. Peer navigators also promoted healthy living, assisted with referrals, and provided emotional support to newly diagnosed women and their children.

As a result of technical support provided to the MoPH, clinicians, nurses, and community health workers in five high burden districts were trained improving their skills around timely initiation and management of PMTCT among pregnant and lactating mothers, and paediatric antiretroviral treatment in line with the WHO and national guidelines. As a result, 100% of the women who accessed antenatal services in these districts received syphilis screening and necessary treatment services.

### **COMBINATION PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT**

Despite the challenges of the COVID-19 pandemic, the Joint Team provided technical and financial support to scale-up HIV testing, care, treatment, and nutrition programmes targeting young people and key populations in Guyana. Seven peer educators were hired and trained to facilitate confidential self-empowerment virtual support groups and run the buddy support system designed to improve access and uptake of HIV combination prevention, care, treatment, referral, and psychosocial support services among young people and key populations. A total of 554 beneficiaries accessed HIV services and improved their knowledge about making safe and healthy life choices.

Nine peer educators from Mahaica-Berbice and East Berbice-Corentyne regions received a one-week virtual training on provision of online outreach services among key populations. Participants improved their knowledge around ART and treatment adherence, nutrition, provision of outreach services via online platforms, applying evidence-based and innovative approaches, and recruiting fellow peer educators.

Between September and December 2020, around 38 online outreach sessions were conducted reaching 62 men who have sex with men and transgender persons, of whom 26 individuals were referred for STI screening and four were linked with psychosocial counselling services. The sessions addressed numerous enquiries, including HIV counselling and testing and treatment, correct and consistent condom use, personal hygiene, self-esteem, high-risk behaviour, substance abuse, Pre-and Post-Exposure Prophylaxis, lubricant use and negotiations, and partner reduction.

With support from the Joint Team and through static and mobile clinics, the Guyana Responsible Parenthood Association (GRPA) provided sexually transmitted infection (STI) screening and HIV testing services, and treatment referrals aimed at young people and key populations. An estimated 7816 male and female condoms were distributed through this initiative.

The "Did you know?" social media campaign was developed in alignment with the National Sexual Reproductive Health Policy and implemented to promote youth-friendly and rights-based HIV combination prevention services among young people, healthcare providers and other stakeholders. Besides, a pilot peer support group of female sex workers in Cuyuni-Mazaruni region improved knowledge among 27 women (4 Guyanese, 17 Venezuelans, 4 Brazilian, and 2 Dominican Republican) about their sexual and reproductive health rights, human rights law and policies, and community support mechanisms in the country.

### **SUSTAINABILITY AND SYSTEM STRENGTHENING POLICY DIALOGUE; TECHNICAL SUPPORT; PARTNERSHIPS**

The Government of Guyana with support from the Joint Team made significant efforts to increase funding for community-led care and support services and strengthen partnership between the Government and civil society organizations (CSOs) through social contracting.

An assessment of CSOs' capacity to engage in social contracting is underway and a costing exercise was initiated to support CSOs in developing realistic and complete funding proposals aiming to increase access to community-led services. These services include awareness creation, risk reduction, HIV counselling and testing, STI and tuberculosis screening, condom and lubricant distribution, psychosocial support, social services, referrals, community support, and palliative care among key populations. Due to the COVID-19 pandemic, implementation of the social contracting mechanism was postponed to 2021.

### **CONTRIBUTION TO THE COVID-19 RESPONSE**

The Joint Team reprogrammed some financial and technical support for urgent needs in the context of the COVID-19 pandemic response in Guyana. With technical support to the National AIDS Programme Secretariat (NAPS) and the Society Against Sexual Orientation Discrimination (SASOD), nutritional assistance was provided for 470 people living with HIV and key populations including members of the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community. This initiative was paired with antiretroviral treatment (ART) dispensing services to ensure treatment adherence and retention among people living with HIV during the pandemic. As a result, 3383 people living with HIV received food hampers and were linked to ART services in 2020.

With technical and financial support from the Joint Team, peer navigators were trained and equipped to provide telephone-based case tracking of defaulters and promote long-distance health services during the COVID-19 pandemic. This effort enabled the peer navigators to contact 153 mothers via telephone, of whom 84 received services.

In partnership with the Ministry of Health and NAPS, a public service announcement was developed and broadcasted on local radio stations to create awareness around COVID-19 infection prevention, comply with social restrictions, and support Government efforts to overcome the impact of the pandemic.

### **CONTRIBUTION TO THE INTEGRATED SDG AGENDA**

The Multi-country Sustainable Development Framework (MSDF) 2017-2021 is guiding the work of the UN Country Team in Guyana towards achieving the Agenda 2030, with a specific focus on health, education, social protection, livelihood support, equity and sustainability.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>The Stigma Index 2.0 could not be implemented due to funding limitations because of the COVID-19 pandemic. This will significantly slow down progress towards reducing stigma and discrimination cases among people living with HIV and key populations.</p>	<p>Provide technical support to incorporate stigma, discrimination, and human rights violation reduction measures into the curriculum for new police recruits to assert the rights of people living with HIV and key populations.</p> <p>Support training and sensitization sessions for members of the Guyana Police Force on human rights violations affecting people living with HIV and key populations.</p> <p>Assist virtual support group sessions to provide information, education and psychosocial services to people living with HIV in Mahaica-Berbice and Berbice-Corentyne regions. Sessions will predominantly focus on mental health, job security and nutrition, especially during the COVID-19 pandemic.</p>
<p>Lack of adequate planning and COVID-19 pandemic related shipping delays resulted in depleted HIV testing commodities. Delays in delivery of procured Rapid Diagnostic Tests added to the challenges of increasing access to HTC.</p>	<p>Provide technical support to strengthen the national health management information system.</p> <p>Continue supporting the Government to increase HIV self-testing, partner notification, and implement innovative case identification tools.</p> <p>Through social contracting initiative, continue supporting the selected 10 civil society organizations to provide community-based HTC services to 5000 people.</p> <p>Support HTC, STI screening, and condom distribution among young people and key populations in static and mobile clinics and referral to HIV and STI care and treatment services.</p> <p>Support expansion of PrEP programmes, making this prevention tool available for all those who need it.</p>
<p>The peer navigation programme is an essential yet a complex process that requires close monitoring of both the public health and community systems to ensure access to quality HIV prevention, treatment, care, and support services. Challenges remain in tracing some pregnant women and mothers enrolled on antenatal and PMTCT services as they often migrate or change their contact details without notifying their care providers.</p>	<p>Support the peer navigators programme and mother-to-mother peer support groups to scale-up referral and enhance adherence and retention in HIV care and treatment services.</p> <p>Provide technical and financial support to increase access to combination prevention services via mobile phones and online platforms among young people, pregnant women and mothers, partners, and key populations.</p> <p>Provide capacity building training for representative of 10 civil society organizations from Mahaica-Berbice and East Berbice-Corentyne regions on social networking strategies, treatment literacy and use of online platforms to increase uptake of HIV prevention, care, and treatment services and retention in care among people living with HIV and key populations.</p>

Although Guyana continues to increase public expenditure for the national HIV response, the country's ambitious target of funding 85% of the response could not be achieved due to challenges related to the COVID-19 pandemic. The COVID-19 pandemic also forced diversion of public funding away from community-led care and support services.

Continue to advocate for an increased domestic investment in the HIV response and provide support to further mobilize resources towards a sustainable HIV response.

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