

# Guyana Report NCPI

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 01/01/2012

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**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:** Dr. Shanti Singh

**Postal address:** National AIDS Programme, Ministry of Health College Road & Hadfield Street Georgetown Guyana

**Telephone:** +592-227-8683

**Fax:**

**E-mail:** sasingh@health.gov.gy

**Describe the process used for NCPI data gathering and validation:**

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:**

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):**

**NCPI - PART A [to be administered to government officials]**

Organization	Names/Positions	Respondents to Part A
Country Coordinating Mechanism for HIV, TB and Malaria	Chairman	A1,A2,A3,A4,A5,A6
Ministry of Health	Chief Medical Officer	A1,A2,A3,A4,A5,A6
Georgetown Public Hospital Corporation	Chief Executive Officer	A1,A2,A3,A4,A5,A6
national TB programme	Director	A1,A2,A3,A4,A5,A6
National Care and Treatment Centre	Director	A1,A2,A3,A4,A5,A6
National Blood Transfusion Services	Director	A1,A2,A3,A4,A5,A6
National Public Health Reference Lab	Director	A1,A2,A3,A4,A5,A6
Ministry of Health	Director of Disease Control	A1,A2,A3,A4,A5,A6
Ministry of Health	Director of Maternal & child Health services	A1,A2,A3,A4,A5,A6
Ministry of Health	Parliamentary Secretary on health	A1,A2,A3,A4,A5,A6
Ministry of Health	Director of Planning	A1,A2,A3,A4,A5,A6
Ministry of Health	Programme Manager, National AIDS Programme	A1,A2,A3,A4,A5,A6
Ministry of Health	M&E Lead, NAPS	A1,A2,A3,A4,A5,A6
Ministry of Health	Care & Treatment Coordinator, NAPS	A1,A2,A3,A4,A5,A6
Ministry of Health	VCT Coordinator, NAPS	A1,A2,A3,A4,A5,A6
Ministry of Health	Community Mobilizaion Coordinator, NAPS	A1,A2,A3,A4,A5,A6
Ministry of Health	BCC Coordinator, NAPS	A1,A2,A3,A4,A5,A6
Ministry of Health	HBC Coordinator, NAPS	A1,A2,A3,A4,A5,A6
Ministry of Health	OVC Coordinator, NAPS	A1,A2,A3,A4,A5,A6
Ministry of Amerindian Affairs	Permanent Secretary	A1,A2,A3,A4,A5,A6
Ministry of Human Services & Social Security	Special Projects Officer	A1,A2,A3,A4,A5,A6
Guyana Defense Force	Manager of HIV/AIDS prevention programme	A1,A2,A3,A4,A5,A6

**NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]**

Organization	Names/Positions	Respondents to Part B
PEPFAR	Strategic Information officer	B1,B2,B3,B4,B5
UNAIDS	Country Director	B1,B2,B3,B4,B5
Guyana peace Corps	Flavio Rose	B1,B2,B3,B4,B5
PAHO/WHO	FCH/ AIDS Advisor	B1,B2,B3,B4,B5
CDC	Kathy Groomes	B1,B2,B3,B4,B5
SCMS	Cecil Jacques	B1,B2,B3,B4,B5
UNDP	Trevor Benn	B1,B2,B3,B4,B5
UNICEF	Jewel Crosse	B1,B2,B3,B4,B5
UNFPA	Babsie Giddings	B1,B2,B3,B4,B5
PANCAP	Executive Director- Dereck Springer	B1,B2,B3,B4,B5
Guyana Business Coalition on HIV/AIDS	Suzanne French	B1,B2,B3,B4,B5
Guyana Sex Work Coailition	Miriam Edwards	B1,B2,B3,B4,B5
Network of Guyanese Living with HIV/AIDS (G+)	Crystal Albert	B1,B2,B3,B4,B5
Society against Sexual Orientation and Discrimination(SASOD)	Joel Simpson	B1,B2,B3,B4,B5
Voulnteer Youth Corps	Executive Director	B1,B2,B3,B4,B5
Family Awareness Consciouness Together (FACT)	Annette Jaundoo	B1,B2,B3,B4,B5
Guyana Red Cross	Manager	B1,B2,B3,B4,B5
Artistes in Direct Support	Executive Director	B1,B2,B3,B4,B5
Guyana Responsible Parenthood Association	Executive Director	B1,B2,B3,B4,B5
Hope Foundation	Project Coordinator	B1,B2,B3,B4,B5
Hope for All	project Coordinator	B1,B2,B3,B4,B5
Linden care Foundation	Project Coordinator	B1,B2,B3,B4,B5
Youth Challenge Guyana	Executive Director	B1,B2,B3,B4,B5
International Labour Organization	Sean Wilson	B1,B2,B3,B4,B5
Phoenix Recovery Centre	CEO	B1,B2,B3,B4,B5
Guyana Trans United	President	B1,B2,B3,B4,B5
Guyana Faith Coalition on HIV/AIDS	Nicole Cole & Allister Collins	B1,B2,B3,B4,B5
Guyana Association of Women's Lawyers	Sadie Amin	B1,B2,B3,B4,B5

**A.I Strategic plan**

**1. Has the country developed a national multisectoral strategy to respond to HIV?:** Yes

**IF YES, what is the period covered:** 2013-2020

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:** 1.The focus is narrowed on the most at risk/ key populations: (MSM, SW, Clients of SW Miners and Loggers). 2. Advancement of treatment 3. Efforts to eliminate sources of infection through PMTCT and Blood Transfusion. 4. Holistic approach that includes five priority areas (coordination, prevention, treatment, care and support, integration and strategic information.) 5. Integration of HIV into the primary Health care. 6. Takes WHO Recommendations and integrates it into the Strategy with evidence based epidemiological data. 7. Firmer human rights based approach. 8. More use of operations research. 9. Sustainability and country ownership strengthened. 10.Emphasis on TB-HIV co-infection.

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** Ministry Of Health, Ministry Of Education, Ministry Of Local Government and Regional Development, Ministry Of Culture, Youth, and Sports, Ministry Of Labour, Ministry Of Human Services and Social Security, Ministry Of Amerindian Affairs, Ministry Of Home Affairs.

**1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?**

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Transportation:**

**Included in Strategy:** No

**Earmarked Budget:** No

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Other:**

**Included in Strategy:** No

**Earmarked Budget:** No

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

**1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?**

**KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** No

**SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

**CROSS-CUTTING ISSUES:**

**Addressing stigma and discrimination:** Yes

**Gender empowerment and/or gender equality:** Yes

**HIV and poverty:** Yes

**Human rights protection:** Yes

**Involvement of people living with HIV:** Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** Miners, Loggers, Non- IDU, Amerindians and Clients of SW

: Yes

**1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:** Yes

**1.6. Does the multisectoral strategy include an operational plan?:** Yes

**1.7. Does the multisectoral strategy or operational plan include:**

**a) Formal programme goals?:** Yes

**b) Clear targets or milestones?:** Yes

**c) Detailed costs for each programmatic area?:** Yes

**d) An indication of funding sources to support programme implementation?:** Yes

**e) A monitoring and evaluation framework?:** Yes

**1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:** Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:** CSOs were invited to provide technical input into the plan. The coordination of activities with CSOs was done by NAPS. 2.NAPS worked in conjunction with UNAIDS and World Bank through the oversight by Minister of Health to develop a strategy involved CSOs like the sex worker coalition and other NGOs in stakeholder meetings with civil society/ key stakeholders to address prevention, care and treatment areas.

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:**

**1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:** Yes

**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:** Yes, all partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** Yes

**Poverty Reduction Strategy:** Yes

**National Social Protection Strategic Plan:** Yes

**Sector-wide approach:** Yes

**Other [write in]:** Ministry of Labour, Maternal Child Health, National TB Programme and Caribbean Cooperation for Health III plans

: Yes

**2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?**

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** Yes

**HIV impact alleviation (including palliative care for adults and children):** Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:** Yes

**Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:** Yes

**Reduction of stigma and discrimination:** Yes

**Treatment, care, and support (including social protection or other schemes):** Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):** Yes

**Other [write in]:**

:

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:** No

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:**

**4. Does the country have a plan to strengthen health systems?:** Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:** 1. Building capacity among healthcare providers to coordinate and integrate into Primary Healthcare facilities, 2. Countrywide drugs are available 3. Decentralization of services, 4. Expansion of PMTCT and VCT services, 5. Establishment of additional treatment and care sites, 6. Supply chain strengthening, laboratory strengthening, and education of staff in primary healthcare treatment manual.

**5. Are health facilities providing HIV services integrated with other health services?**

**a) HIV Counselling & Testing with Sexual & Reproductive Health:** Many

**b) HIV Counselling & Testing and Tuberculosis:** Many

**c) HIV Counselling & Testing and general outpatient care:** Many

**d) HIV Counselling & Testing and chronic Non-Communicable Diseases:** Many

**e) ART and Tuberculosis:** Many

**f) ART and general outpatient care:** Many

**g) ART and chronic Non-Communicable Diseases:** Many

**h) PMTCT with Antenatal Care/Maternal & Child Health:** Many

**i) Other comments on HIV integration:** : Dentistry, Family Planning and HIV.

**6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area:** Guyana has recorded key achievements since 2011 in the strategic planning process. Areas of improvement include the reduction of AIDS-related deaths and a decrease in mother to child transmission of HIV through the PMTCT program which has achieved 92% coverage. The involvement of civil society is an achievement in the coordination efforts and in the development of the HIVision 2020 strategy.

**What challenges remain in this area:** Many challenges remain including sustainability of human and financial resources within an environment of diminishing resources. The inability to reach all of the key populations due to Guyana's geographical make up is a significant challenge.

## **A.II Political support and leadership**

**1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?**

**A. Government ministers:** Yes

**B. Other high officials at sub-national level:** Yes

**1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?:** Yes

**Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:** The development of the country coordinating mechanism (CCM) for HIV/AIDS set up by the Global Fund for TB, HIV and Malaria, is an important step to encourage government and civil society participation and involvement in the national HIV/AIDS response.

**2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:** Yes

**IF NO, briefly explain why not and how HIV programmes are being managed::**

**2.1. IF YES, does the national multisectoral HIV coordination body:**

**Have terms of reference?:** Yes

**Have active government leadership and participation?:** Yes

**Have an official chair person?:** Yes

**IF YES, what is his/her name and position title?:** Programme Manager

**Have a defined membership?:** Yes

**IF YES, how many members?:**

**Include civil society representatives?:** Yes



**IF YES, how many?:** Dont know

**Include people living with HIV?:** Yes

**IF YES, how many?:** Dont know

**Include the private sector?:** Yes

**Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:** Yes

**3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:** Yes

**IF YES, briefly describe the main achievements::** • Improved data and information sharing systems • Partnerships with interfaith and business organizations in civil society • CSOs make up at least 40% of representation in the country coordinating mechanisms for Global Fund's country coordinating mechanism • Social and economic support for PLHIV in areas such as the food bank and public assistance • Promotional campaigns to end stigma & discrimination • Work place programmes for HIV

**What challenges remain in this area::** • Financial and human resource sustainability • Competing national priorities with the HIV/AIDS programme • Inability to reach key/vulnerable populations due to Guyana's geography.

**4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:**

**5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?**

**Capacity-building:** Yes

**Coordination with other implementing partners:** Yes

**Information on priority needs:** Yes

**Procurement and distribution of medications or other supplies:** Yes

**Technical guidance:** Yes

**Other [write in]:**

: No

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:** Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:** No

**IF YES, name and describe how the policies / laws were amended:** Anti Discrimination Act, Public Health Ordinance offers health protection and legislation to protect populations with diseases.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::** Quarantining Communicable Diseases- managing the environment, buildings and construction sites. MSM get treatment but homosexuality is illegal Punitive Laws Discrimination based on status

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?: 9**

**Since 2011, what have been key achievements in this area::** 1. Recognition of types of political support, 2. Commitment of Resources, 3. HIVision 2020 Strategy was launched with the support of the Government. 4. Political Will was present as Political Leaders at various levels led the way in speaking, being tested, budget and resource allocation for HIV. 5. Increase in testing rates 6. Decrease in rate of new infections 6. HIV programmes were integrated into various line ministries.

**What challenges remain in this area::** 1. The need for financial support by the donor community and Government, 2. Lack of Human resources or skilled workers, 3. The need to ensure business entities are not discriminating based on HIV status, 4. Acquiring support from opposition leaders. 5. Ensuring effectiveness in the national procurement system. 6. Competing National priorities. 7. The need to construct the specialty hospital for increase access to care and treatment services.

### **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**  
Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** Every citizen has the right to certain protections; health, education, housing etc. that s free of discrimination base on age, sex, creed and religious affiliation

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** Don't Know or no mechanisms in place.

**Briefly comment on the degree to which they are currently implemented::**

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?:** Yes

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** No

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]::**

: No

**Briefly describe the content of these laws, regulations or policies::** The following are examples of laws, policies and regulations: • The buggery laws and the Gross Indecency Act which affect MSM • There are specific laws against prostitution and solicitation of sex, which affect sex workers. • There are specific laws against cross-dressing which affect transgendered people • The policy that disallows distribution of condoms in prisons

**Briefly comment on how they pose barriers::** There are laws that criminalize and discriminate against vulnerable populations and contribute to increased high-risk behaviours underground and also result in ineffective prevention efforts.

## **A.IV Prevention**

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:** Yes

**IF YES, what key messages are explicitly promoted?:**

**Delay sexual debut:** Yes

**Engage in safe(r) sex:** Yes

**Fight against violence against women:** Yes

**Greater acceptance and involvement of people living with HIV:** Yes

**Greater involvement of men in reproductive health programmes:** Yes

**Know your HIV status:** Yes

**Males to get circumcised under medical supervision:** No

**Prevent mother-to-child transmission of HIV:** Yes

**Promote greater equality between men and women:** Yes

**Reduce the number of sexual partners:** Yes

**Use clean needles and syringes:** Yes

**Use condoms consistently:** Yes

**Other [write in]::**

: No

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:** Yes

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:** Yes

**2.1. Is HIV education part of the curriculum in:**

**Primary schools?:** Yes

**Secondary schools?:** Yes

**Teacher training?:** Yes

**2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) gender-sensitive sexual and reproductive health elements?:** Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:** Yes

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:** Yes

**Briefly describe the content of this policy or strategy::** • Abstinence from injecting drugs • Avoiding commercial sex • Avoiding intergenerational sex • Male circumcision under medical supervision

### 3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

#### People who inject drugs:

**Men who have sex with men:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Sex workers:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Customers of sex workers:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Prison inmates:** Condom promotion, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Other populations [write in]:** out of school youth, bus drivers and conductors

:

### 3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?: 8

**Since 2011, what have been key achievements in this area?:** • Efforts to increase preventive services such as VCT, condom distribution and health education messages. • Development of Guyana National Prevention Principles, Standards and Guidelines, which was launched in March 2010. • Launch of the Ministry of Health Policy on Stigma and Discrimination in 2011 • Expansion of prevention campaigns to include women and girls empowerment.

**What challenges remain in this area?:** • Stigma and discrimination continues to be a challenge to members of key populations thus preventing access to services. • Absence of key legislation to address cross-dressing and prostitution • Reaching members of key population in rural and hinterland areas • Enforcement of the existing policies, laws and regulations;

### 4. Has the country identified specific needs for HIV prevention programmes?: Yes

**IF YES, how were these specific needs determined?:** Surveys-BBSS, Surveillance & data analysis, special studies, stakeholder consultations

**IF YES, what are these specific needs? :** A majority of respondents reported that prevention messages are suitably tailored to reduce vulnerability of customers of sex workers, prison inmates and men who have sex with men.

### 4.1. To what extent has HIV prevention been implemented?

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Economic support e.g. cash transfers:** Agree

**Harm reduction for people who inject drugs:** N/A

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Strongly agree

**IEC on risk reduction:** Strongly agree

**IEC on stigma and discrimination reduction:** Strongly agree

**Prevention of mother-to-child transmission of HIV:** Agree

**Prevention for people living with HIV:** Strongly agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Strongly agree

**Risk reduction for men who have sex with men:** Agree

**Risk reduction for sex workers:** Agree

**Reduction of gender based violence:** Agree

**School-based HIV education for young people:** Agree

**Treatment as prevention:** Strongly agree

**Universal precautions in health care settings:** Strongly agree

**Other [write in]::**

:

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2013?:** 8

## **A.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**If YES, Briefly identify the elements and what has been prioritized:** Respondents noted the following prioritised services: • Access for all o Treatment for all who needs it o Prevention for all including "Know your Status" • Access to a Package of Services o Diagnosis to care o ARVs and prophylaxis o Psychological counselling o Nutritional services o PMTCT

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** In addition, respondents cited the following as examples of the scaling up of HIV treatment, care and support services: • Training and deployment of physicians and nurses in HIV management • Procurement and stocking of HIV medication now currently at second line regimen • Expansion through decentralization of services to rural and hinterland areas • Review of the treatment guidelines

## **1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Strongly agree

**Economic support:** Agree

**Family based care and support:** Agree

**HIV care and support in the workplace (including alternative working arrangements):** Agree

**HIV testing and counselling for people with TB:** Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Agree

**Nutritional care:** Agree

**Paediatric AIDS treatment:** Strongly agree

**Palliative care for children and adults Palliative care for children and adults:** Strongly agree

**Post-delivery ART provision to women:** Strongly agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Strongly agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Strongly agree

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Strongly agree

**TB infection control in HIV treatment and care facilities:** Strongly agree

**TB preventive therapy for people living with HIV:** Strongly agree

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]::**

: N/A

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:** Yes

**Please clarify which social and economic support is provided:** Guyana's strategy to provide social and economic support to people infected and affected by HIV, indicates that there is: • Economic support in the form of public assistance monthly for those eligible by the Ministry of Human Services and Social Security (MOHSS). • Social support - psychological support through counseling on adherence, disclosure, nutritional support.

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:** Yes

**IF YES, for which commodities?:** Medications such as ARVs and prophylaxis Condoms and Lubricants

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area::** • Expansion of services at health facilities throughout all regions • Improved survivability, prevalence and patient retention treatment rates • Strengthened adherence through case management system • TB/HIV co-infected patients accessing treatment • Sustained success in Universal Access to PMTCT services achieved (currently at 92%; WHO universal access is 80%).

**What challenges remain in this area::** • Timely procurement of drugs to avoid stock out of ARVs; • Adequate access to nutritional support; • Expansion of HIV treatment, care and support systems in the workplace; • Adequate funding and human resources • Coverage of services to rural and hinterland areas

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:**  
Yes

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** Yes

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:** 9

**Since 2011, what have been key achievements in this area::** • New legislation, such as the Child Protection Act, has guaranteed protection for orphans and vulnerable children. • More OVC have access to HIV treatment, care and support thus reducing the HIV prevalence and incidence among children. • Caregiver or foster programs aim to integrate children into the home setting • Most Orphanages have been renovated and equipped to meet the minimum operating standards and regulations for children's homes; • Continued support for the child protection unit of the Ministry of Human Services and Social Security; • Continued provision of capacity building to staff of orphanages; • Continued economic support for persons living with HIV, including children; • Capacity building for parents through the development of parenting skills and techniques and skills building for children, particularly those who are not academically inclined; • School amenities programme continued; • Introduction of support group for HIV positive adolescents; and • General support group, including both positive and negative OVC.

**What challenges remain in this area::** • Adequate technical support in the area of child psychology and child psychosocial support; • Adequate continued funding and sustainability of programmes and strategies to mitigate the impact of HIV and AIDS; • Adequate coordination; • Limited mapping of OVC; • Living accommodation for OVC; and • Adequate nutritional support.

## **A.VI Monitoring and evaluation**



**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:** Yes

**Briefly describe any challenges in development or implementation::** • Consistency of reports • Sustainable financial and human resources • Data sharing by members of civil society organizations • Harmonization of data by partners and stakeholders.

**1.1. IF YES, years covered:** 2013-2020

**1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:** Yes, some partners

**Briefly describe what the issues are::**

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:** Yes

**IF YES, does it address::**

**Behavioural surveys:** Yes

**Evaluation / research studies:** Yes

**HIV Drug resistance surveillance:** Yes

**HIV surveillance:** Yes

**Routine programme monitoring:** Yes

**A data analysis strategy:** Yes

**A data dissemination and use strategy:** Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):** Yes

**Guidelines on tools for data collection:** Yes

**3. Is there a budget for implementation of the M&E plan?:** Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:**

**4. Is there a functional national M&E Unit?:** Yes

**Briefly describe any obstacles::** • Lack of human resources or technical personnel; • Culture of M&E has not been accepted by staff and stakeholders; • Data quality; • Submission of reports to the unit in a timely manner;

**4.1. Where is the national M&E Unit based?**

**In the Ministry of Health?:** Yes

**In the National HIV Commission (or equivalent)?:** Yes

Elsewhere?: No

If elsewhere, please specify:

#### 4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
strategic information adviser	Full-time	
M&E Coordinator	Full-time	
Researcher	Full-time	
Economists	Full-time	
Data Analyst	Full-time	
M&E Officer	Full-time	

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
-------------------------------------	------------------------	-------------

#### 4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

**Briefly describe the data-sharing mechanisms:** Monthly, Quarterly, Semi and Annual Reports Monitoring and Evaluation Reference Group Consultations with partners M&E department at NAPS

**What are the major challenges in this area:** • Data is paper based • Data being stored manually • Quality of data • Timeliness of submissions • Human resource capacity • Accuracy of data

#### 5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

#### 6. Is there a central national database with HIV- related data?: Yes

**IF YES, briefly describe the national database and who manages it.:** The respondents reported that the national database is located and managed by NAPS compared to respondents in 2011 that indicated that it was located at the health information and statistical unit at the Ministry of Health.

#### 6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

**IF YES, but only some of the above, which aspects does it include?:** • Surveillance data including co-infection, mortality and prevalence rates • Data on Key populations: o Geography; and o Demographics

#### 6.2. Is there a functional Health Information System?

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s):**

#### 7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

#### 7.2. Is HIV programme coverage being monitored?: Yes

**(a) IF YES, is coverage monitored by sex (male, female):** Yes

**(b) IF YES, is coverage monitored by population groups?:** Yes

**IF YES, for which population groups?:** Key and Vulnerable Populations

**Briefly explain how this information is used?:** For Programme Planning, Scaling up HIV programs, expand coverage to target groups To be included in reports, to develop strategies, assists in estimation of HIV prevalence rate interventions to reduce spread, creates access and advise on treatment, guides policies and budgetary allocations.

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other)?:** Regional Coverage

**Briefly explain how this information is used?:** Programme Planning, determines needs for interventions, focus on key/target populations, determines budget allocations, expand coverage geographically, compares regions on demographics and identify trends to inform decision-making.

**8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?:** Yes

### **9. How are M&E data used?**

**For programme improvement?:** Yes

**In developing / revising the national HIV response?:** Yes

**For resource allocation?:** Yes

**Other [write in]::**

: No

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any::** Examples of data use include: • Programme planning purposes • Preventing of duplication efforts • Programme effectiveness and efficiency • Identify target or key populations • Identify gaps, for example during the national week of testing, it was illustrated that services were not adequately accessed in regions three and five. This information was used to plan outreach activities in those regions; Main challenges include: • Perception of M&E needs to change; • Utilization of data in programme planning; • Human resources to be trained in M&E; • HIV surveillance data needs to be done yearly, the BBSS is not done regularly and the demographic household survey was done only once in 2009; and • Verification of programme data.

### **10. In the last year, was training in M&E conducted**

**At national level?:** Yes

**IF YES, what was the number trained::** do not know

**At subnational level?:** Yes

**IF YES, what was the number trained:** do not know

**At service delivery level including civil society?:** Yes

**IF YES, how many?:** do not know

**10.1. Were other M&E capacity-building activities conducted other than training?:** Yes

**IF YES, describe what types of activities:** 1. Workshops were conducted on estimating the prevalence of the population. 2. Ministry of Finance intersectoral program. 3. Dissemination of data analysis. 4. BBSS Satisfaction surveys. 5. Onsite mentoring

6. MOH interaction with MOHSS poverty unit.

**11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 7**

**Since 2011, what have been key achievements in this area::** • Improved data collection • Improved data sharing mechanisms • M&E Framework in HIVision 2020 • Expansion and increase of the number of people on treatment; • Availability of HAART; • Collaborative efforts to synchronize HIV / TB prevention and treatment services; • A staffed and functional National M&E unit; • Central database development in progress; • Development and harmonization of the core indicators; • Some accuracy in the routine collection and validation of data; and • Strengthening of the data verification system.

**What challenges remain in this area::** • Lack of a centralized database; • Data collection still manual at individual clinics and centres; • Adequate human resources; • Coordination with other M&E units; • M&E unit functioning as a national M&E clearing house; • Data quality; • Data accuracy; • Timeliness in submission of reports to the unit; • Technical support; • Analysis of data; • Capacity to deliver M&E; and • Implementing and rolling out the central database for HIV.

## **B.I Civil Society involvement**

**1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?: 3**

**Comments and examples::** Since the government is not able to reach civil society in its entirety particularly in some areas, they use civil society organizations for hard to reach populations and locations. These organizations are able to get commitment from leaders since their contributions are counted in the national outcomes. The role played by civil society in strengthening the political commitment is not clear as well as the way they interact with the national response. It looks civil society is more inclined to be an implementer of specific projects based on its availability of funds.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 3**

**Comments and examples::** Less than half of the respondents reported that there has been little or no involvement of civil society in the planning and budgeting process of the national strategic plan for HIV.

**3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?: 5**

**b. The national HIV budget?: 2**

**c. The national HIV reports?: 4**

**Comments and examples::** A majority of the respondents noted significant involvement for services provided by civil society in the areas of HIV prevention, treatment, care and support were included in the national HIV reports.

**4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?: 4**

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 1**

**c. Participate in using data for decision-making?: 1**

**Comments and examples:** Few people are consulted for M&E plan. They are given the plan once drafted. There is some level of discussion of data for decision making. M&E is seen as an extremely technical issue and the CSO participation is not very strong due, basically, to the lack of technical capacity. Nevertheless, CSO has an active participation on the oversight sub-committee of the CCM, which can leverage their action in M&E in the future. Civil society is represented on the Monitoring and Evaluation Reference Group and is engaged in national SI activities such as target setting and special studies. Generally, the use of data for decision-making could be strengthened

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?:** 5

**Comments and examples:** An overwhelming majority of respondents indicated moderate to high level of civil society representation in HIV efforts inclusive of diverse organisations such as networks of people living with HIV, sex workers and faith-based organisations.

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:**

**a. Adequate financial support to implement its HIV activities?:** 4

**b. Adequate technical support to implement its HIV activities?:** 4

**Comments and examples:** A majority of respondents reported that it was fairly easy to access adequate financial support to implement HIV activities. A majority of respondents reported a moderate to high level of access to adequate technical support to implements their HIV activities. A majority (12\15) of respondents also reported moderate to high level of access to adequate technical support to implements their HIV activities.

**7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

**Prevention for key-populations:**

**People living with HIV:** >75%

**Men who have sex with men:** >75%

**People who inject drugs:** <25%

**Sex workers:** >75%

**Transgender people:** >75%

**Palliative care :** 25-50%

**Testing and Counselling:** 51-75%

**Know your Rights/ Legal services:** 25-50%

**Reduction of Stigma and Discrimination:** 51-75%

**Clinical services (ART/OI):** <25%

**Home-based care:** 25-50%

**Programmes for OVC:** >75%

**8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?:** 8

**Since 2011, what have been key achievements in this area:** • Civil Society advocated against the call for the criminalisation of HIV; • Civil Society participation on the CCM has been retained and maintained; • Civil Society was offered an opportunity to submit funding proposals to the GFATM; • Men who have sex with men have been trained as counselors-testers and an increased focus on target/ key and vulnerable populations; • UNAIDS has offered support through community life competence by working for and with communities; • Establishment of technical working groups, consultations on the development of the National Strategic Plan (HIVision 2020). • Partnerships with private sector organization; and • HIV programmes that target Sex Workers and Men who have Sex with Men.

**What challenges remain in this area:** • Sustainability of programmes and services; • Financial support from the national system; • Inclusion in the planning, budgeting and monitoring and evaluation of the response; • Human resources; • Private sector collaboration; • The way to engage civil society is not the same as engaging other Government officials or multilaterals; and • Civil Society is very docile in Guyana.

## **B.II Political support and leadership**

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened:** Ninety percent of respondents agreed that the Minister of Health as well as other Government Ministers have demonstrated public leadership in rolling out the national response to HIV and AIDS. Government has played an active role in its participation in domestic, international forums and activities for HIV/AIDS. The development of the country coordinating mechanism (CCM) for HIV/AIDS set up by the Global Fund for TB, HIV and Malaria, is an important step to encourage government and civil society participation and involvement in the national HIV/AIDS response.

## **B.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws::** Article 149 of the constitution prohibits both discriminatory laws and discriminatory treatment by the State and its agents, 'Discriminatory is widely defined as different treatment on the grounds of 'race, place of origin, political opinion, colour, creed, age, disability, marital status, sex, gender, language, birth, social class, pregnancy, religion, conscience, belief or culture.' [149(2) Although HIV/AIDS is not mentioned in this list of prohibited grounds of discrimination, disability mentioned there in is interpreted in modern human rights law as including HIV.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented::** National Policy subscribes to a progressive, rights-based approach in this area. It emphasizes 'all HIV positive individuals, regardless of nationality, race, age, religion, disabilities, gender, sexual orientation and socio-economic status, have the right to the best quality health care available without being subjected to any form of discrimination'. The Government in 2009 swore in members of the Women and Gender Equality Commission as well as the Rights of the Child Commission and Indigenous People's Commission. However to date the Human Right Commission is still behind schedule.

**Briefly comment on the degree to which they are currently implemented::** To a minimum degree they are being implemented, needs to be viewed as work in progress.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:** Yes

**2.1. IF YES, for which sub-populations?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies:** Laws concerning narcotics Act, Chapter 35:11-Governments purported policy of "zero tolerance" of illicit drug. According to National Assessment on HIV/AIDS, Law, Ethics and Human Rights in Guyana. Sexual Activities criminal law (offenses) act, Cap: 8:01 session 351 including buggery and having a bawdy house was illegal. There is the Gross Indecency Act and Buggery Laws, as well as specific laws against cross dressing, and prostitution.

**Briefly comment on how they pose barriers:** These laws can discourage this group from seeking needed health care for fear of being treated poorly and judged based on their sexual orientation. 1.In all cases, the specific laws and/or regulations create barriers for key affected populations. As a result of these prohibitive laws or regulations, we continue to face challenges nationally as access to services, commodities and facilities is reduced. The identified laws/regulations also fuel stigma and discrimination, which remains a challenge for populations most at risk.

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:** Yes

**Briefly describe the content of the policy, law or regulation and the populations included.:** Domestic Violence Act (1998); Sexual violence Act (2010) Any person who is suffering domestic abuse is automatically eligible to be protected by the Act. Any abused person, adult or child can get protection from: A spouse, fiancé (e) or reputed spouse, or partner with whom they live, anyone who lives in the household today or has lived in the past, but not tenants or employees unless there were sexual relations with them, a relative, any person with whom the victim has had a sexual relationship.

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:** Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:** The Ministry of Health is committed to creating an environment free from prejudice, regardless of age, creed, ethnicity, gender or sexual orientation of those seeking service"(this is the message/policy harped on the wall of the of a public Health Centre)

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?:** Yes

**IF YES, briefly describe this mechanism:** Human rights desk (complaints) not alive-government in new strategy plans on resuscitation a desk. At the health centers through MOH, implement by GHARP a few years ago. A mechanism with no legalities. Reporting any incidences of discrimination at the (ILO)

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle "yes" or "no" as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV prevention services:**



**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** Key and Vulnerable populations have been identified for prevention, treatment, care and support programs.

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:** Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:** Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:** Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included::** The 1998 National Policy is generally silent as to social issues regarding commercial sex work, MSM and injecting drug users, though it does embrace an overall commitment to non-discrimination on these related grounds. This is outlined in the National HIV strategy. The Guyana National Policy on HIV and AIDS also emphasizes the rights of "all HIV positive individuals, regardless of nationality, race, age, religion, disabilities, gender, sexual orientation and socio-economic status.... to the best quality of health care available without being subjected to any form of discrimination. The Guyana National Policy on HIV and AIDS emphasizes the rights of "all HIV positive individuals, regardless of nationality, race, age, religion, disabilities, gender, sexual orientation and socio-economic status.... to the best quality of health care available without being subjected to any form of discrimination."

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:** Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations::** Majority of respondents gave no response.

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:** Yes

**IF YES, briefly describe the content of the policy or law::** Most of the respondents were in agreement with a national HIV workplace policy that ensures protection of employees and disallows employment based on HIV status.

**10. Does the country have the following human rights monitoring and enforcement mechanisms?**

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:** Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:** Yes

**IF YES on any of the above questions, describe some examples::** 1. Commissions- Women and Gender, Rights of the Child, Indigenous people and law reform. 2. Ombudsman Office

**11. In the last 2 years, have there been the following training and/or capacity-building activities:**

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:** Yes

**b. Programmes for members of the judiciary and law enforcement<sup>46</sup> on HIV and human rights issues that may come up in the context of their work?:** Yes

**12. Are the following legal support services available in the country?**

**a. Legal aid systems for HIV casework:** Yes

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:** No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:** Yes

**IF YES, what types of programmes?:**

**Programmes for health care workers:** Yes

**Programmes for the media:** Yes

**Programmes in the work place:** Yes

**Other [write in]::**

: No

**14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:** 6

**Since 2011, what have been key achievements in this area::** • Ministry of Health policy on stigma and discrimination • A code of ethics for healthcare workers • Anti-discrimination policy in the workplace • Steps at a national level to draft policies for HIV. • Implementation of the suggestion box at healthcare facilities • Human rights training and capacity building activities • Civil society groups such as friends across differences (group of transgendered people), Guyana sex workers coalition (GSWC); SASOD and GUYBOW have become more vocal.

**What challenges remain in this area::** Challenges identified included but are not limited to: lack of support from faith based organizations to support HIV legislation; absence of a redress system; reformation of the punitive laws that criminalise sexual minorities and other vulnerable groups and; stigmatization and ridicule of the marginalised populations perpetuated by some religious groups.

**15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?:** 7

**Since 2011, what have been key achievements in this area::** • Ministry of Health policy on stigma and discrimination • A code of ethics for healthcare workers • Anti-discrimination policy in the workplace • Steps at a national level to draft policies

for HIV. • Implementation of the suggestion box at healthcare facilities • Human rights training and capacity building activities  
• Civil society groups such as friends across differences (group of transgendered people), Guyana sex workers coalition (GSWC); SASOD and GUYBOW have become more vocal

**What challenges remain in this area:** Challenges identified included but are not limited to: lack of support from faith based organizations to support HIV legislation; absence of a redress system; reformation of the punitive laws that criminalise sexual minorities and other vulnerable groups and; stigmatization and ridicule of the marginalised populations perpetuated by some religious groups.

## **B.IV Prevention**

### **1. Has the country identified the specific needs for HIV prevention programmes?: Yes**

**IF YES, how were these specific needs determined?:** Most of the respondents from civil society, bilateral agencies and UN organisations noted that Guyana has identified the specific areas of focus for its HIV prevention programmes through the biologic behavioural surveillance survey (BBSS), demographic health survey (DHS), knowledge, attitudes and perceptions (KAP) analyses, special studies, consultations and analysis of programmatic data.

**IF YES, what are these specific needs? :** More access to care and support \*prevention with positives \*increased access to condoms and lubes \*peer education outreaches \*mobile testing units

### **1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Harm reduction for people who inject drugs:** N/A

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Strongly agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Agree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Strongly agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Disagree

**Risk reduction for men who have sex with men:** Agree

**Risk reduction for sex workers:** Agree

**School-based HIV education for young people:** Agree

**Universal precautions in health care settings:** Agree

**Other [write in]:**

: N/A

**2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?:** 7

**Since 2011, what have been key achievements in this area::** • Decrease in HIV prevalence • Sustained success of PMTCT • Scaling up of VCT • Review and implementation of HIV services to serve key populations as part of the National HIV Strategy.

**What challenges remain in this area::** • Continuation of external funding and sustainability of programmes and strategies to reduce HIV and AIDS; • Adequate access to Information, Education and Communication by hinterland communities; • Limited implementation of HFLE and sensitization programs in schools; • Absence of key legislation to address cross-dressing and prostitution. • Activities that do not contribute to prevention. • Stigma and discrimination to members of key populations such as MSM, CSW and transgender persons.

## **B.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**IF YES, Briefly identify the elements and what has been prioritized::** • Access for all o Treatment for all who needs it o Prevention for all including “Know your Status’ • Access to a Package of Services o Diagnosis to care o ARVs and prophylaxis o Psychological counselling o Nutritional services o Care for reduction and PMTCT

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** • Training and deployment of physicians and nurses in HIV management • Procurement and stocking of HIV medication now currently at second line regimen • Expansion through decentralization of services to rural and hinterland areas • Review of the treatment guidelines

**1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Agree

**Early infant diagnosis:** Agree

**HIV care and support in the workplace (including alternative working arrangements):** Agree

**HIV testing and counselling for people with TB:** Strongly agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Agree

**Nutritional care:** Agree

**Paediatric AIDS treatment:** Agree

**Post-delivery ART provision to women:** Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Agree

**Psychosocial support for people living with HIV and their families:** Agree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Agree

**Other [write in]:**

: N/A

**1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 9

**Since 2011, what have been key achievements in this area:** • Expansion of services at health facilities throughout all regions • Improved survivability, prevalence and patient retention treatment rates • Strengthened adherence through case management system • TB/HIV co-infected patients accessing treatment • Sustained success in Universal Access to PMTCT services achieved (currently at 92%; WHO universal access is 80%).

**What challenges remain in this area:** • Timely procurement of drugs to avoid stock out of ARVs; • Adequate access to nutritional support; • Expansion of HIV treatment, care and support systems in the workplace; • Adequate funding and human resources • Coverage of services to rural and hinterland areas

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:**  
Yes

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** Yes

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 8

**Since 2011, what have been key achievements in this area:** • New legislation, such as the Child Protection Act, has guaranteed protection for orphans and vulnerable children. • More OVC have access to HIV treatment, care and support thus reducing the HIV prevalence and incidence among children. • Caregiver or foster programs aim to integrate children into the home setting • Most Orphanages have been renovated and equipped to meet the minimum operating standards and regulations for children’s homes; • Continued support for the child protection unit of the Ministry of Human Services and Social Security; • Continued provision of capacity building to staff of orphanages; • Continued economic support for persons living with HIV, including children; • Capacity building for parents through the development of parenting skills and techniques and skills building for children, particularly those who are not academically inclined; • School amenities programme continued; •

Introduction of support group for HIV positive adolescents; and • General support group, including both positive and negative OVC

**What challenges remain in this area:** • Adequate technical support in the area of child psychology and child psychosocial support; • Adequate continued funding and sustainability of programmes and strategies to mitigate the impact of HIV and AIDS; • Adequate coordination; • Limited mapping of OVC; • Living accommodation for OVC; and • Adequate nutritional support.