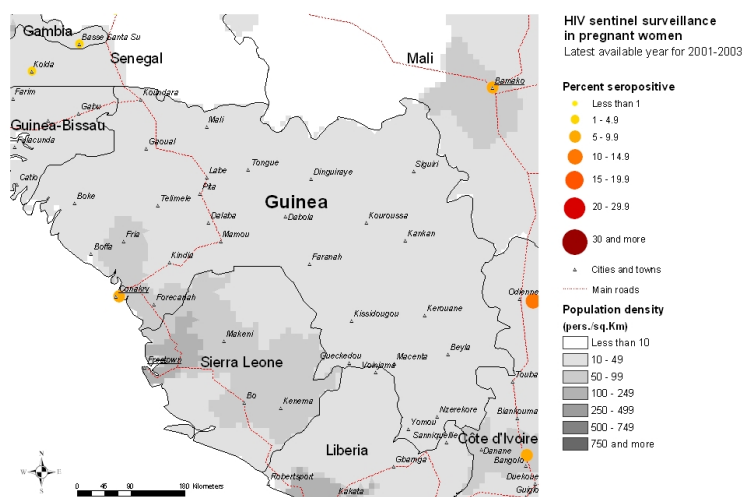


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: **23 000**  
 Antiretroviral therapy target declared by country: **31 745 people in the next three years**



## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	8.6	United Nations
Population in urban areas (%)	2005	36.5	United Nations
Life expectancy at birth (years)	2002	53.7	United Nations
Gross domestic product per capita (US\$)	2004	406	UNDP
Government budget spent on health care (%)	2004	3	WHO
Per capita expenditure on health (US\$)	2002	22	WHO
Human Development Index	2003	0.466	UNDP

°= Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

\*\*=Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* National estimates indicate that adult prevalence of HIV/AIDS in 2005 was 1.5%, and 170 000 people were living with HIV/AIDS in 2004. HIV/AIDS estimates are currently under review. WHO/UNAIDS will provide updated HIV/AIDS estimates in May 2006.

\*\* Demographic And Health Surveys

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	1.2 - 8.2%*	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	51 000 - 360 000*	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Dec 2005	1774	WHO/UNAIDS
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	23 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sep 2005	14	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		NA	
Knowledge of HIV prevention methods (15-24 years)% - female°		NA	
Knowledge of HIV prevention methods (15-24 years)% - male°		NA	
Reported condom use at last higher risk sex (15-24 years)% - female**	1999	17	DHS**
Reported condom use at last higher risk sex (15-24 years)% - male**	1999	32	DHS**

## 3. Situation analysis

### Epidemic level and trend and gender data

The first cases of HIV/AIDS in Guinea were reported in 1986. Today Guinea faces a generalized epidemic, with an estimated 170 000 adults and children living with HIV/AIDS at the end of 2004. The 2005 Health and Demographic Survey reveals a prevalence rate among the age group 15-49 years of 1.5% nationally: 1.0% in rural areas and 2.4% in urban areas. Women are more infected than men, with respective rates of 1.9% and 1.1%. One per cent of females 15-19 years old are living with HIV/AIDS versus 0.5% of males in the same age group. According to a national sero-behavioural survey conducted in 2001 including women attending antenatal care clinics in all regions, the median HIV prevalence among pregnant women attending antenatal care clinics was 2.8%, a sharp increase from 1.5% in 1995. Further, the HIV prevalence among pregnant women was slightly higher in urban areas (median prevalence of 3.2%) than in rural areas (median prevalence of 2.6%). The HIV prevalence among people 15-24 years old was estimated to be 2.7%, with no significant difference between men and women. Overall, AIDS cases comprise 52% men, 45% women and 3% children. About 9000 adults and children died from AIDS during 2003. The spread of the HIV/AIDS epidemic in Guinea is attributed to several factors such as its proximity to high-prevalence countries, a large refugee population from neighbouring countries, many internally displaced people and general subregional instability. The presence of polygamy, the low status of women and low rates of condom use have also contributed to spreading the epidemic.

### Major vulnerable and affected groups

The primary mode of transmission is heterosexual. The most severely affected groups include sex workers, truck drivers, armed forces personnel, mining workers and people with tuberculosis. According to the 2001 national seroprevalence survey, HIV prevalence rates were 42% among sex workers, 7% among military personnel, 7% among truck drivers and 5% among miners.

### Policy on HIV testing and treatment

The Politique Nationale de Lutte contre le VIH/SIDA (National AIDS Control Policy) signed into law in 1998 outlines the institutional framework of the national response. It outlines the government's policy of free, anonymous and voluntary counselling and testing for HIV/AIDS and commitment to scaling up access to voluntary counselling and testing services. It also indicates the government's commitment to expanding access to treatment for opportunistic infections and to mobilizing funds to provide access to antiretroviral therapy. A national strategic framework to scale up access to antiretroviral therapy was developed in 2001, and the operational plan for extending services to people living with HIV/AIDS for 2005-2007 was finalized in 2005. National guidelines on treatment and monitoring procedures for antiretroviral therapy are being updated in line with international standards.

### Antiretroviral therapy: first-line drug regimen, cost per person per year

All first-line drugs are on the national list of medicines. In 2004, the cost of first-line drug regimens was as follows: zidovudine + lamivudine + nevirapine (US\$ 780 per year); zidovudine + lamivudine + efavirenz (US\$ 1400 per year); stavudine + lamivudine + nevirapine (US\$ 780 per year); and stavudine + lamivudine + efavirenz (US\$ 1200 per year). First-line drugs are now available at considerably lower prices: about US\$ 80-120 per person per year.

#### Assessment of overall health sector response and capacity

The Ministry of Health has shown a sustained commitment to fighting HIV/AIDS since the initial cases were detected in the mid-1980s. Between 1986 and 2000, three successive national HIV/AIDS plans were developed and implemented. The National AIDS Control Policy was adopted in 1998, outlining the institutional framework of the national response. In 2002, Guinea developed its National Strategic Framework for a Multisectoral Response to HIV/AIDS for 2002-2007 with the objective of intensifying the national response to the epidemic, including preventing mother-to-child transmission, promoting condom use, ensuring blood safety, conducting epidemiological surveillance, expanding voluntary counselling and testing and providing care and treatment, including antiretroviral therapy. It also outlines targeted interventions for vulnerable population groups, including young people, women, refugees, sex workers, mining workers and personnel of the armed forces. A National AIDS Committee was created under the leadership of the Prime Minister in 2002 to coordinate the multisectoral response. A National Programme for the Care, Support and Prevention of Sexually Transmitted Infections and HIV/AIDS was also established within the Ministry of Health in 2003 to coordinate the implementation of the national response in the health sector, including preventing and controlling HIV/AIDS and sexually transmitted infections, providing care and treatment for people living with HIV/AIDS and conducting epidemiological surveillance and research. The national operational plan to scale up antiretroviral therapy for people with HIV/AIDS was developed in 2005 with support from WHO. Guidelines for Integrated Management of Adult and Adolescent Illness (IMAI) are being adapted to the national context with support from WHO, and various categories of health professionals are being trained to support the scaling up of HIV/AIDS care and treatment services, including laboratory technicians, counsellors and epidemiologists. A monitoring and evaluation plan has been developed. These centres are integrated into health facilities. Other strengths of the national response include decentralized implementation and the involvement of various multisectoral partners.

#### Critical issues and major challenges

Despite the high level of political commitment and efforts made in recent years, the national response to the epidemic remains in its early stages and has been weakened by inadequate resources. The capacity of the health sector needs to be strengthened to meet the growing domestic need for HIV prevention, care and treatment services, especially at the decentralized level. Access to HIV testing and post-testing services (psychosocial support and HIV-related care and treatment, including antiretroviral therapy) is limited. Services for preventing mother-to-child transmission are also limited. The cost of antiretroviral drugs is high, and the Pharmacie Centrale de Guinée has difficulty in supporting the direct and indirect costs of antiretroviral therapy and in supplying the necessary medicines. Systems for forecasting demand and managing procurement logistics need to be strengthened. Other critical limitations include: inadequate human, material and financial resources; poor collaboration among implementing agencies; and an inadequate implementation of surveillance and monitoring and evaluation systems.

### 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- The government is providing support to scale up HIV/AIDS prevention, treatment and care services in Guinea, including support for building human resource capacity in the public sector.
- Guinea submitted a successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria in Round 2 for US\$ 9.6 million. The proposal focuses on filling gaps in the implementation of the national strategic framework by expanding and strengthening the blood safety programme, the treatment of sexually transmitted infections and HIV/AIDS, the prevention of mother-to-child transmission and local prevention programmes. As of November 2005, US\$ 3.5 million had been disbursed for implementation of activities.
- The World Bank Multi-Country HIV/AIDS Program for Africa provides a loan of US\$ 23 million for HIV/AIDS interventions in Guinea.
- Additional support is available from bilateral and multilateral agencies, including the German Gesellschaft für Technische Zusammenarbeit (GTZ), the United States Agency for International Development, the Canadian International Development Agency, UNICEF, the African Development Bank, the French Cooperation and PRISM (Pour Renforcer les Interventions en Santé reproductive et MST/SIDA), a collaborative project between Management Sciences for Health and the United States Agency for International Development.

### 5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated Guinea's total treatment need to be 16 000 people, and the WHO "3 by 5" treatment target was calculated at 8000 people by the end of 2005 (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that Guinea's total treatment need had risen to 23 000 people.
- Antiretroviral therapy has been available in Guinea since 2002 when the government launched the Guinean Initiative for Access to Antiretroviral Therapy. In August 2004, an estimated 652 people were receiving antiretroviral therapy, mostly at their own expense and at high cost. In January 2005, an estimated 900 people were receiving antiretroviral therapy. In September 2005, 1696 people were receiving antiretroviral therapy. By December 2005, about 2008 people were receiving treatment.
- As of March 2005, antiretroviral therapy was being provided in four treatment sites - the University Hospital of Donka, a regional hospital in Mamou, a site operated by Médecins Sans Frontières Belgium and a site operated by Organisation Catholique Pour la Promotion Humaine. By September 2005, eight sites were providing treatment.
- The government has declared a national target of providing treatment to 31 745 people after three years of the implementation of the national operational plan for scaling up access to antiretroviral therapy.
- The Global Fund Round 2 proposal targets 4358 people receiving treatment by 2007.
- Coverage of voluntary counselling and testing services is gradually increasing, from 4 sites at the end of 2004 to 14 sites in September 2005, covering 12 of 38 districts.
- Services for preventing mother-to-child transmission are also gradually increasing, covering 8 of 38 districts as of September 2005.

### 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

The Ministry of Health provides leadership in planning and coordinating HIV/AIDS activities in the health sector through the National Programme for the Care, Support and Prevention of Sexually Transmitted Infections and HIV/AIDS and the National AIDS Committee. The National AIDS Committee also plays a leading role in developing policy, fundraising, managing finances and evaluating the multisectoral programme. Partners supporting these activities include WHO, the World Bank, the United States Agency for International Development, the French Cooperation, UNICEF and the United Nations Theme Group on HIV/AIDS in Guinea. The United Nations Theme Group on HIV/AIDS in Guinea has been instrumental in strengthening coordination between partners and their overall commitment to scaling up antiretroviral therapy.

#### Service delivery

The National Programme for the Care, Support and Prevention of Sexually Transmitted Infections and HIV/AIDS within the Ministry of Health currently manages all clinical elements of the government's response to the epidemic, including testing, counselling, laboratories, capacity-building, developing guidelines and providing support for people living with HIV/AIDS. WHO provides normative guidance for HIV prevention, care and treatment. UNICEF and WHO provide support to the Pharmacie Centrale de Guinée in drug procurement and supply chain management activities. WHO, UNICEF, the United States Agency for International Development, the World Bank, the German Gesellschaft für Technische Zusammenarbeit (GTZ) and UNFPA support activities to build capacity, promote training and accelerate prevention, including preventing mother-to-child transmission. The United States Agency for International Development also supports Guinea through a comprehensive programme in family planning, maternal and child health and sexually transmitted infections. The French Cooperation provides support for voluntary counselling and testing. The European Union provides support for blood safety. The Office of the United Nations High Commissioner for Refugees provides support to displaced populations. UNFPA provides support for prevention programmes targeted at young people and for condoms. The German Development Bank and the United States Agency for International Development provide support for social marketing of condoms. Guinea also benefits from a grant from the African Development Bank for a multi-country HIV/AIDS prevention, treatment and care programme called the Mano River Programme.

#### Community mobilization

Many national and international nongovernmental organizations are engaged in providing services for HIV/AIDS prevention, treatment and care. The National Programme for the Care, Support and Prevention of Sexually Transmitted Infections and HIV/AIDS provides leadership in all elements of community mobilization. The Ministry of Communication plays an active role in communication and sensitization related to behaviour change, supported by UNICEF and the United States Agency for International Development. UNESCO provides support for HIV education programmes in schools. Several nongovernmental organizations and associations of people living with HIV/AIDS, including ROSIGUI (Réseau National des Organisations Non Gouvernementales de Lutte contre le SIDA en Guinée), Family Health International, Helen Keller International, Africare, Population Services International, the Red Cross and Médecins Sans Frontières, are actively involved in community mobilization activities as well as the German Development Bank.

#### Strategic information

The Ministry of Health, through the National Programme for the Care, Support and Prevention of Sexually Transmitted Infections and HIV/AIDS, coordinates and manages activities related to monitoring and evaluation, antiretroviral drug resistance, systems for tracking the people receiving antiretroviral therapy, operational research and information management. The National AIDS Control Committee is mandated to coordinate multisectoral activities, including country-level monitoring and evaluation systems. It is also responsible for operational research. The Ministry of Planning supervises national surveys, such as the national health demographic surveys. WHO is working to strengthen programme monitoring as well as other information management activities. The United States Agency for International Development and UNICEF are supporting operational research activities in collaboration with the University of Conakry.

### 7. Staffing input for scaling up HIV treatment and prevention

#### WHO's response so far

- Conducting a scoping mission to assess the situation of antiretroviral therapy in Guinea and to identify opportunities and challenges for scaling up antiretroviral therapy and areas for WHO support
- Assisting the government in developing key normative documents, including treatment regimens and guidelines
- Supporting the development of the national operational plan for scaling up antiretroviral therapy
- Providing support for building laboratory capacity
- Providing support for training health workers within the framework of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy, including training of trainers
- Providing support for developing a plan for implementing the Global Fund Round 2 proposal and a plan for providing WHO technical assistance
- Providing support for the development of standardized data collection documents
- Establishing an HIV/AIDS country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Providing support for updating the national guidelines on antiretroviral therapy
- Providing continued support for training health workers and for speeding up decentralization of the treatment programme
- Providing support for assessing antiretroviral therapy needs and establishing new treatment sites
- Providing support for developing strategies and guidelines for preventing mother-to-child transmission
- Providing support for negotiating lower prices for antiretroviral drugs and advocacy for increased access to antiretroviral drugs
- Assisting in establishing systems for programme management and monitoring and evaluation
- Providing support for strengthening the national capacity to absorb the resources provided by the Global Fund and the World Bank Multi-Country HIV/AIDS Program for Africa
- Providing support for increasing the capacity of the National Programme for the Care, Support and Prevention of Sexually Transmitted Infections and HIV/AIDS to coordinate HIV/AIDS activities within the Ministry of Health and among partners
- Providing support for the development of joint activities of the tuberculosis and HIV/AIDS programme

Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include one international HIV/AIDS Country Officer and a National Programme Officer to support scaling up antiretroviral therapy.