# Guyana

# Country Operational Plan

# FY 2014

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

# Operating Unit Overview

## OU Executive Summary

COUNTRY CONTEXT

EPIDEMIOLOGY

The number of HIV and AIDS cases reported annually in Guyana has increased each year since the first reported case in 1987. Despite significant advances in HIV care and treatment, HIV/AIDS remains a significant cause of morbidity and mortality, making it a priority for intervention. The Government of Guyana (GoG) and the interagency team of PEPFAR Guyana will work to this end in FY14/15.

In 2012, Guyana had an estimated adult HIV prevalence of 1.3%, with an estimated 7,200 persons living with HIV/AIDS (PLWHA) (UNAIDS 2013). Blood donors that year had a prevalence of 0.3%, down from 0.5% in 2008. The male to female ratio for newly reported cases was 0.93, reflecting an increase in the number of women diagnosed that year. Geographically, the majority of cases can be found along the populous coastal areas of the country including the capital city of Georgetown. A smaller number of cases can be found in the densely forested interior of the country, which has limited public health services and poor accessibility.

Though categorized as generalized, Guyana's epidemic increasingly displays features of a concentrated epidemic. Routine antenatal program data suggest the general population prevalence may be below the 1% threshold for a generalized epidemic, however several key and priority populations experience significantly higher prevalence – greater than 5% -- than their mainstream peers. The 2005 and 2009 Biological and Behavioral Surveillance Studies (BBSS) revealed HIV prevalence among men who have sex with men (MSM) of 21.2% and 19.4% respectively. Female commercial sex workers (CSW) demonstrated similarly high HIV rates at 26.6 and 16.6% in the respective surveys. TB patients represent an increasingly high-risk group, with an HIV prevalence of 29% at the end of 2012. Other priority populations such as miners and loggers have elevated HIV prevalence (est. 4% among male miners), but there is a paucity of data for other groups of growing concern (transgendered individuals, in- and out-of-school youth, migrant laborers).

Great strides have been made in responding to the HIV epidemic, resulting in improved access to and uptake of HIV services. The number of service delivery sites has increased significantly. In 2002 there were only 11 PMTCT sites, with this number growing to 183 sites by the end of 2012, resulting in an over 90% HIV testing rate among pregnant mothers and a greater than 50% reduction in the number of

HIV-infected neonates (11 in 2010, 5 in 2012). Access and uptake of treatment services also increased, with 3,717 of the 4,630 registered patients receiving ARVs at the end of 2012. The 12-month survival in 2012 was 81.5%, an increase from the last cohort. The effect is widespread with the estimated number of new infections below 500 per annum. HIV mortality rates continue to decline, with the estimated percentage of AIDS-attributable deaths declining from 9.5% in 2002 to 4.2% in 2009.

While there have been significant achievements in both controlling and monitoring the HIV epidemic, major challenges persist. HIV/AIDS continues to remain the leading cause of death among 24-44 year olds as of 2009, ongoing transmission dynamics remain poorly defined particularly among key populations (KPs), and stigma and discrimination continues to be active barriers in improving the uptake of services among KPs. The surveillance system also does not yet facilitate KPs size estimates nor does it capture critical information on linkage to care and treatment. Other challenges includes high attrition rate of health workers; inadequacy of the data collection systems; limited access to services in remote areas; inadequate infection control in the health sector; and continuing integration of HIV services into the health care system.

STATUS OF THE NATIONAL RESPONSE

The National AIDS Program Secretariat (NAPS) is responsible for managing and coordinating the Guyana HIV/AIDS response and has made significant achievements in the areas of HIV prevention, care and treatment together with its partners and stakeholders.

HIV/AIDS programming was intensified with scaled-up prevention activities to include improved access to voluntary counseling and testing (VCT) and PMTCT services countrywide. Prevention services were also expanded to include comprehensive STI services and information, education and communication on stigma and discrimination, and a special focus on reaching and addressing the needs of KPs. The national care and treatment program was also expanded, with 19 treatment sites supporting increased enrollment in care and improved survival. The GoG initiated the advancement of strategic information (SI) by making significant investments in developing and improving its HIV surveillance system along with routine program monitoring and research.

In 2012, the NAPS coordinated with partners and stakeholders in the development of the National Strategic Plan 2013-2020, HIVision2020. The plan was developed through extensive consultations with key stakeholders from government and non-government sectors and agencies, civil society organizations, the private sector, the faith community, PLHIV, and members of KPs. This document also reflects a comprehensive synthesis of regional priorities outlined in the Caribbean Regional Strategic Framework and the Millennium Development Goals and complements other national strategies and policies.

HIVision2020 identifies five priority areas for the HIV/AIDS response in Guyana in the coming years: Coordination; Prevention; Care, Treatment and Support; Integration of HIV Services; and SI. HIVision2020 will be guided by several key principles including a rights-based approach to the response, equity in services with consideration for the local and cultural contexts, and a response that is strategic and based on evidence.

Many partners and stakeholders support the national response including the UN agencies, PEPFAR, PAHO/WHO, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund)). The involvement of other Government Ministries and Agencies as well as that of the private sector and the NGO community has also been critical in advancing the HIV response.

The national HIV response still remains heavily dependent on both financial and technical support from its donors and partners. The USG through PEPFAR and the GF represents the single largest source of support, accounting for greater than 90% of the total investment in HIV/AIDS. This poses a major threat to the long-term sustainability of the response.

HOW DOES USG FIT INTO THE NATIONAL RESPONSE

PEPFAR has traditionally contributed to the areas of HIV prevention, care, treatment and health systems strengthening including support for service delivery costs such as purchasing HIV drugs and commodities, critical Human Resources for Health (HRH) salaries, infrastructure development, and program scale-up for both prevention and treatment. With PEPFAR's overall shift from emergency response to sustainable HIV/AIDS programming, the PEPFAR interagency team in Guyana continues to transition its focus from direct service delivery to technical assistance and collaborative support.

PEPFAR Guyana has contributed to improving the HIV case surveillance system and implementation of critical special studies. These activities yielded data that shaped the development of HIV prevention and treatment programs and fueled the routine collection and dissemination of essential data. As the GoG assumes responsibility for the response, PEPFAR Guyana remains committed to ensuring that it is is evidence-based, and that robust, high quality SI is accessible from a variety of sources.

PEPFAR Guyana has played a significant role in advancing HIV/AIDS programming for marginalized KPs. Improving access and uptake of services among KPs through community-based organizations is significantly funded through PEPFAR. As GoG grapples with absorbing funding for its own components of the HIV response, PEPFAR will continue to support programming for key and priority populations at risk. PEPFAR Guyana will simultaneously build capacity for KPs service delivery, promoting targeted, evidence-based interventions for these populations. This will include service provision in strategically

positioned areas where KPs are concentrated. The PEFAR team will also jointly sponsor multidisciplinary service delivery trainings to improve engagement of KPs across the HIV continuum of care. Targeting capacity building to service providers is a critical component of the national campaign to reduce stigma and discrimination that disenfranchises those with greatest risk and need.

PEPFAR Guyana will also play an essential role in improving and maintaining the quality of HIV/AIDS services in the face of transition. The USG team will support quality programming through collaboration with the Ministry of Health (MoH) for routine quality assurance and improvement activities. The team will also liaise the GoG with regional agencies to sustain ongoing support as donor funding and technical assistance declines over time.

OTHER CONTEXTUAL FACTORS

HIV/AIDS services in Guyana are not geographically equitable. Based on the concentration of reported cases, improved access to HIV prevention and treatment service along the coastal regions has been a mainstay of the current response. Unlike the coastal region, the hinterland regions are largely served by mobile HIV/AIDS services whose contact is periodic and intermittent. Efforts are ongoing to ensure increased fixed HIV/AIDS sites in the Hinterlands, with routine access. These regions are not only vulnerable because of their limited physical accessibility and sparse fixed health service sites, but also due to the extensive expansion of mining and logging activities with the concomitant increases in the number of migrant workers and CSW.

Stigma and discrimination also continue to be major barriers for accessing HIV services -- particularly among KPs. Similar to other Anglophone Caribbean nations, same sex behaviors are criminalized [*REDACTED]*. This perpetuates harmful attitudes around service provision for MSM.

Poverty continues to be an underlining and crosscutting barrier for improved health outcomes. The 2006 Household Income and Expenditure Survey (HIES) measured moderate poverty at 36.1% of the population while 18.6% of the population continued to live in extreme poverty in Guyana. Such high levels of poverty present major challenges for the response and are major barriers for improving the uptake of services especially among vulnerable populations.

PEPFAR FOCUS IN 2014

Guyana has received PEPFAR support for direct service delivery with significant accomplishments despite persistent challenges over the past 10 years. The PEPFAR team seeks to help Guyana sustain these gains during this transition to increased country ownership. PEPFAR Guyana will continue to focus

its effort in FY14 and beyond on the responsible transition of direct service delivery support to the GoG and capacity building in areas where a complete transition is not yet possible.

The MoH and its stakeholders must embody essential core elements to mount a robust response to the HIV/AIDS epidemic. The MoH must be vigilant in maintaining quality HIV care for PLWHA, increasing access to services for KPs at greatest risk of sustaining ongoing transmission, and building the infrastructure to support key programs of the response. This response must be dynamic, meeting the needs of the epidemic as it changes and continues to unfold.

Consequently, PEPFAR Guyana along with the MoH identified four key inputs for successful transition of programs; i) Reliable SI to monitor and inform the response, ii) High-quality programing and service delivery to maintain the gains made in care and treatment including universal access, iii) Key population-friendly services to engage groups that are at greatest risk for ongoing transmission, and iv) Technical expertise and support from within the region to improve sustainability and capacity for the response.

PEPFAR Guyana will address these needs in collaboration with the MoH through the following strategic objectives in FY14/15:

1. Improving the quality and volume of SI, with increased focus on KPs
2. Sustain the availability and accessibility of prophylactics and antiretroviral therapy for treatment
3. Design and pilot quality implementation and assurance initiatives (QI/QA) in line with the PEPFAR quality strategy (both clinical service delivery and laboratory infrastructure and support)
4. Evaluate existing service delivery to identify barriers to effective linkage and retention in the clinical care cascade using the PEPFAR linkage and retention strategy
5. Continuing building capacity through a regional support infrastructure.

The PEPFAR Interagency team will use FY14 as an assessment year, providing an opportunity to take stock of already transitioned components of the response and address anticipated challenges of transitioning the remaining program elements. This assessment will allow us to build capacity in the remaining program areas and ensure a smooth handover to the GoG in the next two years and beyond.

PEPFAR will continue to support and strengthen the national health supply chain system through the Supply Chain Management System (SCMS) project in line with the supply chain transition plan developed jointly with the GOG. In accordance with the supply chain transition plan, by the end of the current USAID - SCMS contract in September 2015, the GoG will assume a full leadership of supply chain management in the country. PEPFAR will continue to support the MOH Materials Management Unit

(MMU) to strengthen in-house supply chain management capacity and systems, with the goal of improving the management, planning, procurement and distribution of all pharmaceuticals in Guyana. In FY14, PEPFAR Guyana will strive to promote accurate data collection and dissemination for use in forecasting and supply planning and will continue to provide warehousing and logistics services for HIV/AIDS commodities. PEPFAR also plans to use the Quantification Technical Assistance Group and revive the National Procurement Oversight Committee to facilitate the transition of quantification activities to the MoH so they can undertake program level and national level quantification activities for all ARVs, HIV-related commodities, TB, Malaria and all essential drugs and supplies. USG will also support the MoH in its efforts to transition its public sector supply chain from the current MMU-managed system to one that leverages outsourced service providers in the delivery of supply chain services and the establishment of a Logistics Management Unit within the MoH. This unit will act as the MoH's monitor and manager of supply chain logistics, overseeing contracts and performance indicators.

PEPFAR Guyana will support the MoH in FY14/15 by re-defining the public health evaluation and research agenda to better gather the requisite SI. This support will aid in sustaining high-quality prevention and care & treatment programming for the general population, with improved availability of and access to parallel programming for KPs and other vulnerable groups. Additionally, routine ongoing SI from these groups will be necessary to monitor progress and adjust the response as needed. Key activities will include data gathering exercises to improve supply chain management information, development of a clinical cascade for Guyana, and special studies among KPs and other vulnerable groups (transgenders, TB/HIV co-infected and loggers).

To sustain the gains made in the general population, ongoing clinical program monitoring and quality improvement will be critical, especially as the GoG absorbs such programming. In FY14, PEPFAR Guyana will support the MoH in completing the design of a comprehensive QI/QA initiative that includes supportive supervision at the site, regional and national levels. The program will be piloted and evaluated after 12-months to assess the impact on quality of care. This initiative will be phased in at additional sites countrywide, helping to institutionalize quality of care across the national program.

PEPFAR Guyana's FY14/15 efforts will provide the requisite foundation for completing the transition process it embarked on in FY12. This pivotal effort will increase the success of the transition and provide the necessary framework for the USG's involvement in the ongoing response.

PROGRESS AND FUTURE

PEPFAR Guyana's primary focus is the responsible, successful transition of HIV/AIDS programming to the GoG and its implementing partners. To that end, the team has already made substantial strides.

USAID/Guyana already transferred several activities including the Initiatives Safe Injection Project, the cervical cancer project, PMTCT components of Guyana HIV/AIDS Reduction and Prevention II, the UNICEF OVC 5 Program, and the Guyana Business Coalition activity, accounting for approximately $2 million annually. CDC has successfully transitioned funding for facility-based prevention, care and treatment from two US International NGOs (FXB and AIDSRelief) to the MoH and a newly established faith-based local NGO, Positively United to Support Humanity (PUSH). In FY13, CDC transitioned a Masters of Public Health program from an internationally-based institution (Vanderbilt University) to the University of Guyana (UoG), a critical program for meeting the country's public health human resource needs. DOD's prevention portfolio has shifted to providing technical assistance focused on institutional and personnel capacity development rather than direct program implementation. Peace Corps adopted a more targeted approach for its PEPFAR funded interventions through the strategic placement of Response Volunteers at NGOs and health care facilities, in-service trainings for Volunteers and counterparts, and VAST grants which enhance both response and two-year volunteer HIV-related interventions with host country agencies.

The trajectory for FY15 and beyond will include continued progress in transitioning key support to the government, in line with a revised USG PEPFAR Transition Plan and the Guyana HIVision 2020. There will also be increased focus on providing rigorous technical support in areas where the capacity for transition remains limited. Planning and preparing for transition is a delicate process and those affected require regular and consistent communication and reassurances during this process. The PEPFAR interagency team will continue work to meet these needs and maintain healthy relationships with our implementing partners through the end of the transition process. We will also work to address the challenges of transition not limited to five-year forecasting and budgeting in a resource-limited environment, as well as coordinating reductions in resources across multiple funding streams and donor agencies.

The PEPFAR team will continue to solicit opportunities for technical assistance in critical transition areas and will seek opportunities for information exchange on best practices for financial transition from similar settings. Monitoring and evaluation of programs are critical to ensure already transitioned areas continue to achieve desired results. In FY15 and beyond, the interagency team will support efforts to strengthen the monitoring structure, allowing GoG to manage and adjust the response accordingly.

Coordination with GF to ensure more effective use of USG resources and prevention of funding duplication is a major priority during the transition process. Steps to achieve this, including donor coordination meetings, are taking place with more frequency and will continue throughout the transition period.

The PEPFAR Interagency team will also collaborate more closely internally to ensure activities within the continuum of the response are cost effective. An example of this includes proposed joint trainings in KPs clinical service delivery, supported by CDC and USAID through multi-disciplinary members of the care and treatment teams. This approach will also support increased pooling of resources as funding levels decrease alongside the transition, maximizing the use of remaining PEPFAR dollars.

The PEPFAR team recognizes the unique challenges of the Guyana context and the planning process requires adequate investment and host country capacity in order to achieve the intended goals. Our planned COP 14 activities demonstrates our commitment to partnership with the GoG to responsibly transition PEPFAR-supported activities into a sustainable, country-led program.

PROGRAM OVERVIEW

TREATMENT

Adult treatment in Guyana is considered universal with an estimated 78% coverage and tipping point ratio of 0.9 in 2012 (UNAIDS). The goal for the next 2 years is to increase coverage to 90% and maintain a tipping point estimate of less than 1. This increased coverage is already underway due to several key actions including implementation of Option B+ for pregnant women, decentralization of treatment services with expansion to remote regions, and expanded ART coverage due to new national treatment guidelines. There has been a steady increase annually in the number of patients added to the treatment program and this trend is expected to continue over the next two years.

The current strategy to support treatment scale-up is two-pronged. First, Guyana will need to build and maintain an ample supply of recommended first line ART to support the needs of a growing treatment population. PEPFAR will support this stockpiling by purchasing second line therapy for adults who experience treatment failure. Secondly, Guyana will need to deliver high quality treatment services to persons in need. To do this in the face of transition, GoG will need to implement continuous QI/QA activities including adequate linkage to and retention in treatment services. PEPFAR will support a variety of activities to address these and other lingering challenges.

Using the PEPFAR quality and linkage and retention strategies, USG agencies will embark on several key activities in FY14/15. USG, in collaboration with the NAPS, will develop and pilot a comprehensive quality assessment tool, utilizing HealthQual efforts, clinical inspections, and current site monitoring programs. Additionally, CDC and USAID will collaborate to strengthen partnerships between NGOs and clinical care providers. CDC and USAID will offer joint multi-disciplinary trainings to address gaps in linkage to and retention in care for PLWHA in Guyana as well as specialized trainings around quality care delivery to

KPs.

In FY14, USG PEPFAR will support the MoH in improving its data collection system for KPs to more adequately address their needs. This includes information on treatment initiation and adherence as well as access to and uptake of HIV treatment services. A parallel provider-based assessment of service delivery for these groups should highlight institutional and operational challenges that curtail optimal treatment outcomes. The data will inform customized interventions and improve MoH/NAPS' ability to provide comprehensive treatment programming for these disadvantaged groups.

Currently, USG PEPFAR provides both direct support and technical assistance to the Guyana treatment program, which includes infants and children. CDC directly supports three treatment centers that collectively service 85% of all HIV-infected persons (including children) on ART in Guyana and USAID provides supply chain management support, which will procure all pediatric drugs in FY14.
In FY14/15, PEPFAR Guyana will support expansion of pediatric and adolescent HIV treatment using an evidence-based approach to re-programming. This will be achieved through continued case tracking of infants and young children in care and improved linkage to care and support services aimed at improving patient retention. PEPFAR support will support the MoH in closer monitoring of pediatric and adolescent clinical outcomes and survival assessment, using the site-level patient monitoring system (PMS).

PEPFAR Guyana will continue support to the MoH in maintaining access to quality pediatric treatment for those in need through the country. The NAPS reports ART coverage of 83% for the 242 HIV-positive children (<15 years) enrolled in care and treatment. The pediatric treatment targets for FY14 are to add 63 additional children to treatment and increase pediatric treatment coverage to 87%.

The remaining key treatment activity for FY14/15 is continued support for decentralization and integration of HIV treatment into other systems of care. If successful, the final product will be uniform training for physicians and MEDEX staff who work in the Health Care system across all regions. This will assure countrywide coverage of treatment services. In FY14/15, PEPFAR Guyana will intensify technical assistance for integrating HIV care into the general primary care system (e.g. MCH, Chronic Disease Clinics, Internal Medicine). This will promote reductions in stigma and discrimination associated with HIV treatment sites, thus improving patient linkage and retention in treatment programs.

CARE AND SUPPORT

Guyana's care and support portfolio's primary objective is to optimize the continuum of care for PLWHA. This is particularly important to support the scale up of the national HIV treatment program and ensure retention in care and treatment from diagnosis through long-term ART administration. PEPFAR Guyana

will bridge key gaps in direct service delivery and provide capacity building for local NGOs and treatment site clinicians to prevent disruptions in patient care. While continuing to transition aspects of the care and treatment portfolio to the MoH/NAPS, partnerships with community based organizations and clinical health care providers will be designed to improve HIV-related patient outcomes. This will be done through effective coordination and linkage to comprehensive facility-based clinical and other supportive services.

Care and support partnerships will target specific populations including OVC, pediatrics, and KPs, prioritizing care components through partnerships with 7 community- based NGOs covering 8 regions. KPs targeted include CSW and MSM, as well as outreach services to partners of KPs. PEPFAR will also support critical areas in which the NAPS/MoH has requested assistance. We will specifically focus on the continuum of care, to ensure that patients ably navigate through the health care system, and are appropriately linked to critical interventions, including treatment, in a timely manner. Strategies will also pay particular attention to improving linkage and retention in care and treatment, increased stakeholder collaboration with clinical health professionals, and supportive staff based at treatment sites. CDC will collaborate with USAID to facilitate joint trainings to NGOs and clinical service providers to this end.

Supportive care services for MSM and CSW will largely be implemented at identified hot-spot locations. The capacity for clinical service delivery in these settings will be explored in an effort to link care and support initiatives more closely with treatment programming. In FY14, services will include specific support for activities focused on preventing new infections (PHDP), achieving early diagnosis, rapidly enrolling clients into treatment within an efficient chronic care delivery system, and improving patient adherence support and defaulter tracing through community outreach teams. Clinical supportive staff at treatment sites will be tasked to increasingly rely on the NGO community-based structure for outreach through ongoing training and strengthen memorandums of understanding. These community-based programs will remain linked to PEPFAR-supported clinical facilities to provide supportive supervision of the services provided by the NGOs. Further support will focus on addressing the needs of vulnerable adults and children through:

- psychological and spiritual support (group and individual) and appropriate referrals
- educational/vocational training support for OVC
- economic opportunity/strengthening support

Improved coordination among line Ministries of education, health, and social development departments is needed to more effectively implement community based programs. USAID Guyana will provide technical assistance to the MoH to address structural barriers, including advocating for the review of appropriate laws, regulations and policies that foster effective HIV prevention and care efforts for KPs. A strategic framework for strengthening the quality of community based HIV care will be developed and will include a robust implementation, monitoring, and evaluation plan of the integrated HIV and AIDS strategy at the

local level.

PREVENTION

Due to the increasingly concentrated nature of Guyana's HIV epidemic, appropriate prevention strategy requires targeted interventions to reduce HIV incidence and ongoing transmission in KPs. There is a concomitant need to reduce stigma and discrimination that facilitates transmission from these groups to the general population and further sustains the epidemic. PEPFAR Guyana will re-direct its prevention portfolio to key and other priority populations in FY14/15 in alignment with the current state of the epidemic.

Current knowledge on KPs in Guyana is limited to selective prevalence estimates among MSM and CSW as previously described (2009 prevalence 19.4% in MSM and 16.6% in CSW). What remains unknown is the size of these populations and details around HIV transmission dynamics. Another priority population in Guyana is miners, who are highly transient and had a 4% HIV prevalence when surveyed in 2003. Even less data are available on loggers, but anecdotal data suggest they demonstrate a similar risk profile to miners.

Pregnant women remain a priority population in Guyana. Out of all identified HIV-positive pregnant women in 2012, 75% percent of ART initiates enrolled in Option B+, committing to lifelong ART. Despite these achievements, the mother to child transmission rate was 3.2% in 2012 and the current system of service delivery is fragmented.

Another priority population is TB patients. Despite declines in TB/HIV co-infection from 2009 to 2011, an increase in 2012 revealed almost a third of TB patients were co-infected with HIV (29%). Anecdotal evidence suggests this group has poor ART uptake and survival compared to their HIV-positive, TB negative counterparts. Infection control practices remain the best defense against TB/HIV co-infection and a comprehensive prevention strategy includes infection control and routine cross-screening for all TB and HIV patients.

At the end of 2013, the major sources of funding for HIV prevention were the Global Fund and PEPFAR, which collectively account for 90% of the total investment. With Guyana's annual HIV budget projected to decrease over the next five years, the GoG contribution is expected to increase from US$ 2.3 M in 2010 to US$ 3.7 M in 2015.

Averting new HIV infections across all groups is the goal of the National Response, outlined in HIVision 2020. PEPFAR prevention strategies align with Guyana's national priorities and strive to ensure that USG

contributions to the national HIV response reflect the needs of the host country during the transition to the GoG.

Policy issues such as stigma and discrimination and unsupportive legislation for KPs continue to be Guyana's major challenge. The USG will continue education activities with health care providers and auxiliary staff to combat stigma and discrimination, particularly towards KPs. In addition, PEPFAR Guyana will work with the MoH to advocate for revision of legislation to address access to services among KPs.

In FY14/15, PEPFAR prevention strategy will focus on evidence-based, combination prevention activities. PEPFAR will support prevention programming to reduce new infections, providing long term impact through dollars saved on the cost of care and management of PLWHA. Key activities will include i) targeted surveillance and SI gathering for key and priority populations, ii) expanding KPs-based programming to interrupt ongoing transmission and reduce HIV incidence over time, iii) increasing access to HTC and/or PITC where necessary, and iv) developing implementation plans for integrating HIV testing and care services into other systems of care (e.g. TB, MCH, STI and genito-urinary services for men).

With a reduction in resources, it is imperative that USG dollars be strategically allocated to areas of greatest need and the potential for greatest impact. In FY14/15 the PEPFAR team will jointly analyze relevant BBSS III data collected in FY13, as well as conducting other data gathering exercises for at risk groups including loggers, transgendered individuals, and TB/HIV co-infected.

MSM and CSW peer educators within USG-supported NGOs will mobilize their peers to access C&T services. USG will also strengthen the case navigation system to ensure that persons identified as HIV positive are guided into the care and treatment program. Community organizations will provide mobile HTC services to hinterland areas where the largest mining and timber industry sites are located and will link those in need of care to the regional health care facility for follow up.

To address military populations, a variety of prevention interventions will be implemented including; HIV and STI counseling and testing; HIV prevention messaging; linkages with the public health sector for referrals of HIV positive ranks;  additional health related services such as anti-gender-based violence, psychosocial and alcohol and substance abuse counseling; and training of medical personnel and peer educators. Limited voluntary medical male circumcision will continue for some males in the GDF. SCMS in Guyana aims to transform health care delivery by ensuring that quality medicines and health care commodities reach the people living with and affected by HIV/AIDS. In FY14, SCMS will promote accurate data collection and dissemination for use in forecasting and supply planning, provide warehousing and logistics services for HIV/AIDS commodities.

To increase the capacities of NGOs, including advocacy and policy capacity, PEPFAR will implement the Local Capacity Initiative (LCI). The LCI intends to equip NGOs with the skills to engage in policy discussions and advocacy focusing on KPs. Technical assistance will also be provided to NGOs to strengthen their administrative and financial management systems, as well as program monitoring and evaluation capacities.

Recognizing the need for ongoing prevention for PLWHA, the PEPFAR team will continue to support PITC at supported clinical treatment facilities. This service will be available to partners and children of infected clients and will continue to be packaged in the integration of services across the board.

GOVERNANCE AND SYSTEMS

Transition of the PEPFAR Guyana portfolio towards a technical assistance model remains a priority for the USG team. To ensure that the transition is both responsible and realistic, the USG team engaged in a comprehensive portfolio review process to examine all aspects of currently funded programs and activities as well as their stage in transition. This review, along with the experiences of the transition process thus far, will be included in the revision of the transition plan. The PEPFAR team will continue to actively advance the transition of direct services to GoG and support systems strengthening through technical assistance to ensure that the quality of the HIV response is sustained.

PEPFAR Guyana will also continue its role in supporting donor coordination through the Health Donor Coordination Group and continue actively engaging all stakeholders; donors, civil society, faith based, PLHIV, KPs, and the private sector.

PEPFAR has made considerable investments in the development of the public health laboratory system in Guyana, supporting infrastructure development, equipment, commodities and supplies, HRH salaries and capacity building. In FY14/15 PEPFAR will continue its investment in laboratory strengthening with a focus on quality. PEPFAR will continue supporting the development of a comprehensive national quality assurance program through the Stepwise Laboratory Improvement Process towards Accreditation (SLIPTA). This will include roll out of SLIPTA, standardization of HIV rapid testing log books, and roll-out of the dried tube specimen proficiency testing to all VCT sites. PEPFAR will also provide technical assistance in the lab's expansion of HIV services to resistance testing – a currently outsourced service for person failing therapy.

The Supply Chain Management System is crucial to Guyana's HIV/AIDS response and PEPFAR will continue to support and strengthen this system via the SCMS project. PEPFAR support will gradually

reduce following the trajectory laid out in the PEPFAR/Guyana Transition plan and will shift duties and responsibilities to the GoG. USG funding of commodities such as pediatric ARVs and RTKs will be reduced, with the goal of the GoG taking lead.

The SCMS project will work to improve upon a number of components within the MoH and the NAPS to fully prepare them for the transition. As infrastructure and capacity to oversee the supply chain system within these divisions are limited, SCMS will develop a coordinating body which will work within the MoH. This new LMU will assist the MoH and NAPS in monitoring and managing supply chain logistics, contracts, and performance indicators.

In addition to forming the LMU, PEPFAR hopes to revive Guyana's National Procurement Oversight Committee. Together with the Quantifications Technical Assistance Group, they will support the MoH as they take leadership of quantification activities.

By the beginning of FY2014, the PEPFAR interagency team will have transitioned two major workforce development activities: 1) a medical residency program conducted under the University of Maryland and 2) a Master's of Public Health program implemented in collaboration with Vanderbilt University implemented to the UoG and the MoH. For the medical residency program, closeout has included completion of the first year curriculum of the existing cohort and their matriculation from the University of Guyana program. For the MPH program, the University of Vanderbilt will fully transition the MPH program to the UoG by September 30, 2014.

As PEPFAR Guyana continues in its transition to increased country ownership, there is a need for quality SI. As such, the PEPFAR team will embark on key data gathering and evaluative exercises in FY14/FY15. PEPFAR support will include:

- A third antenatal care survey, which will seek to estimate population HIV prevalence through a serosurvey of women attending antenatal clinics throughout the country. This is critical in validating the routine program results.
- A national HIV drug resistance survey and profile, aimed at assessing the burden of HIV drug resistance in Guyana.
- Various surveys and studies on KPs In FY 13 PEPFAR, together with NAPS and other partners, launched the 3rd round of the BBSS among MWM, CSW, and miners and loggers. The study included a mapping exercise of hot spots for at risk behaviors using the PLACE methodology and also aims to estimate the size of KPs. In FY14, the PEPFAR team will engage in additional data gathering exercises among other KPs in Guyana to further understand their behaviors, and access and barriers to critical health services.
- Implementation of the new PEPFAR Monitoring and Evaluation Reporting Strategy and

development and implementation of a framework to monitor the transition. The USG team will also continue to work closely with the MoH on national SI activities and strengthen the national M&E system to ensure sustainability of investments made to this area.

GHI, PROGRAM INTEGRATION, CENTRAL INITIATIVES, AND OTHER CONSIDERATIONS

The PEPFAR Guyana team remains dedicated to supporting a long-term, sustainable, country-led national response to the HIV epidemic. The USG team has not been tasked with development of a Global Health Initiative (GHI) strategy, but instead since 2012 has focused on developing a detailed five-year PEPFAR Guyana Transition Plan. While there is no GHI strategy for Guyana, the PEPFAR program incorporates GHI principles in our activities, including country ownership, sustainability through health systems strengthening and public private partnerships, leveraging other key multilateral organizations and the private sector, focusing on woman, girls and gender equality, monitoring and evaluation, and research.

The PEPFAR team will continue to actively work together with the Global Fund, UNAIDS Joint Program, PAHO, UNICEF and other multilateral partners to support the national HIV/AIDS response. To improve joint donor and development partners' collaboration, coordination and communication, the USG team re-established and regularly participates in a new health donor coordination group meeting, ongoing since October 2012. These meetings help all development partners to be informed and aware about their respective activities and plans in order to avoid duplication of efforts, strengthen collaboration, and increase coordination of available resources. This also provides a forum for donors and international organizations to discuss and agree on important HIV/AIDS policy issues arising in country and address them with the GoG in an orchestrated way. The PEPFAR team will maintain biweekly update calls and regular communication via email with a Fund Portfolio Manager from the Global Fund and will meet on a regular basis with the Geneva-based Global Fund Secretariat staff visiting the country, including Regional Manager for LAC, Program Officer, Fund Portfolio Manager, PSM Specialist, Finance Officer, and Monitoring and Evaluation Officer, during their trips to Guyana to review key program activities, performance of the Global Funds grants and coordinate key interventions.

The USG team will be engaged in the Global Fund concept note development under the New Funding model (NFM) through an active participation in Guyana Country Coordinating Mechanism (CCM) per new CCM requirements and will have a role in country dialogue with the Global Fund Secretariat in Geneva. The PEPFAR team will continue working with donors, development partners, multilateral international organizations, government counterparts, civil society organizations and other key stakeholders after country allocations under the NFM will be communicated by the GFSecretariat. Jointly with the UNAIDS Country Coordinator, the PEPFAR team will continue to work with the GoG, including the Ministry of

Finance and the MoH, on promoting the UNAIDS Investment Framework ideas and establishing a national HIV investment team.

The PEPFAR LCI project will strengthen the network of civil society organizations in Guyana for greater impact and sustainability of the national HIV/AIDS response. It will increase capacity of the NGO Coordinating Committee to more effectively advocate for critical issues, such as advocating for increased HIV/AIDS response focusing on key populations rather than general population interventions. The LCI project will also strengthen the partnership between civil society stakeholders and the GoG in order to promote an enabling environment for civil society as part of the national HIV/AIDS response.