

# AHF *in* GUYANA



## FACTS (UNAIDS/WHO, 2008)

Country Population	766,200
Persons living with HIV/AIDS	13,000 (2.5%)
Persons in need of ART	4,300
Persons receiving ART	2,000 (47%)

Project Office:  
Georgetown

According to Guyana's National HIV/AIDS Strategy 2007-2011, the epidemic is stabilizing. However, sub-populations still have higher than average prevalence rates. Most at risk populations include: youth, women of childbearing age, commercial sex workers (27% prevalence in 2004), mobile populations such as miners and loggers (3.9% in 2004), and men who have sex with men in Region 4 (21% in 2004). Also, now more women than men are recorded as HIV positive, especially in the 15-24 age group.

## BACKGROUND

Guyana is a member of the Caribbean Community (CARICOM) and is the second poorest country in the Caribbean region, behind Haiti. Life expectancy is about 62 years. The adult literacy rate is 96.5%. 85% of the population live in the coastal regions while 9% live in the rural interior regions.

A former British territory, Guyana gained independence in 1966 and

became a republic in 1970. The 10 Regional Democratic Councils (RDCs) are administratively responsible for delivery of health, education and other services to their populations.

Guyana is currently categorized as a Low Middle-Income Developing Country. Primary industries include mining, agriculture, forestry, fisheries, and manufacturing.



## AHF's GLOBAL PROGRAM SINCE 2009

AHF will begin work in Guyana in June 2009 as part of Management Sciences for Health's consortium of international partners implementing the Guyana HIV/AIDS Reduction and Prevention Project (GHARP II). In collaboration with the Ministry of Health, civil society, and for-profit sector, GHARP II is designed to strengthen HIV/AIDS health systems. Working with the National AIDS Program Secretariat (NAPS) to develop innovative models, GHARP II will increase preventive interventions, particularly for most-at-risk populations (MARPs) such as commercial sex workers (CSW) and men who have sex with men (MSM).

AHF is the main partner supporting voluntary counseling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) services and will provide short and long-term technical assistance and training to colleagues from NAPS and local NGOs. After an initial needs assessment, AHF/GHARP II will collaborate with NAPS to expand programming, increase coverage, standardize and strengthen the quality of existing VCT and PMTCT services.

## AHF MODELS OF CARE

Current Partners:

Management Sciences for Health  
Howard Delafield International

Models of Care:

Technical Assistance & Supervision  
Training

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