

GUYANA

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) office in Guyana is part of CDC's Caribbean Regional Office (CRO). The CDC Guyana program was a bilateral program until 2016, when it merged with CRO. CRO opened in 2002 in Trinidad and Tobago, relocated to Barbados in 2008, then moved to Jamaica in 2018. CDC works to support the Government of Guyana and other partners in-country to reach the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 goals. This includes accelerating HIV epidemic control through support of World Health Organization (WHO) and globally known best practices. The UNAIDS 95-95-95 targets are, by 2030: 95 percent of all people living with HIV (PLHIV) will know their HIV status; 95 percent of all people with diagnosed HIV will receive sustained antiretroviral therapy (ART); and 95 percent of all people receiving ART will have viral suppression.

CDC's main goals are to: Improve access to quality services for PLHIV; re-engage PLHIV who have experienced interruption in treatment and retain them on treatment to achieve viral suppression; enhance laboratory capacity and improve viral load testing services; and improve data access and quality, particularly for key populations (KP) to inform program decisions. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)/CDC support to Guyana will end by September 2022. Efforts to engage in sustainability planning to support HIV interventions and initiatives working towards epidemic control is ongoing. Some of the efforts in the sustainability plan aim to foster better collaboration between the Ministry of Health (MOH) and Positively United to Support Humanity (PUSH), a faith-based organization, with regards to facilitating the transitioning and access to HIV care at public health facilities in Guyana.

KEY ACTIVITIES AND ACCOMPLISHMENTS

HIV Prevention, Care and Treatment: CDC is building clinical capacity to institutionalize WHO Treat All Guidelines and support gaps in the 95-95-95 cascade.

- Increasing the number of patients who are on lifesaving HIV treatment by: Working with the MOH and PUSH to implement Treat All—the process of initiating ART on the same day as HIV diagnosis; returning PLHIV who have been interrupted in treatment back into care; finding new positives; expanding KP access and utilization of prevention and treatment services (extended and flexible clinic hours); and providing counseling in adherence to treatment.
- Improving the clinical cascade by: Implementing case finding through index testing (testing current and former partners and household members of PLHIV) and enhanced partner notification, targeted HIV screening, and self-testing at PUSH sites; expanding outreach to men; and implementing KP outreach. Engagement in high yield case finding strategies such as recency testing, a modality that utilizes rapid tests for recent HIV infection to differentiate between recent (i.e., in the last 12 months) and long-term HIV infections.
- For patients on ART: Enhancing support to improve retention in care and adherence to treatment, leading to increased viral suppression; expanding collaborations with faith-based organizations; and fast-tracking services for stable patients (Rapid Pathway Model).

Enhance Laboratory Capacity: CDC is supporting continuous quality improvement towards accreditation, including strengthening human resource capacity through technical training in laboratory management and testing.

- Implementing the HIV Rapid Test Quality Improvement Initiative and monitoring quality assurance of HIV testing and providing external quality assurance panels to monitor HIV and related testing.
- Scaling up and strengthening viral load testing.
- Strengthening National Laboratory Services Network.
- Building HR capacity to increase output in laboratory services.

Strategic Information: CDC is enhancing availability of high quality and timely data by improving essential data and information systems to monitor and evaluate program interventions.

- Augmenting patient tracking and monitoring Treat All implementation.
- Ensuring timely data analysis and use.
- Supporting staff capacity at the national, regional, and site levels to monitor and evaluate the HIV program and make informed programmatic and policy decisions.

Key Country Leadership

President:
Mohamed Irfaan Ali

Prime Minister:
Mark Philips

Minister of Health:
Frank C.S. Anthony

U.S. Ambassador:
Sarah-Ann Lynch

CDC Regional Director:
Varough Deyde

Country Quick Facts
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$6,600 (2020)

Population (millions):
0.79 (2020)

Under 5 Mortality:
29/1,000 live births (2019)

Life Expectancy:
70 years (2019)

Global HIV/AIDS Epidemic
(aidsinfo.unaids.org)

Estimated HIV Prevalence
(Ages 15-49): 1.3% (2020)

Estimated AIDS Deaths
(Age ≥15): <100 (2020)

Estimated Orphans Due to
AIDS: 1,700 (2020)

Reported Number Receiving
Antiretroviral Therapy (ART)
(Age ≥15): 5,792 (2020)

**Global Tuberculosis
(TB) Epidemic**
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
79/100,000 population (2019)

TB Patients with Known HIV
Status who are HIV-Positive:
19% (2019)

TB Treatment Success Rate:
72% (2018)

Estimated TB Mortality:
18/100,000 population (2019)

DGHT Country Staff: 0
Locally Employed Staff: 0
Direct Hires: 0
Fellows & Contactors: 0

Our success is built on the backbone of science and strong partnerships.

September 2021 | The CDC Division of Global HIV & TB activities are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR); non-HIV related TB activities are supported by non-PEPFAR funding

