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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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## Guatemala

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## Country Situation

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The HIV epidemic in Guatemala is concentrated in men who have sex with men (the infection rate is 10-times higher), male and female sex workers and their clients, and in specific groups such as prisoners. 94% of all infections are sexually transmitted. HIV prevalence in adults is estimated at less than 1% (end of 2007). Around 59 000 people are living with HIV; 13 000 people need ART; every day 26 people become infected in Guatemala.

The population is very young (50% under 18 years old); approximately 80% of people are living in poverty. The majority of AIDS cases are adolescents and young adults. There are two men infected for every woman, and there is concern over the progressive feminization of the HIV epidemic.

No reliable data is available on prevalence among indigenous groups and children; however high prevalence rates among women of childbearing age normally results in an increasing number of infected children, many of which are also orphaned. Access to health, education and job opportunities are still reduced, especially for indigenous people and women. Stigma and discrimination are strong if a person living with HIV is publicly recognized.

7800 people living with AIDS receive free ARV treatment, this figure will reach 10 000 by 2010 (less than 50% of that needed). Provision of care represents 63% of AIDS expenditure, but the sustainability of care is not guaranteed; antiretroviral drugs for resistant patients are still a challenge; HIV tests are not available nationwide.

The institutional response to HIV is complex, well established in the capital, weak in the rest of the country. The law on AIDS, approved in 2000, established an annual budget of US\$ 670 000 for the National AIDS Program. However, despite increased domestic and international funding, resources available are far below those needed to control the HIV epidemic in Guatemala. Two thirds of the National AIDS Strategic Plan, launched in June 2006 (PEN 2006 – 2010), is financed by external partners and one third by domestic sources, including patients and families.

PMTCT provides HIV screening for 15% of pregnant women; 82% of HIV positive women diagnosed receive treatment, but 27.9% of children are still born infected.

PLHIV and representatives of vulnerable populations are more vocal in their demands, but much more has to be done to ensure their participation in policy dialogue and decision making levels.

Unless changes occur, Guatemala will experience an increase in the severity of the epidemic if key groups are not properly addressed.

## UNAIDS Support to the National Response

### **UNAIDS activities at country level during 2007**

UNAIDS fostered coordination of the national response through the Joint Team and Expanded Theme Group (ETG). A common UN plan was developed by the ETG. UNAIDS also participated in the CCM and provided technical and financial support to strengthen National Strategic Plan (NSP) implementation. The National AIDS Programme (NAP) was supported to develop its M&E plan, start the M&E unit, strengthen UNGASS, MEGAS 2004/2005, MEGAS 2006 and the incorporation of HIV in the political agenda, during the political transition. Leadership, participation and service delivery of key groups were significantly supported by UNAIDS.

UNAIDS collaborates with the Mesoamerican Regional Project for mobile population, M&E component, and facilitated the IMPSIDA Regional Project (phase II). IMPSIDA focused on prevention in the “maquilas” and in the tourist sector. UNDP managed Programme Acceleration Funds and implemented IMPSIDA II.

UNFPA provided support to NAP for HIV prevention strategies with uniformed personnel, women, pregnant women, young people, university students, young people in vulnerable conditions (500,000 Euros). UNFPA promoted the incorporation of HIV prevention strategies by training health teams on local health planning at district level. The 12 best plans were funded.

Since 2002, UNFPA has been providing MOH with condoms using a co-payment modality. In 2007 it provided almost 4.1 million condoms. UNFPA collaborated with UNAIDS Learning Strategy in HIV awareness and condom promotion.

UNICEF promoted the Prevention of Mother-to-Child Transmission (PMTCT) Programme in 9 hospitals (US\$300 000). through the Roosevelt National Hospital and the Iturbide Foundation. Funds cover costs of human resources (nurses and lab personnel), tests for HIV, Syphilis and Hepatitis B and ARVs.

PAHO provided support to NAP following its regional plan on prevention and Information, Communication and Education. It supported prevention interventions with young people and adolescents and promoted an integrated approach on HIV and sexual / reproductive health. On care, it financed the remodeling of health facilities and purchased alternatives to breastfeeding for HIV+ children.

## **UNAIDS achievements at country level during 2007**

### ***Monitoring and Evaluation***

The Third ONE, has traditionally been the least developed of the "Three Ones" principles, with limited access to strategic information, fragmented information flows, duplications and gaps. Consequently, the development of the National M&E system became a priority for Guatemala authorities, defined in the National Strategic AIDS Plan 2006-2010. The National M&E Plan Launch on 29 November 2007 was an important milestone and the product of more than one year of teamwork.

UNAIDS helped place M&E within the political agenda, to ensure support and mobilize resources. This was particularly important in a country like Guatemala with extreme poverty and many other urgent and pressing issues. UNAIDS, in coordination with PAHO, UNFPA, UNICEF, USAID, PASCA, and CDC, supported the National AIDS Program (NAP) in developing national M&E capacity through training workshops, human resources and the organization of a M&E steering committee to develop and implement the National M&E Plan. A participatory consultation process was started early in 2007 to review the NSP, list all existing HIV and AIDS indicators and prioritize and select national indicators. Information sources, flows, formats, collation, reporting and use of available data were analyzed, identifying information bottlenecks and gaps. M&E experiences and needs were discussed with health providers at different levels (central and decentralized services).

Key stakeholders, including health authorities and workshop participants, were informed on the progress made. The plan was elaborated and validated in a participatory process that increased national ownership. It was launched by health authorities from the government as well as from the newly selected political leaders, including the Vice-President.

### ***Treatment***

Scaling-up access to ARV treatment:

During 2006 and 2007, Guatemala has focused on scaling-up treatment to guarantee increased access and coverage.

Key issues included avoiding stock problems, drug shortages, reducing prices and providing oversight to access issues through civil society and PLHIV.

Government and partners worked together on the following:

- ▶ Improved procurement processes, better prices, stocks and logistics.
- ▶ Decentralization of ARVs to regional hospitals.
- ▶ Scaling-up the PMTCT Program, updating national guidelines, increasing the number and response capacity of nursing and lab staff, training health providers in PMTCT and purchasing test kits and antiretroviral therapy. As a result, the PMTCT program was expanded and benefited both pregnant women and their infants (UNICEF).
- ▶ People living with HIV and AIDS increased their participation in coordination forums, such as Expanded Theme Group and Country Coordinating Mechanisms, awareness-raising

activities, voicing alert messages and raising these to decision-making levels in cases of shortages (UNAIDS).

- ▶ Inclusion of universal access to treatment and prevention, within a human rights perspective, in the political agenda, particularly during the political transition (UNAIDS).
- ▶ Effective mechanisms to purchase antiretroviral therapy facilitated access for an increased number of people in need of treatment at a lower cost. Global Fund, MOH and Social Security purchased antiretroviral therapy through PAHO.

As a result, the PLHIV receiving antiretroviral therapy increased from 6647 at the end of 2006 to almost 8000 by the end of 2007.

### **Main challenges / activities for 2008**

- ▶ Decentralization of access to HIV testing, treatment and support outside the capital.
- ▶ Prevention programs reaching the indigenous population and promoting their participation in decision making fora.
- ▶ Build national capacity on M&E and specifically for UNGASS, NASA and RNM (resources need models) for costing universal access interventions, and using results to foster political commitment.
- ▶ Properly address the issue of violence against women (and girls) and vulnerability to HIV.
- ▶ Develop an agenda for the "Three Ones" principles implementation that includes support of a functional National AIDS Commission at the highest level and multisectoral. The "Three ones" principles will also help the international community to implement the Paris Declaration and Rome agreement.
- ▶ Sustainability of ARV treatment beyond Global Fund resources.
- ▶ The participation of outside health sectors has been limited and is an important issue to bring up again in discussion with new authorities.