THE GUYANA
NATIONAL HIV PREVENTION
PRINCIPLES, STANDARDS
AND GUIDELINES

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(2nd edition)
THE GUYANA NATIONAL HIV PREVENTION
PRINCIPLES, STANDARDS AND GUIDELINES

To make evidence-informed decisions for achieving HIV prevention, we have to know our epidemic, to know what our response must be.

“We have demonstrated we can change the trajectory of the HIV epidemic. We must now pursue a trajectory of elimination of new HIV infections in Guyana. The paradigm must shift. We are so used to talk of trajectory of reduction. It is time to embrace the trajectory of elimination.”
Hon. Dr. Leslie Ramsammy, Minister of Health, Guyana
1. Foreword

I am delighted to present you with our “National HIV Prevention Principles, Standards and Guidelines!”

The introduction of these principles, standards and guidelines is the tangible expression of our determination to establish prevention as the pillar of our national HIV response in Guyana.

It is possible to achieve radical reductions in rates of new HIV infections, and elimination of HIV, through well-supported national prevention programmes that provide populations with a well-planned array of evidence-informed activities and services, through strong, consistent political leadership. Strong political leadership, community engagement and international partners’ support have been key ingredients of our national HIV prevention efforts in Guyana. But even the best HIV prevention strategies will have little impact if they are not properly designed to be effective.

Like antiretroviral therapy, HIV prevention is life-long, and its impact must be continually monitored and the prescribed regimens revised as circumstances and needs change. Just as a single pill cannot eradicate the effects of HIV, one-shot prevention efforts will not achieve the magnitude or sustainability required to alter the epidemic’s course.

It is important to pursue prevention activities in tandem with good quality prevention standards, otherwise effectiveness of our prevention efforts could be diminished. To the Ministry of Health in Guyana, such quality standards are essential for improved delivery of HIV prevention, to ultimately achieve the required public health outcomes.

The overall objective of HIV prevention in Guyana is to prevent the epidemic from spreading further and to reduce the impact of the epidemic, not only upon the infected persons but upon the health and socio-economic status of our entire population, So I hereby pledge the Government of Guyana’s firm commitment to the prevention of HIV infections and to reduce personal and social impact of HIV. For everyone!

To achieve this, we must:

- Generate ownership among all partners, both at the Government and non-Government levels, such as Line Ministries and agencies of the Government of Guyana, regional authorities, the public and private sector, and local institutions, organisations and groups, to make it a truly national effort;
- Create an enabling social, economic, legal and institutional environment for unhindered HIV prevention for all; providing care and support to people living with HIV, and ensuring protection and promotion of their human rights, including the right to access health care, the right to education, employment and privacy, and the right to mobilise support of Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs), and Faith Leadership, for an enlarged community initiative for prevention of HIV and mitigation of its impact;
- Decentralise and strengthen HIV prevention programme management and technical capabilities at the regional and local levels, public and private sectors, and leading NGOs participating in the Programme, with adequate financial and administrative delegation of responsibilities;
- Bring about integration at the implementation level with other national programmes such as Sexual and Reproductive Health, Maternal and Child Health, and TB Control, within the primary health care system;
- Prevent women, children and others from becoming vulnerable to HIV infection by improving health education, legal status and economic prospects;
- Provide appropriate and equitable provision of health care to HIV-infected people and to draw attention to the compelling public health rationale for overcoming stigmatisation, discrimination and seclusion in society;
Continually interact with international and bilateral agencies for support and cooperation in the field of prevention, emerging systems of health care and other financial, technical and managerial inputs;

Promote better understanding of HIV infection to generate greater awareness about the nature of its transmission and facilitate the adoption of safer practices for prevention, by each and everyone.

Globally, there is consensus among those working in the area of HIV prevention, that there is need for improved HIV prevention outcomes. A major contribution to this will be through good quality HIV prevention standards (the ‘whats’), and guidelines to achieve and sustain such standards (the ‘hows’).

A desk review, commissioned by the Ministry of Health in collaboration with UNAIDS, from December 2008 to March 2009, found programme-specific quality standards and supporting guidelines that are already in use in the areas of voluntary counseling and testing; parents-to-child transmission prevention, and behaviour change communication. However, none of these were pegged to specific HIV prevention principles or standards, nor were there any developed for HIV prevention activities, in general.

The desk review and key interviews with a wide range of prevention workers also unearthed the view that improvement in our HIV prevention would result from the application of quality standards, to achieve a crucial outcome: good quality HIV prevention!

So that everyone is clear about our intentions, I want to reiterate our position: Our diagnosis, treatment, care and support programmes will continue to be expanded and improved so that everyone living with and affected by HIV will be reached. Simultaneously, our prevention programmes will be intensified and made more robust to reach all citizens, particularly those most at risk. We will work towards a trajectory of elimination of HIV as a public health threat in Guyana. We will work towards a trajectory of long, healthy and productive lives for our citizens. This is Guyana’s “HIVision2020.”

For this, each HIV prevention practitioner must contribute to the elimination of HIV, by ensuring that prevention activities and services meet our national standards. Our recommended National HIV Prevention Guidelines provide suggestions for achieving and maintaining these standards.

The impetus for ensuring that the appropriate capacity and resources are available to deliver activities and services that meet these standards lies with the Ministry of Health and its partners. We have the responsibility for overall programme and performance management and for taking the lead in designing prevention activities and shaping their improvement and modernisation.

The onus is now on the HIV prevention makers to ensure that HIV prevention activities, products and services are delivered in line with these standards, by the most effective and efficient means possible.

The Honourable Dr. Leslie Ramsammy
Minister of Health of the Co-operative Republic of Guyana
2. THE GUYANA NATIONAL HIV PREVENTION PRINCIPLES

Principle 1:
In Guyana, HIV prevention is multi-sectoral, multi-dimensional, aligned with One National Programme, of a scope and mix that is effective, at an intensity that is sustained, and of a scale to reach and impact everyone.

Principle 2:
In Guyana, HIV prevention is based on and driven by the promotion, protection and respect of human rights, diversity, gender equality, and addresses the most vulnerable and the drivers of the epidemic, with priority and special consideration.

Principle 3:
Guyana’s ‘combination prevention’ of HIV is devoid of dogma, and based on science; is targeted, focused, evidence-informed, and developed, delivered and maintained at a high level of excellence.

Principle 4:
In Guyana, HIV prevention is locally-adapted and prioritised, according to the epidemiological scenario and socio-cultural contexts, in partnership with all stakeholders, particularly those for whom HIV prevention programmes are developed and implemented.

Principle 5:
In Guyana, the delivery of HIV prevention activities is informed by continuous research and development of innovative prevention technologies.

“HIV prevention is not an activity, it is an outcome!”
Barbara [Braze] de Zalduondo (UNAIDS)
3. Introduction

Three decades into the global HIV pandemic, many people in the world still don’t benefit from effective HIV prevention outcomes. A dramatic scaling up of HIV prevention activities and services, combined with increased access to treatment for the millions already infected can control and ultimately reverse the global pandemic.

Efforts at intensifying HIV prevention activities need to first understand the nature of the HIV epidemic and the dynamic environment in which it thrives, and incorporate this knowledge into prevention programming to ensure effectiveness: “Knowing your epidemic and knowing your response.” Understanding the epidemic, specifically its patterns and trends, and the driving forces behind it from an economic, social, cultural and behavioral perspective will help define higher risk behaviours and situations, and the issues that preventive actions need to address in a more targeted and focused manner; in both the short and long term.

It is important to recognize that not all prevention objectives can be achieved in the short term. Even the short-term measures must be repeated again and again, to reach new cohorts and to sustain prevention. Long-term prevention outcomes require sustained and cumulative efforts - including a series and even several converging resources.

There is a loud call from UNAIDS and the global scientific community on countries to implement HIV prevention programmes that will be truly effective in reducing new HIV infections. This requires a strategic combination of activities that address behaviours that put people at higher risk for and more vulnerable to HIV infection and that utilise behavior- and social change methods that are effective, appropriate and are informed by evidence.

There is no magic bullet to prevent the spread of HIV. Only a combination of approaches that addresses the needs of different people under different circumstances can be effective. Effective HIV prevention requires a combination of activities and strategies: “Combination Prevention!1"

Evidence-informed approaches to prevent HIV infection include programmes targeting individual behaviour; broad-based efforts to alter social norms and address the underlying drivers of the epidemic2; and effective use of biomedical or technological tools, such as treatment of sexually transmitted infections (STI), medical male circumcision, substitution therapy for chemical dependence, and programmes that provide access to clean injecting equipment.

Global data on HIV epidemiology and the effect of preventive strategies has many rethinking the targeted approach to prevention recommended in the past. Rather than focusing resources on a single prevention activity or population at risk, prevention experts now recommend a combination of activities in a prevention package tailored to the local epidemic. The six-paper Lancet series on HIV prevention published on August 6, 2008, reflects some of these concerns and presents a framework for action where prevention is the cornerstone of HIV control, closely integrated with HIV treatment, care, and support.

The recommended approach for a comprehensive HIV response is Highly Active Retrovirus Prevention (HARP) (see figure).

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1 “Combination prevention”; see Standard 3: quality elements 3.1 to 3.5
2 The term “driver” relates to structural and social factors, such as gender inequality, human rights violations and stigma and discrimination that increase people’s vulnerability to HIV infection.
‘HARP’ is a synergistic combination of various prevention approaches, including biomedical strategies, antiretroviral treatment for HIV infected persons, treatment for sexually transmitted infections (STI), and behavior change and structural approaches.

The package of activities included in HARP must be tailored to the local context, as the anchor of any control strategy remains to “know your epidemic,” by understanding the prevalence of infection, the behaviors that drive risk, and those most affected.

It is essential for comprehensive, effective prevention to address both the biological and behavioral factors associated with transmission and the social and structural factors which can aid or impede the success of HIV prevention programming. For example, biomedical activities (e.g., condom use and medical male circumcision) should be integrated with behavioral approaches (e.g., voluntary counseling and testing, sexual behavior change) in a multi-component activity strategy. Simultaneously, structural activities should address the underlying social, cultural, economic, physical, and policy aspects (‘drivers’) that can hinder or support prevention efforts. All such components (biomedical, behavioral, and structural) must be clearly defined, replicable, and capable of being rigorously evaluated.

HIV prevention programmes are made up of activities that are designed to achieve specific, relevant prevention objectives (e.g. increased knowledge, attitude change, use of barrier methods, prevention of parent-to-child transmission, delayed sexual debut, etc.) that are expected (based on situation analyses and formative research) to reduce HIV incidence.

While the number of possible combinations of objectives, populations, and settings is virtually infinite, a rather small number of different methods or activities provide the tools in the toolbox, or the set of building blocks, that may be applied in HIV prevention programmes, worldwide. All HIV prevention activities can be classified under broad categories, and all HIV prevention activities are made up of combinations of these activities, designed to achieve relevant HIV prevention outcome objectives (See ANNEX III).

In Guyana, the National AIDS Programme Secretariat of the Ministry of Health (NAPS/MOH) is the national HIV coordinating authority that leads the way in strengthening the national HIV prevention response, whilst ensuring that those most vulnerable to HIV infection and those living with HIV are meaningfully involved in this response.

As indicated by the Minister of Health, good quality HIV prevention standards are necessary for building an HIV prevention infrastructure. The Standards that we have developed in Guyana were formulated based on expertise and opinions of a wide range of selected professionals, as well as drawing on the views and experience of users.

Each of the Guyana National HIV Prevention Principles is accompanied by a quality Standard, which articulates the purpose of the desired prevention outcome. Every Standard summarises ‘what’ needs to be achieved, while the recommended Guidelines for each standard outline ‘how’ these standards can be achieved and sustained.

The development of these National HIV Prevention Principles, Standards and Guidelines has been an exciting collaboration between the Guyana National Reference Group for HIV Prevention and UNAIDS.

Fully in line with “Standard 5” (Quality Element 5.6), the “Guyana National Prevention Principles, Standards and Guidelines” will be periodically reviewed and updated in order to ensure that experiences, new evidence and emerging issues are continuously taken into consideration.

Dr. Shanti Singh Anthony
Programme Manager Ministry of Health, National AIDS Programme Secretariat

Dr. Ruben F. del Prado
UNAIDS Country Coordinator in Guyana
4. THE GUYANA NATIONAL HIV PREVENTION STANDARDS

Principle 1
In Guyana, HIV prevention is multi-sectoral, multi-dimensional, aligned with One National Programme, of a scope and mix that is effective, at an intensity that is sustained, and of a scale to reach and impact everyone.

STANDARD FOR PRINCIPLE 1
This standard ensures comprehensive and effective prevention for every person in Guyana:

HIV Prevention
1.1 is consistent with national requirements for universal access;
1.2 reaches ambitious, realistic and measurable targets;
1.3 provides the range of services and activities required to meet the needs of everyone.
1.4 is of a magnitude that is long term and sustainable;
1.5 is familiar with the current response (who is doing what, where, when and how) and identify existing gaps;
1.6 is coordinated across services and partners;

Principle 2
In Guyana, HIV prevention is based on and driven by the promotion, protection and respect of human rights, diversity, gender equality, and addresses the most vulnerable and the drivers of the epidemic, with priority and special consideration.

STANDARD FOR PRINCIPLE 2
This Standard addresses equality and equity in HIV prevention, and articulates the importance of “Knowing your Epidemic and Knowing your Response;” that includes societal, institutional and legal contexts:

HIV Prevention
2.1 adheres to The Constitution of Guyana;
2.2 identifies laws that impede universal access;
2.3 recognises and responds to social exclusion, discrimination and power imbalances, such as those between genders or individuals;
2.4 prioritises and focuses on those most affected by and most vulnerable to HIV;
2.5 reaches those most marginalised and vulnerable to HIV;
2.6 takes into account economic disparities and other inequities;
2.7 encompasses “positive health and dignity” as part of HIV prevention;
2.8 adheres to policies and ratified international conventions as these relate to human rights and non-discriminatory practices.
Principle 3
Guyana’s ‘combination prevention’ of HIV is devoid of dogma, and based on science; is targeted, focused, evidence-informed, and developed, delivered and maintained at a high level of excellence.

STANDARD FOR PRINCIPLE 3
This standard provides direction, relevance and scope for meeting HIV prevention needs of key audiences, and requires prevention activities to be tested or proven before implementation. It defines characteristics of high quality prevention. This standard also describes a course of action for prevention to be comprehensive and evidence informed:

HIV Prevention
3.1 must not support the “single” or “only” activity approach;
3.2 results from a strategic combination of activities, tailored to specific audiences’ needs;
3.3 involves more than the pairing of multiple activities;
3.4 analyses the individual, couple/relationship, group and societal factors that impede and support healthy behaviour;
3.5 assembles an array of approaches that operate on these multiple levels;
3.6 is of consistent high quality from development, to every point of delivery;
3.7 reaches people, based on established risk profiles;
3.8 addresses the capacity to have the knowledge and skill
3.9 is age-appropriate and relative to level of cognitive development;
3.10 is relevant to economic and social development;
3.11 takes into account the biomedical and behavioral science of HIV prevention;
3.12 incorporates proven activities, effectively;
3.13 is honest and inclusive;
3.14 is delivered by appropriately trained and certified prevention practitioners;
3.15 provides operational guidelines or protocols for use by practitioners and managers;
3.16 responds with urgency to prevent immediate risks;
3.17 uses innovative strategies and extended time-frames to tackle complex challenges such as inequitable gender norms;
3.18 addresses both individual risk and the societal conditions that create vulnerability;
3.19 is true and myth free.
3.20 finds respectful, evidence-informed ways to change harmful norms.

“The truth passes across fire without burning.”
Rwandan proverb
Principle 4
In Guyana, HIV prevention is locally-adapted and prioritised, according to the epidemiological scenario and socio-cultural contexts, in partnership with all stakeholders, particularly those for whom HIV prevention programmes are developed and implemented.

STANDARD FOR PRINCIPLE 4
This standard informs HIV prevention that is based on evidence, “knowing your epidemic,” respectful of social norms and prevailing circumstances, and incorporates stakeholders’ and users’ participation in HIV prevention:

HIV Prevention
4.1 is locally adapted and informed by socio-cultural contexts;
4.2 prioritises activities relevant to the type of epidemic;
4.3 enables users to make informed and appropriate decisions and support autonomous choices;
4.4 builds on and utilises the capacities and strengths of affected communities;
4.5 is done with participation of all stakeholders;
4.6 is consistent, accurate and culturally appropriate;
4.7 is realistic and practical to induce individual and community impact;
4.8 includes comprehensive secondary prevention;
4.9 supports users in taking responsibility for effective preventative actions;
4.10 is user-centered and user-friendly;
4.11 is based on trust and shared principles.

Principle 5
In Guyana, the delivery of HIV prevention activities is informed by continuous research and development of innovative prevention technologies.

STANDARD FOR PRINCIPLE 5
This standard underscores sustainable activities through ongoing scientific research and development:

HIV Prevention
5.1 has a long-term vision, as well as short term objectives;
5.2 is informed by current and ongoing research;
5.3 addresses emerging priorities.
5.4 reflects new and innovative activities.
5.5 address specific needs of target audience(s), as defined by formative research;
5.6 is constantly monitored, evaluated and improved.

“If we really want to advance the effectiveness of HIV prevention, we have to disabuse ourselves of the notion that the epidemic can be conquered by one, single best activity.”
Michael Merson and colleagues – The Lancet, 2008
Annex I

Recommended Guidelines for achieving and sustaining the Guyana National HIV Prevention Standards

Principle 1
In Guyana, HIV prevention is multi-sectoral, multi-dimensional, aligned with One National Programme, of a scope and mix that is effective, at an intensity that is sustained, and of a scale to reach and impact everyone.

I. Recommended GUIDELINES for achieving and sustaining STANDARD 1

Recommended Programme Guidelines
1. Design programmes geared towards reaching the national prevention targets for universal access;
2. Design activities that are aligned to national priorities;
3. Recognise and prioritize according to national HIV prevention response measures;
4. Create programmes that are intense, efficient, effective and of a magnitude that is sustainable;
5. Collaborate with relevant sectors and agencies to design evidence-informed sexuality and reproductive health education programmes for school aged youth as part of the school curriculum;
6. Forge partnerships. Unlike combination AIDS therapy, ‘combination prevention’ cannot be delivered by a single organisation or provider alone. Partnerships and coordination are central to ‘combination prevention’;
7. Focus on the needs of adolescents and work in close tandem with the Ministry of Education to ensure that the schools play an active role in protecting adolescents against HIV infection;
8. Communicate and share prevention programme results and lessons with stakeholders with an aim of improving prevention programmes;
9. Partner with institutions and organisations that promote and work towards increased male involvement in parenting;
10. Work with and engage prevention service providers to ensure comprehensive preventative care is available to all;
11. Cooperate with organisations and institutions that offer capacity building for marginalised groups, including participatory life skills training to facilitate ‘integration’;
12. Make HIV prevention information available in all settings, including non-service settings.

Recommended Policy Guidelines
1. Partner with organisations and platforms that work in HIV prevention to design, develop, implement, and monitor and evaluate programmes;
2. Develop and maintain HIV prevention leadership, commitment and action beyond the Ministry of Health;
3. Establish public private partnerships with clear cut policies for referrals;
4. Advise all health professional to inform their patients about HIV and voluntary counseling and testing centers, as well as provide referral to institutions providing such services;
5. Work with other agencies to plan prevention services for those who are most vulnerable groups and the wider population, recognising that not all services can be provided in all communities;
6. Set targets, taking into consideration available resources, coverage capacity and requirements to overcome identified obstacles;
7. Work in partnership with prevention service providers to develop comprehensive operational guidelines and protocols for each programme area of prevention;
8. Put in place systems for early identification of persons living with HIV in order to provide secondary prevention for the infected individuals and primary prevention for potential contacts;
9. Collaborate with local and international partners to enforce strict cross-submission of accounts and financial statements in case of multiple funding agencies;
10. Engage partners, including civil society, in setting strategic and operational targets;
11. Partner with national and international prevention stakeholders to provide leadership for a strong national response, by promoting leadership at all levels, and developing the capacity and competence of key government personnel, civil society, development partners, communities and individuals to effectively respond to the epidemic;
12. Plan strategically to provide uncompromised quality service throughout every point of delivery;
13. Define explicitly integrated prevention pathways within and across organisations and systems to facilitate efficient movement of users between services and to ensure consistency in prevention messaging;
14. Identify and use opportunities to work collaboratively in different sectors in the community/country; make plans for long term collaboration, and design activities to integrate and share resources and expertise of other organisations;
15. Foster partnerships with public and private entities for implementation of HIV programmes;
16. Assess response capacities and competencies of agencies and civil society that work in the area of HIV prevention and identify measures to strengthen their capacity;
17. Join or build coalitions that can mobilise large groups of people to advocate for positive changes that will enhance uptake of prevention services;
18. Partner with the Ministry of Labour, Human Services and Social Security, employer associations, trade unions and the ILO, to promote HIV prevention and referrals in the World of Work;
19. Work with local policy makers in shaping HIV-prevention-supportive public opinion and build support for implementation of policies and programmes regarding HIV prevention;
20. Advocate for and mobilise adequate resources to support long-term and sustained prevention efforts;
21. Promote and energize multisectoral linkages with government ministries that are or should be involved in the prevention response (e.g.; Local Government; Human Services and Labour; Health; Education; Agriculture; Culture, Youth and Sports; Uniformed Services) and establish sectoral responsibilities and means of accountability for risk reduction, vulnerability reduction and impact reduction;
22. Set programme-specific targets, as part of the National Strategy on HIV, to identify and overcome obstacles to scaling up, increasing scope and intensifying national and sub-national HIV prevention;
23. Build partnerships with relevant agencies (national, sub national and international) to share resources and expertise to conduct studies to determine new infection rates in particular target populations, modes of transmission, and socio-economic and cultural contexts that increase people’s vulnerability to HIV infection.
24. Advocate and mobilise adequate resources to support high quality prevention activities;
25. Team up with local and international partners to encourage joint audits by representatives of funding agencies.

“For every two people put on anti-retroviral treatment, five others become newly infected. Anti-retrovirals can keep HIV in check, but we must intensify prevention. People and governments everywhere must stop the spread of HIV. We call for increased investment in prevention strategies, especially those where women control the means to protect themselves.”
Commission on the Status of Women. Fifty-third Session, 2-13 March 2009
**Recommended Guidelines to establish evidence (Strategic Information)**

1. Analyse the extent to which prevention stakeholders contribute to reducing HIV vulnerability and identify additional measures of vulnerability reduction;
2. Analyse national, political contexts, responses, and response capacities and competencies of communities, private and public sectors and determine gaps;
3. Obtain strategic information from patient monitoring instruments to develop and implement positive health, dignity and HIV prevention, and secondary prevention initiatives;
4. Work in partnership to establish an HIV Prevention Monitoring and Evaluation (M&E) system that is part of the One national M&E system;
5. Assess the HIV prevention response capacity within key line ministries of government (public) and civil society (private) sector;
6. Team up with national and international partners to conduct periodic HIV prevention mapping in [geographic] area(s) of work, and at the national level;
7. Evaluate activities to determine efficacy of response;
8. Partner with national and international partners to establish the percentage of those most-at-risk who report condom use at their last sexual encounter.
9. Team up with national and international partners to mobilise resources and conduct mapping of HIV prevention responses, focusing on the marginalized and most vulnerable.

**Principle 2**

In Guyana, HIV prevention is based on and driven by the promotion, protection and respect of human rights, diversity, gender equality, and addresses the most vulnerable and the drivers of the epidemic, with priority and special consideration.

**II. Recommended GUIDELINES for achieving and sustaining STANDARD 2**

**Recommended Programme Guidelines**

1. Undertake approaches to HIV prevention that address risk factors as well as deep-seated causes of vulnerability that reduce the ability of individuals to protect themselves and others against infection;
2. Design and implement prevention activities that are non-discriminatory, non-prejudicial and non-offensive in methodology, language, visuals, etc;
3. Formulate strategies that are founded on equality, equity, and human rights;
4. Plan prevention activities that are accessible to, and can be applied by persons affected by disparities and systemic inequities;
5. Use rights-based approaches throughout design, and implementation of prevention activities;
6. Consider persons affected by societal and individual inequities, such as gender, class, race, nationality, language, religion, disability, and sexual orientation, when developing and implementing prevention;
7. Design prevention programmes in such a way that access to and utilization of prevention activities are not hampered by societal or other limiting factors;
8. Include accepting attitudes towards people living with HIV, in behavior change programmes, wherever possible;
9. Provide prevention and care programmes focusing on the vulnerable and ‘bridge’ populations such as sex workers and their clients, mobile populations, uniformed services and their sexual partners, men who have sex with men and their female sex partners, and couples in sexual relationships (especially discordant couples);
10. Assess social and environmental factors that raise or lower risk of HIV transmission, and take such factors into consideration when developing prevention activities;
11. Facilitate training and skills-building for prevention designers and prevention practitioners to build their capacity on avoiding discriminatory elements in prevention activities;

13. Consider non-traditional locations and spaces, drop-in centers, convenient timings and using innovative methodologies, to make prevention and prevention services more accessible to those who are marginalised and hard-to-reach;
14. Refuse all discriminatory and human rights breaching elements, and inclusiveness-limiting aspects of HIV prevention initiatives or projects, including those from donor agencies;
15. Reject moral judgments and acknowledge various forms of sexual behaviours and give all relevant information about the risk involved in each form of sexual behaviours;
16. Design appropriate programmes to specifically target boys and men, that are relevant in their socio-cultural settings;
17. Address and take gender norms and ‘masculinities’ into consideration that put boys and men at higher risk for HIV infection and of infecting others;
18. Promote and ensure male involvement in sexual and reproductive health programmes, including HIV prevention, STI treatment, HIV counseling and testing, prevention of parent-to-child transmission services;
19. Design appropriate HIV prevention programmes to target disproportionately affected groups including women and youth, that are relevant in their socio-cultural settings;
20. Think imaginatively about using different settings (such as street corners, bottom-houses, clubs/bars, places of worship, discotheques, hotels resorts, and unofficial brothels, etc;) to provide prevention activities and services for people affected by systemic inequities;
21. Use innovative approaches to reach marginalised groups;
22. Mobilise communities to address HIV related stigma and discrimination to help increase the uptake of services;
23. Advocate for environments whereby HIV prevention services can be provided recognising the diversity of sexualities and sexual lifestyles;
24. Collaborate, where appropriate, with microcredit programmes to alleviate negative consequences of poverty and other inequities, reduce vulnerabilities, increase self efficacy, and enable and encourage access to prevention services;
25. Create an enabling environment by bringing about a change in legislation to protect and promote the rights of all by working with the police, armed forces, doctors, employment agencies, educational institutions among others;
26. Respect the dignity of all persons seeking prevention services regardless of gender, class, age, race, nationality, religion, disability, and sexual orientation;
27. Ensure that prevention service providers, law enforcement and social service employees are trained in HIV issue, including gender and human rights;
28. Recognise legal and social protection needs and identify collaborators to build and scale up legal and social protection services;
29. Advocate for changes in legislation to improve access to HIV prevention;
31. Design programmes that address socio-cultural and structural drivers of the epidemic;
32. Create activities that match the epidemiological scenario of the target audience;
33. Collaborate with partners to create an enabling environment for marginalized to protect themselves from HIV through empowerment programmes designed for them;
34. Formulate programmes aimed at promoting livelihood alternatives to transactional sex;
35. Establish and prioritise programmes, focused on vulnerable populations (e.g. mobile populations, uniformed forces, sex workers and their clients, most-at-risk young people such as street children, orphans and vulnerable children, and in- and out-of-school youth; men who have sex with men and, their female partners, etc);
36. Design and develop programmes that take the latest developments in HIV prevention into consideration.
Recommended Policy Guidelines

1. Seek and allocate resources to implement programmes and carry out research in support of awareness-raising and targeted activities for those who are marginalised;
2. Formalise prevention service providers’ commitment to non-discriminatory working practices as these relate to ethnicity, sexual orientation, age and gender;
3. Team up with national partners to monitor and readdress cases of harassment and violation of rights of people living with HIV and vulnerable populations;
4. Formalise prevention service providers’ commitment to a confidentiality policy on protecting personal information about service users;
5. Support the development and implementation of workplace policies that are inclusive of prevention for all workers and their families;
6. Work in partnerships and through networking to integrate HIV prevention issues, adverse effects of stigma and discrimination, sexual violence, gender inequality, homophobia and human rights violations in broader public health and development campaigns;
7. Invest in building the capacity and ‘AIDS Competence’ of affected and marginalised communities to ensure better delivery and receipt of prevention programmes;
8. Anonymise and unlink service users’ data for research, statistical analysis and planning purposes;
9. Develop and utilise prevention service indicators that measure equity;
10. Develop and utilize prevention indicators that measure progress towards reaching the marginalised and hard to reach;
11. Utilise the Laws of Guyana that cover equal treatment of men and women;
12. Ensure activities recognise, respect and uphold international conventions pertinent to HIV prevention;
13. Review, recommend and advocate for changes to legislation, policies and practices that create or enforce barriers to HIV prevention (e.g. discrimination against women and girls, criminalization of sex work or sex between males, or restrict access to male and female condoms and other HIV prevention-related goods and services);
14. Create prevention programmes that take into account the National Health Strategy and the National HIV Strategy;
15. Implement multiple prevention approaches that address both HIV risk behavior and causes of vulnerabilities such as poverty and inequity;
16. Be flexible to allow access to prevention services beyond traditional working hours to allow for timings convenient to target audiences;
17. Forge partnerships with relevant authorities and agencies in neighbouring countries to develop prevention activities to reach mobile and transitory populations.
18. Train caregivers in the provision of care for orphans and other vulnerable children;
19. Advocate for, mobilise resources and partner with national and international partners, including the private sector, to provide households with orphans and other vulnerable children with free, basic external support in caring for these children.

"Intellectuals solve problems; geniuses prevent them.”
Albert Einstein
Recommended Guidelines to establish evidence (Strategic Information)

1. Research HIV risk factors and deep-seated causes of vulnerability;
2. Conduct risk assessments to identify women who need additional support to access HIV prevention services, due to poverty or power inequalities;
3. Carry out research on embedded social and gender inequalities, to effectively address risks and prevention needs of the marginalised and most at risk;
4. Explore the interaction between HIV infection, culture, norms and values, and the rights of the marginalised and most at risk;
5. Collect data on disparities, social deprivation and exclusion of key audiences;
6. Undertake ‘equity audits’ in priority areas of the Guyana National HIV Strategy to determine how far prevention services reach those in greatest need, and take account of inequalities in the development and implementation of HIV prevention services;
7. Direct research efforts towards developing barrier protection methods that do not rely only upon the cooperation of men, and have the potential to offer women immediate and effective protection against HIV infection;
8. Research prevention needs of the “drivers of the epidemic” without triggering stigma.

Principle 3

Guyana’s ‘combination prevention’ of HIV is devoid of dogma, and based on science; is targeted, focused, evidence-informed, and developed, delivered and maintained at a high level of excellence.

III. Recommended GUIDELINES for achieving and sustaining STANDARD 3

Recommended Programme Guidelines

1. Promote ongoing sexuality education in teacher training curriculums;
2. Create activities that are based on sound biomedical and behavioural science;
3. Formulate prevention programme goals for established target audiences;
4. Define target groups, as specific as possible (age, gender, education, and socio-economic background) by risk taking behaviours;
5. Design HIV prevention activities that are specifically intended to prevent risk behaviours in each target audience;
6. Assess the optimal approaches to address all relevant dimensions of HIV prevention and implement them to maximize their synergies;
7. Design activities that integrate individual and society driven risk factors to recognise barriers and negotiate ambitious and realistic risk reduction plans;
8. Design user specific capacity building programmes that will improve access to prevention by building particular skills pertaining to the target audience;
9. Craft prevention messages to call to action, to motivate and appeal to the needs, beliefs, concerns and readiness of the target audience through the use of “safety quotes”, self-risk assessments, positively framed messages, etc;
10. Design and support prevention programmes with and for youth that are age appropriate and specific to their social milieu;
11. Design and support prevention programmes with and for the elderly;
12. Create activities that are based on sound bio-medical and behavioural science that are relevant in the local context;
13. Formulate prevention strategies that are based on sound evidence and best practices from international and locally proven approaches;
14. Develop evidence-informed activities to address vulnerabilities and inequalities experienced by target groups – and, where no evidence-based activities are available, pilot programmes that will be developed and evaluated to establish a local evidence base;
15. Include the important risk-reduction message of reducing the numbers of sexual partners in HIV prevention messages;
16. Design activities to counteract unscientific prevention approaches utilized by target audiences;
17. Create activities that are proven to be responsive to the type of epidemic that is prevalent in the particular target audience;
18. Promote male circumcision as an additional, important strategy for the prevention of heterosexually acquired HIV infection in men as part of a comprehensive HIV prevention package – stressing the importance of continued, consistent and correct condom use;
19. Pre test prevention programmes and materials with target audience to determine if they are understandable, culturally appropriate, believable and realistic, acceptable to the audience, visually appealing, informative and motivational to achieve the desired behaviours;
20. Establish activities that support individuals to develop and sustain personal and social skills to enable them to make well-informed choices and have the capacities, competencies and skills to act accordingly;
21. Include in activities, information on shaping desired attitudes, self-efficacy, and motivation and building of behavioral skills;
22. Develop specific behavior change communication material that includes safer sex negotiation skills and knowledge of rights;
23. Design activities that enable users to make informed HIV prevention choices through knowledge and understanding of HIV prevention options, available services and access to those services;
24. Develop activities that give reliable, correct and unambiguous information that are culturally applicable to the local context;
25. Disseminate information about testing facilities, counseling procedures, rights of people living with HIV as part of prevention programmes;
26. Design comprehensive training inclusive of continuous professional development for prevention practitioners, increase the number of training programmes as well as training mid-career professionals;
27. Train practitioners to understand activities’ theory, rationale, and how to modify adaptable key characteristics and activities;
28. Expose prevention practitioners to facilitation and participatory learning experiences that aim to develop their knowledge, positive attitudes and behaviours and skills to assist target audiences in developing and maintaining safer behaviours and healthy lifestyles;
29. Build capacity for HIV prevention planning and implementation in government, non-government, including civil society;
30. Provide training to most-at-risk populations and people living with HIV to organize and advocate, to deliver peer prevention and to lead “positive health, dignity and prevention programmes”;  
31. Ensure that persons who take the HIV test are adequately counseled; including those who test HIV negative;
32. Formulate continuous and long term activities to provide scientifically sound and culturally appropriate information;
33. Establish activities that promote health and well being of people living with HIV to halt, reverse and prevent disease progression;
34. Integrate behavior change communication as a system and not as an activity;
35. Be systematic and inclusive in planning prevention for and with intended users, communities and other stakeholders;
36. Integrate HIV testing and counseling facilities with Tuberculosis (TB), Sexually Transmitted Infection (STI), family planning, Sexual and Reproductive (SRH) and Maternal and Child Health (MCH) services;
37. Design programmes using evidence of effectiveness, of multi-component prevention approaches;
38. Promote and provide access to all-encompassing prevention, treatment and care services, such as male partner involvement and adequate health services for effective parents-to-child transmission prevention;
39. Promote and provide access to all-encompassing positive health, dignity and HIV prevention through “knowing your status” campaigns and prevention skills building for people living with HIV, etc.;
40. Develop programmes that address social and structural HIV risk factors such as population mobility, gender and economic inequalities, lack of communication about sexuality, sex, etc.;
41. Design activities in collaboration with other sectors to include skills for life, psychological components, and support to reduce vulnerability;
42. Promote delay in the onset of sex, abstinence from penetrative sex, the reduction in the number of multiple and concurrent sex partners, male circumcision, providing and promoting correct and consistent use of male and female condoms as effective combination prevention;
43. Design activities that focus on making condoms available to the general population respecting their cultural backgrounds;
44. Create an enabling environment to improve motivation to use condoms especially among populations with higher risk of infection;
45. Promote ready, easy, cheap and appropriately packaged water-based lubricants along with condoms to reduce the chance of breakage in penetrative sex (especially anal) sex;
46. Adopt confidence building measures to instill trust among the general population regarding the quality of condoms provided free by the government bodies;
47. Combine activities that take into account cultural norms and give accurate and understandable information about myths that impede and undermine prevention messages in each target audience;
48. Work towards persons correctly identifying ways to prevent HIV and reject misconceptions about HIV transmission;
49. Develop programmes that address the interrelated social, cultural and economic forces that create disparities and lead to uneven chances of risk.

**Recommended Policy Guidelines**

1. Establish interdisciplinary design teams with clear roles for users and practitioners for developing effective and sustainable evidence-informed prevention activities;
2. Advocate for periodic reviews of each programmatic area of prevention to determine whether activities address risk behaviours;
3. Advocate for periodic reviews of each programmatic area of prevention to determine if specific needs of target audiences are addressed or have changed over time;
4. Bring to the attention of policy makers, issues that affect target audiences, which have an impact on prevention;
5. Negotiate prevention initiatives or projects, including those from donor agencies, to ensure relevance to target audiences;
6. Plan and invest in available human and organisational resources to increase their capacity to be able to expand high quality services in the future;
7. Mobilise and commit resources to adequately meet prevention needs of target audiences;
8. Make certain, prevention programmes are developed in keeping with the national HIV strategy and with sector polices outlined in the Poverty Reduction Strategy of Guyana;
9. Identify priority geographic settings where male circumcision is likely to have the greatest impact on the HIV epidemic and progressively expand access to safe male circumcision services within the context of ensuring universal access to comprehensive HIV prevention, treatment, care and support;
10. Mobilise and commit resources to sufficiently meet the need of continuously updated and current strategic information;
11. Redirect funds to improve quality of HIV prevention activity, where necessary;
12. Analyse human resource needs and identify measures to build human resources required to scale up and intensify prevention efforts;
13. Observe national and international standards when available and possible, in order to meet local needs;
14. Be cognizant of more costly measures that provide acceptable effectiveness and substantial benefits, against measures that are less expensive and have less impact on the epidemic;
15. Derive realistic estimates of what it will cost to achieve the prevention targets, determine feasibility, and devise mechanisms for tracking and analysing expenditures and reporting on cost effectiveness;
16. Analyse costs of HIV prevention programmes, and compare these with not preventing the spread and expansion of the HIV epidemic;
17. Conduct strategic planning for increased programme effectiveness and institutional capacity;
18. Formulate a secondary prevention plan that crosscuts public health programmes and include funding to operationalise the plan at the various levels;
19. Put systems in place that track distribution, availability, and wastages of [male and female] condoms at condom delivery points;
20. Screen all blood units in the public and private sector for HIV, mandate tracking of HIV in donated blood, and periodically assess and upgrade blood safety measures;
21. Offer prevention of parents-to-child transmission services (PPTCT), including good quality counseling, and a complete course of antiretroviral prophylaxis for pregnant women who test positive, at health service outlets;
22. Ensure use of clean needles by public and private health institutions through availability of personnel with adequate training and provide necessary equipment (e.g. disposal of sharps) and education of general population;
23. Integrate prevention with blood safety programmes and promote universal precautions in health-care settings;
24. Provide HIV counseling and testing services;
25. Treat sexually transmitted infections;
26. Coordinate various actions on HIV prevention and align with prevention, treatment, care and support elements of the National HIV Strategy;
27. Partner with key stakeholders of different sectors to integrate HIV prevention measures with other health, education and communication programmes;
28. Provide sexuality and reproductive health education to adolescents and young adults, including HIV prevention information and education on issues that impede HIV prevention, such as HIV-related stigma and discrimination, sexual violence and abuse, as well as gender insensitivity and inequality, through school and teacher college curriculums;
29. Mobilise and commit resources towards a combination of activities tailored to the local epidemic(s) and avoid single prevention activities;
30. Advocate with Faith Leaders to avoid their communicating that condoms are unsafe, or their presentation of condoms as immoral;
31. The National AIDS Programme Secretariat leads and coordinates multi sector collaborations between government ministries and agencies, the private sector, civil society and donors, and establishes clear sectoral responsibilities, and assumes accountability for national HIV prevention;
32. Plan and invest in available human and organisational resources to increase their capacity to be able to expand high quality services in the future;
33. Allocate resources to fund strategic information initiatives.

“As long as a child is born with HIV, anywhere in Guyana, our job is not done!”

Leslie Ramsammy
Recommended Guidelines to establish evidence (Strategic Information)

1. Establish evidence specific to target audience;
2. Conduct analyses of the individual, couple/relationship, group and societal factors that impede and support healthy behaviour, to strategically assemble an array of approaches that operate on these multiple levels;
3. Determine the HIV risk profile including risk behaviours that the primary target audience is practicing (PPTCT, VCT, etc);
4. Conduct research to determine what attitudes need to be changed, what skills need to be learnt, what behaviours the target audience must adopt and sustain;
5. Conduct research on sexual networking and multiple and concurrent sexual partnerships to better understand the dynamics of HIV transmission through bridge populations;
6. Conduct periodic assessments to confirm that prevention activities are appropriately targeted;
7. Conduct behavioural and ethnographic studies (on young adults, boys, girls, married men, sex workers, men who have sex with men) to map and define sexual and communication networks and patterns, and opportunities to promote social change;
8. Use strategic information to guide targeted activities and to stay on course;
9. Partner with national and international stakeholders to mobilise resources to carry out research on unproven HIV prevention ‘techniques’;
10. Partner with national and international stakeholders to mobilise resources to carry out research on damaging HIV prevention ‘techniques’;
11. Carry out research to determine the relationship between epidemiology of HIV infection and the risk behaviours that transmit HIV, and structural barriers that hamper access to HIV information;
12. Collaborate with national and international partners to conduct surveys to determine age of sexual debut, and percentage of young men and women, below age 15, who are sexually active;
13. Collaborate with national and international partners to conduct surveys to establish the percentage of males and females (15-24 years) who had sex with more than one partner within the last 12 months;
14. Team up with national and international partners to conduct surveys to establish the percentage of males and females (15-24 years) who report condom use during last sexual intercourse with a non-regular partner;
15. Assess reporting needs of prevention implementers and develop a monitoring and evaluation (M&E) system around those needs;
16. Monitor HIV prevention programme coverage, disaggregated by population subgroup, sex, age, marital status and geographic area; analyse information with stakeholders; identify implementation gaps; and coordinate partners and adjust programmes to meet demand and improve programme;
17. Use M&E and surveillance data to improve programme coverage, equity and effectiveness;
18. Develop prevention activities that include periodic monitoring and evaluation for effectiveness;
19. Evaluate programme successes and failures (ethical soundness);
20. Develop or adopt national performance indicators, which measure quantity and quality of prevention services delivered;
21. Collaborate with national and international partners to conduct analyses of the current epidemic and the state of the national response to determine the most effective combination of HIV prevention activities;
22. Team up with key partners to undertake periodic analysis of the HIV epidemic within target group to determine what needs to be addressed through focused, combination prevention programmes;
23. Carry out research to determine HIV-related myths prevailing within each target audience;
24. Conduct periodic research to determine whether the mix of HIV prevention activities is optimal.
Principle 4

In Guyana, HIV prevention is locally-adapted and prioritised, according to the epidemiological scenario and socio-cultural contexts, in partnership with all stakeholders, particularly those for whom HIV prevention programmes are developed and implemented.

IV. Recommended GUIDELINES for achieving and sustaining STANDARD 4

Recommended Programme Guidelines

1. Network to ensure prevention services are planned and configured to meet local demands;
2. Team-up with community organisations, faith organisations and prevention service providers to develop an enabling social environment for promoting and encouraging positive gender norms and the social, cultural, economic, political, and organisational conditions that influence the target audiences’ HIV risk behaviours;
3. Design replicable, structured activities that address underlying social, cultural, economic, physical and policy aspects that can hinder prevention efforts;
4. Design programmes that address societal norms of masculinities that place men and boys at risk of becoming infected through accepted lifestyles;
5. Design programmes that address societal norms of femininity that place women and girls at risk of becoming infected through accepted lifestyles;
6. Design evidence-informed activities for out-of-school youth in high-risk and high prevalence areas;
7. Design programmes that offer choices of services that are geographically feasible and convenient for the most vulnerable;
8. Formulate age specific activities that consider the complexities of human development (with emphasis on cognitive development) with respect to target audience in their specific settings;
9. Consider, the increasing presence of non-English speakers in the country when developing prevention activities;
10. Develop prevention activities that are culturally and language appropriate, based on understanding local situations and circumstances in which the prevention must be operationalised;
11. Design strategies that focus on both individual susceptibility and risk, and on societal factors that could positively and negatively influence individual risks and vulnerabilities;
12. Take action to protect those most at risk, by using measures that influence and have an impact on social norms, policies, and other societal-level causes of vulnerability and risk;
13. Prioritise HIV prevention measures considering various elements according to the epidemiological scenarios that can be low-level, concentrated, generalized or mixed;
14. Develop programmes to match the local epidemic through broad as well as targeted approaches to HIV prevention;
15. Develop awareness and understanding of the conflicts between harmful norms and social barriers and safer behaviours within target communities, and formulate activities to resolve them;
16. Encourage and promote positive norms through community mobilisation and building partnerships to sustain individual behaviour change;
17. Design activities taking into account the social, physical, and economic characteristics of the target audience;
18. Mobilise each target audience to actively participate in the design and implementation of prevention activities for behavior change without increasing stigma;
19. Promote active user participation and involvement in the planning and organizing of services;
20. Empower and involve communities to take actions to achieve better prevention programmes;
21. Work with community, faith and other societal leaders to arouse public interest and awareness of HIV prevention issues in the community;
22. Work with community groups to determine how services can be tailored to their needs;
23. Ensure widely available information about what is provided in HIV prevention, where and by whom;
24. Offer users adequate information on HIV prevention information services to make informed choices;
25. Encourage effective and meaningful participation of target audience in prevention activities;
26. Build trust among users of HIV prevention services, by establishing systems to ensure that strict confidentiality is maintained for all persons accessing HIV prevention services and all information is retained securely;
27. Assess the potential impact of each HIV prevention measure and consult with potential beneficiaries about their likely reception;
28. Develop activities for people living with HIV to prevent re-infecting themselves and transmission to others;
29. Design activities that are tailored to address the health and psychological challenges of people living with HIV.

**Recommended Policy Guidelines**

1. Work in partnership with local agencies, communities and marginalized groups on community prevention initiatives that tackle drivers of the epidemic;
2. Work with local agencies, communities and marginalized groups to determine how prevention services can best be tailored to their needs;
3. Set ambitious prevention targets that consider the status and transmission dynamics of the epidemic;
4. Commit and invest resources to enable understanding of the local epidemic and surveillance at the local level, all the way up to national surveillance programmes;
5. Identify government departments or sectors that can aid in reducing harmful norms and engage them through partnerships to counteract such norms;
6. Mobilise and commit resources to derive information on the epidemic and its drivers;
7. Identify civil society sectors, including those of people living with HIV and youth, that can aid in reducing harmful norms and engage them through partnerships to counteract such norms;
8. Identify partners in the private sector that can aid in reducing harmful norms and engage them through partnerships to counteract such norms;
9. Identify other gatekeepers in society that support and/or propagate harmful norms and engage them through partnerships to counteract such norms;
10. Commit to periodical tracking and assessing the epidemic’s scenario(s) and modifying prevention programmes accordingly, based on up-to-date evidence;
11. Design prevention services that take into account flexible service hours;
12. Foster partnerships with target audiences for monitoring and evaluating HIV activities;
13. Formalise prevention service providers’ commitment to a confidentiality policy;
14. Commit resources to allow for adequate and meaningful user participation.

**Recommended Guidelines to establish evidence (Strategic Information)**

1. Use participatory techniques to identify inhibiting or limiting factors regarding access and use of prevention services and collectively attempt to find solutions to them;
2. Conduct research on health and psychological challenges affecting persons living with HIV;
3. Conduct continuous assessment of local community needs and the effectiveness and impact of prevention programmes;
4. Conduct surveys, assessments and other action-oriented research in order to understand the local epidemic inclusive of HIV epidemiological and behavioral surveillance, social, economic, and cultural contexts, and barriers to and opportunities for prevention;
5. Collect good quality data about local populations to create needs-based and practical approaches to prevention;
6. Conduct surveillance and research to define the epidemic bio-behavioural situations and contexts, and the populations most at risk, in geographic locations, and risk settings most in need of HIV prevention;
7. Team up with national and international stakeholders to mobilise resources to carry out cross-sectional bio-behavioural surveys of attitudes and behaviours i.e. cross-sectional surveys of attitudes and behaviours among young people, the sexually active senior population, and behavioural surveillance in those with high-risk behaviors, etc.;
8. Partner with community based organisations that are doing targeted activities to collect data from specific communities within defined geographical locations, to obtain localised prevalence estimates;
9. Partner with national and international stakeholders to mobilise resources to carry out population based surveys to assess the dynamics of HIV infection in Guyana including data on HIV morbidity and AIDS mortality;
10. Partner with national and international stakeholders to mobilise resources and conduct research on the contexts and drivers of predominant risk behaviours and to guide investment and action towards achieving prevention objectives;

**Principle 5**
In Guyana, the delivery of HIV prevention activities is informed by continuous research and development of innovative prevention technologies.

**V. Recommended GUIDELINES for achieving and sustaining STANDARD 5**

**Recommended Programme Guidelines**

1. Provide a full range of prevention services and participate in the evaluation of the shared prevention service standards;
2. Create ongoing activities that promote and sustain positive health, dignity and HIV prevention behaviours based on formative and continuous research;
3. Design programmes that provide ongoing support to users in their chosen method (of prevention);
4. Work towards reducing the spread of HIV by balancing the need to achieve short-term results with efforts towards the longer term goal of creating an environment that reduces HIV risk and supports sustained and universal access to HIV prevention;
5. Develop programmes that includes participatory methods of teaching relevant life skills for developing and sustaining HIV risk free behaviours;
6. Respond with urgency to prevent immediate risks, but also use innovative strategies and extended time-frames to tackle complex challenges;
7. Design programmes that facilitate capacity building in behavioural surveys to investigate the social and environmental factors that contribute to HIV infection and co-occurring conditions;
8. Formulate programmes that bridge the gap between culture of researchers and Community Based Organisations and facilitate effective information exchange.

**Recommended Policy Guidelines**

1. Partner with prevention stakeholders to design comprehensive and long term prevention programmes that are adequate to have an impact and can be fully supported throughout the programme;
2. Work collaboratively with national partners to conduct periodic prevention needs profiling, mapping of available resources and shaping prevention services to address priorities and deficits;
3. Formulate strategies for long term prevention outcomes that require sustained and cumulative efforts – including complementary and synergistic actions;
4. Be flexible to re-prioritise activity efforts upon recognising new evidence and developments and advances in HIV prevention;
5. Give priority to new/updated evidence resulting from monitoring and evaluation and modify or develop new activities, accordingly;
6. Be alert, identify and respond to emerging prevention issues;
7. Mobilise and commit adequate resources to support continuous prevention research and innovation;
8. Redirect funds to emerging priorities of HIV prevention;
9. Make the surveillance data and activity data public at the local level to inform policy decision makers;
10. Select reputable researcher(s) and/or research institution(s);
11. Maintain the “Guyana National Reference Group for HIV Prevention” as a review body to support the National AIDS Programme Secretariat’s assessment of compliance with the national standards in terms of materials and programmes.

Recommended Guidelines to establish evidence (Strategic Information)

1. Conduct periodic assessments to determine the degree to which prevention services are meeting the needs of users;
2. Partner with national and international partners to initiate and/or maintain/adapt second generation surveillance that includes behavioural data;
3. Be cognisant of new developments in HIV prevention;
4. Forge partnerships to execute periodic surveys of behaviour in sub-populations, surveillance of sexually transmitted infections and other biological markers of risk, HIV surveillance in sub-populations and HIV case reporting.

With special thanks to Anand Harrilall and Beverly Braithwaite Chan (Consultants) and members of the Technical Working Group of the Guyana National Reference Group on HIV Prevention: Jennifer Ganesh – Prevention Coordinator; Nazim Hussain-Community Mobilisation Coordinator; Asmita Chand-Civil Society Coordinator; Ajay Baksh-Media Liaison and Communication Consultant, UNAIDS.
Annex II

THE GUYANA NATIONAL HIV PREVENTION STANDARDS SCORECARD

The “HIV PREVENTION STANDARDS SCORECARD” is a tool for HIV prevention makers; prevention services providers; prevention users and clients of prevention services; technical assistance providers; donors, etc - and the “Guyana National Reference Group for HIV Prevention,” to obtain a quantitative rating to the quality of HIV prevention products, projects and programmes in Guyana.

This scorecard underlines the importance of both the biological and behavioral factors associated with HIV transmission and the social and structural factors which can aid or impede the success of HIV prevention programming.

The scorecard is a reflection of the partnership that exists between the Ministry of Health’s National AIDS Programme Secretariat and its key stakeholders throughout the process of HIV prevention research, development, implementation, and quality monitoring of Guyana’s prevention products, instruments, tools and services.

All of the Guyana National HIV Prevention Standards are ‘composite Standards, made-up of quality elements:

- Standard 1 comprises six (6) quality elements;
- Standard 2 comprises eight (8) quality elements;
- Standard 3 has twenty (20) quality elements;
- Standard 4 comprises eleven (11) quality elements,
- Standard 5 is made up of six (6) quality elements.

These building blocks guarantee a high level of quality that must never be compromised.

In Guyana, a minimum score of 80% is the acceptable HIV prevention quality rating for each Standard.

When, in a particular prevention product, project, initiative, programme or service, a required quality element is present, a score of “10” is given. If not present, a “zero” is circled. When that quality element is not applicable to the prevention product under review, “N/A” is circled and a default score of “10” is still applied.

If uncertainty exists about the presence of a particular quality element, or when additional information is necessary a question mark “?” is given. Clarification must be obtained before finalising the rating process.

Each HIV prevention product, instrument, tool and service undergoing a quality rating, must be accompanied by a write-up, of a maximum three (3) pages, describing the methodology(ies) through which this prevention product has been developed. The suggested format for this submission can be downloaded from the NAPS website (www.hiv.gov.gy). This is especially important to assess quality elements such as 3.6; 4.4; 4.2; 5.2; 5.4, and 5.5.

Under the “Comment” section remarks can be made on technical aspects; recommendations for improvements and requests for clarification.

For questions and comments about the use of the Scorecard, and for any queries about the “Guyana National HIV Prevention Principles, Standards and Guidelines:” Email guyanahivprevention@gmail.com
1. In Guyana, HIV prevention is multi-sectoral, multi-dimensional, aligned with One National Programme, of a scope and mix that is effective, at an intensity that is sustained, and of a scale to reach and impact everyone.

**RATING OF STANDARD 1**
This Standard ensures comprehensive and effective prevention for every person in Guyana.

<table>
<thead>
<tr>
<th>Standard Element</th>
<th>QUALITY</th>
<th>SCORE (circle)</th>
<th>Not Applicable (circle)</th>
<th>Additional information or clarification required (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>is consistent with national requirements for universal access</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>1.2</td>
<td>reaches ambitious, realistic and measurable targets</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>1.3</td>
<td>provides the range of services and activities required to meet the needs of everyone</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>1.4</td>
<td>is of a magnitude that is long term and sustainable</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>1.5</td>
<td>is familiar with the current response (who is doing what, where, when and how) and identify existing gaps</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>1.6</td>
<td>is coordinated across services and partners</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
</tbody>
</table>

**RATING**
**TOTAL RATING** (PASSING SCORE “50” and no “question mark”)

**COMMENTS:**

2. In Guyana, HIV prevention is based on and driven by the promotion, protection and respect of human rights, diversity, gender equality, and addresses the most vulnerable and the drivers of the epidemic, with priority and special consideration.

**RATING OF STANDARD 2**
This Standard addresses equality and equity in HIV prevention, and articulates the importance of “Knowing your epidemic and knowing your response,” and societal contexts.

<table>
<thead>
<tr>
<th>Standard element</th>
<th>QUALITY</th>
<th>SCORE (circle)</th>
<th>Not Applicable (circle)</th>
<th>Additional information or clarification required (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>adheres to The Constitution of Guyana</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>2.2</td>
<td>identifies laws that impede universal access</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>2.3</td>
<td>recognises and responds to social exclusion, discrimination and power imbalances, such as those between genders or individuals</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>2.4</td>
<td>prioritises and focuses on those most affected by and most vulnerable to HIV</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>2.5</td>
<td>reaches those most marginalised and vulnerable to HIV</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>2.6</td>
<td>takes into account economic disparities and other inequities</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>2.7</td>
<td>encompasses “positive health and dignity” as part of HIV prevention</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>2.8</td>
<td>adheres to policies and ratified international conventions as these relate to human rights and non-discriminatory practices</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
</tbody>
</table>

**RATING**
**TOTAL RATING** (PASSING SCORE “60” and no “question mark”)

**COMMENTS:**
Guyana’s ‘combination prevention’ of HIV is devoid of dogma, and based on science; is targeted, focused, evidence-informed, and developed, delivered and maintained at a high level of excellence.

**RATING OF STANDARD 3**
This standard provides direction, relevance and scope for meeting HIV prevention needs of key audiences, and requires prevention activities to be tested or proven before implementation. It defines characteristics of high quality prevention. This standard also describes a course of action for prevention to be comprehensive and evidence informed.

<table>
<thead>
<tr>
<th>Standard element</th>
<th>QUALITY</th>
<th>SCORE (circle)</th>
<th>Not Applicable (circle)</th>
<th>Additional information or clarification required (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>must not support the “single” or “only” activity approach</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.2</td>
<td>results from a strategic combination of activities, tailored to specific audiences’ needs</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.3</td>
<td>involves more than the pairing of multiple activities</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.4</td>
<td>analyses the individual, couple/relationship, group and societal factors that impede and support healthy behaviour</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.5</td>
<td>assembles an array of approaches that operate on these multiple levels</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.6</td>
<td>is of consistent high quality from development, to every point of delivery</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.7</td>
<td>reaches people, based on established risk profiles</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.8</td>
<td>addresses the capacity to have the knowledge and skill</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.9</td>
<td>is age-appropriate and relative to level of cognitive development</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.10</td>
<td>is relevant to economic and social development</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.11</td>
<td>takes into account the biomedical and behavioral science of HIV prevention</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.12</td>
<td>incorporates proven activities, effectively</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.13</td>
<td>is honest and inclusive</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.14</td>
<td>is delivered by appropriately trained and certified prevention practitioners</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.15</td>
<td>provides operational guidelines or protocols for use by practitioners and managers</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.16</td>
<td>responds with urgency to prevent immediate risks</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.17</td>
<td>uses innovative strategies and extended time-frames to tackle complex challenges such as inequitable gender norms</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.18</td>
<td>addresses both individual risk and the societal conditions that create vulnerability</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.19</td>
<td>is true and myth free</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>3.20</td>
<td>finds respectful, evidence-informed ways to change harmful norms</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
</tbody>
</table>

**RATING**

TOTAL RATING (PASSING SCORE “160” and no “question mark”)

COMMENTS:
4. In Guyana, HIV prevention is locally-adapted and prioritised, according to the epidemiological scenario and socio-cultural contexts, in partnership with all stakeholders, particularly those for whom HIV prevention programmes are developed and implemented.

**RATING OF STANDARD 4**
This standard informs HIV prevention that is based on evidence, “knowing your epidemic,” respectful of social norms and prevailing circumstances, and incorporates users’ participation in HIV prevention.

<table>
<thead>
<tr>
<th>Standard element</th>
<th>QUALITY</th>
<th>SCORE (circle)</th>
<th>Not Applicable (circle)</th>
<th>Additional information or clarification required (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>is locally adapted and informed by socio-cultural contexts</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.2</td>
<td>prioritises activities relevant to the type of epidemic</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.3</td>
<td>enables users to make informed and appropriate decisions and support autonomous choices</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.4</td>
<td>builds on and utilises the capacities and strengths of affected communities</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.5</td>
<td>is done with participation of all stakeholders</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.6</td>
<td>is consistent, accurate and culturally appropriate</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.7</td>
<td>is realistic and practical to induce individual and community impact</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.8</td>
<td>includes comprehensive secondary prevention</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.9</td>
<td>supports users in taking responsibility for effective preventative actions</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.10</td>
<td>is user-centered and user-friendly</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>4.11</td>
<td>is based on trust and shared principles</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
</tbody>
</table>

**RATING**

**TOTAL RATING** (PASSING SCORE “90” and no “question mark”)

**COMMENTS:**

5. In Guyana, the delivery of HIV prevention activities is informed by continuous research and development of innovative prevention technologies.

**RATING OF STANDARD 5**
This standard underscores sustainable activities through ongoing scientific research and development.

<table>
<thead>
<tr>
<th>Standard element</th>
<th>QUALITY</th>
<th>SCORE (circle)</th>
<th>Not Applicable (circle)</th>
<th>Additional information or clarification required (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>has a long-term vision, as well as short term objectives</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>5.2</td>
<td>is informed by current and ongoing research</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>5.3</td>
<td>addresses emerging priorities</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>5.4</td>
<td>reflects new and innovative activities</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>5.5</td>
<td>address specific needs of target audience(s), as defined by formative research</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
<tr>
<td>5.6</td>
<td>is constantly monitored, evaluated and improved</td>
<td>10 / 0</td>
<td>N/A (10)</td>
<td>?</td>
</tr>
</tbody>
</table>

**RATING**

**TOTAL RATING** (PASSING SCORE “50” and no “question mark”)

**COMMENTS:**

| P a g e 28 |
HIV prevention programmes are made up of activities that are designed to achieve specific, relevant prevention objectives (e.g. increased knowledge, attitude change, use of barrier methods, prevention of parents-to-child transmission, delayed sexual debut, etc.), that are expected to reduce HIV incidence in particular populations and settings, based on a situation analysis and formative research.

While the number of possible combinations of objectives, populations, and settings is virtually infinite, a rather small number of different methods or activities provide the tools in the toolbox, or the set of building blocks, that may be applied in HIV prevention programmes worldwide.

UNAIDS has developed a glossary of activities that are typically employed in HIV prevention, based on the recognition that HIV prevention makers and programmers need to have stable and common definitions of prevention activities on which to base a consistent approach to quality improvement, planning, costing, monitoring and evaluation. In Guyana, this toolkit is “The ‘ABC... to Z’ HIV Prevention Glossary.”

Stability in classifying programmatic and policy actions for prevention is best achieved by first defining a fundamental activity and then elaborating further dimensions in which the activity is pursued, including with which target audiences and specific objectives and in which settings.

Currently, multi-component prevention programmes are typically funded, planned and reported using a variety of often inconsistent categories — for example the audience (e.g. “MSM interventions”); the setting (e.g. “workplace interventions”); the methodology (e.g. “outreach”), or the outcome sought (“empowerment,” “stigma reduction”). This is problematic for costing, evaluation, and comparison, as the labels are applied to a wide range of very different activities, and a number of the categories are overlapping.

After consideration of possible options, UNAIDS recommends standardising the description of the elements of HIV prevention programmes around activities.

These are the services provided or actions performed. This, because a relatively small number of activities comprise the building blocks of most programmes, whereas it is hard to establish a list of discreet audiences, settings or outcomes that apply across countries and epidemic scenarios.
According to this, all HIV prevention activities can be classified under one of the following three (3) broad categories, which are made up of combinations of these activities, designed to achieve relevant HIV prevention outcome objectives in a specific target population:

A. Prevention methods/tools (clinical activities and condoms);
B. Activities to support/advocate/promote other methods/tools and to achieve behavioural and structural outcomes;
C. Research, evaluation and knowledge translation.

**Activities, interventions, and programmes**

Most effort to date to organize and build coherence in HIV prevention programmes has focused on evaluation of “interventions.”

The UNAIDS Monitoring and Evaluation Reference Group\(^3\) defines interventions as:

> A specific activity (or set of activities) intended to bring about change in some aspect of the status of the target population (e.g., HIV risk reduction, improving the quality of services) using a common strategy. An intervention has distinct process and outcome objectives and a protocol outlining the steps of the intervention.

Thus, “activities” are building blocks of “interventions”. Similarly, in a programme context, HIV prevention interventions are planned as a set of complementary and mutually reinforcing efforts to achieve specified objectives for populations and settings most in need, with the time and funds available. In its guidance for clearance by the UNAIDS Monitoring and Evaluation Reference Group (MERG) UNAIDS defines a “programme” as follows: An overarching national or sub-national response to a disease. A programme generally includes a number of projects.

It is suggested to avoid using the term “intervention” as it implies outdated notions of linear relationships between actor (the intervener) and beneficiaries (the intervened upon), which can objectify key partners and communities. In best practice, HIV prevention activities (as with treatment, care and support) engage all affected parties in the design and monitoring of information and services, and entail equal power and mutual responsibility for the results.

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HIV prevention terminology must be standardised around activities, rather than around the sets of activities to achieve specified objectives, for practical reasons: interventions are infinitely variable combinations – according to the situations and needs of particular groups and settings -, whereas the set of possible activities is more limited.

To establish standards for comparison, costing and evaluation, a defined set of elements is required. This standardisation has been included in the “Guyana National HIV Prevention, Principles, Standards and Guidelines.”

The Guyana HIV prevention glossary, based on the “UNAIDS HIV Prevention Glossary” provides a stable and exhaustive list of prevention activities [“from ABC... to Z”] that occur in various combinations and that can be tracked and compared across time and across locations. The glossary is intended to be used to facilitate establishing a common understanding of prevention activities (based on agreed definitions), consistency on how the terms are applied, and comparability and replicability within and across HIV prevention programmes.

In any programme design, all of the key dimensions (activity, audience, setting and intended outcome) need to be articulated when planning and/or documenting programmatic and policy actions. The HIV prevention glossary is organized consistently around activities as its building blocks, rather than around interventions, or around audiences (e.g. youth programmes), settings (workplace programmes) or objectives (e.g. abstinence programmes), because activities are the elements which remain most consistent across different settings, purposes and audiences.

This HIV prevention glossary (‘from ABC... to Z’) forms an integral part of the “Guyana National HIV Prevention, Principles, Standards and Guidelines.” It lists the broad activities and services (e.g. Education) and some illustrative applications (e.g. Life Skills Education), that constitute building blocks of the programmatic and policy actions recommended in the UNAIDS Practical Guidelines for Intensifying HIV Prevention (UNAIDS 2007).

The glossary provides the starting point for development of a classification of activities that are implicated in the recommended programmatic and policy actions in the Practical Guidelines, and other programming tools (e.g. PEPFAR’s Partnership Framework).

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4 This principle also applies to activities in other HIV and development programme areas.
When looking closely at activities that make up the *glossary*, it must be noted that these are pretty broad, and there will be a need to define a further level of specificity when it comes to HIV prevention programming.

The activities in the *glossary* are ‘broad activities’.\(^6\)* For the next level of detail, ‘*programme* activities’ must be developed, planned and budgeted.

Goal-related programmes normally comprise a number of distinct activities, so programmes and activities should not be jumbled up into the same list.

Let us, therefore, keep hold of the core concept that HIV *programmes*

(1) Comprise different *activities*.
(2) Are undertaken in different *populations*,
(3) in different *settings*,
(4) designed to achieve particular *outcomes*.
and (5) That we want to keep 1,2,3,4 conceptually distinct.

For strategies to be undertaken in different populations, and for different key audiences, there are the “Prioritised HIV Prevention Measures For Key Audiences,” (strategies!), available as loose leaf take-outs in back of the Practical Guidelines document.

The *glossary* is intended to be used in tandem with these “Practical Guidelines.”


This *glossary* is, therefore, not a stand-alone tool, but rather, a resource to define elements that are referred to and called for in other authoritative sources, but that are often used too loosely and variously in HIV prevention programme designs and evaluations on the ground.

The complete “ABC... to Z” HIV prevention *glossary* can be obtained, in Adobe Acrobat (PDF) format, from guyanahivprevention@gmail.com or be downloaded at www.hiv.gov.gy

\(^6\) It is suggested not to call these “strategies” because, conceptually, activities are meant to describe something of a distinct nature, involving a recognisable cluster of a similar workforce, working in a similar sector, with a similar aim. The problem with using the term ‘strategy’ might be also that as a word it brings to mind more the cluster of activities, which one would use to achieve a particular goal (e.g. the strategy to reduce infections among MSM, or the PPTCT strategy).
The Guyana National Reference Group for HIV Prevention
“Intensifying HIV Prevention in Guyana”

TERMS OF REFERENCE
The main purpose of “The Guyana National Reference Group for HIV Prevention,” led and coordinated by the Ministry of Health National AIDS Programme Secretariat (NAPS), is to support national level HIV prevention coordination; to establish and sustain national principles and standards for HIV prevention in Guyana, and to facilitate the development of and adherence to a “Guyana National HIV Prevention Policy.” This, to ultimately reach universal access to HIV prevention for all in the Republic of Guyana.

I REFERENCE GROUP COORDINATION AND MEMBERSHIP
I.1 The Reference Group is coordinated and chaired by the National AIDS Programme Secretariat of the Ministry of Health and comprises representatives of key national stakeholders and international development partners working in the area of HIV prevention in Guyana.

I.2 The Reference Group convenes a meeting with all key stakeholders, at least once a year, to review progress in the area of HIV prevention and provide and solicit updates on prevention strategies, and innovations in the area of HIV prevention.

I.3 The Reference Group comprises a maximum eleven (11) persons and a minimum of seven (7) persons.

I.4 A Reference Group ‘core group’ is set up to prepare the work for the full Group.

I.5 This Reference Group core group meets at least once a month.

I.6 The Reference Group has at least one member who is a person living with HIV who will not represent a specific organisation or affiliation.

I.7 The Reference Group holds quarterly meetings but the chairman can call, and members may request special sessions at any time.

I.8 Key NAPS and Ministry of Health coordinators attend the meetings of the Reference Group, but not as full members.

I.9 The Reference Group has the authority to request specific technical experts and representatives of groups and constituencies attend its meetings at any time.
II PRINCIPLES, STANDARDS AND GUIDELINES DEVELOPMENT, DISTRIBUTION AND IMPLEMENTATION

II.1 The Reference Group establishes, distributes and puts into practice, national HIV prevention principles and standards to achieve and maintain good-quality national HIV prevention strategies and activities.

II.2 The Reference Group establishes MOU’s with stakeholders, including the international development partners, on the national HIV prevention principles and standards, to ensure alignment (also see IV.4)

III STRATEGIC INFORMATION

III.1 The Reference Group establishes and maintains a database of all stakeholders working in HIV prevention in Guyana and keeps a map of specific strategies being implemented by the various stakeholders

III.2 The Reference Group keeps key stakeholders up-to-date on HIV prevention activities being undertaken to avoid unnecessary duplication and to identify prevention gaps.

III.3 The Reference Group ensures that all stakeholders are provided with adequate, relevant and updated information of national, regional and global developments in the area of HIV prevention

IV NATIONAL HIV PREVENTION LEADERSHIP, ALIGNMENT AND HARMONISATION


IV.2 The Reference Group works towards building consensus on evidence-informed HIV prevention programming.

IV.3 The Reference Group seeks to ensure that stakeholders work towards joint planning and programming in HIV prevention

IV.4 The Reference Group establishes MOU’s with stakeholders, including the international development partners, on the national HIV prevention principles and standards, to ensure alignment (also see II.2)

IV.5 The Reference Group facilitates the development of and reviews prevention strategies and materials in/for Guyana.

IV.6 The Reference Group promotes innovation and originality in HIV prevention strategies – provided that such approaches demonstrate potential to achieve HIV prevention success and do no harm

V RESOURCES MANAGEMENT

The Reference Group advises and guides on resource mobilisation and utilisation for HIV prevention initiatives, based on the established national HIV prevention principles and standards, while allowing for innovation and emerging issues.
In 1992, the National AIDS Programme Secretariat (NAPS) was established and charged with the role of coordinating the overall national response to the HIV epidemic in Guyana. The NAPS is a unit within the Ministry of Health, which works in collaboration with other Governmental and Non-Governmental agencies. It performs management, planning, coordination, monitoring and evaluation functions with respect to the prevention, control and management of HIV and other STI in Guyana.

NAPS’ mission is to reduce the spread of HIV and other STI in Guyana while the goals are:

- To promote informed and responsible behaviours and healthier lifestyles
- To reduce morbidity and mortality due to HIV and STI.
- To reduce the psychological impact of HIV and STI.


UNAIDS brings together its ten cosponsoring UN organisations and supplements their efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and civil society, including person living with HIV – to share knowledge, skills and best practices across boundaries.

For more information: unaidsguyana@unaids.org - Website: www.unaids.org