



Map data sources: WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production: WHO

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	8.6	United Nations
Population in urban areas (%)	2003	34.5	United Nations
Life expectancy at birth (years)	2002	52.3	WHO
Gross domestic product per capita (US\$)	2001	362	IMF
Government budget spent on health care (%)	2001	11.3	WHO
Per capita expenditure on health (US\$)	2001	13	WHO
Human Development Index	2001	0.425	UNDP

3. Situation analysis

- Epidemic level and trend and gender data.** The spread of the HIV/AIDS epidemic in Guinea is attributed to several critical factors such as its proximity to high-prevalence countries, a large refugee population from neighbouring countries, large numbers of internally displaced people and general subregional instability. HIV prevalence in the adult population is 1.2–8.2%. The HIV prevalence among pregnant women increased from 1.5% in 1995 to 2.8% in 2001. AIDS cases comprise 52% men, 45% women and 3% children.
- Major vulnerable and affected groups.** The most highly affected groups include sex workers, truck drivers, armed forces personnel, mining industry workers and people with tuberculosis.
- Policy on HIV testing and treatment.** The National AIDS Control Policy was signed into law in 1998, which outlined the institutional framework of the national response. A new policy on both testing and treatment is currently being developed with the support of the United States Agency for International Development and Family Health International. National guidelines on treatment and monitoring procedures for antiretroviral therapy have been developed, based on WHO guidelines, and validated by all partners. However, adherence protocols have yet to be developed.
- Antiretroviral therapy: first-line drug regimen, cost per person per year.** All first-line drugs are on the official list of essential medicines. The drugs and prices are as follows: zidovudine + lamivudine + nevirapine (US\$ 780 per year); zidovudine + lamivudine + efavirenz (US\$ 1400 per year); stavudine + lamivudine + nevirapine (US\$ 780 per year); and stavudine + lamivudine + efavirenz (US\$ 1200 per year). No subsidies are in place for purchasing drugs, and the Pharmacie Centrale de Guinée has difficulty in supporting the direct and indirect costs of antiretroviral therapy.

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	1.2 – 8.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2003	51 000–360 000	WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	8 448	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	June 2004	500	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	16 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites		not available	
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15–49 years)	2002	8.6%	WHO

- Assessment of overall health sector response and capacity.** The strengths of the national response include decentralized implementation, multisectoral involvement and high political commitment, as evidenced by the location of the National AIDS Committee within the Prime Minister's office. There is an agreed HIV/AIDS action framework based on the National Health Development Plan, the national strategic framework to combat HIV/AIDS and a strategic framework for care and treatment including antiretroviral therapy. However, the capacity of the health sector needs to be strengthened to meet the growing domestic need for scaling up antiretroviral therapy. Access to HIV testing and counselling is very limited, with only three centres operating. These centres are integrated into health facilities located in Conakry, Mamou and Guékédou. Efforts to expand voluntary counselling and testing services began recently through a partner funded by the United States Agency for International Development in collaboration with the Ministry of Health. Access to well-organized post-test services (psychosocial support, HIV-related care and treatment including antiretroviral therapy) is also very limited and has resulted in poor uptake of HIV testing and counselling services. Antiretroviral therapy is currently offered in one central hospital in Conakry and in one regional hospital in Mamou.
- Critical issues and major challenges.** The national response to the epidemic remains in its early stages and has been weakened by inadequate resources. Critical limitations include: inadequate human, material and financial resources; a lack of cross-sectoral collaboration; poor collaboration among implementing agencies; and a lack of a monitoring and evaluation system. No HIV sentinel surveillance programme has been conducted in Guinea since 1996. There are no

systems for demand forecasting or procurement logistics. Management systems for finances, human resource planning and drugs therefore require strengthening and support for scaling up antiretroviral therapy. Limited access to HIV testing and counselling services and the high cost of antiretroviral drugs remain major barriers to scaling up.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total cost to support scaling up antiretroviral therapy to reach the WHO “3 by 5” treatment target of 8000 people by the end of 2005 is between US\$ 28 million and US\$ 36 million.
- Funds anticipated to be available to support scaling up antiretroviral therapy during 2004–2005 include about US\$ 6.7 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria and about US\$ 3.4 million from bilateral partners.
- The World Bank Multi-Country HIV/AIDS Program for Africa provides financial support to scaling up antiretroviral therapy, and additional support is anticipated from the German development agency GTZ, the United States Agency for International Development, Médecins Sans Frontières, UNICEF, the French Cooperation and PRISM, a collaborative project between Management Sciences for Health and the United States Agency for International Development (Pour Renforcer les Interventions en Santé reproductive et MST/SIDA). Guinea currently benefits from the HIPC (Heavily Indebted Poor Countries) Initiative, in which its debt reduction must be reoriented towards financing priority health and social sectors, including HIV/AIDS.
- Taking into account the funds committed to date to support scaling up antiretroviral therapy, WHO estimates that the total funding gap for Guinea to reach 8000 people by the end of 2005 will be between US\$ 18 million and US\$ 26 million.

5. Antiretroviral therapy coverage

- Guinea's total treatment need for 2005 is estimated to be 16 000 people, and the WHO “3 by 5” treatment target is 8000 people by the end of 2005 (based on 50% of need).
- The government has declared a national target of providing treatment to 20 000 people by 2005.
- In 2003, an estimated 500 people, all adults, benefited from antiretroviral therapy, mostly at their own expense and at high cost.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The Ministry of Health leads national plan development, financial management and coordination of HIV/AIDS activities through the National Program for the Care, Support and Prevention of STIs and HIV/AIDS. Agencies supporting these activities include WHO, the World Bank, the United States Agency for International Development, French Cooperation, UNICEF and the United Nations Theme Group on HIV/AIDS in Guinea. The United Nations Theme Group on HIV/AIDS in Guinea has been instrumental in strengthening coordination between partners and their overall commitment to antiretroviral treatment scale-up. The CNLS (Comité National de Lutte contre le Sida) has a leading role in policy development, fundraising and programme evaluation activities.
- *Antiretroviral therapy service delivery.* The National Program for the Care, Support and Prevention of STIs and HIV/AIDS currently manages all clinical elements of the government's response to the epidemic, including testing, counselling, laboratories, capacity-building, developing guidelines and providing support for people living with HIV/AIDS. UNICEF provides leadership in procurement and supply chain management activities working alongside the Pharmacie Centrale de Guinée. WHO, UNICEF, the United States Agency for International Development, the World Bank, GTZ and UNFPA support activities to build capacity, promote training and accelerate prevention.
- *Community mobilization.* The National Program for the Care, Support and Prevention of STIs and HIV/AIDS provides leadership in all elements of community mobilization. The Ministry of Communication plays an active role in communication and sensitization related to behaviour change, supported by UNICEF and the United States Agency for International Development. Several nongovernmental organizations and associations of people living with HIV/AIDS are actively involved in community mobilization activities related to antiretroviral therapy at all levels.
- *Strategic information.* The Ministry of Health, through the National Program for the Care, Support and Prevention of STIs and HIV/AIDS, coordinates and manages activities related to monitoring and evaluation, antiretroviral drug resistance, patient-tracking systems, operational research and information management. The CNLS is mandated to coordinate multisectoral activities, including country-level monitoring

and evaluation systems. The Ministry of Planning supervises epidemiological research. WHO is working to strengthen surveillance and antiretroviral drug resistance monitoring as well as other information management activities. The United States Agency for International Development and UNICEF are supporting operational research activities in collaboration with the national university.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting a scoping mission to assess the situation of antiretroviral therapy in Djibouti and to identify opportunities and challenges for scaling up antiretroviral therapy provision and areas for WHO support
- Assisting the government in developing key normative documents, including existing treatment regimens and guidelines

Key areas for WHO support in the future

- Establishing a “3 by 5” country team in the WHO Country Office to support the government and other partners in scaling up antiretroviral therapy
- Supporting the development of the national operational plan for scaling up antiretroviral therapy
- Advocating for equitable access to antiretroviral therapy
- Strengthening the national capacity to absorb the resources provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank Multi-Country HIV/AIDS Program for Africa
- Assisting in establishing systems for programme management and monitoring and evaluation

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Recruitment of an international “3 by 5” Country Officer is planned.
- Additional staffing needs identified include a National Programme Officer to focus on community mobilization activities for scaling up antiretroviral therapy.

For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Guinea and the WHO Regional Office for Africa.