



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	10.3 million (mid-2010)
Estimated Population Living with HIV/AIDS**	79,000 [65,000–95,000] (end 2009)
Adult HIV Prevalence**	1.3% [1.1–1.6%] (end 2009)
HIV Prevalence in Most-at-Risk Populations***	CSWs: 34.4% (2009)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy****	56% (end 2009)

*U.S. Census Bureau **UNAIDS ***UNGASS

****WHO/UNAIDS/UNICEF *Towards Universal Access*, 2010

Although Guinea is experiencing one of the smaller AIDS epidemics in sub-Saharan Africa, it is considered a high-prevalence country, with 1.3 percent of the adult population estimated to be HIV positive in 2009. This estimate, from a population-based survey, is significantly lower than the 2001 and 2004 estimates, which ranged from 2.8 percent to 4.2 percent and were based on surveys of high-risk groups such as pregnant women and tuberculosis (TB) patients. Due to political upheavals in recent years and instability surrounding the June 2010 presidential election –the first free election for the country – recent HIV data are limited. A new Demographic and Health Survey (DHS) will be completed in 2011, providing a much needed update on the epidemic.

Evidence from the 2005 DHS indicates that HIV prevalence varies across the country and is highest in Conakry, the capital, at 2.1 percent. Since Guinea’s first cases of HIV/AIDS were reported in 1987, the number of people in the country living with HIV/AIDS has grown to an estimated 79,000, according to the Joint United Nations Program on HIV/AIDS (UNAIDS). The country is classified as having a generalized epidemic, complicated by limited numbers of health workers and consistent shortfalls of drugs and testing supplies, and HIV/AIDS mortality and morbidity are increasing. World Health Organization (WHO) estimates there has been an increase in antiretroviral therapy (ART) coverage, more than doubling from 27 percent in 2007 to 56 percent in 2009, based on the WHO 2006 standard for when to initiate treatment.

According to Guinea’s 2007 HIV/AIDS behavioral and biological surveillance report, the most vulnerable groups are commercial sex workers (CSWs), 34.4 percent of whom were reported as HIV positive; truck and bush taxi drivers (5.5 percent); active military personnel (6.5 percent); fishermen (5.6 percent); and miners (5.2 percent). There has been a notable decline in prevalence among CSWs, down from 42 percent in 2001, but there are large variations by region and age group. For example, 41.9 percent of CSWs 25 years of age and older were HIV positive in 2009, compared with 25.9 percent of CSWs under 25 years (United Nations General Assembly Special Session [UNGASS], 2010). People suffering from a sexually transmitted infection (STI) or TB are also more vulnerable to HIV infection than the general population.

Results from the 2005 DHS indicate the epidemic is becoming increasingly feminized. Adult women 15 to 49 years of age have an HIV prevalence rate of 1.9 percent and are more than twice as likely to be HIV positive as adult men (0.9 percent). HIV prevalence in urban areas is higher than in rural areas, at 2.4 percent compared with 1 percent. The proportion of HIV-positive people is highest among people 30 to 34 years old (2 percent), and prevalence among women in this age group is more than four times that of men. Children are particularly vulnerable because they are both infected through mother-to-child transmission and affected by the loss of a parent to AIDS. According to UNAIDS, 9,000 children under the age of 15 are infected with HIV, and approximately 59,000 children under age 18 have been orphaned by the epidemic (UNAIDS, 2010).

Several factors drive Guinea’s HIV/AIDS epidemic, including stigma and discrimination; high-risk behaviors, such as unprotected sex and multiple sexual partners; socioeconomic factors, such as illiteracy and endemic poverty; and scarce medical care and public services. Throughout Guinea, less than 10 percent of men and 5 percent of women show accepting attitudes toward people with HIV. Stigma often leads to discrimination and



other violations of human rights, which affect the well-being of people living with HIV/AIDS (PLWHA). Unstable borders and refugee migration also contribute to Guinea's epidemic, with political instability in neighboring countries driving concentrations of soldiers and rebels into certain zones within Guinea. This can interfere with the delivery of public services and increase the risk of propagating the epidemic.

With an incidence rate of 300 cases per 100,000 population in 2008, TB is also endemic in Guinea. HIV-TB co-infection rates are a potential concern; 18 percent of new TB cases are currently reported to be HIV positive, according to WHO.

National Response

The Government of Guinea created the National AIDS Commission in 1986, one year before the country's first reported HIV/AIDS cases. Several AIDS control plans were subsequently elaborated, culminating in a national AIDS control policy signed into law on November 25, 1998. The policy outlined the

institutional framework of the national response at the central, prefectural, and subprefectural levels. Guinea's initial national response to HIV/AIDS was weak primarily due to a lack of governmental commitment, poor leadership, and inadequate resources. Following a national symposium on reproductive health held in Conakry in 1996, Guinea developed a central policy based on reproductive health issues; its implementation integrated the prevention of STIs with care for PLWHA. The 2002 publication of national survey data on HIV/AIDS prevalence strengthened high-level political commitment to fight HIV/AIDS, yet little money has been allocated to health, and most Government-backed projects are funded primarily with external funding.

In March 2002, the Government established the National AIDS Committee (NAC), presided over by the Prime Minister. The NAC is charged with coordinating all HIV/AIDS-related activities, including implementation of the 2003–2007 Strategic Framework for the Fight Against AIDS. The Framework set forth two primary goals: to reinforce the capacity of the health system to improve the health of the population and respond to the needs of vulnerable populations, and to encourage collaboration across sectors to ensure complementary and efficient responses. The subsequent 2008–2012 Strategic Framework builds on the successes and addresses some of the challenges of the first Framework. Discussions with major international partners and key stakeholders have helped shape the new Framework, identifying new strategies and areas where improvements can be made in the response to HIV.

Guinea has also developed a multisectoral plan to fight HIV/AIDS, reaching outside the Ministry of Health (MOH) for support. The Ministry of Communication is charged with managing behavior change efforts, while the Ministry of Planning supervises epidemiological research. In addition, select mining companies have worked to create public-private partnerships with donor organizations, including the World Bank, the U.S. Agency for International Development (USAID), and Partners Against AIDS, to provide voluntary counseling and testing (VCT) services to both employees and members of mining communities and surrounding areas. The concentration of prosperity around the mines creates an environment where high-risk behaviors – particularly prostitution as a vocation – are relatively common, underscoring the importance of targeted interventions in the area.

In 2007, the Government launched the first national prevention strategy for youth. The program uses television ads and peer educators to reach at-risk youth. Special emphasis has been placed on outreach to young working women, who are often propositioned for sex. The core slogan of the strategy has been "My job, my health," encouraging young women to empower themselves with information to make smart choices in these areas of their lives.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has disbursed a total of \$8.6 million since 2004 to support efforts to fight HIV/AIDS in Guinea. The Global Fund's most recent assistance was a sixth-round grant to the MOH to support scale-up of ongoing programs. Despite efforts by the U.S. Government (USG) to support additional investments in Guinea, the Global Fund's disbursements have remained relatively low due to challenges the MOH faces in complying with the Global Fund's accounting and management procedures. The USG provides nearly 30 percent of the Global Fund's total contributions worldwide.

USAID Support

Through USAID, Guinea received \$2 million in fiscal year (FY) 2009 for essential HIV/AIDS programs and services. USAID's HIV/AIDS programs are implemented as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the

world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately \$32 billion to bilateral HIV/AIDS programs and the Global Fund through FY 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which commits \$63 billion over six years to support partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

Guinea is considered to be a PEPFAR bilateral country, with its HIV programming implemented by USAID. The Agency oversees the current multisectoral *Faisons Ensemble*, a consortium of seven U.S. and local partners. In alignment with its new country strategy, "Promote Good Governance," USAID aims to improve the effectiveness, accountability, and transparency of the Government of Guinea's HIV/AIDS program to maintain Guinea's relatively low HIV prevalence, compared to other countries in the region. As in the past, the Guinean Mission focuses on prevention through the establishment of VCT centers, behavior change and communication activities, and a referral system for HIV/AIDS treatment that targets the general population; currently, 28 VCT centers are supported with USAID funding. The Mission plays an important role in building the capacity of Guinea's Global Fund Country Coordinating Mechanism to ensure the transparent management of the resources available to fight the HIV/AIDS epidemic.

USAID promotes sustainable HIV/AIDS activities in Guinea through a public-private partnership with the mining sector. In August 2007, the Agency announced that *Compagnie des Bauxites de Guinée (CBG)*, which runs the world's largest bauxite mine, will fund and keep open two free VCT centers established through USAID grants to serve mine workers, their families, and other townspeople. CBG also will provide free treatment for its seropositive staff.

In 2009, USG-sponsored activities met or exceeded the majority of their targets for HIV/AIDS programs, focusing on activities that provided opportunities for women through job training, expanded outreach services, and provision of VCT for pregnant women. USAID's many successes for the year include the following:

- Increasing the number of operational VCT centers meeting international standards to 26
- Training 61 laboratory technicians, including 24 women, to provide HIV-related laboratory services
- Facilitating testing of 52,236 people for HIV by opening five laboratories with the capacity to perform HIV testing and train 80 health care workers in VCT
- Training 53 female health workers in HIV/AIDS prevention

HIV/AIDS activities are also conducted in Guinea through the USAID West Africa Regional Program, which was created to address development challenges through regional approaches that complement and support bilateral efforts between countries and USAID. This program employs cross-border interventions, the sharing of best practices, policy and advocacy, capacity building, and small-grants programs to reduce the spread of HIV/AIDS and the disease's impact on the region. In addition, the Program established a national learning center in Guinea for HIV testing, care, treatment, and prevention of mother-to-child HIV transmission, as well as centers in five other countries.

Important Links and Contacts

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USAID HIV/AIDS Web site for Guinea:
http://www.usaid.gov/our_work/global_health/aids/Countries/africa/guinea.html.

For more information, see USAID's HIV/AIDS Web site: http://www.usaid.gov/our_work/global_health/aids.