

**REVISED**

**NATIONAL**

**POLICY DOCUMENT**

**ON**

**HIV/AIDS IN GUYANA**

**National AIDS Programme Secretariat**  
**Ministry of Health, Guyana**

**National AIDS Committee**

**March 2006**

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## INTRODUCTION

1. HIV/AIDS was first recognised in the early 1980's and since then has progressed to become a worldwide pandemic, with almost all countries around the world having reported cases of HIV/AIDS.

2. **The first case of AIDS in Guyana was reported in 1987** and up to the end of 2004, a cumulative total of three thousand, three hundred and fifty-four (3,354) cases were recorded. Of these, one thousand, nine hundred and ninety-one (1,991) were males; one thousand two hundred and fifty-eight (1,258) were females while one hundred and five (105) cases were of unknown /unrecorded sex. **The number of AIDS cases has been progressively increasing in successive years. An estimated eighty-one (81%) percent of cases occur in persons between the ages 20-49, with the most affected age group being those in the 25-29 age grouping.**

3. In the early years, the epidemic was concentrated in males, with all reported cases in 1987 being exclusively in males. However, each passing year has witnessed a progressive decline in the male to female ratio, from a 1989 **male to female ratio of 1: 4 to 1:1.6 in 2004.**

4. These statistics may disguise **a significant degree of under-reporting.** Several factors contribute to this situation, for example, limited testing facilities, shortage of trained personnel, stigma and uncertainty as to whether private practitioners submit all reports to the Ministry of Health.

5. It is recognized that HIV/AIDS, in addition to having an effect on infected individuals, also has **a negative impact on the socio-economic development** of a country. HIV/AIDS is now being accepted as a developmental issue. As HIV/AIDS affects predominantly young persons who also constitute a large proportion of a country's labour force, HIV/AIDS can therefore have a serious impact on a country's economy, which can lead to economic crises. Additional social problems caused by HIV/AIDS include increasing rates of family disintegration and orphaned children.

6. Because HIV/AIDS is now a developmental issue, especially in the context of Guyana, the **response needs to be a multi-sectoral** one involving the private sector, governmental, non-governmental agencies and community-based organizations including persons living with HIV/AIDS and/or their advocates.

7. Persons who are usually considered to be at high risk of HIV, for example, commercial sex workers and their clients, men who have sex with men, adolescents and persons with sexually transmitted diseases need to be targeted for **special education/intervention.**

8. **Women play a critical role** in the success of HIV/AIDS policies and programmes. Empowerment of women must be strengthened in two ways. Firstly, programmes are required to eliminate economic, social and cultural factors which put

women at risk of infection and restrict their right to choose when and whether to engage in sexual activity. Secondly, greater emphasis is required on the responsibility of men in relation to the prevention of transmission.

9. **Children can be made vulnerable by HIV/AIDS in different ways.** They may be living with sick and dying parents, or have been orphaned by the disease. Their communities, including schools, health care delivery systems and other social support networks may also have been weakened though HIV/AIDS. Vulnerable children can suffer economic hardship, lack of love, attention and affection, withdrawal from school, psychological distress, loss of inheritance, increased abuse and risk of HIV infection, malnutrition and illness, stigma, discrimination and isolation. A planned response to the effects of the HIV/AIDS epidemic on children and youth is a critical priority. In this area the Government adopts the key strategies of the *Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* (Unicef, July 2004).

10. **The creation of peer groups** for HIV/AIDS persons to share experiences has proven to be beneficial. Such groups should be encouraged and assisted in building capacities to provide support to HIV positives.

11. **The role of the media** is important in the fight against HIV/AIDS. Media programmes should be designed to challenge attitudes of discrimination and stigmatisation with respect to HIV/AIDS. Both the media and advertising agencies should be sensitive to HIV/AIDS and human rights issues and should work to reduce sensationalism in reporting and eliminate the inappropriate use of language and stereotypes, especially in relation to vulnerable groups.

12. **A supportive and enabling environment** for vulnerable groups infected and affected by HIV/AIDS should be promoted by identifying and confronting underlying prejudices and inequalities through community dialogue, advocacy, policy and legislative formulation and implementation.

13. At the time the first case of AIDS was diagnosed in Guyana, there were neither local facilities nor expertise to deal with the situation. Blood samples from suspected cases were sent to the Caribbean Epidemiology Centre (CAREC) for testing. In response to increasing numbers of AIDS cases, the Ministry of Health with assistance from CAREC, the European Commission and the Pan American Health Organization/World Health organization/Global Programme on AIDS (PAHO/WHO/GPA) established a **national programme** between 1990 and 1992 with five components viz the National AIDS programme Secretariat (NAPS); the National AIDS Committee (NAC); the National Blood Transfusion Service (NBTS); the National Laboratory for Infectious Diseases (NLID) and the Genito-Urinary Medicine (GUM) Clinic.

14. **The National AIDS Programme Secretariat**, established within the organizational structure of the Ministry of Health, with a Project Manager as operational head, was given the responsibility for the management, planning, coordinating,

implementation, educational, monitoring and evaluation and reporting of the national efforts to combat the epidemic. Planning and monitoring of the national programme was conducted in collaboration with the **National AIDS Committee**.

15. The Ministry of Health recognises and endorses the promotion of abstinence, fidelity, marriage and **strengthening family structure and family values** as effective lifestyle patterns against the spread of HIV/AIDS in Guyana.

## **1. INFORMATION, EDUCATION & OTHER PREVENTATIVE HEALTH MEASURES**

### **1.1 Information and Education**

The Ministry of Health of Guyana, through its National AIDS Programme Secretariat (NAPS) shall have overall responsibility for the dissemination of information in the country with respect to the Human Immunodeficiency Virus (HIV) and the Acquired Immunodeficiency syndrome (AIDS). Through its technical staff, the Ministry of Health will ensure that the information disseminated is based on the available scientific data at the national and international levels. In so doing, the Ministry of Health will seek to establish partnerships with other Ministries, the private sector, religious organizations, non-governmental and community-based organizations and inter-governmental agencies in the planning, co-ordinating, implementation and evaluation of information dissemination.

Given that the percentage of HIV infected young people is rising at a rapid rate, the development as early as possible of adequate awareness programmes on risky sexual behaviour and the impact of HIV/AIDS are important. Efforts in schools and institutions of higher learning to implement these programmes shall be emphasized. The Ministry of Health, in collaboration with the Ministry of Education, will seek to ensure the implementation of the revised National Schools Curricula HFLE Guides concerning human sexuality, human rights and HIV/AIDS, with particular emphasis on horizontal learning and the concept of patients/clients empowering themselves through education.

The Ministry of Health recognises and accepts the fact that there are diverse views with respect to measures which must be taken in order to prevent and control the spread of HIV in Guyana. However, the Ministry of Health has the right to investigate and advise any agency or organization which, through its policies, endangers the life of the “at risk” population in Guyana.

The Ministry of Health’s policy with respect to information is to disseminate information to as wide a cross-section of the population as possible, and particularly those sub-populations at greater risk. In so doing, it shall seek to use the public and private media and other traditional and non-traditional methods as channels in the drive to inform and educate the public about:

**1.1.1** The Human Immunodeficiency Virus (HIV), the causative agent of AIDS, as well as the definition of HIV infection, AIDS and HIV-related illnesses.

**1.1.2a** The mode of transmission of HIV and risk factors for HIV.

**1.1.2b** The means of preventing the transmission/spread of HIV.

**1.1.3** The diagnostic criteria for HIV infection and AIDS as well as laboratory criteria for confirming HIV infection.

**1.1.4** The clinical symptoms and signs of HIV infection and its related illnesses.

**1.1.5** The counselling resources, laboratory facilities and treatment available to individuals with HIV/AIDS and their relatives.

**1.1.6** The legal, medical, ethical and human rights considerations regarding individuals infected with HIV/AIDS and their families.

**1.1.7** The epidemiological situation with respect to HIV infections, AIDS cases and AIDS deaths in the country.

**1.1.8** Educational materials to promote awareness and responsible behaviour with respect to HIV and AIDS within the formal and informal educational sectors.

**1.1.9** The availability of further information and assistance if required.

**1.1.10** The need to raise awareness at all levels through advocacy and social mobilisation to create a supportive environment for children and families affected by HIV/AIDS.

**1.1.11** All other issues related to HIV/AIDS, including important issues in prevention such as gender stereotypes and violence against women and girls, and de-stigmatisation of persons living with HIV/AIDS, children orphaned and made vulnerable by HIV/AIDS, men who have sex with men and sex workers.

### **Assessing the effectiveness of information and education programmes**

**1.1.12** Impact assessments of the various media and educational campaigns should be conducted at both national and regional levels, particularly among target sectors and within hinterland communities.

## **1.2 Preventative Measures.**

- 1.2.1** HIV positive individuals must be encouraged to practice preventative methods in order to avoid infecting others and from themselves being super-infected.
- 1.2.2** HIV positive individuals must be advised that they are not allowed to donate blood, semen or body tissues and organs for transplant.
- 1.2.3** Syringes, needles, lancets and other skin piercing instruments must not be reused. Every institution where invasive procedures are undertaken must provide adequate facilities for the disposal of sharps.
- 1.2.4** Surgical, dental and other equipment used for invasive procedures and which are normally re-used must be properly sterilized after each use. The Ministry of Health will provide norms and standards for sterilization of these instruments, based on international guidelines.
- 1.2.5** The Government will support widespread condom use and facilitate affordability by not imposing importation taxes on condoms.
- 1.2.6a** Condoms must be made accessible to all sexually active members of the population and to all persons who may choose to use them.
- 1.2.6b** Condoms for sale and use in the country must conform to the norms and standards determined by the Ministry of Health and informed by international research.
- 1.2.6c** Condoms must be stored under conditions which will prevent deterioration or decay.
- 1.2.7** All hotels, guest houses and so on should be encouraged to make available to guests approved brands of condoms.
- 1.2.8** Information regarding HIV testing and counselling services should be made available to all pregnant women and women planning a pregnancy. Likewise, information and advice should be made available to all pregnant women regarding anonymous, unlinked HIV testing within the ante-natal departments. If a pregnant woman is found to be HIV positive, she shall be informed of the possible risk to the foetus as well as the options available for the reduction of such risks. The final decision with respect to any intervention must be made by the woman and not by healthcare workers.
- 1.2.9** Women are more vulnerable to HIV infection due to biological factors as well as societal factors such as discriminatory attitudes, gender stereotypes

and the prevalence of violence against women, which increase women's likelihood of contracting HIV. This is reflected in the increased rate of infection amongst women in Guyana, and subordination and abuse of women and girls is seen as driving the HIV/AIDS epidemic worldwide.

- 1.2.10** The Ministry of Health will work towards providing free and accessible female-controlled prevention methods such as the female condom and microbicides. Microbicides are currently in an advanced stage of development and are expected to be available in the next few years; the Ministry of Health will keep up-to-date with developments.
- 1.2.11** Training will be provided for police, medical professionals and legal professionals on sexual violence, including investigation methods and the importance of reinforcing the message that sexual violence is always unacceptable.
- 1.2.12** Post-exposure prophylaxis (PEP) must be made available to all rape survivors on a free and accessible basis. All cases of sexual abuse reported to the police must be referred to medical institutions immediately where the attending health professional can administer prophylactic treatment. However the usual rules on patient consent to treatment will apply. To be effective the treatment must be started as soon as possible<sup>1</sup>, and in any event no more than 24 - 48 hours after the rape, therefore police officials and other relevant parties must receive training to ensure that cases are referred immediately.
- 1.2.13** Protocols should be developed/revised for use when examining victims of sexual abuse to emphasise the well-being and integrity of the victim rather than the evidence-oriented procedures currently in use. Such protocols should encourage more comprehensive examination including monitoring/testing for HIV (including follow-up tests at the recommended intervals) and prophylactic treatment, referral to the GUM clinic for follow-up management and care and advice on post-exposure management.
- 1.2.14** Women and men should be equal partners in decision-making and matters of family planning and reproductive health. This includes the right to advocate and take appropriate precautionary measures to prevent transmission of HIV.
- 1.2.15** Appropriate counselling and information regarding transmission of HIV should be made available to persons living with HIV/AIDS who wish to exercise the right to marry and/or found a family.

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<sup>1</sup> Under Georgetown Public Hospital Corporation Policy on management of exposure to blood and body fluids by health care workers, treatment must be started within two (2) hours.



**1.2.16** Children made vulnerable by HIV/AIDS are more susceptible to HIV infection, therefore the provisions below (**3.1.5**) relating to protection and assistance for vulnerable children should also be considered preventative measures.

### **1.3 Blood & Blood Products**

**1.3.1** HIV testing using internationally recommended testing protocols for blood banking must be carried out on all blood and blood products used for transfusion as well as that which will be used for the preparation of blood and laboratory products. Only sero-negative blood and blood products shall be used for transfusion.

**1.3.2** Potential donors must be advised that blood donated will be tested for HIV and that there shall be confidentiality regarding the result of the test.

**1.3.3** Prior to blood donation, donors will receive information on HIV and AIDS as well as on the significance of the result of the test.

**1.3.4** All HIV positive donors must be informed of the result and advised on the availability of counselling services and follow-up care.

**1.3.5.** The National Blood Transfusion Service shall endeavour to acquire where possible more sensitive HIV testing methodologies to reduce the risk of window period transmission of HIV.

**1.3.6** Sero-positive blood shall be disposed of following international guidelines.

**1.3.7** The National Blood Transfusion Service shall develop strategies to recruit and maintain volunteer donors as the basis of the blood donation pool.

## **2. MEDICAL AND ETHICAL CONSIDERATIONS**

### **2.1 Confidentiality**

**2.1.1** Individuals who will be tested for HIV must be guaranteed confidentiality.

**2.1.2** All health personnel who may be privy to information on the individual's condition must hold personal information concerning individuals with HIV infection and/or AIDS in strictest confidence. This obligation endures after death.

**2.1.3a.** The confidence which the patient places in health workers must be respected.

- 2.1.3b.** All discussions relating to information provided, examinations carried out, and health status must be discreet and of a strictly confidential nature.
- 2.1.4** Access to records of a person's HIV/AIDS status must be determined by 'need to know criteria' and must be accorded only by level of privileges.
- 2.1.5** The sharing of information about HIV status by the person living with HIV with others remains a matter of individual choice. However, this practice should be encouraged through appropriate counselling and education and through the creation of a supportive environment and appropriate services to those affected by this disclosure.
- 2.1.6** An effective disciplinary mechanism must be put in place by the Ministry of Health to receive, investigate and act on complaints on breaches of confidentiality.
- 2.1.7** Information about HIV status may not be disclosed to a third party without the consent of the person living with HIV/AIDS, unless legally required.
- 2.1.8** Employers/employee organisations must develop policies on confidentiality regarding the HIV/AIDS status of employees/members.
- 2.1.9** All agencies/organisations, particularly those working in the area of HIV/AIDS, should develop explicit confidentiality statements and policies.
- 2.1.10** Due to the stigma associated with women seeking advice on sexual health, and due to the difficulties women may have in persuading their partner to agree to safer-sex or to discuss HIV/AIDS, specific guidelines should be put in place to ensure that women can seek health advice on HIV/AIDS in complete confidentiality. To assist women in accessing information without fear, breach of confidentiality provisions should be extended to include HIV/AIDS education as well as general reproductive health services.

## **2.2 Voluntary Counselling and Testing**

- 2.2.1** Extensive testing for HIV will only be carried out during epidemiological surveillance, the screening of blood for transfusion and organs and tissues for transplantation. Clients and donors will be informed of such programmes and given the opportunity to opt out.

- 2.2.2** No individual shall be compelled to undergo an HIV test and all individuals who solicit an HIV test must be offered counselling, prior to and subsequent to the test.
- 2.2.3** In particular, there should be no obligatory testing of specific groups such as men who have sex with men, commercial sex workers, prisoners, health care workers or persons undergoing invasive surgery.
- 2.2.4** For persons who have an initial positive result, a confirmatory/supplemental test must be done before the test result is conveyed to the individual
- 2.2.5** Results of an HIV test must first be given to the client. The results of such test must only be given to a third party with the consent of the client, with the exception of partner notification in strictly defined circumstances to be set out in public health legislation.
- 2.2.6** The partner notification procedure to be set out in legislation will authorize, but not require, that health-care professionals decide, on the basis of each individual case and ethical considerations, to inform their patients' sexual partners of the HIV status of their patient. Such a decision should only be made in accordance with the following criteria, which will be included in the legislation:
- 2.2.6.1** The HIV-positive person in question has been thoroughly counselled as to the need for partner notification.
  - 2.2.6.2** Counselling of the HIV-positive person has failed to achieve appropriate behavioural changes.
  - 2.2.6.3** The HIV-positive person has refused to notify, or consent to the notification of his/her partners(s).
  - 2.2.6.4** A real risk of HIV transmission to the partner(s) exists.
  - 2.2.6.5** The HIV-positive person is given reasonable advance notice of the intention to notify.
  - 2.2.6.6** The identity of the HIV-positive person is concealed from the partner(s), if this is practically possible.
  - 2.2.6.7** Follow-up is provided as necessary to ensure support to those involved.
  - 2.2.6.8** Reporting of HIV positive results to any health information system should be take place on an anonymous basis.

**2.2.6.9** Reporting of HIV positive results should be undertaken for the sole purpose of gathering epidemiological data to facilitate the management of the HIV/AIDS epidemic.

**2.2.7.** With respect to children, the foregoing sections will apply. In general, HIV tests on children must be carried out with the knowledge and consent of a parent or legal guardian. The parent or legal guardian must receive appropriate pre- and post-test counselling. In extenuating circumstances where neither parent nor legal guardian is available, medical personnel or State should make arrangements for some other responsible adult, if possible and appropriate, approved by the child, to act in their stead. Results of HIV tests carried out on children must be given to the parent or legal guardian, or in special circumstances, the responsible adult who permitted the test. The results should be given after the adult has received post-test counselling.

**2.2.8** All pregnant women should be routinely offered HIV testing along with pre- and post-test counselling. Consent should be voluntary (see also section **1.2.8** above).

**2.2.9** Qualified counsellors should be available at all medical institutions to provide pre- and post-test counselling services and information on the window period of the virus to those seeking HIV tests. All health care providers should be capable of offering counselling in the event of emergencies.

### **2.3 Comprehensive Treatment & Adherence Counselling**

**2.3.1** ARV treatment must be available and accessible for all those persons living with HIV/AIDS who should be receiving ARV treatment according to WHO guidelines, without discrimination (see **2.6.10.** below).

**2.3.2** The Ministry of Health will use the latest WHO guidelines to formulate a national treatment policy including choice of first line and second line regimens, and specific treatment and adherence considerations in the case of particular groups such as women, children, indigenous (Amerindian) people and patients also infected with tuberculosis. The Ministry of Health will update the policy as new clinical information becomes available.

**2.3.3** Treatment must be comprehensive, and strongly linked with prevention and care efforts, including follow-up, monitoring and adherence counselling, as well as measures to address stigma and discrimination. Information about nutrition, drugs and their side-effects and in special cases provision of nutrition and supplementary vitamins must be provided.

- 2.3.4** Professionals who manage HIV/AIDS patients with antiretroviral drugs must have been fully trained by a recognized training programme to do so.
- 2.3.5** Additional support for adherence will be provided during pregnancy and whilst a woman is caring for a newborn (a neonate).
- 2.3.6** The Ministry of Health will develop a brief patient questionnaire for assessing and monitoring adherence.
- 2.3.7** The uptake of ARV treatment will be monitored to ensure that equitable access exists for children, parents and carers, women, indigenous (Amerindian) people, prisoners, men who have sex with men, sex workers and other vulnerable groups.
- 2.3.8** The general health infrastructure must be improved in order to ensure adequate provision of ARV treatment. This requires strengthening of health outposts and areas, and making antiretroviral therapies available in the hinterland areas. Strengthening in this respect means that resources and training must be made available. Consideration will be given to whether locations for delivering ARV would be increased by integrating the HIV and tuberculosis programmes.
- 2.3.9** Operational research and data will be used to design a programme of delivering treatment which is adapted to local conditions.

## **2.4 Rights and Responsibilities**

The protection of human rights is essential to safeguard human dignity in the context of HIV/AIDS. No conflict exists between public health interests and human rights. On the contrary, when human rights are respected fewer people become infected and those living with and affected by HIV/AIDS and their families can better cope with the pandemic. Although the primary responsibility to protect and promote human rights rests with States, all national and international agencies, local and regional organisations, public and private bodies are equally bound to observe and respect human rights in the context of the pandemic. In keeping with international standards, the following areas on the rights of the individual must be emphasized:

- 2.4.1** All HIV positive individuals, regardless of nationality, race, age, religion, disabilities, gender, sexual orientation and socio-economic status, have the right to the best quality of health care available without being subjected to any form of discrimination.
- 2.4.2** No individual should be compelled to undergo an HIV test.

- 2.4.3** All HIV positive individuals, be they symptomatic or asymptomatic, have the right to clear, exact, scientific and unrestricted information on their state of health.
- 2.4.4** An adult, mentally-competent individual with HIV/AIDS may refuse the diagnostic or therapeutic procedures recommended by health personnel. Based on the common principles of medical practice, persons who refuse an intervention will be asked to document same.
- 2.4.5** The patient's rights to privacy must be respected, especially if they are in medical teaching institutions (see further provisions in section **2.1.** above on confidentiality).
- 2.4.6a** Any individual with HIV/AIDS has the responsibility, and should be encouraged, to notify partners promptly and directly, of their possible exposure to HIV. Ideally, this exchange of information should be done without the involvement of health personnel. Individuals who request assistance from health personnel in the notification of partners should be provided with such assistance.
- 2.4.6b** Information must be made available to partners on the implications of having been exposed to the infection, on confidential HIV testing facilities and pre- and post-test counselling. (See also sections **2.2.5** and **2.2.6** above.)
- 2.4.7** Where the behaviour of an individual is deemed to be a threat to his/her immediate community, special care will be taken to inform the individual of his/her responsibilities and, while safeguarding the privacy of the individual, to educate the members of his/her community of their vulnerability.
- 2.4.8** No individual with HIV should be removed from or refused work on the basis of the individual's sero-positivity, except where such status is directly related to safety and performance on the job. When an HIV/AIDS positive individual is unable to continue with normal employment, the prevailing rules regarding incapacity in that work situation should apply.
- 2.4.9** Persons living with HIV/AIDS have the right to confidentiality about their status in any aspect of their employment. An employee is under no obligation to inform his or her employer of his/her HIV status.
- 2.4.10** Both employers and employees have a mutual responsibility to prevent discrimination on the basis of HIV status in the workplace.
- 2.4.11** Employers, in consultation with employees, should develop and implement appropriate workplace policies on HIV/AIDS.

- 2.4.12** There must be no reduction or restriction of the social and working environment of an individual who is HIV positive.
- 2.4.13** There must be no discrimination against HIV positive persons in terms of admission, transfer and attendance at educational and/or other training facilities.
- 2.4.14** HIV positive individuals will only be granted sick leave, treatment and/or a change in the working environment or school on medical recommendation.
- 2.4.15** Persons with HIV/AIDS have the right to shelter and should not be subjected to any form of discrimination with respect to the quality of accommodation they may choose, provided they can afford it.
- 2.4.16** Persons must not be denied private medical insurance and other insurance coverage they request solely on the grounds of being HIV positive.
- 2.4.17** Obligatory HIV testing prior to approval for life insurance is contrary to the principles of voluntary testing and non-discrimination, and should be specifically banned in legislation. A Code of Practice should be drawn up by the insurance industry to cover the approach to HIV/AIDS. Applicants may be asked directly if they have HIV/AIDS, as they may be asked if they know they have cancer or other life-threatening illnesses, and following applicant consent doctors may be asked if their patient is HIV positive, but not simply whether or not the patient has ever been tested for HIV. Until the ban described above comes into effect, if HIV testing is required for life insurance, the insurer should provide access to adequate pre- and post-test counselling. The insurer requiring the test should ensure that the results are treated with confidentiality and not shared among other life insurance companies or medical aid schemes.
- 2.4.18** Insurers should continue to explore, in consultation with people living with HIV/AIDS, the development of new policies that provide appropriate cover for people living with HIV/AIDS.
- 2.4.19** No person shall be denied access to public facilities such as places of entertainment, public eating and drinking places or sporting facilities, on account of being HIV positive or an AIDS patient. However, their right to participate in body contact sports may be curtailed, especially where bleeding or transfer of other body fluids may occur.
- 2.4.20** HIV infection can spread rapidly in prisons. For this reason it is extremely important to protect prisoners and staff from infection, and in so doing, protect the community into which the prisoners will be reintegrated. For the same reason HIV positive prisoners are highly vulnerable to

discrimination. The Ministry of Home Affairs will, therefore, develop policies to protect against both infection and discrimination taking the following steps into account:

- The provision of HIV-related prevention information and education to both inmates and staff.
- Measures to prevent non-consensual sexual activity.
- Access to means of prevention, and access to care and treatment.
- Facilitating voluntary testing and counselling programmes.
- The provision of guidelines regarding confidentiality of medical information.
- The provision of isolation of inmates with acute infections such as Tuberculosis.
- The provision of binding regulations setting out the procedure which must be followed in cases of isolation due to Tuberculosis infection or due to an inmate knowingly infecting others with HIV. Such regulations must include the necessary due process protections (for example, notice, rights of review/appeal, fixed rather than indeterminate periods of orders and rights of representation).

Measures to prevent non-consensual sexual activity can include adequate staffing, proper lighting, effective surveillance, disciplinary sanctions and education, work and leisure programmes.

- 2.4.21** The Ministry of Home Affairs should adopt policies to encourage the Parole Board to pay attention to AIDS as a ground for compassionate early release.
- 2.4.22** Magistrates and judges should be given training on provisions in the law that allow for alternatives to custodial sentences.
- 2.2.23** There shall be no isolation or segregation of HIV positive individuals except where an institutionalised person is knowingly infecting others and legislative or procedural rules have been put in place to govern this exception.
- 2.4.24** Training and support must be provided to assist male and female caregivers in providing home-based and institutional care and support.
- 2.4.25** The Government in collaboration with its partners will seek to strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support, and will ensure access for orphans and vulnerable children to essential services, including education, health care and birth registration.



- 2.4.26** Interventions will be directed to *all* vulnerable children and their communities, and integrated into other programmes to promote child welfare and reduce poverty, in order to prevent stigma and discrimination against children living with HIV/AIDS and orphans by HIV/AIDS.
- 2.4.27** Interventions will be conducted in accordance with the *United Nations Convention on the Rights of the Child*, taking into account the principles of the best interests of the child, non-discrimination, children's right to survival, well-being and development and respect for the view of the child. Children and young people will be involved as active participants in the response wherever possible.
- 2.4.28** The Ministry of Health in collaboration with its partners will initiate an investigation of the current situation of children made vulnerable by HIV/AIDS in Guyana, and orphans in general, in order to formulate recommendations specific to Guyana, and establishing country-specific priorities and opportunities for programmes.
- 2.4.29** The Ministry of Health, in co-ordination with other relevant government departments, will investigate possible measures to support affected families, including economic measures such as conditional cash transfers, insurance, self-managed savings groups, micro finance and measures to increase agricultural efficiency, psychosocial support, provision of child care, provision of assistance in succession planning and training to strengthen young people's life skills. The Government will encourage any such measures already operated by community groups or non-governmental organisations. Existing structures with the potential to reach AIDS-affected families will be used where possible, including schools, social welfare programmes and faith-based organisations. Where possible such measures will be incorporated into other activities to prevent stigmatisation.
- 2.4.30** The Ministry of Health will work to engage local leaders in responding to the needs of vulnerable community members; in particular it will alert leaders to the risk of sexual abuse and exploitative labour faced by vulnerable children and the need to create a culture in which abuse is unacceptable and violations are dealt with effectively. It will organise and support activities that enable community members to talk more openly about HIV/AIDS, and co-operative support activities (e.g. volunteer programmes, provision of respite childcare, youth clubs). In conjunction with other relevant government departments and institutions, including private institutions, it will promote and support community care (fostering, adoption and other types of non-institutional care) for children without family support.

- 2.4.31** An HIV status parent or child is not to be treated any differently from a person with any other analogous medical condition in making decisions regarding custody, fostering or adoption.
- 2.4.32** Orphans and vulnerable children must not be discriminated against or treated unfairly in homes or institutions. Government and community services will be made available to prevent and respond to sexual abuse and economic exploitation of children in homes and institutions.

## **2.5 Health Workers**

- 2.5.1** Health personnel attending persons with HIV related illnesses should be made aware of the possible opportunistic infections and should ensure that these patients receive the best available therapy in order to alleviate their suffering and to prevent the spread of these infections to staff and other patients who may be sharing the same medical institution.
- 2.5.2** Training programmes for all categories of health care workers must include modules on HIV/AIDS and ethics/human rights.
- 2.5.3** Health personnel attending patients with HIV/AIDS must be trained in adherence counselling.
- 2.5.4** Health personnel attending patients with HIV/AIDS must demonstrate a high level of professional competence and conduct in their relationship with the patient.
- 2.5.5** HIV infected persons must be treated in a cordial and respectful manner by health personnel.
- 2.5.6** HIV infected persons must receive, from health workers, appropriate information in order that they give voluntary consent before being subjected to any diagnostic or therapeutic procedures.
- 2.5.7** Persons with HIV related illnesses must be advised by health care workers to closely follow the prescriptions of the attending medical personnel and not allow themselves to be influenced by non-medical personnel.
- 2.5.8** All health care workers must take precautions to protect themselves and patients from transmission of the HIV. These precautions must include satisfactory hand washing, proper handling of specimens, the use of appropriate protective apparel and the proper disposal of needles and other sharp instruments.
- 2.5.9** Health care workers who have exudative lesions or weeping dermatitis must refrain from all direct patient care and from handling patient care

equipment and devices used in performing invasive procedures until the condition resolves.

**2.5.10a** Health care workers whose duties entail a high risk of injury must make full use of barrier nursing in protecting themselves and their patients from any transfer of blood and body fluids. While they are encouraged to determine their HIV status, they shall not be subjected to mandatory testing.

**2.5.10b** Staff involved in accidental exposure to blood or body fluids from any patient/client must complete an accident form and inform the relevant authorities within the institution and the Ministry of Health. Referring to the Georgetown Public Hospital Corporation (GPHC) *Policy on Management of Exposure to Blood and Body Fluids by the Health Care Worker* (issued in 2003), post-exposure prophylaxis must be started within two (2) hours of the injury. In addition, the health care worker must be followed up for at least six months, and referral to the GUM clinic for follow-up management and care should be mandatory. Also according to the GPHC policy, post-exposure management should be provided to any staff exposed to infection, including repeat tests, advice to abstain from sexual intercourse or to use condoms for six months, and a copy of the Reporting Form to be sent to the GUM clinic.

**2.5.11** Health care workers/providers cannot refuse to attend to a person with HIV/AIDS.

**2.5.12** Health care workers with HIV must not perform procedures in which they may be injured and inadvertently infect another person.

## **2.6 Norms and Standards**

The Ministry of Health will establish norms and standards, based on International Guidelines, for:

**2.6.1** The protection of health personnel and care-givers who care and attend individuals who may be or are infected with HIV.

**2.6.2** Precautions to be taken by personnel who handle blood, bodily fluids, syringes and instruments.

**2.6.3** Precautions to be taken to prevent HIV transmission in medical centres/care facilities.

**2.6.4** Precautions to be taken by personnel who handle corpses.

**2.6.5** Personnel who do laboratory testing for HIV.

- 2.6.6** The sterilization and disposal of syringes, needles, lancets, other skin piercing instruments as well as surgical and dental equipment.
- 2.6.7** Management of HIV-infected and HIV-exposed adults and children.
- 2.6.8** Counselling (pre- and post-test).
- 2.6.9** Condom storage and quality control.
- 2.6.10** Prevention of Mother-to-Child Transmission (PMTCT) of HIV.
- 2.6.11** ARV treatment for adults and children (to be in conformity with WHO guidelines – see **2.3.1** above)
- 2.6.12** Post-exposure prophylaxis (PEP) for occupational exposure in a healthcare setting and sexual assaults.

### **3. SOCIAL BENEFITS**

- 3.1.1** HIV positive individuals must not be discriminated against and must have access to the same social benefits as any other individual in the society.
- 3.1.2** Individuals who have made the required number of contributions to the National Insurance Scheme and develop AIDS will not be discriminated against, and will receive financial support from the National Insurance Scheme.
- 3.1.3** Individuals who have not participated in the National Insurance Scheme and develop AIDS will not be discriminated against and if on the advice of a medical practitioner are deemed incapable of working should be entitled to receive financial support from the State.
- 3.1.4** The Ministry of Labour and Human Services will review improvements required in the administration of the Public Assistance Programme. In particular, procedures for accessing help and criteria for qualifying should be formulated and circulated so that qualifying persons are properly guided in making applications for assistance. Training should also be provided for staff at these institutions to ensure that requests are processed expeditiously, compassionately and confidentially.
- 3.1.5** Children made vulnerable by HIV/AIDS must not be discriminated against and must enjoy the same social benefits as any other child in the society. In this context, orphans of HIV/AIDS patients and children living with sick or dying parents will be afforded the same opportunities as other

orphans and vulnerable children. This includes enrolment at school, access to shelter, good nutrition, health and social services and appropriate counselling and psychosocial support.

- 3.1.6 The government will assess the need (created by the increase in the number of orphans in Guyana due to HIV/AIDS) for the development of new community systems of care, based on providing children with a family environment.

#### **4. LABORATORY SERVICES**

The Ministry of Health in collaboration with the National Bureau of Standards and other specialized agencies must:

- 4.1 Specify norms, procedures and standards which must be adhered to by all laboratories (both public and private) where testing for HIV is carried out, including the appropriate initial and supplemental tests, and provision of counselling.
- 4.2 Provide accessible laboratory services to carry out initial as well as supplemental testing for HIV and supporting laboratory investigations.
- 4.3 Require all laboratories where testing for HIV is carried out to be subjected to periodic inspections to ensure that they adhere to the specified laboratory norms, procedures and standards.
- 4.4 Require all laboratories where HIV testing is carried out to have in place international quality control systems and to participate in an external quality control programmes recommended by the Ministry of Health.
- 4.5 Introduce regulations to prevent unauthorised use of HIV test kits.
- 4.6 Have an approved list of brands of HIV test kits which may be imported for use in Guyana, based on international guidelines. The importation and sale of other brands will only be allowed with prior written approval from the Ministry of Health.

#### **5. DATA COLLECTION**

- 5.1 AIDS is a notifiable disease (Ministry of Health Public Ordinance No. 15 of 1934 as amended in 1989).
- 5.2 Data collected on HIV/AIDS cases must be coded to ensure anonymity, with sufficient markers or safeguards to ensure there is no duplication.

Strict rules should be included to ensure the preservation of confidentiality of this information.

- 5.3a** All medical practitioners must provide to the Ministry of Health reports of HIV infections, AIDS cases and AIDS-related deaths within seven (7) days of diagnosis. The database to be used will ensure confidentiality.
- 5.3b** The Ministry of Health through the NAPS and in collaboration with appropriate organisations concerned with HIV/AIDS will determine the reporting format for the form which will be used by all medical practitioners in the private and public sectors.
- 5.3c** The Ministry of Health through the NAPS will determine the periodicity of reporting epidemiological information on HIV and AIDS.
- 5.4** All laboratories must provide reports of all HIV positive tests on the appropriate reporting format.
- 5.5** In the absence of accurate statistics which reflect the true scale of the epidemic, the Ministry of Health will urgently address the defects responsible for under-reporting of HIV and AIDS cases. Important data required include not merely the incidence of HIV and AIDS cases, but also routes of transmission and causes of death. The existing Ministry of Health “Unified Form” should be modified to remove labels such as ‘Male homosexual’ and ‘Male bisexual’. Instead, respondents should be asked if they have ever engaged in oral sex, anal sex, same sex activity with men or women.

## **6. RESEARCH & CLINICAL TRIALS**

The main objective of research and clinical trials is to obtain a better understanding of the problem being studied. Priority should be given to the areas of concern and all efforts shall be made to avoid duplication of research work.

- 6.1** Before any research related to HIV/AIDS is undertaken a written proposal shall be submitted to and approved by the appropriate Ethics Review Committee in Guyana. All research work must be done in collaboration with the relevant departments of the Ministry of Health.
- 6.2** In cases where research involves participation of human subjects, prior consent must be obtained from all human subjects involved in such research. The right of the subjects to withdraw from the study at any time must be maintained.

- 6.3** In instances where research involves HIV testing, all measures must be put in place to ensure that the participant receives his/her result in complete confidence. In addition, arrangements shall be made for all HIV positive subjects to receive appropriate follow-up care. Exceptions to the foregoing may only be made in relation to Government approved Unlinked Anonymous HIV testing programmes for monitoring prevalence of HIV/AIDS, in which international best practice on the necessary ethical standards for such programmes is adopted. The following criteria must be met:
- 6.3.1** Blood is routinely being drawn for a reason other than HIV testing;
  - 6.3.2** Personal identifiers must be removed from any such aliquots of blood before it is tested for HIV; and
  - 6.3.3** No other routine interventions (including questionnaires) may be done.
- 6.4** Further ethical standards which must be met in the case of Unlinked Anonymous HIV testing include that whilst such programmes do not require specific patient consent to the HIV testing, in order to be ethically sound, arrangements must be in place to inform patients of what may happen to their samples, and mechanisms must be in place for respecting spontaneous objections. Confidential HIV testing should be available to individuals in the target population where the unlinked testing is conducted, and referring individuals who might be interested in knowing their HIV status to voluntary counselling and testing centres should be considered.
- 6.5** Persons living with HIV/AIDS should have access to clinical trials conducted only in terms of acceptable research protocols, which adequately protect the rights of human subjects prior to, during and after the trials.
- 6.6** The results of all clinical trials should be made available to the Ministry of Health and the community for timely and appropriate action.
- 6.7** The Ministry of Health should make every effort to receive copies of any reports emanating from research activities and all scientific publication(s) resulting from any such research relating to HIV/AIDS in Guyana.

## **7. NATIONAL AIDS COMMITTEE (NAC)**

**7.1** The National AIDS Committee (NAC) is a voluntary, independent network operating in according to its Terms of Reference. The sections covering the NAC's objectives, roles and functions are included in this document as Appendix 1. The NAC's objectives include developing and securing the implementation of the National Policy on HIV/AIDS, ensuring that the rights of those affected by HIV/AIDS are promoted and respected, encouraging the formation and development of Regional AIDS Committees with similar objectives as the NAC, providing a networking mechanism which will allow persons living with HIV/AIDS, NGOs, Government, International Agencies and other members of civil society to secure these objectives, and acting as an advisory body to the Minister of Health on matters relating to the National AIDS Programme.

**7.2** Membership of the NAC shall comprise representatives of all pertinent national sectors in the fight against HIV/AIDS. In addition to those representative bodies of persons living with HIV/AIDS, Regional AIDS Committees and NGOs, representation shall also include business, labour, the Disciplined Services, youth, religious and other appropriate sectors.

**7.3** The NAC will aim for gender balance, and the choice of representative members will take into account commitment to promote the objectives of the NAC.

**7.4** New members of the Committee shall be approved at the Annual General Meeting of the NAC and ratified by the Minister of Health.

**7.5** The Committee will choose its Chairperson, Secretary and Treasurer from the membership.

**7.6** Ex-officio members of the NAC will include the Programme Manager, National AIDS Programme Secretariat, the Director of the Genito-Urinary Medicine Clinic, and the Country Representative - UNAIDS, to ensure efficient co-ordination and to strengthen linkages with regional and international institutions.

## **8. REGIONAL AIDS COMMITTEES**

**8.1** At the regional level, Regional AIDS Committees (RACs) shall be formed by members of a wide cross-section of organizations, including health, education, social and counselling services, religious, insurance, professional associations, the media, communications, non-governmental organizations, international organizations and research institutions and persons living with HIV/AIDS.



- 8.2** The RAC will have similar objectives to the NAC.
- 8.3** The RAC will be required to provide feedback to the NAC, the NAPS and the Regional Health Officers.

**9. NATIONAL AIDS PROGRAMME SECRETARIAT (NAPS)**

- 9.1** The National AIDS Programme Secretariat (NAPS) is a unit within the Ministry of Health which, in collaboration with other Governmental and Non-Governmental bodies, will perform management, planning, co-ordination, monitoring/evaluation and reporting functions with respect to the prevention/control and management of STIs including HIV/AIDS in Guyana.
- 9.2** The Mission of the National AIDS Programme is the eradication of STI/HIV/AIDS in Guyana.
- 9.3** The goals of the NAPS are :
- To promote informed and responsible behaviours and healthier lifestyles.
  - To reduce morbidity/mortality due to STI/HIV/AIDS.
  - To reduce psycho/social/economic impact of STI/HIV/AIDS.
- 9.4** As an ex-officio member of NAC, the NAPS will work together with the NAC to achieve its objectives as outlined in Appendix 1.

## **10. APPENDICES**

### **10.1 Appendix 1: Objectives, Roles and Functions of the National AIDS Committee (as set out in its Terms of Reference)**

#### **1. OBJECTIVES**

- (1) To act as an advisory body to the Minister of Health on HIV/AIDS.
- (2) To promote and evaluate the National AIDS Programme.
- (3) To develop and secure implementation of the National Policy on HIV/AIDS.
- (4) To ensure that the rights of PLWHAs and those affected by HIV/AIDS are promoted and respected.
- (5) To provide a networking mechanism which will allow PLWHAs, NGOs, Government, International Agencies and other members of civil society to secure these objectives.
- (6) To encourage the formation and development of Regional AIDS Committees with similar Objectives as the NAC.
- (7) To monitor the implementation of the Guidelines on HIV/AIDS and Human Rights (1996), the Declaration of Commitment on HIV/AIDS (2001) and other relevant international instruments on HIV/AIDS which Guyana has approved.

#### **2. ROLES AND FUNCTIONS OF THE NAC**

- (1) To lobby Ministries and Government Departments, in particular those concerned with Health, Labour and Human Services, Culture, Youth and Sports, Education, Amerindian Affairs and Finance for concrete support to implement the aims of the National AIDS Programme.
- (2) To engage the interest of the private sector, NGOs, CBOs, religious and other civil society organisations in generating financial and other forms of support for the National AIDS Programme.
- (3) To review, assess and comment on progress on the National Strategic Plan as an essential component of the National AIDS Programme.

- (4) To keep abreast of regional and international progress in the areas of social, human rights, legal, ethical, medical, scientific, technical and other related STI/HIV/AIDS developments.
- (5) To educate the wider community and mobilise support for the goals of the National AIDS Policy.
- (6) To review periodically and recommend appropriate changes to the National Policy on HIV/AIDS in Guyana.
- (7) To advocate for continuous revision and implementation of legislation embodying the National Policy on HIV/AIDS.
- (8) To monitor conformity of Guyana's policies, laws and programmes with obligations arising from international human rights commitments, particularly the International Guidelines on HIV/AIDS and Human Rights and the UNGASS Declaration of Commitment.

## **10.2 Appendix II: Regional AIDS Committees**

- 1.** The Regional AIDS Committees will be comprised of volunteers and the Chairperson and other core officers will be selected among them.
- 2.** The Regional AIDS Committees will have a role similar to that of the National AIDS Committee and will also be responsible for planning, co-ordinating, monitoring, evaluation and education within the AIDS Programme at the Regional level.
- 3.** The Regional AIDS Committees will receive technical support from the National AIDS Programme Secretariat.
- 4.** The Regional AIDS Committees will be funded by the NAC subvention and the regional health budgets. While the RACs are going through a process of re-suscitation, formation and development, no additional funding shall be sought except for *ad hoc* fundraising activities based around World AIDS Day. In such cases clear measures of accountability should be put in place.
- 5.** If the NAC decides, by a two-thirds majority, that the RAC has reached the necessary stage of development and stability, RACs may begin to seek additional funding from other sources. The NAC should be consulted at the outset of each proposal for such funding, and all proposals for funding will be subject to the approval of the NAC. Reports on the use of all such funds will also be provided to the NAC.
- 6.** Given the voluntary nature of the Regional AIDS Committees, its members shall decide on the number of Regional Sub-Committees, to be formed within the Region, dependent on the size of the Region and the availability of volunteers.
- 7.** The Regional AIDS Committee will share information with the NAC, the Regional Health Committee, where these exist, and the Regional Health Officer.
- 8.** Representatives of each RAC will be invited to participate in NAC meetings.
- 9.** Regional AIDS Committees will plan their activities in collaboration with the NAC and these should fall within the National Programme.

### **10.3 Appendix III: The National AIDS Programme Secretariat**

The National AIDS Programme Secretariat will, in collaboration with other relevant governmental and non-governmental agencies, including the NAC and RACs:

- 1.** Develop plans of action which will determine strategies and activities to be carried out.
- 2.** Strengthen the system for epidemiological surveillance, collection, analysis and dissemination of STI/HIV/AIDS information.
- 3.** Strengthen capacity of governmental and non-governmental organisations to intensify effective awareness, education and training nation-wide.
- 4.** Employ more effective measures to prevent and manage sexual, blood and mother-to-child transmission of STI/HIV.
- 5.** Plan, co-ordinate, monitor and evaluate programmes on education, training and public information activities in support of the National HIV/AIDS Programme.
- 6.** Analyze the broad scope of the HIV/AIDS epidemic and its potential impact on social development and make recommendations to the Ministry of Health and the National AIDS Committee.
- 7.** Develop plans with respect to financing the National HIV/AIDS Programme.
- 8.** Advocate for improvement in health care, counselling and other support for individuals, families and communities affected by HIV/AIDS.
- 9.** Encourage the formation and sustainability of Regional AIDS Committees and non-governmental organizations, undertaking activities aimed at preventing/controlling and managing the HIV/AIDS epidemic in Guyana.

10.1 Appendix IV: Agencies/Organisations which have participated in the consultation process in the revision of the National Policy on HIV/AIDS (1998, 2003 – 2005) Total = 179

**A** LLEYNE'S HIGH SCHOOL – GEORGETOWN  
AMERINDIAN PEOPLES ASSOCIATION  
ANGLICAN CHURCH – BERBICE, LINDEN  
ARTISTES IN DIRECT SUPORT  
ATTORNEY GENERAL'S CHAMBERS

**B** AHAI NATIONAL ASSEMBLY  
BELVEDERE PRIMARY SCHOOL-BERBICE  
BIO MED LABS  
BISHOP'S HIGH SCHOOL  
BRICKDAM SECONDARY SCHOOL

**C**ONSULTATIVE AGENCY OF GUYANESE INDUSTRIES  
CAMAL INTERNATIONAL  
CANA NEWS SERVICES  
CANADIAN SOCIETY FOR INTERNATIONAL HEALTH  
CANADIAN HIGH COMMISSION  
CARE CORE FOUNDATION  
CARICOM SECRETARIAT  
CATHOLIC STANDARD  
CDC  
CENTRAL ISLAMIC ORGANISATIONOF GUYANA  
CHRISTIAN BRETHEREN CHURCH –LINDEN  
CIDA  
CLERICAL & COMMERCIAL WORKERS UNION  
CNS – CH. 6  
COLONIAL LIFE INSURANCE COMPANY –LINDEN  
COMFORTING HEARTS  
COMMONWEALTH YOUTH PROGRAMME  
COMMUNITY BASED REHABILITATION PROGRAMME  
COMPASSIONATE LIFE CARE  
COPE TV – LINDEN  
CORENTYNE COMPREHENSIVE HIGH SCHOOL – BERBICE

**D** AVE'S TV – BERBICE  
DFID

**E**MBASSY OF BRAZIL  
EMBASSY OF CUBA  
EVENING NEWS

**F**ELIX AUSTIN POLICE COLLEGE  
FAMILY HEALTH INTERNATIONAL  
FRYISH VILLAGE COUNCIL - BERBICE

**G**<sub>+</sub>  
GAHEF  
GENITO URINARY MEDICINE CLINIC  
GEORGETOWN CHEST CLINIC  
GINA  
GTV  
GUYANA AGRICULTURAL WORKERS UNION  
GUYANA AHMADIYYA ANJUMAN  
GUYANA ASSOCIATION ON AIDS TRAINING, EDUCATION &  
COUNSELLING  
GUYANA ASSOCIATION OF PROFESSIONAL SOCIAL WORKERS  
GUYANA BAR ASSOCIATION  
GUYANA BROADCASTING CORPORATION  
GUYANA CHRONICLE NEWSPAPERS  
GUYANA CONFERENCE OF 7<sup>TH</sup> DAY ADVENTIST  
GUYANA CONSUMERS ASSOCIATION  
GUYANA COOPERATIVE INSURANCE SCHEME  
GUYANA COUNCIL OF CHURCHES  
GUYANA CRICKET BOARD OF CONTROL  
GUYANA DEFENCE FORCE  
GUYANA HINDU DHARMIC SABHA  
GUYANA HUMAN RIGHTS ASSOCIATION  
GUYANA INFORMATION SERVICE  
GUYANA ISLAMIC TRUST  
GUYANA LABOUR UNION  
GUYANA MANUFACTURERS ASSOCIATION  
GUYANA MEDIA ASSOCIATION  
GUYANA MEDICAL ASSOCIATION  
GUYANA MINE WORKERS UNION  
GUYANA NATIONAL COOP UNION  
GUYANA NATIONAL SERVICE  
GUYANA NURSES ASSOCIATION  
GUYANA NURSING COUNCIL  
GUYANA ORGANISATION OF INDIGENOUS PEOPLES

**GUYANA PHARMACISTS ASSOCIATION  
GUYANA POLICE FORCE  
GUYANA POSTAL & TELECOM. UNION  
GUYANA PRESBYTERIAN CHURCH –BERBICE  
GUYANA PRISON SERVICE  
GUYANA PUBLIC SERVICE UNION  
GUYANA RED CROSS SOCIETY  
GUYANA RESPONSIBLE PRENTHOOD ASSOCIATION  
GUYANA SOCIETY FOR THE BLIND  
GUYANA STATE PLANNING SECRETARIAT  
GUYANA TEACHEERS' UNION  
GUYANA TRADES UNION CONGRESS  
GUYANA WOMEN ARTISTS' ASSOCIATION  
GUYSUCO TRAINING CENTRE  
GENERAL WORKERS UNION**

## **H**ELP AND SHELTER

**I**SMAY SUPERMARKET - LINDEN

**J**ACS SUPERMARKET –LINDEN  
JESUITS IN GUYANA  
JESUS DISCIPLES MISSION - LINDEN

## **K**AITEUR NEWS

**L**ETHEM HOSPITAL – REGION #9  
LINDEN CARE FOUNDATION  
LINDEN HANDICAPED CENTRE  
LINDEN LEARNING RESOURCE CENTRE  
LIGHTHOUSE SUPPORT GROUP  
LIFELINE COUNSELLING SERVICES  
LINMINE LIBRARY  
LITTLE ROCK TV STATION – BERBICE  
LOWER CORENTYNE SECONDARY SCHOOL – BERBICE  
LUTHERAN CHURCH IN GUYANA



**M**ACKENZIE HOSPITAL  
MATRIX YOUTH GROUP  
MAYOR & CITY COUNCIL – GEORGETOWN/LINDEN/NEW AMSTERDAM/PORT MOURANT  
MAYOR & TOWN COUNCIL CLINICS  
METHODIST CHURCH IN GUYANA  
METHODIST CHURCH IN GUYANA – NEW AMSTERDAM & EAST CANJE  
MINISTRY OF AMERINDIAN AFFAIRS  
MINISTRY OF EDUCATION  
MINISTRY OF EDUCATION - HFLE  
MINISTRY OF HEALTH – QUALITY ASSURANCE DIVISION  
MINISTRY OF HEALTH – GEORGETOWN, WEST DEMERARA, LEONORA,  
NEW AMSTERDAM, PORT MOURANT, LINDEN &  
WISMAR HOSPITALS  
MINISTRY OF HEALTH – REGIONAL HEALTH SERVICES  
MINISTRY OF LABOUR, HUMAN SERVICES & SOCIAL SECURITY  
- HEALTH & SAFETY DEPT.  
- WOMEN AFFAIRS BUREAU  
MINISTRY OF TRADE  
MISSION CHAPEL CONGREGATIONAL UNION  
MISSION CHAPEL FAMILYLIFE CENTRE

**N**ATIONAL AIDS PROGRAMME SECRETARIAT  
NATIONAL ASSOCIATION OF CLERICAL & INDUSTRIAL EMPLOYEES  
NATIONAL BLOOD TRANSFUSION SERVICE  
NATIONAL CENTRE FOR EDUCATION DEVELOPMENT  
NATIONAL ISLAMIC SISTERS ASSOCIATION  
NATIONAL INSURANCE SCHEME  
NATIONAL LABORATORY FOR INFECTIOUS DISEASES  
NEW SILVER CITY SECONDARY SCHOOL –LINDEN  
NUTEC CO. -LINDEN

**P**ANAMERICAN HEALTH ORGANISATION/WORLD HEALTH ORGANIZATION  
PROBATION & WELFARE SERVICES – GEORGETOWN, NEW AMSTERDAM, LINDEN  
PANCAP - CARICOM

**R**ADIO ANTILLES  
REGIONAL DEMOCRATIC COUNCIL – LINDEN, - ESSEQUIBO

**REGIONAL AIDS COMMITTEE – REGION #1**  
**REGIONAL AIDS COMMITTEE – REGION #2**  
**REGIONAL AIDS COMMITTEE – REGION #3**  
**REGIONAL AIDS COMMITTEE – REGION #5**  
**REGIONAL AIDS COMMITTEE – REGION #6**  
**REGIONAL AIDS COMMITTEE – REGION #9**  
**REGIONAL AIDS COMMITTEE – REGION #10**  
**RIBBONS OF LIFE – REGION #8**  
**ROMAN CATHOLIC CHURCH – GEORGETOWN, LINDEN, LOWER EAST COAST, PORT MOURANT**

**SALVATION ARMY**  
**SILVER LINING**  
**STABROEK NEWS**  
**ST AIDAN’S PRIMARY SCHOOL – LINDEN**  
**ST. FRANCIS XAVIER R.C. YOUTH GROUP**  
**ST. STANISLAUS COLLEGE**

**UNAIDS**  
**USAID**  
**UNICEF**  
**UNITED MISSION CHURCH –LINDEN**  
**UNIVERSITY OF GUYANA –FACULTY OF HEALTH SCIENCES**

**VIEIRA COMMUNICATIONS**  
**VOLUNTEER YOUTH CORPS**

**WISMAR HILL PRIMARY SCHOOL –LINDEN**  
**WOMEN’S AGLOW**  
**WOMEN’S PROGRESSIVE ORGANISATION**

**YOUNG MEN’S CHRISTIAN ASSOCIATION**  
**YOUNG WOMEN’S CHRISTIAN ASSOCIATION**  
**YOUTH CHALLENGE INTERNATIONAL**  
**YOUTH CHALLENGE GUYANA**

**Reproduced and disseminated by the National AIDS Committee (NAC)  
in collaboration with the National Aids Programme Secretariat (NAPS)  
and the Regional Aids Committees (RACs), March 2006**

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