

## 2016 Sustainability Index and Dashboard Summary: Guyana

The **HIV/AIDS Sustainability Index and Dashboard (SID)** is a tool completed periodically by PEPFAR teams and partner stakeholders to sharpen the understanding of each country's sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. Based on responses to 90 questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 15 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with other contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.

<b>Dark Green Score (8.50-10 points)</b> (sustainable and requires no additional investment at this time)
<b>Light Green Score (7.00-8.49 points)</b> (approaching sustainability and requires little or no investment)
<b>Yellow Score (3.50-6.99 points)</b> (emerging sustainability and needs some investment)
<b>Red Score (&lt;3.50 points)</b> (unsustainable and requires significant investment)

**Guyana Overview:** Since 2004, PEPFAR has made significant contributions to Guyana's national HIV/AIDS response. PEPFAR's contribution, for example, established the National Public Health Reference Laboratory (NPHRL); supported the development of a strong, sustainable prevention of mother to child transmission (PMTCT) program; helped the national blood safety program reach international standards; provided life-saving HIV treatment; supported human resources; established a functioning supply chain management system; improved strategic information, as well as other broad HIV prevention, care, and treatment initiatives as a direct service delivery (DSD) program in nine of the ten administrative regions. In 2012, however, PEPFAR began reducing its programmatic footprint, transitioning from DSD to technical assistance/collaboration (TA/TC), with very limited DSD.

With the PEPFAR Guyana transition strategy (2013-2017) and the PEPFAR pivot (2015), the program made further reductions with drastic programmatic, management and operational shifts. PEPFAR, for example, no longer procures ARVs for Guyana. As of 2016, Guyana has assumed responsibility for all PEPFAR purchased ARVs (i.e. first and second-line pediatric ARVs (2014) and second line adult ARVs (2015/16)). In addition, the Government of Guyana (GoG) has assumed responsibility of all cervical cancer prevention and PMTCT activities, blood safety, and HR for the NPHRL. GOG has been steadily positioning itself to increase domestic funding for HIV/AIDS programs as PEPFAR reduces funding and complements the national strategy with targeted interventions that address the heart of the HIV epidemic in Guyana.

With the 2015 PEPFAR pivot, the Guyana program swiftly and efficiently changed the way it did business to maximize impact and to help Guyana achieve 90-90-90. PEPFAR discontinued (1) priority populations support – namely miners and loggers; (2) reduced commodity procurement; (3) ceased PMTC and TB/HIV funding; and (4) transitioned laboratory DSD to the MOH. In addition, instead of working in nine

regions, the program geo-prioritized one region (Region four, Georgetown) to increase (1) reach, identification and testing of KPs and (2) retention through enhanced care coordination between facilities and community-based organizations.

In spite of some successes, ensuring and monitoring the KP HIV continuum of care in Guyana remains a challenge with persistent gaps in core strategic information, laboratory and supply chain systems as well as pervasive stigma and discrimination. PEPFAR will continue, therefore, to implement the strategy outlined in COP 2015, but as part of the Caribbean Regional Program, in addition to supporting the implementation of Test and Start in Guyana. As Guyana assumes more of the HIV/AIDS investment and works towards ensuring a sustainable national HIV program with Test and Start, monitoring the sustainability landscape is essential.

**SID Process:** The Sustainability Index and Dashboard (SID) 2.0 meeting was co-convened with UNAIDS after extensive sensitization with the Ministry of Public Health (MoPH). Although the process to complete the SID 2.0 was more participatory this year than last, it did not go as planned. In spite of intensive sensitization, there was insufficient Ministry participation to complete the SID in one meeting.

Last year separate stakeholder meetings were held, but this year one multi-sectorial meeting was planned. Despite inviting a broad spectrum of stakeholders (including the Ministry of Finance, Social Protection, and Education in addition to PEPFAR and non-PEPFAR funded organizations and the Guyana Business Coalition Representative), turnout was not as expected. Due to insufficient participation from key Ministry of Public Health and Finance staff, a follow-up meeting had to be planned. Consequently, an additional meeting was organized, with the Ministry of Public Health National AIDS Programme Secretariat, and included UNAIDS, PAHO, CSO representation, and PEPFAR, to finalize the SID. In the coming year, ways to improve MoPH and multi-sectorial traction and buy-in, for this tool might be explored, using Jamaica as the CRP model.

**SID Scores :** Similar to last year, Guyana still struggles across the domains. The *National Health System* and *Service Delivery and Strategic Information* domains had the 'strongest' scores. The latter domain had an average score of 5.5 and the former an average of 6.6. Even these scores did not exceed the 'approaching sustainability' range. The *Governance, Leadership and Accountability* and the *Strategic Investment, Efficiency, and Sustainable Financing* domains were the lowest ranking due to red (i.e. unsustainable) scores in *Domestic Resource Mobilization, Technical and Allocative Efficiencies, and Private Sector Engagement*.

**Additional Observations:** The *National Health System and Service Delivery* scores are higher than expected, especially for *Laboratory*. PEPFAR Guyana has made significant investments in the national laboratory system, which might explain the score. The reality, however, is that there are persistent weaknesses, one of which is human resources. In addition, the HRH score is surprisingly high considering the pervasive HR gaps in Guyana. These scores may reflect the new government's commitments to address the health system challenges, but not the reality.

The Guyana SID scores indicate that Guyana is still struggling to reach 'emerging sustainability' in critical areas across the health system. There are systemic vulnerabilities which are likely to impede sustainable epidemic control. PEPFAR Guyana activities, therefore are designed to provide targeted, core KP TA/TC and some DSD in all of the vulnerable elements to support achieving 90-90-90 and especially Test and Start. The one element that is not addressed in the ROP 2016 plan is private sector engagement. With the potential of private sector growth in Guyana, a private sector strategy should be developed to identify common country interest and areas of collaboration in the future.

# Sustainability Analysis for Epidemic Control: Guyana

Epidemic Type: Concentrated

Income Level: Lower-middle income

PEPFAR Categorization: Targeted Assistance (Caribbean Regional)

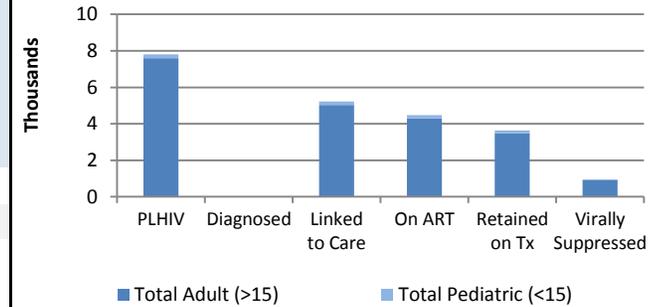
PEPFAR COP 16 Planning Level: \$29,282,571

SUSTAINABILITY DOMAINS AND ELEMENTS

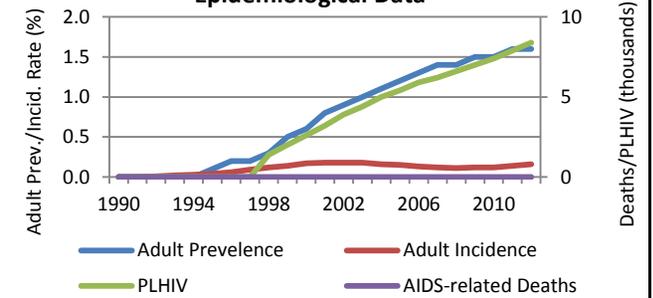
	2016	2017	2018	2019
<b>Governance, Leadership, and Accountability</b>				
1. Planning and Coordination	8.90			
2. Policies and Governance	7.46			
3. Civil Society Engagement	5.33			
4. Private Sector Engagement	1.81			
5. Public Access to Information	7.00			
<b>National Health System and Service Delivery</b>				
6. Service Delivery	6.06			
7. Human Resources for Health	6.50			
8. Commodity Security and Supply Chain	5.60			
9. Quality Management	6.81			
10. Laboratory	8.06			
<b>Strategic Investments, Efficiency, and Sustainable Financing</b>				
11. Domestic Resource Mobilization	3.06			
12. Technical and Allocative Efficiencies	3.29			
<b>Strategic Information</b>				
13. Epidemiological and Health Data	4.72			
14. Financial/Expenditure Data	6.25			
15. Performance Data	5.49			

## CONTEXTUAL DATA

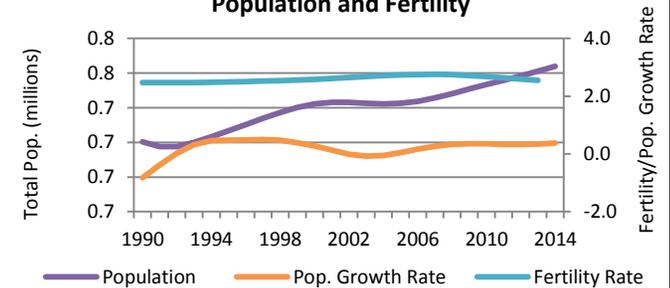
### National Clinical Cascade



### Epidemiological Data

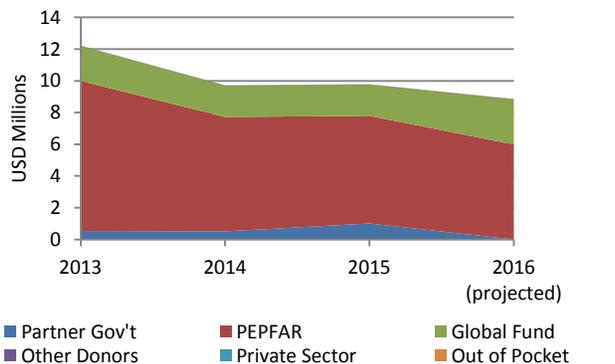


### Population and Fertility

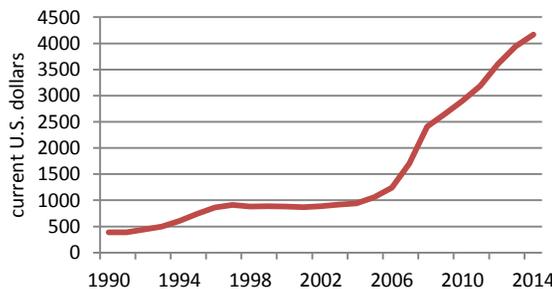


CONTEXTUAL DATA

### Financing the HIV Response



### GNI Per Capita (Atlas Method)



### Population Pyramid (2015)

