1. Demographic and socioeconomic data

<table>
<thead>
<tr>
<th>Date</th>
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</tr>
<tr>
<td>2002</td>
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<tr>
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2. HIV indicators

<table>
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<tr>
<td>2003</td>
<td>0.6 - 1.8%</td>
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<td>21,112</td>
<td>National HIV/AIDS Program</td>
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* National estimates indicate that 7,500 to 8,500 people needed antiretroviral therapy in 2005.

3. Situation analysis

Epidemic level and trend and gender data
Guatemala has a concentrated and accelerating HIV/AIDS epidemic with an estimated 38,000 to 130,000 people currently living with HIV/AIDS and a national prevalence of HIV infection among adults of about 1%. From 1984 to 2003, only 6,588 AIDS cases were reported, and the country recognizes underreporting as a major concern. The epidemic is concentrated among sex workers and men who have sex with men. More men than women have AIDS, but the number of cases among women has increased significantly in recent years.

Major vulnerable and affected groups
The most vulnerable populations include sex workers, men who have sex with men, prison populations, youths at social risk, street children, people with tuberculosis and people living with HIV/AIDS, all of whose conditions of vulnerability reduce their capacity to prevent transmission. According to the Ministry of Health, no cases of infection have been reported among injecting drug users or through blood or blood products. Recent HIV/AIDS epidemic estimates indicate that the people in the most vulnerable groups (sex workers and men who have sex with men) comprise 36% of the total estimated number of people living with HIV/AIDS. Female and male sex workers in Guatemala have an HIV prevalence rate of about 5%. HIV prevalence rates of 4% among brothel-based sex workers and 15% among street-based sex workers have been measured. Men who have sex with men have an HIV prevalence rate of about 11%.

Policy on HIV testing and treatment
The country produced a National Strategic Plan on HIV/AIDS for 1999-2003 with five key objectives: prevention; improving coordination; improving surveillance systems; promoting training and education; and improving treatment, care and support for people living with HIV/AIDS. A national law passed in 2000 declared HIV/AIDS and sexually transmitted infections to be a problem of national urgency and provides for protecting human rights in the face of HIV/AIDS. Guidelines and standards for the clinical management of HIV infection have been developed, based on the adaptation of standards proposed by the Pan American Health Organization/WHO and the United States Centers for Disease Control and Prevention.

Antiretroviral therapy: first-line drug regimen, cost per person per year
First-line drug regimens for adults: stavudine + lamivudine + nevirapine or zidovudine + lamivudine + efavirenz. First-line drug regimen for pregnant women: zidovudine. Second-line drug regimen for pregnant women: zidovudine + lamivudine + nevirapine. First-line drug regimen for children: zidovudine + lamivudine + nevirapine (or efavirenz). Successful price negotiations have substantially reduced the cost of antiretroviral therapy in Central America. Guatemala was one of the six Central American countries that reached a historic agreement with five pharmaceutical companies in early 2003 to reduce the cost of antiretroviral drugs by an average of 55% from current prices, based on the Accelerated Access Initiative in Central America and the Caribbean. The most common treatment in the region, zidovudine + lamivudine + efavirenz, now costs between US$ 1000 and US$ 1400 per year, according to the Pan American Health Organization. For countries selecting to use generic antiretroviral drugs, the price of first-line triple therapy will be further reduced to between US$ 800 and US$ 1200 per person per year. During 2005, the average cost per person per year has been below US$ 1000.

Assessment of overall health sector response and capacity

In response to the emerging problem of HIV/AIDS and sexually transmitted infections, the government moved early to create the National HIV/AIDS Program in 1997. The country developed a National Strategic Plan for 1999–2003 that encouraged cooperative efforts between the Ministry of Health and private organizations. Specific Ministry of Health activities include creating a national unit to provide care for people living with HIV/AIDS, strengthening the HIV/AIDS surveillance system, creating a commission to improve the quality and availability of antiretroviral drugs at the lowest possible cost and supporting organizations of people living with HIV/AIDS. The Plan has been updated for 2004–2008. Guatemala maintains a health infrastructure that includes health centres, hospitals, a headquarters and nongovernmental organizations in all 22 departments of the country. This includes the national programmes for sexually transmitted infections and HIV/AIDS, for tuberculosis and for malaria, which provide technical guidance. Health workers have been trained to deliver antiretroviral therapy. The National Sexually Transmitted Infections and HIV/AIDS Prevention and Control Program has a working team of 16 employees at the central level. Two public clinics provide HIV/AIDS care in Guatemala City. One is located in Roosevelt Hospital and the other is administered by the Integral Health Association located within the San Juan de Dios General Hospital. Less than half the public women who visit health care centres in Guatemala City have access to antiretroviral medicines to prevent the mother-to-child transmission of HIV. The Guatemalan Congress recently repealed a law that restricted access to medicines, which may lead to improvements in the availability of generic antiretroviral drugs.

Critical issues and major challenges

The Guatemalan system has offered antiretroviral therapy for several years but faces temporary shortages and a limited availability of drugs. Models for the delivery of comprehensive care to people living with HIV/AIDS are being developed in Central America, but efforts to scale up antiretroviral therapy as part of this care are limited by weak health services infrastructure and the need for human resource capacity-building. Underreporting of AIDS cases is a major issue. Another important limitation on access to treatment is the high cost of antiretroviral drugs and the scarcity of drugs on the local market. Most people treated in the public sector belong to the most vulnerable population groups and are unable to acquire treatment according to the prices charged in the private sector. In addition, regional and bilateral trade agreements with the United States may limit access to generic drugs. Priority areas for action include consolidating coordination mechanisms and activities, strengthening epidemiological surveillance, building human resource capacity in the health sector and promoting care and access to antiretroviral therapy. Financial limitations have impeded the Ministry of Public Health and Social Assistance from being able to offer antiretroviral drugs through its network of health services. It is hoped that this gap will be closed with new public funds and the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that about US$ 21 million was required to support scaling up antiretroviral therapy in Guatemala during 2004-2005 to meet the WHO “3 by 5” treatment target of 6000 people.
- Most of the expenditure related to HIV/AIDS is on care through the social security system, which needs additional funding to expand its antiretroviral therapy coverage. Expenditure on antiretroviral drugs account for more than 60% of the total expenditure related to HIV/AIDS, and prevention accounts for about 15%.
- Guatemala submitted a successful Round 3 proposal to the Global Fund with a total funding request for five years of about US$ 40.9 million and approved two-year funding of US$ 8.4 million, focusing on prevention and integrated care among vulnerable groups and in priority areas. The proposal foresees large-scale expansion of access to early diagnosis and integrated care for people living with HIV/AIDS, focusing on antiretroviral therapy and managing opportunistic infections. As of December 2005, including antiretroviral therapy and managing opportunistic infections, Guatemala has received US$ 5.7 million which has been disbursed for implementation of both objectives.
- Along with Belize, Costa Rica, El Salvador, Honduras, Nicaragua and Panama, Guatemala submitted a successful Global Fund multi-country Round 4 proposal (the Mesoamerican Project in Integral Care for Mobile Populations: Reducing Vulnerable of Mobile Populations in Central America to HIV/AIDS) with a total five-year budget of US$ 4.7 million and two-year approved funding of US$ 2.1 million. The grant agreement was signed in August 2005, and as of December 2005, close to US$ 500 000 has been disbursed.

5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated that Guatemala’s total treatment need was 12 000 people, and the WHO “3 by 5” treatment target was calculated at 6000 people (based on 50% of estimated need). The government has not declared a treatment target for the end of 2005 but is committed to the goal of universal coverage. In 2005, WHO/UNAIDS estimated that Guatemala’s treatment need is 7000 people.
- Antiretroviral therapy has been provided through the public health care system for several years in Guatemala, but expansion of coverage has been limited by lack of capacity and a limited availability of drugs. During 2003, an estimated 2600 people living with HIV/AIDS were receiving care at the two care centres in Guatemala City. On the south-west coast in the Department of Quetzaltenango, serving Suchipetéque and Retalhuleu, the nongovernmental organization Clínica Vida (Life Clinic) cares for more than 500 adults and 200 children living with HIV/AIDS, in coordination with Médicos Sin Fronteras Switzerland. Médicos Sin Fronteras holds an agreement with the Guatemalan Ministry of Health to provide antiretroviral therapy to 500 children living with HIV/AIDS.
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- With successful implementation of programmes funded by the Global Fund Round 3 proposal, an estimated 80% of pregnant women living with HIV who visit health care centres will have access to antenatal care.
- As of December 2005, there were 146 sites providing voluntary counselling and testing services in Guatemala, of which 143 were in the public sector, and 3 in the non governmental sector. Services for the prevention of mother-to-child transmission are provided in 71 sites, or 20% of all sites providing antenatal care services.

6. Implementation partners involved in scaling up treatment and prevention

Leadership and management

There is one national coordinating authority - the National Sexually Transmitted Infections and HIV/AIDS Prevention and Control Program, which has been active since 1997. Guatemala receives support from the Global Fund to Fight HIV/AIDS from external cooperation agencies, including the United States Agency for International Development, the Swedish Agency for International Development Cooperation and various agencies of the United Nations System, in addition to nongovernmental organizations and government organizations such as Médicos Sin Fronteras and individual country programmes such as Brazil and Taiwan. National technical committees have also been developed, comprising representation from the Ministry of Health, nongovernmental organizations, civil society and other agencies.

Service delivery


Community mobilization

Nongovernmental organizations play an active role in community mobilization, especially in Guatemala City. They include Médicos Sin Fronteras, Hospice San José, Gente Positiva, Gente Nueva, OAIS, Integral Health Association and APAES- Solidaridad. These organizations provide HIV/AIDS services, including prevention, counselling, stigma education, testing and palliative treatment. The United States Agency for International Development is also involved in capacity-building throughout Central America. Thirty-one nongovernmental organizations in the civil sector work on the prevention and treatment of sexually transmitted infections and related maternal and reproductive health activities for the general population through various initiatives, public education and communication activities and, in some cases, with highly vulnerable populations. These independent organizations work in partnership with local health care providers.

Strategic information

The National Sexually Transmitted Infections and HIV/AIDS Prevention and Control Program provides leadership in surveillance, monitoring and evaluation, including surveillance of antiretroviral drug resistance. WHO provides technical guidance on HIV/AIDS surveillance throughout Central America. The United States Agency for International Development provides additional support for the national HIV/AIDS surveillance system through the United States Centers for Disease Control and Prevention.

7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far
• Holding a subregional meeting in August 2005 in Costa Rica for countries of Central America to assess progress towards “3 by 5” and to identify gaps and areas of cooperation
• Implementing the “3 by 5” strategy and developing national and subregional strategic plans
• Developing a subregional plan for HIV/AIDS surveillance in Central America
• Holding training workshops in the subregion on prevention and counselling among youth and vulnerable groups, delivering antiretroviral therapy and preventing sexually transmitted infections
• Establishing the Regional Revolving Fund for Strategic Public Health Supplies (including antiretroviral therapy), with 12 countries in the subregion signing the agreement and purchases worth more than US$ 12 million being made in 2003

Key areas for WHO support in the future
• Supporting the provision of voluntary counselling and testing to pregnant women and other vulnerable groups
• Supporting prevention and early diagnosis of sexually transmitted infections
• Supporting information, education and communication activities and second-generation HIV surveillance

Staffing input for scaling up HIV treatment and prevention
• A National Programme Officer is in place as well as a Subregional HIV/AIDS Officer (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama). Additional staffing needs identified include a preventive medicine specialist with expertise in sexually transmitted infections and HIV/AIDS.