U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

GUINEA

The spread of HIV/AIDS in Guinea is attributed to such critical factors as proximity to high prevalence countries, a large refugee population from neighboring countries, large numbers of internally displaced people, and subregional political instability.

Total population (end 2001)	8,247,000
Estimated number of adults ages 15 to 49 living with HIV/AIDS (end 2001)	97,000
Estimated number of adults infected by HIV per day (2002, with EpiModel estimation)	70
Estimated number of children having lost one or both parents to AIDS (cumulative up until 2001)	29,000
Estimated number of infants born HIV-positive	3,400
Adult HIV prevalence rates (end 2001)	2.8%
Urban zones	4.4%
Rural zones	2.2%
Annual cost for 21 days of hospitalization and treatment (without antiretrovirals) for an HIV-positive patient in Guinea (2002)	$US560
Gross National Income per capita (end 2000)	$US450

Sources: UNAIDS; Statview International/ESSIDAGUI; World Bank's Appraisal for Guinea's Multi-Sectoral AIDS Project; National Program on MTCT; Statview Internationa/ESRADO; World Bank/World Development Indicators

A 2001 U.S. Agency for International Development (USAID)/Guinea-sponsored HIV Seroprevalence Study conducted by the Statview Association reported HIV prevalence among vulnerable populations in Guinea was higher than previously estimated and could precipitate a development crisis. The study concluded 2.8 percent of adults, ages 15 to 49, or an estimated 97,000 people, were living with HIV/AIDS at the end of 2001, with high HIV infection rates concentrated in vulnerable populations. These groups pose a serious threat of a generalized epidemic in Guinea.

The 2001 study reported the following prevalence rates among specific vulnerable populations: commercial sex workers (42.3 percent), truckers (7.3 percent), military personnel (6.6 percent), miners (4.7 percent), and tuberculosis patients (16.7 percent). Among people having received blood transfusions, who represented only 0.5 percent of individuals surveyed, there was an HIV prevalence rate of 40 percent.

Map of Guinea: PCL Map Collection, University of Texas

According to the study, tests of pregnant women — the group whose HIV prevalence most accurately represents that of the general population — in all urban areas indicated an infection rate of 4.4 percent, with 5 percent of pregnant women in the capital city of Conakry testing HIV positive. This represents a 3 percent increase over the last estimates of infection among pregnant women by UNAIDS in 1996. As of 2001, approximately 29,000 Guinean children had lost one or both parents to AIDS since the epidemic began. According to UNAIDS, 2,700 of the 3.6 million Guinean children under the age 15 are affected by HIV/AIDS.

The World Bank estimates, in the late 1980s, the gender ratio of HIV-infected people reporting to health facilities was eight men to one woman. In 2000, the ratio had reversed to two

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women to one man, thus indicating, in Guinea, HIV is primarily spread through heterosexual relations. The average age of Guineans living with AIDS dropped from 39 in 1989 to 26 in 1999. According to the Statview study, as of the end of 2001, 2.5 percent of Guinean youth, ages 15 to 24, were HIV-positive.

Knowledge and Attitudes about AIDS

A 1999 Demographic and Health Survey reported 95 percent of women and 96 percent of men had heard of AIDS, but 30 percent of respondents cited erroneous prevention information or said they knew of no way to stop the spread of AIDS. During the 2001 Statview survey, only 3 percent of the participants could correctly cite all three modes of HIV transmission. Furthermore, perception of personal risk of contracting the virus is extremely low in Guinea. According to the 1999 Demographic and Health Survey, in Forest Guinea, where 7 percent of urban-based pregnant women are HIV-positive, 92 percent of men believed they were at "no risk" of acquiring the AIDS virus; and 92 percent of men in Conakry thought they had either a "minimal risk" or "no risk" of becoming HIV positive, despite that one in 20 pregnant women in the capital are infected.

Sexual Behavior

Abstinence and age of first sexual encounter

According to the Statview 2002 study, in Guinea, extensive peer pressure exists to begin sexual relations at prepubescent ages. Many urban adolescent boys believe abstinence from sexual relations is a prevention method that can only be practiced for a maximum of two to three weeks.

An August 2002 focus group study among adolescents across the country revealed sexual activity among girls generally begins between the ages of 10 and 15, whereas it begins among boys at ages 12 to 18 years. Data from October 2001 indicates that 59 percent of Guinean adolescents, ages 15 to 19, and 92 percent of those, ages 20 to 24, have already become sexually active. The median age for girls and boys to have their first sexual encounter is 15 and 16, respectively.

Fidelity and multiple sexual partners

Studies show multiple sex partnering is common practice in Guinea, both among single and married populations. A 1995 study conducted among urban youth throughout the country indicated 43 percent had engaged in sexual relations during the previous month; and the average number of partners was 2.1 for girls and four for boys. Thirty-four percent of the Guinean men and 54 percent of Guinean women are in polygamous marriages. Further, 27 percent of single men and 25 percent of married men had at least one sexual partner other than their regular partner or spouse(s) during the previous year. Additionally, 7 percent of interviewed pregnant women admitted having an extramarital affair (during which only one out of five used a condom).

In Guinea, poverty often pushes girls to have numerous older, richer men as sexual partners. In 1999, 15 percent of single women, ages 15 to 49, accepted a "gift" in exchange for sexual favors. In 2001, 56 percent of adolescent girls claimed to have married men as sexual partners.

Condom use

Thirty percent of the 8,860 participants surveyed in October 2001 had not used a condom with occasional partners or sex workers in the previous year, while approximately 7 percent to 13 percent of adults declared having had a sexually transmitted infection during the past 12 months. Despite that 65 percent of all Guinean women — and 93 percent of married women — know about condoms, only 18 percent used one in their last sexual encounter with a nonregular partner. Particularly high rates of noncondom use are found in tuberculosis patients (70 percent), truck drivers (68 percent), and the military (40 percent). Among youth and adolescents, mine workers, and sex workers, 35 percent, 30 percent, and 27 percent, respectively, had not used a condom with an occasional partner during the previous year.

National Response

Following the notification of the first AIDS case in 1987, the Government of Guinea developed several AIDS control plans, culminating in a National AIDS Control Policy signed into law in 1998. The policy outlined the institutional framework of the national response at the central, prefectural, and subprefectural levels. However, the initial impact of the response was weak, primarily due to lack of commitment and inadequate resources.

A World Bank-funded strategic analysis of the government's multisectoral response to AIDS was completed in January 2002. According to this assessment, strengths of the government response included: decentralized implementation, multisectoral involvement of several ministries, and the location of the National AIDS Committee within the Prime Minister's office. Weaknesses included: inadequate human, material, and financial resources; weak cross-sectoral collaboration; weak collaboration among implementing agencies; weak implementation; and a lack of monitoring and evaluation support for prefecture-level committees.

Subsequently, in early 2002, the National AIDS Control Program, which had been coordinated by a National Commission and chaired by the Minister of Health since November 2000, was reorganized into the Health Ministry's National Program for the Care, Support and Prevention of STIs and HIV/AIDS. Simultaneously, the National AIDS Commission was created under the leadership of the Prime Minister. In early 2003, 12 of the 22 Ministries took part in the finalization of a national AIDS control strategy and the development of multisectoral action plans. Currently, the National Program for the Care, Support and Prevention of STIs and HIV/AIDS currently manages all clinical elements of the Guinean government's response to the epidemic: surveillance, testing, counseling, and support for persons living with HIV. The Ministry of Communication manages behavior change communication and sensitization, and the Ministry of Planning supervises epidemiological research.

The Guinean response to HIV/AIDS remains in its early stages. No HIV sentinel surveillance program has been conducted in Guinea since 1996 and efforts to establish voluntary counseling and testing services have begun just recently, with several groups of HIV counselors being trained by a USAID-funded partner in collaboration with the Ministry of Health. Since the National Program for the Prevention of Mother-to-Child Transmission of HIV was validated in 2002, programs aimed specifically at reducing HIV transmission from mother to child are not yet in place. However, UNICEF has recently begun working with the Guinean Ministry of Health to train counselors in mother-to-child transmission, and a USAID-sponsored project plans to establish a pilot site in the near future, where a network of centers will offer information and care for pregnant women and nursing mothers.

High-level political recognition of the epidemic has progressed, however. On World AIDS Day 2001, the President of Guinea for the first time spoke publicly about the challenges of HIV/AIDS; and in December 2002, the First Lady extended World AIDS Day into Guinean AIDS Month, featuring several state-run HIV awareness campaigns and free, voluntary VIH testing.

USAID Support

HIV/AIDS strategy

In 2002, USAID allocated $2.2 million to HIV/AIDS programs in Guinea. The Mission's HIV/AIDS strategy aims to contain the spread of HIV into the general population in two ways: (1) via preventive measures targeted at specific vulnerable populations and high prevalence areas, and (2) via cross-sector activities to influence political commitment, policy, multisector programming, and the engagement of civil society. In both cases, changes in personal perception of risk and sexual behavior are the primary tenets of the strategy. Interventions also extend further along the prevention-to-care continuum to include strengthening of voluntary counseling and testing services and reestablishment of surveillance sites so that prevalence levels and program impact can be monitored.

Recognizing its current activities are not sufficient to avert a potential HIV/AIDS crisis in Guinea, USAID is developing a more comprehensive strategy to prevent the epidemic's spread. This strategy will intensify prevention efforts in vulnerable populations, such as miners, the military, sex workers, and adolescents; focus on other vulnerable populations like transportation workers; and expand prevention efforts beyond the health sector into the education, agriculture, and microfinance sectors. USAID emphasizes collaboration with partners already active in HIV/AIDS prevention and mitigation.

Multisectoral approach

In March 2001, USAID/Guinea mandated the inclusion of HIV prevention messages in all USAID-funded projects. The mandate has raised awareness and promoted dialogue among nonhealth USAID/Guinea partners regarding the impact of HIV/AIDS on their sectors and the need for HIV prevention. In 2002, USAID provided $250,000 in HIV/AIDS funding to nonhealth USAID partners working in the sectors of education, natural resource management, rural economic growth, and democracy and governance. These HIV/AIDS initiatives have been integrated into the existing programs and structures of USAID-funded organizations. They aim to improve awareness of the epidemic, facilitating the adoption of safe

sexual behavior; promoting a legal, just, and socially supportive environment for people affected by AIDS; and increasing the implication of both government officials and rural communities in AIDS control efforts. While contributing to a greater understanding of the socioeconomic impact of the AIDS epidemic among the population, this cross-sectoral initiative significantly increased the geographic coverage and the diversity of HIV/AIDS interventions in a cost-effective manner.

USAID supports the following country programs:

Advocacy

USAID works to engage decision-makers at all levels of Guinean society (e.g., politicians, religious leaders, and community leaders) to reduce stigma and discrimination and to strengthen HIV/AIDS advocacy efforts. In 2003, USAID contributed to the development of a national consensus on HIV/AIDS prevention that is increasing the awareness of HIV/AIDS within the government and the general population. As a result, a new law is currently circulating aimed at protecting the rights of health minorities, such as people living with HIV/AIDS.

USAID/Guinea and its partners have also participated actively in the Global Funds' assistance to Guinea through involvement with the multilateral country coordinating mechanism, which was established to manage the major HIV/AIDS and malaria awards announced for Guinea in 2003.

Behavior change communication

USAID/Guinea supports a range of information, education, and communication activities, with a special emphasis on youth and adolescents. Innovative media used to promote HIV awareness and protection include: radio dramas and call-in shows, theatrical performances, religious videos, workshops and trainings of trainers, life skills development exercises, comic books, and songs featuring HIV/AIDS and sexually transmitted infection themes. The Mission works to cultivate support from culture, community, and religious leaders to lend credibility to behavior change activities. Additionally, USAID-funded behavior change communication projects use peer education, advocacy, community involvement, and health center branding to increase demand for HIV prevention products and services. A new behavior change communication project is planned for the near future that will focus efforts on high prevalence geographical regions and particularly vulnerable populations, such as commercial sex workers, transporters, and mining personnel, with special consideration of gender issues. This activity will aim to improve knowledge among target groups about ways to reduce HIV transmission, increase personal risk perception, develop the Guinean government's ability to mitigate effective responses to the epidemic, and establish voluntary counseling and testing sites where HIV tests can be conducted in confidentiality and quality psychological support can be offered to people infected and affected by AIDS.

Condom social marketing

A nationwide private sector social marketing project has been evolving in Guinea since 1990 and has since dramatically improved the availability of condoms throughout Guinea. Branded condoms are now available in small commercial outlets in 96 percent of Guinean subprefectures and in weekly local markets in the remaining 4 percent. Both wholesalers and community-based retailers are trained to provide HIV/AIDS information in addition to selling condoms. From 1998 to 2002, annual sales in the private sector increased by 150 percent; and in 2002, sales reached almost 7.7 million units. Guinea's social marketing project aims at increasing the demand for condoms through the organization of informational, interactive presentations at sports events, rock concerts, nightclubs, and youth group meetings, in addition to the distribution of promotional items, such as T-shirts, hats, notebooks, stickers, pins, and pens.

Education

USAID supports efforts to incorporate HIV/AIDS awareness in teacher-training sessions, and in the development of manuals and pamphlets that instruct teachers how to address HIV/AIDS prevention in the classroom. Materials addressing myths around HIV/AIDS are also being elaborated for pupils. HIV/AIDS information is integrated into interactive radio lessons broadcast on national radio stations that reach schools across the country and a wide public audience. In addition, USAID/Guinea-supported projects include HIV/AIDS themes as a component of training for parent-teacher associations and civil society groups that promote girls' education. Ongoing work with the Ministry of Education may result in an educational radio series targeting out-of-school youth with messages on sexuality, HIV prevention, and female empowerment.

Research

USAID contributed to the implementation of Guinea's first Knowledge, Attitudes, and Practices study of mining industry employees in 2001. It assessed at-risk behavior, perceptions, and understanding levels related to HIV/AIDS and other sexually transmitted infections among miners (and their families) from five principal mining companies in Guinea.

The study revealed only 8 percent of the miners surveyed were correctly informed on the transmission of HIV; 14 percent were not convinced AIDS really exists; and 13 percent believed they are at risk of acquiring the virus. Additionally, 52 percent of the 701 miners surveyed had had a sexually transmitted infection, and 7 percent of them contracted it during the past six months. Ninety-three percent of the mining personnel believe it is normal for a man to have multiple partners, even if he is married.

The results of the study will be used to create an HIV/AIDS education and promotion campaign targeting this vulnerable population, and may lead to the establishment of voluntary counseling and testing services for the mining community and regular HIV and sexually transmitted infection surveillance among the miners.

Sexually transmitted infection management

Integration of sexually transmitted infection and HIV/AIDS prevention and services into the work of health centers in Upper Guinea, the Mission's target region, is a priority. Service providers are trained in sexually transmitted infection service delivery, including the syndromic approach, supervision and counseling, as well as referral services.

Biological and behavioral HIV and sexually transmitted infection surveillance

In collaboration with other international donors, USAID provides support to the National AIDS Control Program to rehabilitate the national system for sentinel surveillance of HIV and other sexually transmitted infections. By implicating partners in both high and low HIV prevalence zones across the country, multilateral donors are working with the Ministry of Health to reestablish sites for regular behavioral and epidemiological surveillance.

Voluntary counseling and testing

USAID supports the training and follow-up support of 42 HIV counselors across the country who will play a vital role in the creation of national voluntary counseling and testing services. These counselors also assure that results of national HIV prevalence studies are given to the surveyed individuals in an ethical manner.

For More Information

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