



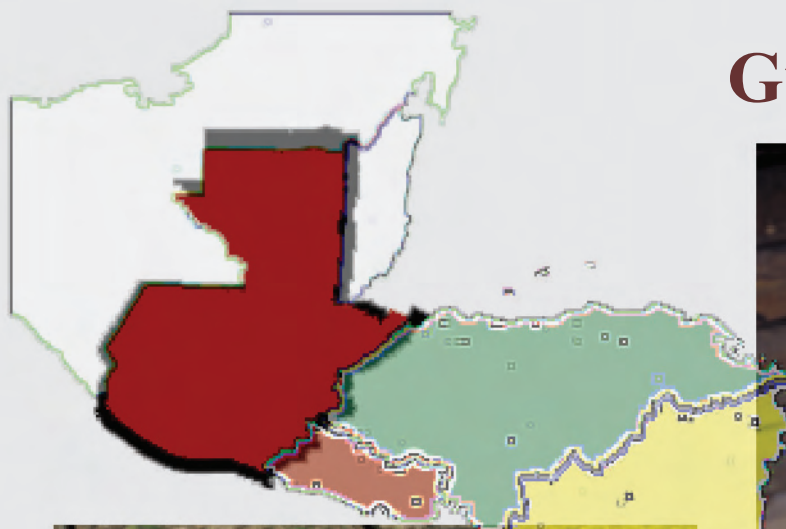
Latin America and the Caribbean

and The Global HIV/AIDS Program

THE WORLD BANK

Reducing HIV/AIDS Vulnerability in Central America:

Guatemala: HIV/AIDS Situation and Response to the Epidemic



Guatemala



**Reducing HIV/AIDS Vulnerability in
Central America**

***Guatemala: HIV/AIDS Situation and
Response to the Epidemic***

Latin America and Caribbean Region
and Global HIV/AIDS Program

THE WORLD BANK

December 2006

World Bank Global HIV/AIDS Program Discussion Paper

This series is produced by the Global HIV/AIDS Program of the World Bank's Human Development Network, to publish interesting new work on HIV/AIDS quickly, make it widely available, and encourage discussion and debate.

The findings, interpretations, and conclusions expressed in this paper are entirely those of the author(s) and should not be attributed in any manner to the World Bank, to its affiliated organizations or to members of its Board of Executive Directors or the countries they represent. Citation and the use of material presented in this series should take into account that it may be provisional.

Papers are posted at www.worldbank.org/AIDS (go to “publications”). For free print copies of papers in this series please contact the corresponding author whose name appears the bottom of this page.

Enquiries about the series and submissions should be made directly to Joy de Beyer (jdebeyer@worldbank). Submissions should have been previously reviewed and cleared by the sponsoring department, which will bear the cost of publication. The sponsoring department and author(s) bear full responsibility for the quality of the technical contents and presentation of material in the series.

This set of papers on Reducing HIV/AIDS Vulnerability in Central America was produced by the Latin America and the Caribbean Region. For questions related to this set of papers, please contact:

Marcelo Bortman, LCSHD
World Bank, 1818 H Street, NW, Washington DC, 20433.
Tel. (202) 458-9730 – fax: (202) 614-0202
Email: mbortman@worldbank.org

Cover photos: Guatemala HIV/AIDS Situation and Response to the Epidemic
Courtesy of World Bank Photo Library

© 2006 The International Bank for Reconstruction and Development / The World Bank
1818 H Street, NW
Washington, DC 20433

All rights reserved.

Reducing HIV/AIDS Vulnerability in Central America
Guatemala: HIV/AIDS Situation and Response to the Epidemic

Marcelo Bortman;¹ Luis B. Saenz;² Isabel Pimenta;³ Claudia Isern;⁴ Antonia Elizabeth Rodríguez;⁵ Marianella Miranda, Leonardo Moreira, and Danilo Rayo.⁶

This study was undertaken by the Human Development Department, Latin America and the Caribbean Regional Office (LCSHD) of the World Bank with financial support from the Bank-Netherlands Partnership Program (BNPP). The main objectives of the study were to establish a baseline for measuring progress and identifying new challenges for the Central America HIV/AIDS Regional Project, and to support policy dialogue regarding the political leadership and commitment to prepare a regional HIV action plan with common policies and coordinated strategies.

Keywords: HIV, AIDS, Central America, Guatemala, World Bank

The World Bank	
Vice President	Pamela Cox
Country Director	: Jane Armitage
Sector Director	: Evangeline Javier
Sector Manager	: Keith Hansen
Task Team Leader	: Marcelo Bortman

¹ Senior Health Public Specialist, LCSHH, World Bank.

² Project Director for this study for Sanigest, Costa Rica.

³ Public Health Specialist, WBIHD, World Bank.

⁴ Administrative Assistant for Client Support, LCSHD, World Bank.

⁵ Coordinator for the Regional HIV/AIDS Project in Central America.

⁶ Consultants Team to Sanigest, Costa Rica.

Acronyms

ACSLCS	Coordinating Association for Sectors Fighting against AIDS
AID	Agency for Internacional Development
AIDS	Acquired Immunodeficiency Syndrome
APROFAM	Family Pro-Welfare Association (Asociación Probienes de la Familia)
ART	Antiretroviral Therapy
ARV	Antiretroviral (medicines)
ASDI	Swedish Agency for International Development
ASI	Association for Integral Health against Aids
BNPP	Bank-Netherlands Partnership Program
BPM	Good Manufacturing Practices
CAFTA	Central American Free Trade Agreement
CCC	Communication for the Change of Behavior
CD4	CD4 Lymphocytes
CDC	Centers for Disease Control
CICAM	Center of Survey, Training and Help to Women
CID	Consortium for International Development
CONAVISIDA	Nacional Comisi3n for Surveillance and Control of AIDS
CSW	Commercial Sex Workers
EAP	Economically Active Population
G-CAP	Global Call to Action against Poverty
GNP	Gross National Product
HIV	Human Immunodeficiency Virus
HIVOS	Dutch Humanist Institute for Cooperation with Developing Countries
IDEI	Institute of Inter-Ethnic Studies
IEC	Information, Education and Communication
IGSS	Guatemalan Social Security Institute
JRS	Youth at social risk, transgressors and gang members
LAC	Latin American and the Caribbean Region
LCSHD	LAC Human Development Department
LCSHH	Health Sector
MEP	Ministry of Public Education
MERTU	Medical and Entomology Research and Training Unit
MINSA	Ministry of Health of Guatemala
MSF	Doctors Without Borders
MSM	Men who have Sex with other Men
MSPAS	Ministry of Public Health and Social Assistance
NGO	Non-Governmental Organization
NRTI	Protease Inhibitor
OMES	Women Who Improve Themselves
PAHO	Pan-American Health Organization
PASCA	Central American AIDS Action Project
PASMO	Pan-American Association for Social Marketing

PDH	Ombudsman Office
PEN	National Strategic Plan for HIV/AIDS and STIS
PLWH	People Living with HIV
PNS	National HIV/AIDS/STD Program
PRODESCA	Project for the Sustainable Development of Ak'aba'al Communities
SIDA	Swedish International Development Cooperation Agency
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SVE	Small and Vulnerable Economies
TF	Trust Fund
TROCAIRE	Official Overseas Development Agency of the Catholic Church in Ireland
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VIDA	Association of Life
WBIHD	World Bank Institute Human Development Division
WHO	World Health Organization

Table of Contents

Acronyms.....	v
Acknowledgements.....	ix
Executive Summary – Regional Overview.....	xi
Main Findings, Conclusions and Recommendations.....	xii
National Responses.....	xiii
Guatemala: HIV and AIDS Situation and Response to the Epidemic.....	1
Vulnerable Groups.....	4
The National Response to HIV/AIDS.....	8
Legal and Regulatory Framework.....	9
Prevention and Care for Vulnerable Groups.....	13
Treatment and Care.....	28
Recommendations for further action.....	35
References.....	38
Annex 1. Form for Evaluating Discrimination.....	39
Annex 2. Form for Selecting Successful Interventions.....	42
Annex 3. Summary Table of Successful Experiences in Guatemala 2006.....	44

Tables

Table 1. PASMO Results.....	16
Table 2. Patients on ART 1999-2006.....	29
Table 3. Patients on ART by Hospital.....	30
Table 4. National ARV Treatment Protocol.....	33
Table 5. Monthly cost of ART by care line by year 2005 (US Dollars).....	34
Table 6. Arbitrary Discrimination in Guatemala 2006.....	40

Figures

Figure 1. Geographic distribution of the epidemic.....	3
Figure 2. Procedure for Registering ARV Medications in Guatemala.....	31

Graphs

Graph 1. AIDS Cases and Prevalence Rate 1985, 1990, 2000, 2005.....	2
Graph 2. AIDS Cases by Age Group 1984-2005.....	2
Graph 3. AIDS Cases, 1984-2005.....	6

Acknowledgements

This study was carried out by a team led by Marcelo Bortman and which included Luis Sáenz, Marianella Miranda, Leonardo Moreira and Danilo Rayo, Claudia Isern, Isabel Pimenta, and Antonia Elizabeth Rodriguez.⁷ The report benefited from contributions from various individuals and organizations throughout Central America, who provided both information and technical assistance. We are extremely grateful to them.

The team is particularly grateful to the Royal Government of the Netherlands for funding this investigation through the Bank-Netherlands Partnership Program (BNPP). The team would also like to thank the following technical reviewers: Joana Godinho (Senior Health Specialist, The World Bank) and Joy de Beyer (Specialist in Knowledge Management for the Global HIV/AIDS Program, The World Bank), who have both assisted with editing of this series; Jonathan C. Brown (Operations Advisor of the HIV/AIDS Global Program, The World Bank), and Ian Walker (Social Welfare Specialist, The World Bank).

We also are very grateful to:

Guatemala

Dr. Annelise de Salazar, Director of the National Program for Prevention and Control of HIV/AIDS AND STIS (PNS)

Lcda. Rosse Mary Bertran, Medicines, PNS

Dr. Judith García, Epidemiological Unite, PNS

Lcda. Karina Arriaza, Information, Education and Communications Unit, PNS

Dr. Carlos Mejías, Director of HIV/AIDS Unit, Roosevelt Hospital

Lic. Roberto León, Independent Consultant

Lic. Fernando Cano, PASCA Representative in Guatemala

Dr. Edgar Monterroso, Regional Director CDC/GAP

Dr. Lucrecia Castillo, USAID

Dr. Michael Bartos, UNAIDS Representative, Guatemala, El Salvador and Belize

Lcda. María Jesús Valverde, Doctors without Borders (Médecins sans Frontiers-MSF), Switzerland

Dr. Cesar Antonio Nunez, Director PASCA Project

Dr. Stan Terrell, HIV/AIDS Team Leader. USAID/G-CAP

Lic. José Enrique Zelaya B., Sub-Regional Advisor HIV/AIDS for Central America, UNICEF Guatemala

Lic. Oscar Morales, Vida Association

Lic. Hugo Valladares, Director, Gente Nueva Association

⁷ Marcelo Bortman is a Senior Public Health Specialist at the World Bank; Luis Bernardo Sáenz is the Project Director for SANIGEST; his study team included Marianella Miranda, Leonardo Moreira and Danilo Rayo; Isabel Pimenta is a Health Specialist at the World Bank, Claudia Isern is an Administrative Assistant for Client Support at the World Bank, and Antonia Elizabeth Rodríguez is Coordinator for the Regional HIV/AIDS Project in Central America.

Lcda. Cristina Calderón, Director of the “Fernando Iturbide” AIDS Prevention Foundation

Lcda. Cristina Calderón, Director

Lcda. Saira Ortega, Director “La Sala”

Lic. Alván Aléman, PASMO Country Manager and Lic. Giovanni Meléndez, Regional Advisor for Research and Communications

Dr. Carolina Reyna, Head of the Red Cross project

Lcda. Janet M. Ikeda, Director of IDEI

Lic. Bobolop, Clown Coordinator, Atz'anem k'oj Group

Lcda. Elena Clavijo, Director ad Patricia Santis, San José Hospice

Dr. Hilda Quiej, Medical Coordinator of MSF, Spain

Dr. Lucia Estrada, Director, Marco Antonio Hospice

Executive Summary – Regional Overview⁸

In Latin America, Central America is the sub region most affected by the HIV epidemic after the Caribbean. Four of the six countries in Latin America with the highest HIV prevalence are in Central America, and two of them have prevalence rates above 1%. The epidemic threatens to run out of control unless prevention efforts among highly vulnerable groups, such as commercial sex workers, men who have sex with men and prisoners, are intensified.

Preventing new HIV infections, treating people with HIV/AIDS, and caring for those affected by the epidemic represents a great challenge for these six countries. The World Bank is currently supporting initiatives by Central American governments to reverse the HIV epidemic. In this context, this study was carried out with the following specific objectives:

- 1) Review the epidemiology of HIV and AIDS in Central America;
- 2) Assess National AIDS Programs, including surveillance systems, laboratory capacity, prevention, treatment and clinical care;
- 3) Assess the legal and regulatory framework, and discrimination against people with HIV and AIDS – particularly women – and its impact on treatment and prevention; and
- 4) Review successful interventions and good practices related to HIV in Central America, carried out by NGOs and public organizations, including to develop monitoring and evaluation systems.

This study was conducted to support the current policy dialogue on strengthening HIV/AIDS national responses, in particular to: (i) build political leadership and commitment to prepare a regional action plan with coordinated strategies and common policies, (ii) strengthen and harmonize the legal and institutional framework for addressing the HIV epidemic in the region, (iii) identify and disseminate “best practices” for prevention through integrated efforts by the health sector, other government agencies and civil society and promote monitoring and impact evaluations, and (iv) set out the rationale for establishing a regional procurement process for HIV-related pharmaceuticals and supplies.

Finally, this study established a baseline against which to measure progress and to identify new challenges for the World Bank-financed Regional HIV/AIDS Project to address. The development objective of the Regional Project is to provide knowledge and tools to decision makers in all countries in the region to manage and control HIV and opportunistic infections. Component 1, *Regional Laboratory*, supports the establishment of a regional laboratory to implement highly specialized functions, as a single regional institution. Component 2, *Epidemiological Surveillance*, supports the implementation of a regional second-generation epidemiological surveillance system, to enable improved

⁸ The study included Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. Separate reports have been published on each country, and a regional overview, from which this summary is taken.

characterization of the HIV epidemic in Central America. Component 3, *Strengthening the Regional Response Capacity*, will increase the harmonization of legal and institutional frameworks needed to scale-up strategic interventions, in response to the HIV epidemic. It will also strengthen leadership and political commitment leading to a Regional Action Plan to address the epidemic in a coordinated way. Finally, component 4, *Prevention in Mobile Populations*, focuses on groups that are particularly vulnerable to HIV, i.e., mobile populations, considered to be a key factor in the spread of the epidemic. Prevention programs focusing on these populations are still few and small scale.

The information presented in this report was gathered in interviews with key stakeholders in Central America and from reviews of documents provided by national organizations, NGOs, and bilateral and international development organizations. In addition, seven workshops were held to present and discuss the information gathered by the study with the various stakeholders.

The study is published in a series of seven reports: one summarizes the HIV situation in Central America; the other six describe the situation in each Central American country. Information from different countries is not always comparable. This partly reflects differences in the organizational level of the different programs responding to the epidemic, as well as variations in the study's access to information held by different institutions and organizations.

Main Findings, Conclusions and Recommendations

Honduras and Guatemala are two of the six countries with the highest HIV prevalence in Latin America. HIV prevalence among adults is already over 1% in Honduras (1.6%) and Guatemala (1%). Panama (0.9%), Costa Rica (0.6%), El Salvador (0.6%) and Nicaragua (0.2%) still have an HIV prevalence rate below 1%. By the year 2010, the epidemic may reach a 2% prevalence rate among the adult population in Central America, and in some cases it may surpass it.

It is estimated that over 200,000 people currently live with HIV in Central America.⁹ HIV transmission in Central America is primarily associated with heterosexual sex, as in the Caribbean. The exception is Costa Rica, where men who have sex with men (MSM) account for a much higher share of infected people than in other countries in the region. Although there are more men than women with HIV in Central America, the gender gap is closing fast. The epidemic is still concentrated in high-risk groups such as commercial sex workers and their clients, men who have sex with men, prisoners, and the Garifuna (an Afro-Caribbean population group from the Atlantic Coast of Honduras). The increase in adult deaths from AIDS has led to a rising number of orphans and vulnerable youth being left without homes, food, health care and education. The epidemic has economic repercussions both for households and country health systems, as well as for the economy.

⁹ CDC. Global AIDS Program for Central America. Program Profile, 2004.

In addition to the variations in prevalence and groups affected across the six countries, there are also important variations within each country. The epidemic is concentrated in certain geographic areas – particularly urban areas, internal commercial routes and ports. Groups associated with mobile populations, commercial sex workers and men who have sex with men have the highest prevalence of HIV, and are bridge populations for transmitting the epidemic to the general population, mainly due to them engaging in risky behaviors and the high level of interactions between these groups and the general population. However, the mechanisms of HIV transmission need to be better known so that effective public health interventions can be designed and implemented. Identifying the nature and extent of the problem in certain groups – such as people with disabilities, children at risk of sexual abuse, prison inmates, ethnic minorities, businessmen and the military/police – remains a challenge.

There are important differences in social and economic conditions among the Central American countries which may partly explain the differences in HIV prevalence rates. Other factors contribute to the epidemic, such as migration, tourism and proximity to the Caribbean. Migration has two components: 1) temporary workers moving within countries in this sub region; and 2) migrants attempting to move permanently to the United States, of whom only about 10% succeed, while 90% return to their countries. While in transit, migrants may be exposed to high risk sexual behavior, increasing their risk of becoming infected with HIV and other sexually transmitted infections. Higher HIV prevalence rates in Honduras, San Pedro Sula (a Caribbean port) and among the Garifuna population (indigenous people with roots in the Caribbean) suggest that transit between Central America and the Caribbean has had an impact on the Central American epidemic.

Some of the differences in HIV prevalence among these countries may be explained by poor surveillance systems and under-reporting. For example, although the role of injecting drug users (IDUs) does not seem to be an important factor in the epidemic in Central America, this may be the result of under-reporting. The higher HIV prevalence reported among MSM in Costa Rica may reflect more liberal cultural norms and less discrimination in this country, rather than real differences between Central American countries.

Once an HIV epidemic becomes generalized, the most affected groups are people in the prime working years of life. This has negative consequences for labor force size and productivity, with long-term repercussions for both the economy and health system, as has been witnessed in Africa. Countries such as Brazil, Thailand and Uganda have shown, however, that it is possible to keep the epidemic in check if there is strong country leadership, and evidence-based, cost-effective interventions that achieve high coverage of highly vulnerable groups such as commercial sex workers and men who have sex with men, are implemented.

National Responses

All Central American countries have established coordinated national responses to address the HIV epidemic. Nonetheless, important challenges remain to make these

systems effective. With respect to prevention, the main challenge continues to be to effectively reach the most vulnerable groups with evidence-based and cost-effective interventions, including appropriate prevention strategies to promote healthier and safer sexual and reproductive practices. On the treatment side, responses need to provide not only anti-retroviral drugs but also all the necessary clinical support and follow-up. At the regional level, efforts supported by the World Bank-financed project and other organizations will continue to focus on inter-country “transmission corridors” and border areas.

It is essential that each country defines national strategic priorities and allocates resources that reflect the realities of its own epidemic. Surveillance systems are still very weak, and most focus on notification of AIDS cases only. However, some of the necessary information about the epidemic is available and is included in this study. The Central American countries need to improve the analysis of available data to allow for appropriate planning and execution of national HIV/AIDS policies and programs.

Vulnerable groups and the general population still have a very limited understanding of HIV and AIDS. Swift action is required to discourage risky sexual practices, especially among highly vulnerable groups, and to better identify HIV cases and provide ARV treatment. A specific challenge is coordinating the actions of NGOs and the public health services, especially to provide effective responses at the three levels of care.

The country workshops that discussed the study findings and analyzed cost-effective intervention strategies concluded that at current resource levels, only 25% of infections could be prevented. This reflects the difficulty of reaching groups at greater risk. Cost-effective strategies identified by workshop participants include: i) free distribution of condoms among highly vulnerable and vulnerable groups, ii) social marketing of condoms, iii) targeting information, education and communication at highly vulnerable and vulnerable groups; and iv) providing counseling and access to rapid diagnostic tests.

Current funding to prevent and control the epidemic is far from adequate, and needs to be allocated to prevention among high risk and highly vulnerable groups. The World Bank developed a cost-effectiveness model to help governments determine the allocation of resources that would prevent the maximum number of new infections. According to this model, a well designed national program can have a substantial impact on the epidemic even with limited resources, provided these are channeled to the most cost-effective interventions. An analysis in Guatemala, Honduras and Panama suggests that health spending would have to increase by \$1 million per year to prevent the number of patients from growing 10-20%. In 2000, the three countries spent approximately \$9.6 million on HIV/AIDS programs.¹⁰

Surveillance Systems. Surveillance of HIV and AIDS in Central America is based on mandatory notification of cases, and some prevalence studies. At the country level, by merely identifying and following up on HIV and AIDS cases, surveillance systems do not

¹⁰ The World Bank. HIV/AIDS in Central America: The Epidemic and Priorities for its Prevention. LAC Region: Washington DC: 2003

fully respond to information needs posed by the dynamic of the epidemic. These systems need to increase their capacity to gather and analyze data related to risk factors and behaviors, known as second-generation surveillance. Upgrading the system to second-generation requires new strategies (sentinel units and sites). At the regional level, it is necessary to agree on common standards that will allow the exchange of information among countries, as well as on case definitions, implementation of sentinel units and sites, case reports, and indicators. To achieve this goal, it is important to consider the development of a regional integrated electronic information platform.

Legal and Regulatory Framework. Although all countries have developed a legal framework for health care provision for people living with HIV and AIDS (PLWHA), many cases of discrimination have been reported, and PLWHA have had to file law suits to defend their rights. In some countries, contradictions among the laws need to be resolved. In addition, improving knowledge about people's rights under the law remains a challenge, as does defining and implementing sanctions for discrimination. Successful interventions in the field of human rights, particularly in Guatemala and Panama, have seen a number of cases resolved in favor of patients who filed complaints. The study was able to identify areas where changes in general legislation or HIV/AIDS laws are necessary. Issues of reciprocity in treatment and care need to be resolved. Regional organs such as the Central American Integration System (SICA) can provide the necessary umbrella to integrate legal frameworks at the regional level.

Prevention. All countries have taken a broad approach to the prevention and control of the HIV epidemic. The list of potential target groups has increased to include the whole population. This strategy should be reviewed to ensure that the limited resources available are allocated to groups that are critical for preventing transmission of the virus – commercial sex workers, men who have sex with men, prisoners, and mobile populations.

In Central America, in addition to public services, there are many NGOs supporting the national responses against HIV and AIDS. These NGOs cover a wide range of interventions, offering protection of human rights, and prevention, treatment and care services. Judging from coverage indicators, many of these projects have been successful in achieving their goals. However, many interventions only track process indicators, and their outcomes are unknown.

Some projects are able to report on results: for example, an increase in the use of condoms by the target population was observed in Guatemala following a social marketing effort by PASMO. Similarly, the Basic Food Basket project of the Ministry of Health in El Salvador has shown a reduction in mother-to-child transmission of HIV. Projects aimed at the Garífuna population in Honduras have great potential. The same can be said of programs targeting the Xochiquetzal population in Nicaragua and of an effort by the United Nations Population Fund (UNFPA) and the Youth Ministry to draw attention to the epidemic in Costa Rica. Two successful interventions involve translating prevention messages for the Honduran Garífuna into the indigenous language. However, issues involving indigenous and afro-descendant groups in the region are very complex and require more attention. Some projects were successful in transferring knowledge to

vulnerable groups. However, most interventions have not selected indicators to measure impact on outcomes, such as HIV prevalence in vulnerable populations. The lack of appropriate measurement mechanisms does not mean that these interventions have not had an impact, or will not have one in the future. Rather, it points to the need for better monitoring and evaluation systems, including better indicators.

Treatment and Care. All Central American countries are providing treatment and care to people living with HIV and AIDS (PLWHA), including access to ARTs. Treatment is delivered through a mix of public and private care. The coordination of follow-up activities by health services and NGOs that provide ART is a serious challenge for country programs. In fact, there are significant challenges regarding the management of adverse effects of treatment, follow up with laboratory tests, and ensuring adherence to treatment. Dealing with illiterate patients or ethnic groups, many of whom are not covered by healthcare, adds to the challenge.

All countries also face challenges regarding the availability of ARVs. Agreements have been reached to attain preferential prices for brand-name drugs. In addition, generic medicines are available through institutional bidding processes or through procurement agencies and international foundations. Specific challenges remain in planning joint purchases by Ministries of Health and Social Security institutions, having uniform treatment protocols, establishing an infrastructure for patient follow-up, and monitoring resistance to medicines.

At the national level, countries need to establish mechanisms to facilitate the purchase of high quality generic drugs, using mechanisms such as the PAHO Revolving Fund or bilateral agreements. At the regional level, the possibility of establishing an alliance of Central American countries for the bulk purchase of drugs, aiming at reducing costs, should be considered. This alliance would improve these countries' bargaining power, ensuring access to drugs and related supplies at lower prices.

Laboratory Capacity. At the national level, laboratory capacity needs to increase not only to provide diagnostic services, but also to be able to follow up on people receiving ART. This will require investment in equipment and skilled workers; and improvements in health services referral processes. At the regional level, the World Bank is supporting the establishment and implementation of a regional laboratory in Panama City. This facility will have the following functions to support national laboratories: (i) diagnostic and follow up testing for complex cases, (ii) access to, and transfer of new laboratory technologies, (iii) quality control, (iv) training in new techniques, (v) research, and (vi) development of an integrated information system with country laboratories.

Guatemala: HIV and AIDS Situation and Response to the Epidemic

This paper presents information on the HIV and AIDS situation in Guatemala. It begins with a discussion of the epidemiology of HIV and AIDS in the country, and describes how the epidemic is perceived among the population. It then presents information on the national response.

HIV and AIDS Situation

Guatemala experiences difficult socioeconomic conditions. This country of 14.6 million people has a per capita GNP of US\$ 4,148 (using purchasing power parity 2003 exchange rates), but 37% of its population live on less than US\$ 2 per day. The incidence of poverty among the indigenous population (39% of all Guatemalans) is 74%, and 38% among Latin Americans (according to poverty line method). The poorest tenth of Guatemalans absorb 1.6% of national private consumption, while the richest account for 46%. Guatemala has the lowest Index of Human Development in Central America (currently holding position 118 among 177 countries), a clear indicator that the nation has significant problems regarding health and education.¹¹

The study of the HIV/AIDS epidemic in the country found that¹²:

- The prevalence of AIDS is high (53 per 100,000 inhabitants in 2003) with rates exceeding 100 cases per 100,000 inhabitants in high risk groups (MSM, CSW).
- Transmission is predominantly sexual.
- The epidemic is concentrated in the 20-39 age group (67% of the cases), and in high risk groups (HIV infection prevalence of 11.5% in MSM and 5-10% among CSW).
- The number of women with AIDS is growing while the male-female ratio is declining. Almost 30% of AIDS cases are in women.
- The epidemic is spreading geographically. No longer is the Guatemala Region the most affected; 75% of AIDS cases occur in seven other Regions (30% of the national territory).

Guatemala's first case of AIDS was detected in 1984. Since then, the epidemic has spread throughout the country. In August 2005, 8,685 cases of AIDS were registered (Graph 1), according to the Guatemalan Ministry of Public Health and Social Assistance (MSPAS). Between August 2003 and August 2005, 955 people died of AIDS, of which 76% were male. Sexual transmission accounted for 94% of all cases reported from 1984 to August 2005. Mother-to-child transmission accounts for 4.8% of all reported cases.

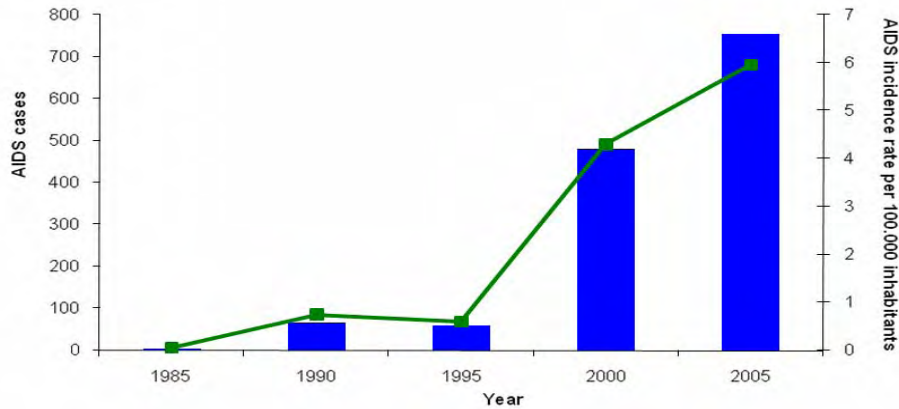
The number of AIDS cases reported annually has shown a sustained growth trend since 1996. Nearly 50% of total cases since the epidemic began have been reported in the last

¹¹ United Nations Development Programme, 2006. <http://hdr.undp.org/hdr2006/statistics/>

¹² SVE Evaluation, 2004

three years. The number of AIDS cases is growing faster among females than males. About 71% of AIDS cases are males, and at the end of the 1980s, there were more than 3.5 males with AIDS for every female carrier, but since 2003 the rate has been two males for every female. This is an unequivocal sign of the feminization of the epidemic.

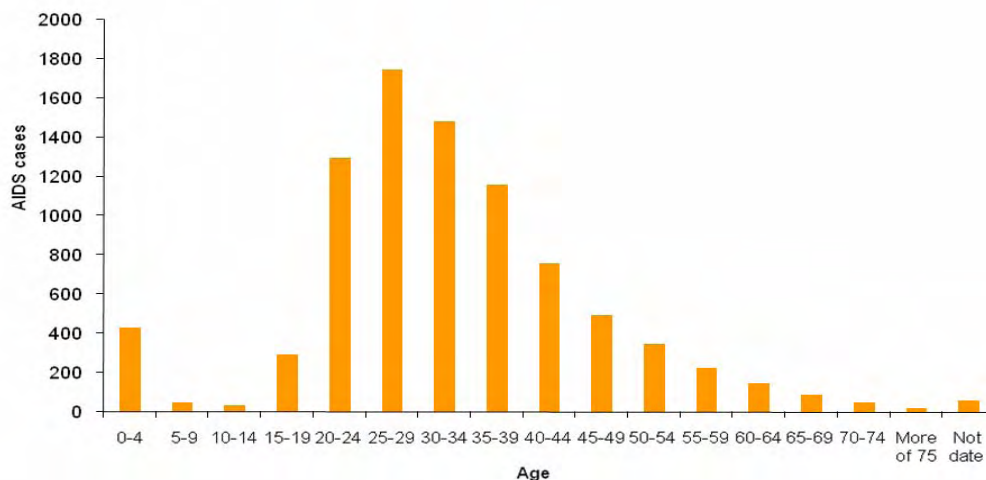
Graph 1. AIDS Cases and Prevalence Rate 1985, 1990, 2000, 2005*



Source: HIV/AIDS Epidemiological Unit, PNS, 2006. *Until August 2005

An epidemiological study conducted in 2003 indicates that HIV infection is most prevalent in the following groups: men who have sex with men (11.5% of the estimated 130,000 MSM) and commercial sex workers (3.3% of the estimated 15,000 CSW).¹³ Furthermore, a high rate of HIV infection was found among prisoners. The epidemic is most prevalent in the economically active population (EAP). In the period 1984–2005, the epidemic mostly affected the young, particularly people aged 15-49 and more specifically those aged 25-29 (Graph 2).

Graph 2. AIDS Cases by Age Group 1984-2005*

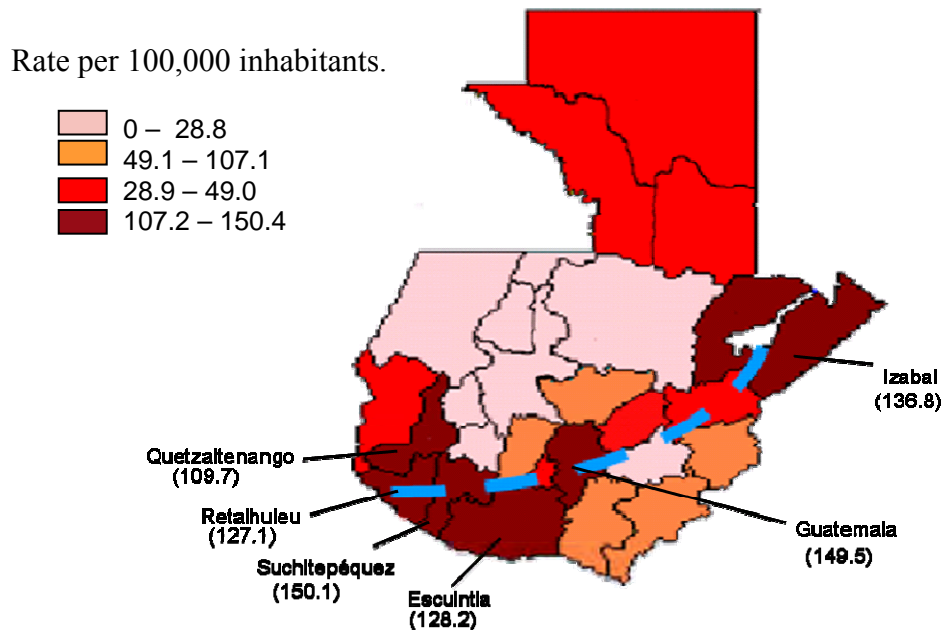


Source: Epidemiological Surveillance Unit, PNS, 2006 * Until August 2005

¹³ Central American Multicenter Study on the prevalence of HIV/AIDS and STIs and behavior in female commercial sex workers in Guatemala, April 2003.

The epidemic is currently spreading from the southern coast towards the Atlantic zone of the country. The epidemic is concentrated in certain areas,¹⁴ but is considered to be generalized in some Regions.¹⁵ Geographically, the epidemic is concentrated in the Regions of Izabal, Suchitepéquez, Escuintla, Guatemala, Realhuleu and Quetzaltenango, which account for 77% of AIDS cases (Figure 1). The epidemic is concentrated in regions and cities considered to be the most productive, particularly the southern coast and the route that leads to Guatemala City. The broken blue line in Figure 1 shows the route along which seasonal workers travel and products are transported towards ports and cities, as well as abroad. This region receives large transient groups who arrive in order to work in activities such as sugar cane cutting and coffee picking. In addition, migrants travel through Guatemala from other Central and South American countries and along the southern coastal route on their way to Mexico and the United States.

Figure 1. Geographic distribution of the epidemic



Source: HIV/AIDS Epidemiological Surveillance Unit, PNS, 2006

The country's HIV/AIDS Epidemiological Surveillance system is first-generation and passive. The reporting process has significant failures regarding detection, diagnosis, notification, registration and follow-up of HIV/AIDS and STI cases. Under-reporting is estimated at 50%, although according to the Epidemiological Surveillance Unit, PNS, it could be as high as 70%. The surveillance system was established in July 2003. It comprises the following components: a) passive surveillance according to the needs of

¹⁴ In accordance with the UNAIDS classification of epidemics, an epidemic is considered concentrated when the prevalence of HIV is higher than 5% at least in one population subgroup, but less than 1% in pregnant women in urban areas.

¹⁵ Epidemiological Surveillance Unit, PNS, 2006

each health service, b) surveillance of women under prenatal care, women who have requested prenatal and birth care, female sex workers, men who have sex with men, military personnel, and prisoners and c) testing performed on blood donors and people newly diagnosed with tuberculosis.¹⁶ Efforts are under way to establish a second-generation system of epidemiological surveillance that would provide timely information of sufficient quantity and quality to permit characterization of the HIV/AIDS epidemic in Guatemala and the rest of the region.¹⁷

Vulnerable Groups

Sero-prevalence figures reflect that the HIV/AIDS epidemic in the country is concentrated in vulnerable groups such as MSM and CSW. Seroprevalence is higher than 5% in these groups. Some studies have provided sporadic, epidemiological surveillance of vulnerable groups. However, no systematic information is available on a national level that would allow continuous follow-up of the epidemic among vulnerable groups, including migrant and indigenous population groups. Although the National HIV/AIDS/STI Program (PNS) has not yet integrated studies on vulnerable groups in its HIV/AIDS epidemiological surveillance system, HIV/AIDS may be increasing among these groups,¹⁸ reflecting future challenges regarding the epidemic.

- The studies show increasing prevalence of HIV among MSM, CSW and pregnant women. However, more in-depth study is needed on the phenomenon of “bridge populations” as a possible mechanism for spreading the disease.
- The studies suggests a differential pattern in the behavior of the epidemic in the areas studied. Prevalence varies from one place to another, leaving the impression that in some Regions there is a concentrated epidemic and in other Regions a more generalized epidemic.
- Sentinel surveillance methods, which currently are conducted only as part of studies, should become a regular and permanent part of the existing private and public health services. An alternative that could be considered is to structure a sentinel surveillance network for MSM, CSW and pregnant women in the six Regions most affected by the epidemic.

Commercial Sex Workers. Among CSW, the prevalence of HIV varies from 11% in the Izabal Region to 5% in Guatemala City. Several studies carried out in 1990, 1997, 1998 and 2003 have examined CSW and their situation with respect to HIV. The latest multicenter Study on the Prevalence of HIV/AIDS and STIs and CSW behavior, in 2003, was conducted in a probabilistic sample of female commercial sex workers in Guatemala City and a census of CSW at San José Port and Port Barrios. It studied 536 women, 309 from the capital, 129 from Port San Jose and 98 from Port Barrios. It surveyed their behavior and determined the prevalence of HIV and other STIs.

¹⁶ Evaluación del sistema de vigilancia, 2005

¹⁷ Regional Strategic Plan for HIV/AIDS Epidemiological Surveillance 2004-2008, CDC/GAP

¹⁸ Final Report of the Epidemiological Surveillance System of Guatemala, CDC/GAP 2004.

The educational level of the CSW was low. One fifth had no schooling, 33% had partial elementary school education and 26% had finished elementary school. Only 12% had started high school, and 10% had finished high school.

In Guatemala City, Port Barrios and Port San Jose, 68% of CSW interviewed said they had new clients during the week prior to the interview, and 61% said they had regular clients. More than 96% of the CSW interviewed said they used condoms to avoid HIV infection. However, that percentage varied significantly as a function of whether they had sex with a new client or with a regular partner; 82% used condoms consistently with new clients during the last month, 73% said they use them with regular clients and only 11% used them with regular partners during their latest sexual relations.

A study conducted by ASI showed that 77% of female CSW do not use condoms with their regular partners due to feelings of trust, love, or affection.¹⁹ This study found that of the 2,492 CSW interviewed, 87% (2,172) stated they had used condoms for their most recent commercial sexual relations. Some 3.4% (74) were HIV positive, and of these, eight said they had not used condoms. Some 40% answered incorrectly that the infection can be transmitted through mosquito bites, and 7% stated that they did not know if this was a mode of transmission.

Men who Have Sex with Men. A study covering a sample of 165 MSM in Guatemala City showed increasing prevalence of HIV infection. It estimated that the prevalence among this group was 11.5% in Guatemala City in 2003. The study also indicated that 31% of PLWH were MSM.²⁰

Two thirds of MSM recognize that the use of the condom is an appropriate method for preventing HIV and STI transmission. However, it was found that a large percentage of individuals do not use condoms with their regular partners, even when they have casual sexual relations with multiple partners. One of every five MSM has sexual relations with both men and women. This highlights the importance of this group as an epidemiological bridge that could be contributing to the spread of the HIV epidemic among the general population.

Prisoners. No information is available on the estimated number of prison inmates with HIV. However, World Vision conducted a baseline study financed by the Global Fund, and the final report was being prepared in late 2006.

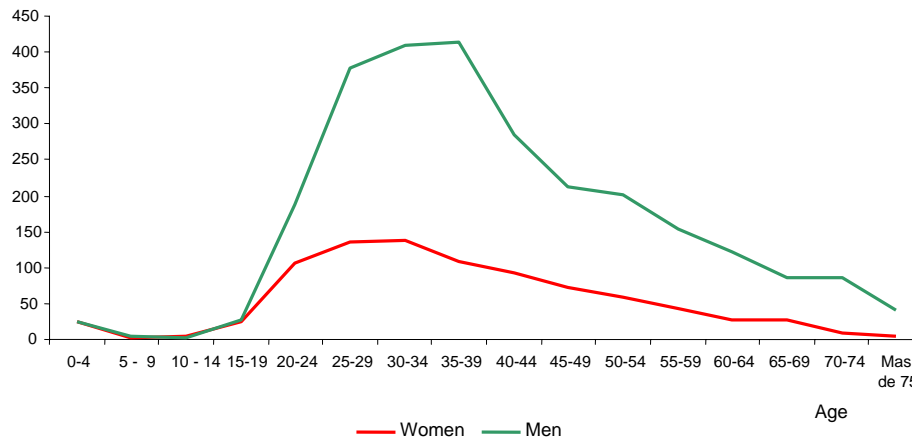
Women. Women are considered to be a vulnerable group because of the feminization trend of the epidemic. Of the total number of AIDS cases reported from 1984 to August 2005, 88% of the infected individuals were between the ages of 15-49, and of this 32% were women. A total of 2,547 cases of AIDS were recorded in women from January 1987 to August 2005. Of these, 83% were in the economically active reproductive age group between the ages of 15-49 years (Graph 3). Data from two clinics specializing in

¹⁹ *La Sala Project*, 2003.

²⁰ Multicenter Study on the Prevalence of HIV/STD and Behavior of MSM in Guatemala 2003, PASCA and others 2003.

HIV/AIDS located in the capital city (“Luis Angel Garcia” Family Clinic and the Roosevelt Hospital Clinic) showed that 74% of the females detected with HIV in 2004 were housewives with no other risk than sexual activity with their regular partner.

Graph 3. AIDS Cases, 1984-2005*



Source: HIV/AIDS Epidemiological Surveillance Unit, HIV/AIDS AND STIS, 2006
 * Until August 2005

Pregnant Women. Studies conducted by the Ministry of Health with the support of CDC/MERTU in pregnant women from 2002 to 2003 in the Regions of Chimaltenango, Escuintla, Guatemala, Izabal, Jutiapa, Petén, Quetzaltenango, Retalhuleu, San Marcos, Santa Rosa, Suchitepéquez and Zacapa showed that out of 6,170 pregnant females that were interviewed regarding the two methods of HIV prevention, 84% stated that faithfulness protected against the infection, while 72% said that using condoms prevented transmission of the virus, and 74% (4,576) stated that both methods were valid. These studies also found that 43% incorrectly believed that HIV can be transmitted through mosquito bites. The results show that 13% of the females from which the data were obtained had more than one partner in the last two years. If one relates this variable with HIV infection for women who underwent testing, the results show that 1 out of every 21 females who had 4-5 partners had a positive result – an infection rate of 4.8%.

Vulnerable Youth. The epidemic is concentrated in the 20-39 age group (67% of all AIDS cases) (Graph 3). No specific study was found on youngsters and HIV/AIDS.

Based on police estimates, 2,000 boys and girls are sexually exploited in more than 600 brothels in Guatemala City. In the border areas of Tecún Umán and San Marcos, girls who are raped are at the mercy of pimps. Trafficking of people is a very lucrative source of income. An estimated 450 women and girls are involved in prostitution.²¹ In 1987, it was determined that most girls that engaged in prostitution came from marginal urban areas and had low educational levels – 20% could not read or write and 54% never finished elementary school; violence within the family was common – 85% of the girls

²¹ Villarreal, 2002

reported being beaten or having suffered other types of aggression. In 20% of the cases, there was sexual abuse and violence. In the under-15 age group, 83% had suffered from sexually transmitted diseases, and in the 15-18 age group 42% were mothers.²²

Orphans. According to 2005 estimates, 14% of Guatemalan orphans had lost their parents to AIDS. That figure has been increasing since 1990 when it was at 0.3%; in 1995 it was 3.1% and in 2001 it had reached 9.4%.

Military/Police. A CDC study estimated a prevalence rate of 0.7% among Guatemalan military and police. However, little is known about HIV in this group.

Migrant Groups and/Mobile Populations in Affected Regions. Truck drivers are considered an at-risk population, especially those who move along the so-called “AIDS route” – that is, the Regions crossed by the two main highways in the country. These include the Atlantic route from Guatemala City to Port Barrios and the Pacific route that goes from Guatemala City to Escuintla and Tecún Umán, a village bordering on Mexico. Nevertheless, the situation of this population with regard to HIV is unknown.

Indigenous Groups and Descendants of African Origin. Guatemala is a multiethnic and multilingual country comprising more than 20 cultural groups with different languages and norms regarding sexuality, which differ from the western model. The situation of these populations with respect to HIV is unknown. The lack of native language programs directed at these groups prevents information about HIV/AIDS from reaching them. There is also a perception among these groups that HIV/AIDS is an epidemic that exclusively affects western populations. A proposal is being developed to conduct two studies in these groups. One is a prevalence study in four ethnic Mayan groups,²³ including an analysis of the attitudes and behaviors of this group in dealing with the HIV epidemic. In the other, the PNS is developing an IEC communications plan designed to change attitudes and behavior; it will include a multicultural, bilingual and cultural component. Still, the current situation of this population group regarding HIV/AIDS is currently unknown.

Disabled. No information was available on disabled people living with HIV/AIDS.

Perceptions of the Guatemalan Population Regarding HIV/AIDS.

In 2003, the general perception of the Guatemalan population regarding HIV/AIDS²⁴ was the following:

- 60% of the population had heard about AIDS; 98% considered the epidemic to be a serious problem for the country and thought the state should offer more

²² María Eugenia Villareal. Explotación Sexual Comercial de la Niñez, Guatemala, 2000. Casa Alianza.P10

²³ K'iche, Q'eqchi, Kaqchikel, Man and Garifuna

²⁴ PASCA, USAID, CID Gallup, Percepción sobre el SIDA en Centroamérica, Encuesta de Opinión Pública en Centroamérica. 2003

- information about it through mass media such as radio and television. More than 97% approved of educating younger high school students on the subject.
- Only 37% of the population thought the government is handling the epidemic well, and 90.4% believed the government should provide medication to people with AIDS.
 - More than 97% knew that they could protect themselves against AIDS. 90% of the population approved of access and availability of condoms for those who wish to use them, including young people.
 - Overcoming stigmatization and discrimination against people who live with HIV is a challenge. 67% of the Guatemalan population agreed that employers have a right to ask for HIV testing as a prerequisite for a job, and 55% indicated that people with AIDS should not have access to public places. 56% of the population stated that HIV-infected children should be educated separately at different locations, but 81% of the population believed that HIV infected females have the right to become pregnant.
 - 55% of the population believed the virus is a punishment from God for prostitutes and homosexuals because of their lifestyle. Even so, more than 95% of the population supported AIDS prevention programs aimed at these groups.

The National Response to HIV/AIDS

The State Policy on HIV/AIDS and STIs (2004) considers that without adequate controls HIV will have a devastating socioeconomic impact on the country, similar to the impact of the epidemic in African countries. However, the national response to HIV/AIDS in Guatemala is like a jigsaw puzzle in which a series of national and international organizations have worked together for the past 22 years in response to the epidemic. Decree 54-95 in 1995 declared HIV/AIDS to be a social problem and national emergency, which was reaffirmed by the HIV/AIDS Law approved in June 2000. The law was the basis for the National Program for the Prevention and Control of HIV/AIDS and STIs (PNS) within the Ministry of Public Health and Social Assistance (MSPAS).

In 1987, the National Commission for the Surveillance and Control of AIDS (CONAVISIDA) was established. In addition, the National Authority for the prevention and control of HIV/AIDS and STIs was established at the MSPAS. The authority was initially established as a project, but it acquired program status and therefore received its own budget with the approval of the HIV/AIDS Law in June 2000. The National Program for the Prevention and Control of HIV/AIDS and STIs is the government authority that implements programs for the education, prevention, epidemiological surveillance, investigation, care and follow-up of HIV/AIDS and STIs while guaranteeing the respect, promotion, protection and defense of human rights for those affected by these diseases. With the enactment of the HIV/AIDS Law in 2000, the PNS began to gather strength as a priority program. The PNS began implementing its program in 2002.

The National Strategic Plan for HIV/AIDS and STIs (PEN) was developed in 1999. It was spearheaded by the Ministry of Public Health and Social Assistance through PNS, which was established through the active participation of various sectors of society, including NGOs, people who live with HIV, the private sector, religious organizations, as well as bilateral and multilateral cooperation institutions. The PEN was reviewed and updated in 2001.

Many of Guatemala's commitments in the national and international sectors have served as the basis for the elaboration and implementation of the PEN during 1999-2004. Guatemala committed to meeting the Millennium Development Goals in 2000, the UNGASS indicators in 2001, and Global Fund goals for reducing mother-child transmission from 30% to 5% in all pregnant women treated by the state health service, reducing AIDS mortality by 30% in three years and 50% in five years in priority areas, and reducing mortality caused by opportunistic infections.²⁵

The PNS developed a series of workshops. Organizations that participated in these workshops agreed that the centralization of treatment was the first obstacle to overcome. Other urgent problems to be resolved included delayed diagnosis, deficient patient case follow-up and lack of support for PLWH and their families.

The law initially set the budget of the National Program for the Prevention and Control of HIV/AIDS and STIs at 5 million quetzals per year, (about US\$500,000). In 2005, the amount was increased to 7 million quetzals (about US \$900,000). In 2006, the budget was again increased to 10 million quetzals (about US \$1.3 million). In 2006, the Global Fund for the Fight against AIDS, Tuberculosis and Malaria provided \$8.4 million in funding. The majority of the funds were allocated to providing medication to people with AIDS.

LEGAL AND REGULATORY FRAMEWORK

The General Law for Fighting HIV/AIDS and the Promotion, Protection and Defense of Human Rights of PLWHA, approved in 2000 and followed by HIV/AIDS Regulation in 2002, consolidated efforts by the civil society and the government to prepare legislation regarding HIV/AIDS. This contributed to the declaration of the epidemic as a matter of public interest, creating an authority responsible for national policies, and establishing prevention mechanisms and a system for epidemiological surveillance. Specifically regarding human rights, the law protects individuals living with HIV from discrimination, violation of their confidentiality, autonomy, privacy, work, access to healthcare, and education.

The Constitution establishes that international human rights treaties and covenants have constitutional force. From 1986 to date, the following legislation was enacted regarding HIV/AIDS standards, regulations and guidelines as well as treatment of PLWH: Labor Code, Criminal Code and Health Code, Regulations for the Control of Sexually

²⁵ State Policy MSPAS, 2005.

Transmitted Infections; General HIV/AIDS Law and its Regulations, Social Development Law and the Constitutional Law for the Guatemalan Social Security Institute, Health and Hygiene in the Workplace, Law on Blood Banks and Medical Transfusion Systems and Law for the Integrated Protection of Children and Adolescents.

According to experts, Guatemala's judicial-legal system adequately addresses HIV/AIDS. Among its principal strengths are:

- Declaration of HIV/AIDS as matter of public interest
- Creation of an authority responsible for national policies
- Financing of policies and related programs
- Establishment of prevention mechanisms
- Establishment of an epidemiological surveillance system
- Prohibition of compulsory testing
- Regulation regarding the donation of human products
- Provisions for participation of civil society.

Regarding rights, the law includes provisions addressing non-discrimination, confidentiality, autonomy, privacy, freedom and mobility, non-isolation, access to information, health and integrated care, work, education and recreation. However, these legal provisions have led to a series of laws and regulations that contradict each other, and allow for potentially arbitrary discrimination when they are applied. For example, an employer can currently require an employee or future employee to be tested for HIV based on the Labor Code (Article 203) although the HIV/AIDS Law (Article 22 and 43) states the contrary. These types of regulatory contradictions should be resolved as part of the short-term HIV/AIDS agenda. Another issue is the lack of legal mechanisms to enforce compliance with the HIV/AIDS Law and international human rights regulations.

Evaluation of the Guatemala legislation according to the UNAIDS Protocol Against Discrimination²⁶ produced the following results:

Health Care. The HIV/AIDS Law addresses two of seven aspects of discrimination mentioned in the UNAIDS protocol: HIV testing without consent, and partner notification. Article 20 of the Law states that tests are compulsory if warranted by medical criteria, for blood donors or for criminal processing. Decree 27-2000 of the General AIDS Law guarantees the right to refuse to undergo tests for HIV in connection with education, work, medical care, entrance to the country and access to goods and services.

Article 25 of the HIV/AIDS Law states that test results should be given to partners when a person with HIV/AIDS either refuses or is unable to do so. The attending doctor or health provider must notify in accordance with specific procedures, respecting at all times the human dignity, human rights and confidentiality of those involved. However, NGOs report cases of PLWH who have said their privacy was breached in the public and private sectors. They mention instances of lack of privacy concerning the names of people who

²⁶ UNAIDS, 2000

have tested positive, and state that access has been granted to confidential files without legal authority to warrant it.

Discriminatory acts include: denial of treatment based on HIV test results, performance of HIV tests without knowledge or confidentiality, disclosing the names of people who have tested positive and failing to protect confidential files, either consciously or through negligence. Such cases are heard by the Constitutional Court. There were also cases in which the Attorney General and the International Commission of Human Rights have intervened to guarantee ART to individuals who requested it.

Employment. Guatemalan legislation includes provisions that protect PLWH from stigmatization and discrimination in the workplace. However, the same legislation contains terms that actually can cause a loss of confidentiality supposedly guaranteed by Article 20. Employers can request an HIV test from an employee according to Article 203 of the Labor Code, which states that, "*All workers involved in the handling, manufacture and sale of food products for public consumption must have a monthly medical certificate indicating that they do not suffer from any infectious-contagious disease that may make them unfit to perform their job. The stipulations in Article 163 are applicable to this medical certificate which regulates domestic work and further states that prior to initiating a job, an essential requirement is the presentation of a certificate of good health.*"

Compulsory HIV testing before being hired and during employment is mentioned in Guatemalan legislation and occurs in practice. Lack of privacy regarding HIV test results, firing an employee or changing conditions of employment due to test results, and denying employment due to test results also occur in practice in Guatemala. *Article 63, paragraph (f) of the Labor Code* requires all workers to submit medical tests when applying for a job or during employment upon the request of the employer in order to prove that the employee does not suffer from any permanent work-associated disease, permanent disability or a contagious or incurable disease. It also requires workers to submit to testing at the request of the Guatemalan Social Security Institute for any reason.

Although there are no complaints on file, NGOs dealing with PLWH report that some companies, particularly the food industry, the police, banks and others, require HIV testing for hiring although this requirement is not written in their internal regulations or guidelines. In practice, such cases are processed by NGOs before labor inspectors of the Ministry of Labor and the Attorney General's Office for Human Rights focus on them.

Although there have been no complaints regarding lack of confidentiality of test results, there have been complaints that the sexual preferences of testees were disclosed. This occurs at different levels in both government and private laboratories, as well as in companies, hospitals and health care institutions. Concerning firing or changes in employment conditions due to HIV test results, case 368-2002 was filed at the first-level Court for Labor and Social Welfare in 2002, accusing a private food company of unjustified firing and discrimination against a PLWH. The case was resolved in 2003 by mutual agreement. Under the agreement, the company provided severance pay plus damages and publicly apologized.

Public Administration. Guatemalan law does not address arbitrary discrimination in this area. No law denies or restricts access to public institutions or services based on HIV test results. However, access by vulnerable groups to health care and treatment is limited in practice. Research and interviews conducted with NGOs that care for PLWH and prison inmates, and with personnel in charge of prisons and immigration turned up no complaints or legal anomalies. There are two reasons why few lawsuits have been filed related to HIV and AIDS: Guatemalans apparently distrust their judicial system and are not accustomed to filing lawsuits; and lawsuits are usually filed in person, and PLWH fear the consequences if others discover that they are HIV positive.

Social Welfare, Housing, Education, Family and Reproductive Life. No law stipulates denial or limitations on severance pay. There is no provision in Guatemalan legislation of compulsory testing, declaration of a serological state or presentation of HIV negative results as conditions for access to housing. No judicial-legal instrument denies access or imposes restrictions on education due to a person's HIV status. There are, nevertheless, various cases of discrimination due to an individual's serological status. Although there was no evidence of lawsuits regarding this issue, it is known that private schools deny children access to education due to a positive serological test result as occurred to HIV-positive children from the San José Hospice. The hospice had stated to the media that children with HIV had difficulties in receiving an education.

No laws require pre-matrimonial and prenatal testing, or compulsory abortion or sterilization of women with HIV. One lawsuit filed before the Attorney General for Human Rights in Totonicapán involves the custody of two minors; an HIV-positive mother had her children taken away from her by the family of her husband. The ongoing lawsuit was classified as a complaint.

Insurance and other Financial Services. There are no indications that the three aspects evaluated in this area are mentioned in Guatemalan law. No information is available on denial and restrictions in accessing credit based on a person's test results or for being identified as a member of a high-risk HIV group. In practice, there are cases in which insurance (for example, life insurance) was denied or restricted due to a person's test results or for being identified as belonging to a high-risk group. Although no lawsuits have been filed in this regard and insurance companies do not have internal written guidelines regarding this topic, access to medical and life insurance is denied to any person who is a carrier of the virus based on the assumption that PLWH have a high probability of death.

Response to Arbitrary Discrimination. PLWH and other people facing discrimination due to HIV may participate in support groups in order to learn about the legal instruments required for filing possible lawsuits. Examples of PLWH support groups in Guatemala are the *Association for Coordination of Sectors to Fight against AIDS* and the *Attorney General's Office for Human Rights*. Both of these organizations developed protocols against stigmatization and discrimination in 2005 but that need to be disseminated to the public so that individuals in need of legal aid may recur to the Guatemalan Chapter of the

Regional Human Rights and HIV Network. This Regional Network, which receives support from PASCA, comprises 12 governmental and non governmental organizations. This network is elaborating a regional protocol and will establish 10 auxiliary branches with the Ombudsman's Office (PDH) in areas with the highest prevalence of HIV. The goal is to investigate cases of human rights violations. The network also has a web site with the Regional Human Rights and HIV Network to help document and research cases.

Separately, in Quetzaltenango, the Institute for Interethnic Studies (Instituto de Estudios Interétnicos- IDEI) is preparing an agreement with a popular law firm associated with a local university to offer legal aid to PLWH and vulnerable populations. In the southwestern area of the country, the branch of Coatepeque is investigating 10 cases regarding discrimination of PLWH in coordination with the NGO Southwestern Network (www.redsuroccidente.com) which addresses this topic at a local level.

PREVENTION AND CARE FOR VULNERABLE GROUPS

Since the epidemic was first identified in Guatemala, HIV prevention has focused on informing the general population about transmission. The effort stresses faithfulness, urging couples to delay first-time sexual relations; there has been limited focus on highly vulnerable groups, such as commercial sex workers and men who have sex with men, and little emphasis on providing information on other forms of prevention. In 1997-1998, PASMO developed educational strategies focusing on behavioral changes and social marketing of condoms. By the end of the 1990s, standardized procedures were established regarding management of STIs as pilot programs. However, current coverage is below 50%. By 2006, coverage was expected to be 100% in priority healthcare districts. In 2005, an information, education and communication (IEC) program was developed with a multisector, gender and multiethnic focus aimed at changing behavior based on community participation. This program was expected to be implemented in the period 2006-2010.

More than 41 institutions have addressed the HIV/AIDS situation. The first AIDS clinic in Central America was established in Guatemala, as well as the first NGO for the prevention of HIV – the Coordinating Association of Sectors to Fight against AIDS (ACSLCS). In addition, the first organizations to work with the population group most affected by the epidemic – MSM – emerged. Subsequently, the National Network of People living with HIV/AIDS, the Multisectorial Commission in Puerto Barrios Izabal, the Southwestern Network and the Civil Alliance for Access to Medications were established. These national institutions received technical and financial support from PAHO, PASCA, Doctors Without Borders, UNAIDS, International Plan, HIVOS, ASDI-Sweden, the Dutch Embassy, the Japanese International Cooperation for Family Planning, German Cooperation and USAID. A series of workshops and seminars involving these organizations led to the establishment of the Coordinating Association to implement unified, multisectoral work while respecting diversity. Its Provisional Board of Directors created the structural basis for the Coordinating Association of Sectors in the Fight against AIDS (ACSLCS).

Successful interventions in Guatemala regarding HIV/AIDS employ a diversity of methods and resources, but most have the following common characteristics: commitment of the people, an objective of efficient performance, an organized business structure, regular group meetings and arrangements to exchange information regarding results.

The following section describes 12 successful interventions. It is important to mention that there are other successful experiences. Experts that were interviewed presented successful organizations and projects, including the National Program for HIV/AIDS and STIS (IEC Project), PASCA, VIDA Project and Oasis, among others. Annex 3 in this report presents a table summarizing successful experiences for Guatemala. During the workshops that were conducted as part of this project, Proyecto Barcelona was mentioned as a successful experience; it was initiated in 2004.

Association for Integral Health against Aids (ASI) “La Sala”

The Association for Integral Health against AIDS (ASI) addresses prevention, treatment and human rights issues. It works mainly with female sex workers, and is active in urban and rural areas. It established the “La Sala” project in November 2006, mainly dealing with prevention. The project’s main objective is empowering female commercial sex workers, who are included in the vulnerable populations contemplated in the National Strategy. It is expected to benefit 2,500 women each year. It represents a model proposal and project for the South America and Caribbean region, and is the only one of its kind in Guatemala, which focuses on empowering women with rights and dignity in the performance of their jobs.

Project Results

- Evaluation and diagnosis of CSW human rights in Guatemala City.
- Testing takes place every three months in areas of sexual commerce. Good turnout has been reported in public areas.
- Innovative strategy of peer educators. Integration of CSW as active participants in ASI, and as IEC agents in peer and preventive activities.
- Pressured the Ministry of Health (MINSa) to finance prevention of STIs. A round table negotiation is taking place to create a treatment protocol for STIs.
- Coordination of women and human rights. Various cases have been filed at OMES regarding abuse by police. Cases of this nature no longer arise.
- One of the project strengths is its system for referring patients between different levels of care.
- Received support for establishing a grassroots community organization that is in the process of receiving a corporate identification. ASI has 25 active members who are former commercial sex workers.

- Influenced policy; this will be sustained through creation of the NGO “Women Who Improve Themselves.”
- Strengthened community bases and integration into international networks. Established a community-based organization of female commercial sex workers, OMES (Organización de Mujeres en Superación, or Women Who Improve Themselves).
- User evaluation workshops. Annual performance evaluations provide incentives for personnel through training. Monthly quantitative monitoring and annual evaluation results provided in reports for each project component.

The future plans and priorities of the association are to:

- Extend coverage to 80% of the population in Guatemala City (30% to 35% of the national population) through National Strategic Plan branches in Regions where there are more CSW (Chela, Puerto Barrios).
- Convey the experience of “La Sala” to other countries as part of the sustainability and permanence of the project.

Pan-American Association for Social Marketing (PASMO)

PASMO is part of the global network Population Services International (PSI), the largest organization for social marketing in the world with operations and offices in more than 70 countries in Africa, Asia, America and Europe. Established in 1970, PSI seeks to improve the health of low-income populations by promoting healthier behavior and facilitating access to high-quality health products and services at affordable prices.

A non-profit social marketing organization with headquarters in Guatemala, PASMO initiated its Central American activities in 1997 and now operates throughout the region, covering all of the countries from Belize to Panama. Its priorities in Central America are the prevention of STIs and HIV, and an increase in healthy sexual practices in particularly vulnerable groups (commercial sex workers, potential clients of sex workers, men who have sex with men, people who live with HIV and the Garífuna population). It performs educational activities, and increases access to condoms for these groups, using social marketing strategies.

PASMO encourages people to delay the initiation of sexual relations, reduce the number of sex partners they have, and practice mutual fidelity, and it seeks to increase the number of people with STIs who seek medical attention. It offers free testing and counseling services, encourages the correct and consistent use of latex condoms and the use of water-based lubricants, particularly for anal sex, and seeks to reduce discrimination and stigmatization of highly vulnerable groups infected with HIV.

PASMO’s activities are directly related to Strategic Objective 4 and comprise part of strategies 4, 5 and 6 of the National Strategic HIV/AIDS and STIs Plan, which are related to an IEC focus through a series of national actions.

Since AIDS is defined as a concentrated epidemic in Guatemala, PASMO is vital in mitigating the impact of AIDS in the country through:

1. Support for highly vulnerable groups for which the rates of prevalence of STI and HIV exceed 10%.
2. National coverage of its activities and the products that it promotes.
3. Close coordination with the different actors in the country who deal with this issue. These actors include the international cooperation sector as well as the governmental sector and NGOs, people who live with HIV and, recently, the religious sector.

In its current, third phase, the program is increasing coverage in high risk geographic areas, as well as undertaking educational activities and promoting products and services. Educational activities are targeted to key population groups that are particularly vulnerable to the epidemic. Redesign of educational activities focusing on models used by Population Services International (PSI) in order to meet new challenges. An increase in non-traditional and high risk contact points is also important for increasing healthy behaviors and preventing HIV.

Project Results (Table 1)

- Increase in the target population (MSM and CSW) from 5,595 contacts in 2002 to 25,561 contacts in 2005.
- Increase in the number of condoms distributed from approximately 1 million in 2000 to more than 5 million in 2005.
- Mass media campaigns promoting the use of condoms and abstinence, and addressing risk perception, during 2004-2005.
- A gradual increase in activities executed by the organization, Communication for the Change of Behavior (CCC) from 2002 to 2005.
- Larger percentage of PASMO executors for CCC activities in comparison with other NGOs during 2002-2005.

Table 1. PASMO Results

Indicator	2000	2004
Percentage of CSW who report having used a condom in the last sexual relationship with a regular client.	93%	96%
Percentage of CSW who report having used a condom in the last sexual relationship with an occasional client.	97%	98%
Percentage of CSW who report having carried a condom to the interview.	67%	78%
Percentage of MSM who report having used a condom during the last sexual relationship with a regular partner.	74%	75%
Percentage of MSM who report having used a condom in the last sexual relationship with an occasional partner	85%	85%

Friends against AIDS (Colectivo Amigos Contra el SIDA)

“Asociación Vida” (Association of Life) was established in 2004 as a non-governmental organization to defend the human rights of men who have sex with men (MSM) and people living with HIV (PLWH). It has a project in the urban sector of Guatemala called “Friends Against AIDS” (“Colectivo Amigos Contra el SIDA”), which addresses human rights issues.

The Strategic Plans of 1999-2003 and 2006-2010 address issues regarding human rights of PLWH, thus providing a legal framework for defending their rights. Protecting the human rights of PLWH in Guatemala’s health services system as well as addressing social and economic conditions that affect them require a strong justice system and NGOs and other actors to act as watchdog groups.

The association, which focuses on more than 2,000 men, women and children who live with HIV and have the right to receive treatment from the Guatemalan Social Security Institute (IGSS), involves a group of patients who are concerned about the lack of supply of antiretrovirals. It received its corporate registry number in December 2005. That allowed it to function as a legally incorporated, private and nonprofit organization. Its main objective is to promote the common good through benefits or services that help improve the quality of life for its beneficiaries, and to attend to their basic needs such as medical care and medication through the IGSS focusing on preventive, educational, environmental, economic, social, cultural and moral components.

The project seeks to change the legal system of the IGSS to include protection of PLWH. In addition to facilitating the purchase of the ARVs, it seeks development of prescriptions that are valid for three days (a change that implies modifying the IGSS regulation), modification of the HIV/AIDS law, and legislation regarding funding and general accounting for the purchase of ARVs.

Project Results

- Creation of a network of PLWH affiliated with the IGSS in order to evaluate their needs, medications and infrastructure. The higher authorities from the IGSS are aware of the network.
- Favorable resolution by the Supreme Court of Justice and the Honorable Constitutional Court of various cases that were presented through the project.
- The group has been recognized by international associations and organizations as a result of these actions.
- The group is integrated in the regional human rights and HIV/AIDs network.
- Education within the Social Security agency concerning different issues involving PLWH, including adherence to treatment and the use of the condoms.

- The organization defends the human rights of any person with HIV. As part of its legal support process, an individual may file a lawsuit through “Amigos contra Sida” (Friends against AIDS) which provides free follow-up.
- The organization helps individuals directly affected by discrimination by the Social Security Office. One of the organization’s members commented that this situation “could not be ignored.”
- Use of the media and information networks of the IGSS facilitate more rapid action and helps the IGSS deal with discrimination.
- The result of the discrimination complaints are made public at press conferences, and their resolution is focused on in a positive manner.
- Information is disseminated through a bi-monthly bulletin called “Acá entre nos” (Here among us).

Examples of cases won:

- *Case 1: File from the Constitutional Court- Year 2005.* On October 17, 2005, it filed a complaint with the Constitutional Court that the Guatemalan Social Security Institute and its agencies denied ART to patients with AIDS. The complaint cited violations to life, health and social security. The court granted the appeal requested by the Human Rights Ombudsman, and ordered the IGSS to provide healthcare treatment to patients with HIV/AIDS who are covered or retired through the Institution.
- *Case 2: Appeal Before the Court– Year 2005.* The Third Circuit Court of Appeals for Labor and Social Welfare received an appeal in 2005 by the Human Rights Attorney against the Guatemalan Social Security Institute. The complaint charged that the Board of Directors of the Guatemalan Social Security Office and other areas of the Institution refused to provide medications and treatment to patients who suffered from AIDS, thus violating their right to health and placing their lives, personal integrity and personal development in danger. The complaint requested that patients suffering from AIDS be provided with medication and treatment. The resolution orders the IGSS to grant AIDS patients affiliated and/or retired from the Institution the medical attention and medications that their health condition require.

Research, Development and Integral Education Association (IDEI)

IDEI began the project “Reducing High Risk of HIV/AIDS Sexual Behavior in Farmers who Migrate” in 2002. The IDEI worked with the mobile population that migrates to the higher plane zones of the Pacific Coast for six years, and it is estimated that there were behavioral changes as a result. IDEI’s project covered 17 farming communities in the Regions of Quetzaltenango, Retalhuleu and Suchitepequez (three of the five regions with the largest number of HIV cases reported in the country). This was the first intervention that was performed with migrant indigenous men from the southwest. After the intervention, voluntary counseling and testing (VCT) among migrant men and women, and an evaluation study were carried out (results below).

An initial assessment was carried out to determine the sexual behaviors relating to the spread of HIV of the ethnic Mam farmers, who temporarily travel to the Pacific Coast. The goal was to acquire information in order to implement, develop and evaluate a sensitive intervention designed to strengthen integrated healthcare services for HIV, AIDS and STIs. The concepts studied include traditional gender roles, sexual coercion, knowledge of the risk of HIV and sexual relations among farmers from 20 rural communities who migrate to the higher zones of the Pacific Coast in the Region of Quetzaltenango. The team trained bilingual interviewers and technicians so that they could interview more than 400 farmers for the baseline survey immediately before the intervention, and six months after the intervention. The impact of the intervention was determined through a random group study. In addition, health professional and volunteers were trained in order to improve existing services.

Project Results

- In 2002, 79% of the treatment group and 72% of the control group reported that the consumption of alcohol could affect use of condoms. 93% of the men in the treatment group and 99% of the control group had traditional gender beliefs, and 93% of the treatment group and 91% of the control group had never used condoms with partners who were not first-time partners. During the treatment, the intervention group showed a significant statistical increase ($\chi^2 = 8.36$, $p < 0.003$) in its knowledge regarding the effect of the consumption of alcohol and the correct use of the condom and a statistically significant reduction in traditional gender beliefs ($p < 0.00009$).
- There was a statistically significant increase in knowledge regarding the correct use of condoms and where to purchase condoms ($\chi^2 = 7.7$, $p < 0.005$). However, there were no significant changes in use of condoms.

IDEI believes that although the Guatemala Strategic Plan focuses on vulnerable groups, it does not include 100% of the mobile south-west population. IDEI plans to continue working with this population in the future. Most of the HIV and AIDS patients at the Dr. Rodolfo Robles National Hospital belong to the population addressed in this study. According to the IDEI, they are not treated by other institutions.

IDEI was established in 1993 as a non-governmental organization. It develops its projects especially in rural areas, and focuses on HIV prevention. Its vision is to become a self-sustaining organization that encourages democratic participation in the formulation of systematic strategies to improve life conditions. The mission of IDEI is to execute integrated and sustainable health, education and research programs that reflect local realities and cultures by involving the public in promoting changes in attitudes and practices that improve institutional and community conditions based on respect for human rights, gender equity and diversity. Among its main objectives is the development of a lobbying process with community participation in order to influence local, regional and national policy. Through this process, inhabitants of communities become agents of change by actively participating in coordinating institutional, intra-institutional and

community actors in order to optimize resources and by performing qualitative research for prioritizing and evaluating interventions based on sociocultural realities.

Atz'anem K'oj Group/Guatemala

This is one of the few projects directed at the indigenous groups of Guatemala. This population does not have the information needed to adopt behaviors that prevent the spread of HIV and other STIs. The population benefited by the project are commercial sex workers, indigenous groups and afro-descendants, migrant groups in affected areas and people directly affected by the epidemic, military and police, prison inmates and vulnerable youth. The project is mainly geared towards working with communities in rural areas but it also made tours to urban areas throughout Central America. The institution was created in 2006, and is active in the Regions of Huehuetenango, Suchitepequez, San Marcos, Retalhuleu, Quetzaltenango, Alta Verapaz, Zacapa, Chiquimula, Sololá, Totonicapán, Quiché, Sacatepequez, Chimaltenango and Izabal.

The initial concept was elaborated jointly with non-governmental organizations and the state health sector in 2001. The Group “Malabarista de Educación sobre HIV/AIDS (Atz'anem k'oj, or Education Juggler for HIV/AIDS in en Kakchiquel, K'iche' and Tzujil) elaborated a pilot project in 2001 in which HIV prevention and transmission were explained during free performances by clowns, jugglers, musicians and fire dancers in public places in 26 rural communities of the Region of Sololá. The team comprised educators and foreign and Guatemalan clowns. The organization intends to obtain funding so that it can cover Regions that lack coverage, and conduct a Central American tour.

Project Clown (Proyecto Payaso) for preventing HIV/AIDS in Indigenous Populations formed a strategic alliance with the non-governmental organization PRODESCA (Project for the Sustainable Development of Ak'aba'al Communities) in 2001, giving the project a legal, corporate identity. A subsidy from the Pan American Health Organization funded the pilot phase. Activities were planned with health authorities and/or sister organizations with established cultural roles (ambulant circuses and festivals, for instance) in order to attain greater acceptability of the project's educational content. Events in each community have been discussed over the long-term.

Project Results and lessons learned

- The project has provided more than 300 educational presentations in 200 communities, with an average of 500 beneficiaries per community. This demonstrates the efficacy and efficiency of a mobile theater strategy in delivering key messages to a large number of people in a short period of time and with relatively few resources.
- In 2002, the project initiated a training and support program for youngsters on sexual health and HIV/AIDS with funds from the United Nations National Development Program (UNDP). The project has trained more than 120 youngsters

of both genders, representing 30 communities and 10 linguistic groups since the training program was established.

- Educational interventions began to take place at a national level with support from Primary Healthcare Program and Technical Cooperation from Germany and the Health Ministries in Quetzaltenango, Retahuleu, San Marcos, Izabal, Chiquimula, Sacatepéquez and el Quiché. In 2003, national geographic coverage was consolidated in Guatemala with the opening of a new office in Quetzaltenango and the establishment of a systemic monitoring and evaluation model.
- Project “Payaso” is innovative in the way that it transmits its messages. Its strategy is well accepted by its target populations. The population does not need to read or write in order to understand the messages. Key messages can be transmitted to a large number of people in a short period of time and with few resources.
- The project also has a successful scholarship program. Projects “Payaso” and Atz’anem k’oj have received funds for supporting the scholarship program in order to facilitate professional exchanges for sexual and reproductive health educators. These scholarships allow a select number of educators who work with HIV/AIDS to be exposed to the strategy of Information-Education-Communication that is proposed by Project “Payaso” in order to elicit a regional response to the epidemic. Individuals who receive the scholarship must show a commitment to participating in the project by replicating Project “Payaso” in Guatemala when they return to work with their organization or association. In 2005, scholarships were granted through a process of open selection. The scholarships covered travel expenses and a stipend for food and lodging during three months in order to allow recipients to participate in street theater activities, training of local replicator agents, development of educational materials and evaluation of internal trainers.

“Maquilas” (Manufacturing Plants) Project by the Fernando Iturbide Foundation

The goal of this project is to train personnel working at different companies regarding topics related to self-esteem, basic knowledge of HIV, AIDS and STIs, correct use of condoms, and communication through action-thought-action methodology, and encourage the active participation of people in workshops on these issues. The objective is to reduce the vulnerability of 32,500 people who work at 22 manufacturing plants, especially girls and young women, to STIs and HIV, by increasing their perception of risk through an IEC program. The project seeks to pursue different strategies adapted to the needs and characteristics of individual factories.

More than 16,000 people working in 16 manufacturing plants were invited to participate in training modules during 14 months. The educational themes explored in training included: the concept of self-esteem, origin of self-esteem, classification of low and high self-esteem, knowledge of HIV, AIDS and STIs, modes of transmission and prevention - myths and realities, safe sex, correct use of condoms and human rights of PLWH.

To evaluate the project, a sample of the population that followed Strategy I (the original strategy of the project, in which groups of up to 35 people received a minimum of two

hours of training) was compared to a sample of people from a plant with a population of 12,000 people who were covered by Strategy 2 (which was implemented with the IEC methodology through mass communication media, such as the radio stations belonging to the factories, posters and educational material). Information was gathered through pre-tests and post-tests evaluating knowledge regarding HIV, AIDS and STIs, self-esteem, the use of the condom, and human rights. The tests for Strategy 1 were self-administered multiple-choice tests, and those for Strategy 2 were oral, face-to-face tests with directed responses. The tests were taken by people with different educational profiles (from grammar school to masters degrees, active company employees, people in management positions, factory workers, farmers, etc.), between the ages of 15 to 65 years in the Regions of Salamá, Quetzaltenango, Chimaltenango, Izabal, Escuintla, Zacapa and Guatemala, including neighboring towns such as Mixco, Amatitlán, Villa Canales and Villa Nueva de la capital.

Project Results

- There was an increase of knowledge of 24 points between the pre-test (45 points) and the post-test (69 points). This difference was statistically significant.
- Self perception of risk in individuals increased by 6%. After the survey, only 16.8% stated that they did not feel vulnerable to being infected by HIV.
- In the pre-test, 54% answered that the use of condoms is an effective way of avoiding transmission. In short, before the intervention, only half of the people knew the consistent and correct use of the condom. After the intervention this percentage increased to 74%.
- Knowledge about STIs increased by an average of 12%, which is not surprising since no educational interventions focused on this topic. This area must be reinforced given the close relationship between STIs and HIV infection.
- Regarding the intervention results in specific manufacturing plants, at the Koramsa manufacturing plant knowledge about HIV increased 8%; Parracaná manufacturing plant showed an increase of 14%; and Horticultura manufacturing plant had an increase of 9%.

The Red Cross

The Guatemalan Red Cross works particularly in the rural region of the country, and has developed an HIV/AIDS Prevention Project for High Schools in the Region of Izabal. The target population for this project consists of people aged 12-22 who participate in the formal school system. This project ended in December 2005.

Project Results

- In three years of continuous work, behavioral changes were achieved (12,000 students from first through fifth year of high school) in students who were in the program from 4th through fifth year.

- In a post-test, 85% knew the steps involved in using a condom compared to only 56% of the people who did not participate in the program.
- Trained 195 student facilitators who could give presentations in pairs regarding various educational topics dealing with HIV and AIDS.
- Participated with MEP (Ministry of Public Education) and CICAM (Center of Survey, Training and Help to Women) in training 30 graduate teachers and 120 students who can train others.
- All of Izabal 72 high schools are covered.
- Coordinated and made strategic alliances with the Ministry of Health, Izabal and NGOs. Inter-institutional and intersector coordination in developing the project. Communities became involved in the HIV/AIDS component.
- Work was done with television in high schools (Tele-Secundaria in Spanish) in rural areas.

Asociación Gente Nueva (New People Association)

This organization addresses healthcare needs in order to improve the quality of life, access to medication and follow-up to ensure that individuals who are receiving treatment keep getting it. It also seeks to take prevention into account. It works in urban and rural sectors, addressing the areas of prevention, treatment, mitigation of damage, gender and legal issues within the framework of human rights. In 2005, the institution addressed these issues through the “La Sala” in the following vulnerable groups: commercial sex workers, men who have sex with other men, vulnerable youth, orphans, migrant groups in affected regions, businessmen, indigenous groups, afro-descendants, and the military and police.

“Gente Nueva” Association is a support group that was established in 1998, although it was not legalized until 2000 as a non-governmental organization. It was formed at the initiative of people infected with HIV who felt the need to meet and share experiences, promote solidarity and get updated on the latest medical advances regarding the disease.

This project is tied to objectives 4 and 5 of the National Strategic Plan, which refer to sustainable, multidisciplinary and integrated care including ARVs for PLWH, their families and surroundings in order to encourage patient adherence and prevent vertical transmission. “Gente Nueva” receives financial support from the Guatemala Ministry of Public Health and Social Welfare in order to run projects in the capital city and Peten.

The “Gente Nueva” Foundation says that IEC of the general population including vulnerable groups is key to diminishing the dimension of the problem. With this in mind, the foundation has covered geographic areas such as Guatemala City, where prevalence of the epidemic is greatest. In addition, this organization is working with other national and international agencies to improve the quality of life for people who live with AIDS and help them gain access to ARVs.

Project Results

- Implementation of IEC activities and social dissemination to the general population and vulnerable groups.
- Prevention work through strategic alliances with the Guatemalan Red Cross, CARE International, IGSS and multisectorial, BALABALA, the Kjell Laugerud National Hospital, Elisa Martínez Children's Hospital, Health Centers and the prison, all located in Izabal.
- Prevention programs and medical care for the Garifuna every two weeks at Luva Awanceroni Association, in Barrio Nevagó, Livingston, Izabal.
- Free distribution of condoms through different activities executed by the "Gente Nueva" Association.
- Education on the correct and continuous use of the condom through an agreement with PASMO directed at men who have sex with other men and the Garifuna population in Izabal.
- Medical treatment at the association headquarters for 22 PLWH involved in a study and other PLWH requiring medical treatment.
- Healthcare clinics offer medical attention for PLWH seeking access to antiretroviral treatment in the capital city (Yaloc Clinic by Doctors without Borders from France) and in Puerto Barrios Izabal (Doctors without Borders from Spain).
- Medical clinic for PLWH set up and run at the Elisa Martínez Children's Hospital in Puerto Barrios, Izabal.
- Dental clinic service to PLWH.
- Psychological and individualized therapy, group therapy and/or family therapy.
- Crisis intervention and personal growth courses/workshops for children, adolescents and adults.
- Services from support groups and occupational therapy to PLWH, users of the "Gente Nueva" Association or other organizations in the capital city and Puerto Barrios and one soon in Peten.
- House visits to PLWH with previous authorization from the patient or family.
- Hospice care for PLWH and their partners from the interior of the Republic at the association's headquarters and at a hospice at the Puerto Barrios Children's Hospital.

Other important results from the project in Puerto Barrios financed by TROCAIRE include integrated prevention activities. During October 2005, a regional community center was created as a venue for dialogue, training and workshops that will be used to reach target vulnerable populations such as female sex workers, men who have sex with men, people living with HIV and the general population.

Other important results from the Izabal Region are:

- The number of PLWH in the economically active population in Izabal who receive treatment and services increased 10% between 2004 and 2005.
- The number of PLWH who are receiving healthcare in Izabal has increased 25%.
- Percentage of PLWH satisfied with their healthcare has increased 25%.
- Educational prevention program implemented aiming to change sexual behavior in target populations.
- Reduction of PLWH stigma and discrimination regarding healthcare services.
- HIV tests administered
- More PLWH referred to MSF for ARV treatment.

“Fernando Iturbide” AIDS Prevention Foundation

The main objective of the project is to unite NGOs that are fighting HIV/AIDS, health personnel at institutions, human rights institutions and the private productive sector behind actions that promote a favorable resolution of cases affecting the human dignity of people who live with HIV and their families. Some of the goals established by the foundation include training and the empowerment of 100 people living with HIV to promote respect for their dignity and rights and work to reduce stigmatization, dependency and vulnerability of this group. Another goal is to train 200 people on prevention and human rights (100 employees from the health sector and 100 from private companies). In order to accomplish these goals, a methodology was elaborated that consisted of gathering information through structured interviews in a 10-page closed question questionnaire presented to the target group. A similar sample covered 286 people from different contexts (PLWH, company employees, health sector employees and Red Cross personnel).

The Fernando Iturbide Foundation was founded in 1994 to help prevent AIDS in Guatemala. It is a scientific, non-profit research organization that disseminates information during political or religious events. Among its main objectives are the planning, organization and development of scientific, cultural, educational, information and support programs that contribute to preventing infection by HIV and other types of related infectious and contagious diseases. It also promotes self-defense and respect of human rights for people who live with HIV and their families.

Currently, the foundation is developing projects aimed at preventing HIV in individuals who work at manufacturing plants, promoting and defending the human rights of people who live with HIV and preventing vertical transmission of the virus. The foundation established a permanent HIV/AIDS and STIs prevention program in 1996, and developed a PLWH Human Rights Program in 2002.

Project Results

Findings from the study regarding Human Rights:

- 78% affirmed that HIV/AIDS is an urgent social problem. 22% were unaware of HIV/AIDS or were not aware that there is an HIV/AIDS law.
- Only 66% knew that the HIV/AIDS Law promotes and protects the rights of PLWH.
- 32% thought that an HIV test is a requirement for people who are applying for a job at a private or public company.
- A high percentage (approximately 60%) did not know the exceptions to the HIV/AIDS law regarding HIV testing against a person's will. This is of great concern since their lack of knowledge means they may be tested under any circumstance.
- 32% believed they have a right to hide their HIV-positive condition from their regular partners, placing them at a high risk of contracting HIV.
- 22% believed it is not necessary to receive any counselling before or after taking an HIV test.
- 25% believed that health personnel have a right to refuse to provide care for a PLWH.
- 39% are unaware that they have a right to receive treatment for HIV from IGSS.
- 29% did not recognize confidentiality to be a right.

San José Hospice/Guatemala

This NGO is focused on the strategic objective of providing sustainable, multidisciplinary care to people with STIs and HIV and their families, seeking universal treatment with ARVs and encouraging adherence to treatment and prevention of vertical transmission. The population that benefits from the San José Hospice includes PLWH, children with HIV and women and men with HIV. Although the organization is located in Guatemala City, PLWH from outside of the capital city are also treated at the hospice. It offers medical and psychological services, dental work, ARV medications and treatment of opportunistic infections. It has also worked as a support association and hospice for all types of health problems. During its initial stages, the hospice was run entirely by volunteers. Later, it hired nurses, and it now functions as a Family Clinic. It is run entirely with support from the organization Doctors without Borders (France). A new wing with a capacity for 80 children is currently under construction, and a 15% yearly growth rate in the number of patients served is anticipated with no diminution in the quality of care. Even with that growth, further expansion of capacity is needed.

Project Results

- A total of 95 children with HIV are treated at the hospice each year. One of the children who has been in the program for the longest time is 13 years old, attends high school and is learning a trade.

- Children receive support for their academic education and for their insertion into society. Out of the 43 children at the home, 30 are school-aged.
- The home has its own Dental Clinic, that serves the entire population.
- Treatment provided is free. Many matters are addressed such as values, spirituality, schooling and nutrition. The organization has a strong influence on policy and public funding decisions.
- The organization is constructing another home to treat more patients.

Doctors without Borders (Médecins sans Frontiers – MSF)

Medical care for patients who require ART in Guatemala is a challenge given the size of the country and the centralization of its health services. This program follows the National Strategic Plan's call for an integral approach. MSF has become an example of how better quality of life can be provided to people who live with HIV, with few resources, but an integrated approach that emphasizes the human element. The organization is in its last year of activities, and the clinic will be transferred to the state as envisioned in the National Strategic Plan.

Doctors without Borders (MSF) was created in 1978 as a non-governmental organization that treats HIV and AIDS in urban as well as rural areas in Guatemala. In the beginning, the institution's target population was street children and youth. But it provided primary care and support to populations displaced by armed conflict in Playa Grande in the Quiche Region during the guerrilla period, and to migrants who returned from Mexico in Lomas de Santa Fas.

The *Yaloc Clinic Project* was established in 1997 with collaboration from the San José Hospice. The general objective of the Yaloc Clinic was to offer antiretroviral treatment to low-income people living with HIV in order to increase survival rates and improve quality of life. The team provided direct medical attention to boys and girls in the terminal phase of AIDS. It found it was necessary to extend efforts to parents and direct families of children living with HIV. At the beginning of the project, only children were given priority for antiretroviral programs at the Hospice and Luis Ángel García Family Clinic. The project was slated to end in 2006, and its patients were to be transferred to the National Prevention Strategy of the Ministry of Health.

Project Results

- By the end of 2005, 978 patients were enrolled in the program of which 789 are still alive, 80 died, 40 left the program and 69 were transferred to the IGSS and other MSF projects in Puerto Barrios and Coatepeque.
- The clinic provides integrated healthcare services by evaluating the biological and clinical characteristics of new patients according to WHO protocols and Guatemala's protocols. A reference is made in the event of hospitalization.

- The project also provides social care, psychological support, nutritional evaluation and follow-up of body weight. Educational activities are executed in order to improve patient adherence to treatment.

Marco Antonio Hospice

Marco Antonio Hospice (*Hogar Marco Antonio*) works in urban areas, and deals with prevention and treatment of HIV. The House was established in 1996, and developed the “Hogar Marco Antonio” project, which centers on treating HIV and providing care for terminal AIDS patients. The target population consists of individuals with AIDS who do not have any economic resources or social security benefits. It meets integrated care goals set in Strategic areas 3 and 4. The project was initiated in order to fill an institutional gap. The hospital operates in an open manner so that external doctors may examine their patients. It intends to extend the clinical laboratory.

Project Results

- Innovative and personalized treatment. People with AIDS received integrated attention with a focus on quality and service.
- Personalized attention provided to HIV positive women teaches and empowers them concerning their rights and duties regarding their children so that they can avoid transmitting the virus to them.
- The staff teaches patients’ families as well as patients, and develops commitment forms with the families that address the care the patient will receive.
- Formed alliances and coordinated with other institutions in order to fulfill the needs of PLWH. For instance, it uses laboratories of the Ministry of Health for testing.
- There is constant supervision and evaluation of the quality of the medications as well their ingestion.
- Performance and knowledge of personnel are evaluated. Every year, a salary bonus is awarded based on performance.
- Two week annual training sessions are required for the entire staff. There are also continuous training sessions. The team includes two part-time doctors, a psychiatrist who comes in once a week and 14 rotating full-time nurses.

TREATMENT AND CARE

The government first provided antiretroviral treatment (ART) in 2001. A clinical study initiated antiretroviral treatment on 55 individuals in 1999, including 27 patients from the San Juan de Dios Hospital. This group was eventually left without treatment after the experimental study with the pharmaceutical company was completed, leading to a lawsuit. Subsequent negotiations between the government and the pharmaceutical company led to resuming ART for these individuals at the end of 2000. Between 2001 and 2004, there was a significant increase in the number of PLWH who received

treatment through *Doctors without Borders* (MSF) Switzerland, France and Spain. MSF Switzerland supported an out-patient clinic for infectious disease at Roosevelt Hospital, where 70 people received ART treatment. Between 2001 and 2005, various PLWH filed national and international lawsuits in order to force the State to provide antiretroviral treatment for people living with AIDS. Financing from the Global Fund in 2003 enabled treatment for 80 children and 80 adults. Treatment was later extended to 373 people in 2004.

The national MSPAS hospital in Guatemala City and the Guatemalan Social Security Institute (IGSS) decide on health services to be provided to PLWH requiring ART. MSPAS provides health care services free of charge and without predefined limitations; restrictions are based on the availability of resources at each institution. The IGSS currently treats only individuals who are covered by social security. Table 2 shows the evolution of patients who received ART from 1999 to 2006 from two MSPAS national hospitals, as well as other health centers. From 2003 to 2004, the number of individuals receiving ART increased by 60%. MSPAS, MSF and IGSS purchase medications separately, an arrangement that can be beneficial. The MSF, for example, has its own treatment protocol, which enables more people to receive ART, as it only uses viral load to follow up patients. This is cheaper than using viral load and CD4, as the Minister of Health protocol requires. In 2005, about 10% of people undergoing antiretroviral treatment abandoned treatment, while the remainder continued it the following year.

Table 2. Patients on ART 1999-2006

Year	Patients treated at MSPAS	Total patients treated in the country
1999	55	-
2000	55	-
2001	-	-
2002	29	-
2003	160	2,624
2004	373	4,193
2005	997	5,507
2006	2,000-2,500	7,500 – 8,000

Source: PNS, 2006

Table 3 shows the increase in patients on ART at various hospitals. The number of HIV positive cases treated at Roosevelt Hospital increased from 2003 to 2004, reflecting an influx of patients from other Regions seeking antiretroviral treatment in Guatemala City. This indicates that health services are centralized in the capital city. Decentralization of health services for PLWH who require ART would improve conditions for providing integral healthcare, purchasing ARVs and follow-up of patients who are HIV-positive or have AIDS.

Table 3. Patients on ART by Hospital

Institution	ART provided in 2003	ART provided in 2004
Roosevelt Hospital	395	715
S.J.D.D. General	160	235
P. Vida Coatepeque	165	425
Yaloc Clinic	360	660
Port Barrios	50	120
Others	92	92
IGSS	1390	1946
Total	2614	4193

Source: PNS, 2006

Drugs and Medical Supplies. The agency that regulates medications and medical supplies for HIV and opportunistic infections is the Department for the Regulation and Control of Pharmaceutical Products and Associated Products, part of the General Directorate for Health Regulation, Surveillance and Control of the MSPAS. The main responsibility of this department is to regulate and control pharmaceuticals and associated products as well as companies that import, manufacture and sell them in Guatemala according to the Law for Control of Medications and Associated Products, Governmental Decree 712-99.

Requirements for Registering and Authorizing Medications for Sale. Local and foreign pharmaceutical companies must complete a registration form, and submit samples of the medication to be registered for quality control testing.²⁷ The laboratory issues a written report, and if the drug is approved by the Department for the Regulation and Control of Pharmaceuticals and Associated Products, the laboratory sends the department the full documentation. The department then issues the certification and registry number of the medication.

The diagram in Figure 2 below illustrates the procedure for registering medications including medications for HIV and opportunistic infections. The application is presented to the Department of Health. Non-prescription, over-the-counter products are evaluated through a post-analysis. The second type of registration is for new products and renewal of prescription products. The third modality is for new biological molecular products.²⁸

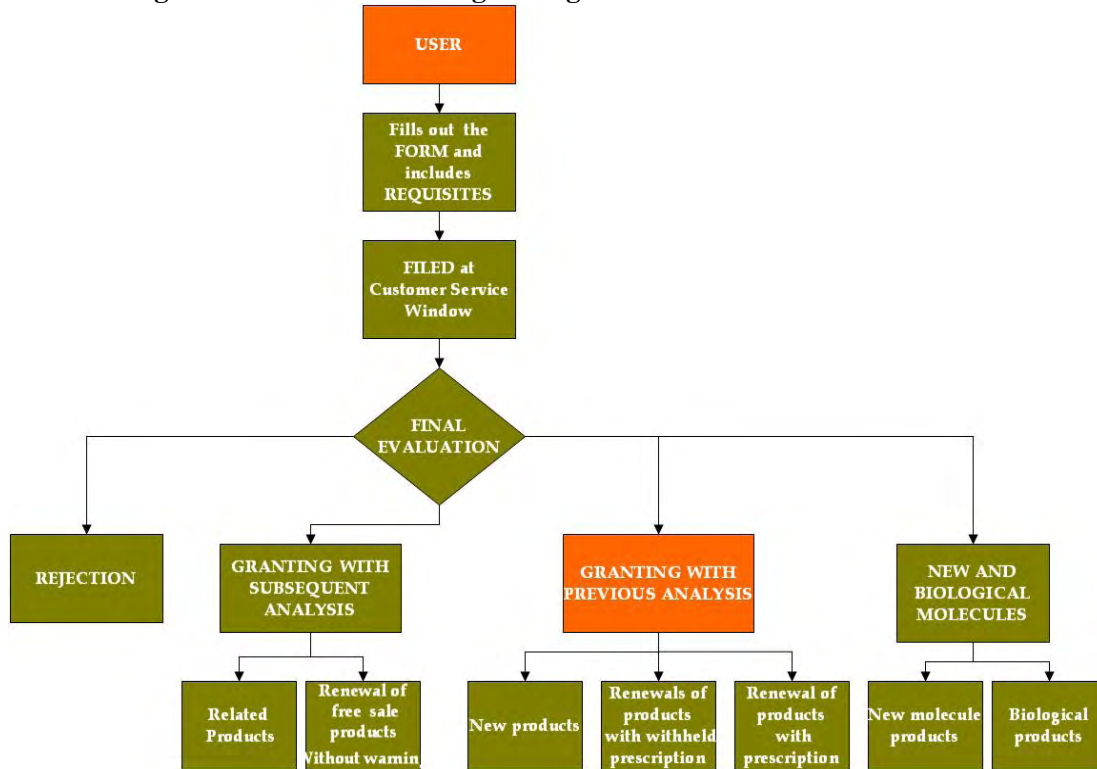
In order to register a product, the applicant is asked to comply with a series of administrative, legal technical and general requirements depending on whether the product originated in Guatemala or a foreign country. Legal requirements include: certificates of free sale, good manufacturing practices (BPM), Power of Attorney of the

²⁷ Laboratories currently are unable to perform bioequivalence tests for pharmaceuticals.

²⁸ Lcda. Maria Jesús Valverde, *Doctors Without Borders* Switzerland commented that “New products should be under patent according to legislation that was recently approved in Guatemala, a law which complies with requirements of the United States based on CAFTA. The Health Department monitors and corroborates the status with regards to the Law in order to allow for registration of the drug.

legal representative, Power of Attorney of the Distributor, the manufacturing agreement, the health licenses of the manufacturer, the distributor(s) and the retailer.

Figure 2. Procedure for Registering ARV Medications in Guatemala



Source: MSPAS 2006

The MSPAS regulatory system is considered weak. Although it is the formal regulating authority for the country's healthcare institutions, its influence on the Social Security system, private suppliers and private health insurance companies which are regulated by the Treasury Department is limited. In addition, these institutions are not included in any of the country's regulations regarding the registration process for medications (Evaluation of the Pharmaceutical Sector in Guatemala, PAHO, 2003)

Production, Sale and Use of Medications for the Prevention and Treatment of HIV. In 1996, a new purchasing method was developed in which MSPAS, IGSS and the Military Health System conducted joint, national bidding rounds for large scale acquisition of drugs in order to lower prices and guarantee quality control. Bidding is programmed to take place yearly, although it may be delayed due to challenges by manufacturers or distributors. The Ministry of Finance regulates bidding, which is known as an Open Contract. The three institutions must purchase from the winning bidders.

Until 2004, MSPAS provided few PLWH with ART. However, as a result of negotiations with PLWH and associations fighting AIDS which had presented lawsuits and pressured the Health system, MSPAS was forced to systematize and expand ARV purchases. By the end of 2004, about 300 PLWH were receiving ART. MSPAS was required to purchase ARVs from the Open Contract that resulted in lower prices. However, these prices were not competitive with international ARV offers.²⁹ This system of supplying medications has its limitations; in particular, there have been shortages that could not be overcome by direct purchases in the local market. Many times, MSPAS has had to request ARVs from Doctors without Borders (MSF) when faced with shortages.³⁰

In an agreement with the Global Fund in December 2004, MSPAS agreed to provide PLWH with integrated care, including MSF patients. This would mean that 997 patients would be transferred to the Ministry of Health for health care in 2005, 1,700 by the end of 2006 and 3,000 by the end of 2007.

In 2005, faced with a limited budget and greater commitments in caring for PLWH, the PNS decided to purchase ARV through the Strategic Rotating Fund managed by PAHO and signed by all Central American countries in 2001. Purchases made through PAHO began in March 2005, and ARV arrived in July of that same year. Medication purchased through this method was prequalified and endorsed by PAHO. Using PAHO rules for bidding rounds, better prices have been obtained, and the average waiting time for delivery is three to four months. Projections for drug needs are elaborated with the support of MSF experts.

In 2005, MSPAS opened bidding through the UNDP. Local and international manufacturers and distributors – including Abbott Laboratories, Bristol-Myers Squibb, Merck Sharp & Dohme, CIPLA and RANBAXY – were invited to participate. In 2006, PNS signed an agreement with the Clinton Foundation to participate in its drug offers. The foundation's prices apparently were lower than those of PAHO; however, it was finally decided to use ARV supplies from both organizations.³¹

The private sector purchases medication from local distributors and, in special cases, from abroad. The public and private sectors have not used the same treatment protocol throughout the country.³² The National Protocol was developed in 2003 and was applied in 2005. However, the IGSS and the PNS continued to use different protocols (Table 4).

Drugs are stored at the National HIV/AIDS and STIS Program warehouse and distributed to the two national hospitals (Roosevelt Hospital and San Juan de Dios Hospital). However, this warehouse does not have adequate conditions and safety measures to store these drugs since it lacks a refrigerated area.

²⁹ Lcda. Maria Jesús Valverde, *Doctors Without Borders Switzerland*.

³⁰ Lcda. Rosse Mary Bertran, PNS; MSPAS.

³¹ Lcda. Rosse Mary Bertran, *idem*

³² There is an important group of doctors in the public sector who also provide care to the private sector under the treatment protocol used at public hospitals. However, this has not become the rule.

Table 4. National ARV Treatment Protocol

Adults	Children	Pregnant Women
Protocol 1: Zidovudine (AZT) 300 mg + Lamivudine (3TC) 150 mg + Efavirenz 200 mg	Initial Protocol (3 choices): 1. AZT + 3TC + Nelfinavir; 2. AZT + 3TC + Nevirapine; 3. AZT + 3TC + Ritonavir	Protocol 3 and Initial for this group: Zidovudine (AZT) 300 mg + Lamivudine (3TC) + Nelfinavir 250 mg
Protocol 2: intolerance to AZT can change to D4t Estavudine (D4t) 30 or 40 mg + Lamivudine (3TC) + Efavirenz 200 mg	Rescue Protocols: 1. 2 NRTI (AZT + 3TC + d4T + ddl) + Lopinavir-ritonavir Medication administered as a syrup	Monotherapy with Zidovudine begins after the 14th week of pregnancy
Protocol 4: for patients with viral failure to Scheme 1 Estavudine 30 or 40 mg+ Didanosine 100 mg + Nelfinavir 250 mg		Monotherapy with Nevirapine used in women detected close to birth or who do not have the conditions for completing of the complex protocol: Only one dosage of 200 mg to the woman who is detected during labor. Dosage of Nevirapine to the newborn: 2 mg per Kg of weight, another dosage with 72 hours of birth
Protocol 5: Backup for patients who have not reacted well to therapeutic Protocol 3: Estavudine 30 or 40 mg+ Didanosine 100 mg + Ritonavir 100 mg		

Source: National ART Protocol, based on PNS

Availability of Generic ARV. MSF, through its Access to Essential Medications Campaign, was the first entity to purchase generic drugs, which it tested for bioequivalence,³³ without the opposition of hospital physicians who encouraged the purchase of brand name products. Currently, MSF purchases drugs from companies in India that perform bioequivalence tests. MSF also maintains files regarding adverse effects to compare generic drugs with brand name drugs, and data on patient response to both types of medications.³⁴

In 2000, the annual cost of triple therapy treatment (Estaduvine + Lamivudine + Nevirapine) with brand name pharmaceuticals was \$10,439 per patient per year. In 2004, MSF introduced this triple therapy scheme at an annual per patient cost of \$201 with generic drugs that had undergone bioequivalence therapeutic testing.

The introduction of generic products in the market created competition and reduced the price of brand name pharmaceuticals. Pharmaceutical companies such as Merck, Sharp and Dohme have even offered prices in developing countries equal to the price of generic products. The Guatemala government maintains that competition with good quality

³³ Tests that compare the effectiveness of the original against the generic product.

³⁴ Lcda. Chus Valverde and Lcda. Rosse Mary Bertran Idem

generics and the use of fixed combinations is the most feasible way to achieve universal access to antiretroviral treatment (MSF, Switzerland, 2005).

Generic drugs are only prescribed in the public sector. No regulations were found allowing pharmacies to substitute for brand name products prescribed in the private sector, nor are there any policies regarding price regulation. There are only maximum margins for wholesalers and retailers. Imported raw materials and finished pharmaceutical products are taxed.³⁵

Financial Arrangements for the Purchase of Antiretroviral Drugs. There are three sources of financing for purchasing antiretroviral drugs: (i) World Vision, through bidding rounds with multinational companies (World Vision is the principal recipient of funds from the Global Fund), (ii) the National HIV/AIDS Program through the PAHO Revolving Fund with resources from the Government and (iii) MSF- France. The Global Fund is the principal financial source for HIV-related treatment in Guatemala, along with MSF, which provides clinical services to patients not covered by the government. Regarding funds provided by the 2000 law that strengthened the program, 80% are used for integrated clinical care, including laboratory studies to follow-up on antiretroviral treatment. As shown in Table 5, the price of antiretroviral medication for first and second line treatment has dropped almost 30% during a five-year period.³⁶

Table 5. Monthly cost of ART by care line by year 2005 (US Dollars)

Line	2001	2002	2003	2004	2005	Average
1st Line	70.7	69	65.3	46.7	41.2	50.57
2nd Line	168	211	190	180	113	170.3
% cost 1st Line	29.6	24.6	25.6	20.6	26.7	22.9
% cost 2 nd Line	70.4	75.4	74.4	79.4	73.3	77.1

Source: MSF Switzerland, 2005

National purchases are made through an open contract regulated by the Ministry of Finance. The government can only buy registered medications. There are records of brand name as well as generic drugs. CAFTA will bring important changes in the organization of the MSPAS that must be analyzed further. PAHO's direct purchases from international pharmaceutical companies reduce the cost of the products but put it in conflict with distributors and local producers. Projections of required ART medications are made using a linear projection using an Excel spreadsheet by MSF Switzerland. First line medications have been requested for 300 patients at the two national hospitals.

Regarding supplies for prevention, the Ministry of Health's National Program for Reproductive Health distributes condoms through a network of health services for anyone who requests them (including CSW and adolescents). These are handed out along with counseling on how to use condoms as a method of preventing HIV and other STIs as well as pregnancies. In 2005, the program distributed about 6 million condoms. The United

³⁵ Evaluation of the Pharmaceutical Sector in Guatemala, PAHO/WHO, 2002

³⁶ From the presentation of results from the PLWH cohort treated by MSF Switzerland in an agreement with the out-patient clinic of Roosevelt Hospital.

National Population Fund donated 60% and the Ministry of Public Health paid for the remaining 40%. The size of the purchase was determined based on historical use by healthcare institutions. The Ministry of Public Health makes regular payments in order to safeguard stock inventory. UNFPA also guarantees the purchase of condoms at very low prices in order to prevent depletion, thus complying with national delivery deadlines.

PASMO increased the distribution of condoms from one million in 2000 to five million in 2005. USAID also makes condom donations to extend coverage. In 2005, it delivered 110,000 condoms to APROFAM. MSP, AID and APROFAM entered into an agreement to supply and distribute condoms to NGOs. The agreement expires at the end of 2006. At the beginning of 2007, MSP will be responsible for supply and distribution of condoms through the National Reproductive Health Program and for extending coverage. Condoms supplied by the Global Fund through World Vision are distributed as follows:

PLWH	100,000
Female Sex workers	1,215,000
MSM	526,000
Inmates	256,000
JRS	160,000

Recommendations for further action

- Political and financial commitment is necessary to convert rhetoric into action, increase social awareness of decision makers and public sector, and coordinate state political reforms with dialogue and an attempt to reach national-level consensus.
- More coordination, organization, networking, and unification of efforts is needed.
- More work should be done regarding social awareness of stigma and discrimination.
- Legislation is needed regarding generics, and compliance with the law needs to be increased.
- More work needs to be done to map the current HIV situation and increase surveillance capabilities regarding the epidemic.
- Prevention efforts aimed at highly vulnerable groups, such as commercial sex workers and men who have sex with men, and youth should be strengthened. Needs include: increases in educational programs in order to change behavior, campaigns structured towards prevention, a national-level campaign with goals of providing integrated information, talks in schools about sexuality and regarding the use of condoms, and preventive sex education about HIV and AIDS and pregnancy in adolescents.
- More sectors need to be involved in addressing high-priority and controversial issues. Society needs to become more aware of the true dimension of the epidemic through involvement of the media as well as PLWH, CSWs and MSM.

- Care clinics for PLWH must be established to provide more medical attention and integrated care services, accessible services, access to medication, wider coverage and testing.

References

Banco Mundial (The World Bank). HIV/AIDS in Central America: Epidemic and Priorities for STD Prevention) *VIH/SIDA en Centroamérica: La Epidemic y Prioridades para su Prevención*. Latin American and Caribbean Bank, Global HIV/AIDS Program, September, 2003.

Fernández, Víctor Hugo. PNS. Study regarding the monitoring of the HIV/AIDS AND STIS National Strategic Plan, 1999-2003, Guatemala, 2005.

León, Roberto. Proposal for including the gay men population and other men who have sex with other men (MSM) in the National Strategic HIV/AIDS AND STIS Plan of Guatemala, 2004.

Ministry of Public Health and Welfare and PASCA. Estimates and Projection for the HIV/AIDS Epidemic, *Estimaciones y Proyecciones de la Epidemic de VIH/SIDA*, Guatemala, 2002

Ministry of Public Health and Welfare and Program for Prevention and Control of HIV/AIDS AND STIS. “National Strategic Plan” Plan *Estratégico Nacional std/VIH/SIDA* Guatemala, 2000.

Núñez, Cesar Antonio, et al, PASCA/USAID, Universidad de Washington, PAHO and the Spanish International Cooperation Agency. Multicenter Study Regarding the Prevalence of HIV/STDs and the Behavior of MSM in Guatemala. *Estudio Multicéntrico Centroamericano de Prevalencia de VIH/ITS y Comportamiento en hombres que tienen sexo con otros hombres en Guatemala*, 2003.

PASCA, USAID, CID Gallup. *Perception about AIDS in Central America*, Public Opinion Survey in Central America. 2003

PAHO/WHO. Evolution of the Pharmaceutical Sector in Guatemala. Guatemala, 2002

UNAIDS, Protocol for the identification of discrimination against people living with HIV, UNAIDS Best Practice Collection, UNAIDS, Geneva, 2000. Available on line at: http://data.unaids.org/Publications/IRC-pub01/jc295-protocol_en.pdf?preview=true

United Nations Development Program, Human Development Report, 2006, United Nations. Web: hdr.undp.org.

Villarreal, María Eugenia, Explotación Sexual Comercial de la Niñez, Guatemala 2000, Casa Alianza, p. 10.

ANNEX 1. FORM FOR EVALUATING DISCRIMINATION

Questions about Discrimination from the UNAIDS protocol Annex 5 (UNAIDS 2000)

1. Are there agreements or communications forums that fight against discrimination?
2. Are there agencies for defending human rights?
3. Is there an NGO whose objective is defending the human rights of PLWH?
4. What is the degree of coordination among the agencies that defend human rights?
5. Are there information and educational campaigns directed at fighting discrimination?

People Interviewed Regarding Discrimination

- Fernando Cano, PASCA, Guatemala
- Janeth Flores, National Commission of Human Rights (Comisión Nacional de Derechos Humanos), Honduras
- Alexia Alvarado, PASCA and President, Alliance for Legislation (Alianza para la Legislación), El Salvador
- Karla Aburto, VIH-AIDS Advisor, UNFPA, Nicaragua
- Eda Quirós, Head of Health Human Resources, Ministry of Health, Costa Rica
- Maite Cisneros, Ombudsman, Panama

Table 6. Arbitrary Discrimination in Guatemala 2006

Area	Finding	Evidence
Health Care		
Denial of treatment due to HIV/AIDS test results.	Occurs in practice	Cases that have been presented to the Constitutional Court against the IGSS in 2005
HIV tests without consent	Limited by Law, occurs in practice.	Article 20 of the HIV/AIDS Law prohibits massive compulsory testing, except in specific cases
Compulsory reporting of HIV/AIDS test results to sexual partner(s) and/or family.	Stipulated by Law	Stipulated in the HIV/AIDS Law, Article 25
Lack of privacy regarding either the names of people who are HIV positive or access to medical files	Occurs in practice either consciously or negligently	There have been no legal complaints, but personnel of NGOs dealing with PLWH report cases, both in the public and private sectors, where an individual's privacy has been violated
Employment		
Compulsory testing prior to hiring	Stipulated in the Law and occurs in practice.	Article 63, Paragraph f of the Labor Code requires all workers to submit to medical examination when applying for a job or during employment at the request of the employer or the IGSS in order to corroborate that they do not suffer from any permanent disability or a contagious or incurable disease
Compulsory testing during employment	Stipulated in the Law and occurs in practice	See above
Lack of privacy regarding HIV/AIDS test results	Occurs in practice	Although there are no specific complaints, many lawsuits derive from a lack of privacy regarding AIDS test results
Firing or change(s) in employment due to HIV/AIDS test results	Occurs in practice	Case filed at the First level Court for Labor and Social Welfare in August 2002 alleging unjustified firing and discrimination by a private food-handling company against a PLWH.
Denial of treatment due to HIV/AIDS test results	Occurs in practice	See above
Judicial Processes		
Criminalization of behaviors (such as male-to-male sex) which are considered to propagate HIV	Occurs in practice	
Prison Management		
Restrictions in access to care and treatment	Occurs in practice	A NGO contacted medical personnel at a prison seeking authorization for ART for a prison inmate. The authorization was ultimately granted.
Social Welfare		
Denial or restriction of access to severance pay	Occurs in practice	Case filed at the First level Court for Labor and Social Welfare in August 2002 for unjustified firing and discrimination of PLWH against a private food-handling company

Area	Finding	Evidence
Education		
Denial of treatment due to HIV/AIDS test results.	Occurs in practice	No lawsuits, but there are private educational institutions that are known to deny access to education to children due to their positive serology test results. This occurred with HIV- positive children at the San José Hospice
Family and reproductive life		
Withdrawal or changes in conditions regarding parental custody rights, support and inheritance rights due to HIV/AIDS serology test results.	Occurs in practice	Lawsuit filed before the Attorney General for Human Rights in Totonicapán for removal of two under age children. The mother is HIV positive, and the husband's family removed the two children. The suit is in process, and was classified as a complaint.
Insurance and other financial services		
Denial or restrictions in purchasing insurance (for example, life insurance) due to a person's HIV/AIDS test results or belonging to a HIV high risk group	Occurs in practice	No lawsuits. Insurance companies don't have internal, written guidelines. But private companies deny access to medical and life insurance to any person who is found to be a PLWH.

Source: Sanigest International, 2006

ANNEX 2. FORM FOR SELECTING SUCCESSFUL INTERVENTIONS

Name of the Institution:	
Participation: <input type="checkbox"/> Program <input type="checkbox"/> Project	
Country: Region: <input type="checkbox"/> Urban <input type="checkbox"/> Rural	Type of activity addressed: <input type="checkbox"/> Prevention <input type="checkbox"/> Treatment <input type="checkbox"/> Mitigation of Damage <input type="checkbox"/> Legal actions in defense of human rights <input type="checkbox"/> Gender <input type="checkbox"/> Other (Please indicate):
A. GENERAL INFORMATION OF THE ORGANIZATION THAT IS CARRYING OUT THE SUCCESSFUL EXPERIENCE	
1. Type of Organization: <input type="checkbox"/> Community Organization <input type="checkbox"/> Non-governmental organization <input type="checkbox"/> Governmental Organization <input type="checkbox"/> Private Sector <input type="checkbox"/> Associations <input type="checkbox"/> Other (Please indicate):	2. Year it was established: <input type="text"/> 3. Description of the Organization: Background Objectives Personal
B. INFORMATION ABOUT THE PROJECT-PROGRAM	
Name of the Project:	
1. Type of activity Addressed: <input type="checkbox"/> Prevention <input type="checkbox"/> Testament <input type="checkbox"/> Mitigation of the damage <input type="checkbox"/> Legal actions in defense of human rights <input type="checkbox"/> Gender <input type="checkbox"/> Other (specify):	2. Year it initiated: <input type="text"/> 3. Year it ended: <input type="text"/> 4. Description of the Project: Historical Background Objetives Personnel

5. Population Benefited:

- | | |
|---|--|
| <input type="checkbox"/> Commercial Sex Workers | <input type="checkbox"/> Prison inmates |
| <input type="checkbox"/> Indigenous groups and Afro-descendants | <input type="checkbox"/> Vulnerable Youth |
| <input type="checkbox"/> Men who have sex with other men (MSM) | <input type="checkbox"/> Orphans |
| <input type="checkbox"/> Migrant groups in affected regions
and direct victims of the epidemic | <input type="checkbox"/> Businessmen |
| <input type="checkbox"/> Military and Police | <input type="checkbox"/> Manufacturing Plant Employees |
| | <input type="checkbox"/> Other (specify): |

6. Sources of Finance:

7. Reasons explaining why it is considered a successful experience:

- Impact
 - Coverage
 - Access
 - Particular characteristics, innovation, permanence, methodology.
- This data must contain qualitative, quantitative and demonstrative success indicators. Files, pamphlets, samples of work can be attached.

8. Future Perspectives of the Project

9. Relationship to the Strategic Plan of the Country Regarding AIDS

10. Sources of Finance.

11. Relationship to the AIDS problem. What is the relationship does the dimension and severity of the HIV/AIDS problem have in the country?

ANNEX 3. SUMMARY TABLE OF SUCCESSFUL EXPERIENCES IN GUATEMALA 2006

Institution	Project	Initiated	Direction	Population Benefited	Zone
“Fernando Iturbide” AIDS Prevention Foundation”	Promotion and defense of human rights of PLWH	2002	Human Rights	Commercial sexual workers, vulnerable youth, indigenous groups and afro-descendents, MSM, migrant groups in affected regions and direct victims of the epidemic, military and police	Urban and rural
Asociación Vida (Life Association)	Group: Friends against AIDS	2004	Human Rights	PLWH and MSM	Urban
Gente Nueva (New People) Association,	Gente Nueva (New People) Association,	2005	Prevention and Human Rights	Commercial sexual workers, vulnerable youth, orphans, businessmen, indigenous groups, afro-descendants, men who have sex with other men (MSM), mobile groups, direct victims of the epidemic and military/police	Urban and rural
Association of Integral Health (ASI)	"La Sala"		Prevention	Commercial sexual workers, PLWH in general	Urban
“Fernando Iturbide” AIDS Prevention Foundation	“Maquilas” (manufacturing plants)	2003	Prevention	Businessmen, PLWH	Urban and rural
Pan American Association of Social Marketing “PASMO”	Social marketing of condoms		Prevention	Populations in conditions of vulnerability	Urban and rural
Red Cross	HIV/AIDS Prevention in High-Schools	2002	Prevention	Youngsters enrolled in formal education 12-22 years -old	Urban and rural
IDEI	Reduces high risk sexual behavior for HIV/AIDS ethnic Mann farmers that migrate	2002	Prevention	Commercial sex workers, indigenous groups and afro-descendents, mobile populations and PLWH	Rural
Atz'anem k'oj Group	Project Payaso (Clown)	2001	Prevention	Indigenous populations, groups facing conditions of vulnerability	Rural
San José Hospice	Hospicio San José	1986	Treatment and Assistance	Orphaned children that are HIV positive and PLWH	Urban and rural
Doctors without Borders (MSF)	Yaloc Clinic (means “to fight” in Quiche)	1997	Treatment and Assistance	PLWH that require ARV treatment	Urban and rural
Marco Antonio Hospice	"Hogar Marco Antonio"	1996	Treatment and Assistance	Low-income PLWH in the second acute phase	Urban



For more information, please contact:

Human velopment Department

Latin America and the Caribbean Regional Office

The World Bank

1818 H St. NW,

Washington, DC 20433

Tel: +1 202 458 9730

Fax: +1 202 614 0202

mbortman@worldbank.org