# Guinea:
# Ignored HIV crisis and insufficient treatment for those in need

**Guinea, a country whose income is among the lowest in the world, faces an HIV epidemic that remains largely ignored by the rest of the world. The current Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) grants cannot provide treatment in line with the existing needs. Initiation rates have been halved to even lower levels. The continuity of treatment for at least 11,000 patients is not assured, due to delays in disbursement that threaten interruption of antiretroviral (ARV) supplies. In the absence of other international donors investing in HIV treatment, patients arrive at health facilities in late and aggravated stages of the disease.**

The government has been offering antiretroviral (ARV) treatment since 2003. While it is keen to lead the fight against HIV/AIDS – having increased its contributions with a disbursement of €1.2 million in 2011 and €1.3 million planned in 2012 – the government's financial resources for HIV treatment are limited.

Guinea has an external debt of up to US$3.2 billion, and there are international constraints to keep public spending for the social sector low. As a result, funding for health – and specifically for HIV care – remains inadequate. The health budget for 2011 was 3.8% of the overall national budget – far below the 15% target of the Abuja Declaration.

Few international donors are willing to support HIV care. Guinea relies heavily on the GF, which funded up to 50% of the country's ARV drugs in 2011. However, as GF monies are restricted and cannot cover the existing needs, agencies such as Médecins Sans Frontières (MSF), the German Development Corporation (GIZ) and the NGO Dream have had to step in and fund the remaining half of ARV treatments provided today.

## Facts and figures

- HIV prevalence was estimated at 1.5% in 2005.
- An estimated 67,300 adults and 11,300 children are living with HIV/AIDS.
- Official figures estimate that 22,935 (or 57%) of the people who need it are receiving ARV treatment, but this is probably an overestimate.
- Children are neglected, with only 1,097 children receiving ARV treatment in 2011, out of 6,607 in need of ARVs.
- Only four out of 10 mothers access prevention of mother-to-child transmission (PMTCT) – again, this is probably an overestimate.
- Only one health facility in the entire country offers an early diagnosis service for testing infants.

## What is at stake?

- The present GF grant (Round 6, phase II), which funds HIV treatment for 11,000 patients, will end in December 2012. Continued purchase of ARV drugs for these patients is foreseen under Round 10, but disbursements have been delayed and, without them, orders have been equally delayed. Taking into account a usual gap of six months between order and arrival, the current delays threaten to create a countrywide stock-out from January 2013, with subsequent interruption of treatment for 11,000 patients.
- Guinea applied for and was granted funds through GF Round 10, but used a cautious approach, with the budget request only partially covering the existing needs. The intention was to apply again in Round 11.
- The number of ARV initiations in the Round 10 proposal is extremely limited, with fewer than 110 initiations per month in the entire country, about half of the average initiation rate during Round

6. To put this into perspective, MSF alone provides treatment initiation for 120 patients per month in not more than six health facilities in Conakry. As a consequence, the scale up of ARV treatment is being jeopardised.

- Faced with insufficient funding availability under Round 10, agencies such as GIZ, Dream and MSF cannot access ARVs funded by the Global Fund to alleviate the high financial burden they face of around half of the patients on treatment in Guinea. MSF and GIZ face immediate difficulties in continuing treatment for 4,000 patients from early 2013.

- The combined effect is that, without additional funding, the country's treatment target will be missed for 12,430 patients by 2013.

- Due to the limited number of initiations, patients eligible for ARV treatment are being turned away. Patients have to wait longer to start the treatment, and are thus likely to present with more complications and a greater risk of dying before receiving access to lifesaving medication. Apart from the medical consequences, this puts an additional burden on patients, staff and the health system.

- Guinea was not eligible to apply for an HIV grant under the GF's Transitional Funding Mechanism (TFM), and will have to wait until at least 2014 for a new funding opportunity with the GF.

- Despite the government's declaration in 2007 that ARVs, the treatment of opportunistic infections, CD4 count and viral load testing would be free of charge, access remains challenging due to the lack of funding and stock ruptures, and patients have had to pay to access treatment for opportunistic infections since September 2011.

- In 2011, Guinea adopted the latest WHO guidelines to provide timely ARV treatment at a CD4 count of 350 instead of at a CD4 count of 250. However, today most patients are still initiated on a clinical basis at a late stage, as the coverage of CD4 count machines remains very low at only 28%.

- Due to cost reasons at the time, Guinea adopted zidovudine (AZT) as first-line treatment. The improved, tenofovir-based (TDF) regimens are not available in Guinea.

- Although implementing psychosocial care is part of the national strategic plan, it is still non-existent in Guinean health facilities, due to funding constraints and a lack of expertise.

> ***"Because of the limited availability of ARVs, I have had to refuse daily patients who come to me in need of treatment. This constitutes an immense ethical problem to me - as a medical doctor and as a human being."***
>
> Dr Bah Elhadj Mamadou
> MSF doctor, communal medical centre
> Matam, Conakry

> ***"The situation in Guinea is particularly worrying. Due to the absence of biological monitoring and the dysfunctional supply chain, we fear the emergence of first-line treatment resistance. This resistance could lead to many treatment failures and increase significantly the cost of care, due to the high cost of second-line treatment."***
>
> Mamadou Sawadogo
> President of West African PLWHA network

## CONTACT

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