



USAID
FROM THE AMERICAN PEOPLE

GUYANA

Guyana HIV/AIDS Reduction and Prevention (GHARP) Project

Ten Lessons for Mainstreaming HIV & AIDS Programs into Line Ministry Activities

January 30, 2009

This publication was produced by Management Sciences for Health for review by the United States Agency for International Development.

This Publication was made possible through support provided by the United States Agency for International Development under Contract Number 504-C-00-04-00109-00 awarded to FHI. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of FHI or the U.S. Agency for International Development.

Guyana HIV/AIDS Reduction and Prevention (GHARP) Project
44 High Street
DDL Building, 3rd Floor
Kingston, Georgetown, Guyana

Telephone: 592.231.6311

**TEN LESSONS FOR
MAINSTREAMING HIV & AIDS
PROGRAMS INTO LINE
MINISTRY ACTIVITIES**



Contents

Acronyms	iii
Introduction	1
Mainstreaming.....	1
Dealing with the “Elephant in the Room”	2
Lesson 1: Mobilize	3
The Guyana Perspective	3
Recommendations	3
Lesson 2: Lead	4
The Guyana Perspective	4
Recommendations	5
Lesson 3: Hold a Vested Interest	6
The Guyana Perspective	6
Recommendations	7
Lesson 4: Plan	8
The Guyana Perspective	8
Recommendations	9
Lesson 5: Collaborate and Coordinate	9
The Guyana Perspective	10
Recommendations	11
Lesson 6: Learn from Your Target Populations	11
The Guyana Perspective	11
Recommendations	12
Lesson 7: Integrate: Shift from “Projects” to “Programs”	12
The Guyana Perspective	13
Recommendations	15
Lesson 8: Measure to Learn	15
The Guyana Perspective	15
Recommendations	16
Lesson 9: Communicate Clearly and Often	16
The Guyana Perspective	17
Recommendations	17
Lesson 10: Understand the Crisis in Human Resources and Management	18
The Guyana Perspective	18
Recommendations	19

Acronyms

AIDS	acquired immune deficiency syndrome
BCC	behavior change communications
BSS	behavior surveillance survey
FSW	female sex workers
GHARP	Guyana HIV & AIDS Reduction and Prevention [Project]
HIV	human immunodeficiency virus
HMIS	health management information system
HSDU	Health Sector Development Unit
IDB	Inter-American Development Bank
ILO	International Labor Organization
LDP	Leadership Development Program
M&E	monitoring and evaluation
MARP	most-at-risk population
MEASURE	Monitoring and Evaluation to Assess and Use Results
MOH	Ministry of Health
MSH	Management Sciences for Health
MSM	men who have sex with men
NAPS	National HIV/AIDS Program Secretariat
NGO	nongovernmental organization
PEPFAR	US President's Emergency Plan for AIDS Relief
PLWHA	people living with HIV & AIDS
PMTCT	prevention of mother-to-child transmission
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

Introduction

In the more than two decades since the disease was first detected in Guyana, HIV's prevalence rate among adults (ages 15–49) has reached about 2.5 percent. Although low compared to sub-Saharan Africa, Guyana's prevalence rate is one of the highest in the Caribbean Region. The burden is disproportionately borne by Guyana's women and most-at-risk populations (MARPs), including migrant workers, men who have sex with men (MSM), and young people. HIV & AIDS is a national problem and of increasing concern across Guyana.

The Guyana HIV & AIDS Reduction and Prevention (GHARP) Project—a joint effort of the governments of Guyana and the United States, with funding from the US President's Emergency Plan for AIDS Relief (PEPFAR)—is a response to Guyana's HIV & AIDS crisis.

Under GHARP, multiple sectors of society are engaged to promote a comprehensive HIV prevention and care program. GHARP has worked to improve health infrastructure and enhance the skills of health workers; specific areas of work include the following:

- Voluntary counseling and testing (VCT) and prevention of mother-to-child transmission (PMTCT) for HIV & AIDS
- Support to orphans and other vulnerable children
- Workplace prevention and care initiatives
- Capacity-building of local nongovernmental organizations (NGOs)
- Targeted interventions for MARPs
- Mainstreaming of HIV & AIDS into Guyana's many line ministries

This paper focuses on the successes of and lessons learned from efforts to mainstream HIV & AIDS programs in eight of Guyana's governmental ministries (the first cohort).

Mainstreaming

HIV & AIDS is more than a health issue: it is also a political, economic, social, and human rights issue. As the pandemic expands, it has become increasingly clear that the resources available to the health sector are insufficient to address all aspects of the disease.

Mainstreaming, an expanded response that incorporates the efforts of multiple sectors, is crucial. The Ministry of Health (MOH) understands the necessity for mainstreaming and has made it an essential component of Guyana's strategic plan for HIV & AIDS.

In 2004, the World Bank project in Guyana, managed by the Health Sector Development Unit (HSDU), requested assistance from Management Sciences for Health (MSH) through the GHARP Project to mainstream HIV & AIDS activities in eight Guyanese ministries. MSH helped the HSDU to design a strategic approach to the issue, train line ministry focal persons, and build capacity within the line ministries. Ultimately, thousands of internal and external clients of the ministries will benefit.

After this successful first cohort, recruitment of new ministry and agency partners by the World Bank intensified and resulted in five new government partners. GHARP continued to provide technical support to the original ministries but focused on assisting the five new ministries and agencies.

Original and Added Ministries

Original Line Ministries

- Agriculture
- Amerindian Affairs
- Culture, Youth, and Sport
- Education
- Home Affairs
- Human Services and Social Security
- Labor
- Local Government and Regional Development

2007 Additions

- Foreign Trade and International Cooperation
- Guyana National Newspaper Limited
- Housing and Water
- Lands and Surveys Commission
- Public Service

During the life of the project, all focal points exhibited an increased capacity to develop coherent plans and budgets and a more comprehensive understanding of the HIV & AIDS epidemic and its effect on individuals and society. They began to demonstrate a firmer grasp of the mainstreaming concept and looked to more fully integrate HIV & AIDS orientation and activities into the services provided by their ministries. Initial proposals had primarily addressed awareness and sensitization of civil servants within the ministries, but by the last years of the project, program emphasis expanded to target both internal and external clients. This shift represented significant progress because effective mainstreaming requires this dual focus.

Dealing with the “Elephant in the Room”

In most complex situations, an obvious issue is often avoided or left unattended. Unless addressed, “elephant” can cause stand-stills, derail momentum, or set up false expectations. Success in complex situations often depends on facing challenges head on. Together, strong leaders and champions who have a clear sense of purpose and are aligned around a common vision can marshal the right resources and create broad commitment to address and overcome these “elephants.”

Many of the lessons and recommendations discussed in this report are underscored by the importance of dealing with the elephant in the middle of the room—be it the Government of Guyana deftly negotiating with donors to begin integration of HIV and primary health care services or the need to find a neutral space for HIV prevention, care, and support for populations who are marginalized, even punished, by society and law.

The line ministries and HIV project implementers throughout Guyana have made noteworthy progress, but the road remains long. The ten lessons and multiple recommendations that follow draw upon experience and strive to help Guyana's line ministries progress to the shared ideal of a healthy and strong population, economy, and society.

Lesson 1: Mobilize

Immediate action requires reason—even in the most urgent circumstances. To mobilize communities to take on the fight against the HIV & AIDS epidemic, leaders must rally through a broad mobilization process that gets the right support, commitment, and critical resources. And to ensure lasting change, leaders must create wide-band commitment at all levels throughout the country; this level of commitment won't happen unless people understand what is needed, why, and the implications to them. Have stakeholders been given a strong and relevant rationale for action? Do they clearly understand the pending crisis? If not, then the message is unclear and needs to be adjusted. When mobilization fails, it is usually because leaders have not made the case for action. But when leaders successfully mobilize commitment, that's when real change will happen.

The Guyana Perspective

Although MOH has done a good job of sounding the alarm on the AIDS epidemic, Guyana still struggles with a slight perception problem. In some ministries and communities, commitment to action is lagging because HIV & AIDS are not perceived as a national crisis. Domestic violence, substance abuse, and trafficking are considered by many to be equally, if not more, important than HIV & AIDS, which has a relatively low 2.5 percent prevalence rate among adults. (Some MARPs have prevalence rates dramatically higher than that.)

In fact, Guyana's prevalence rate is very high among its Caribbean neighbors and the Caribbean region has the second highest prevalence rate globally among adults (behind sub-Saharan Africa). There is no doubt that HIV & AIDS negatively impacts Guyana's workforce, food security, and the next generation; HIV & AIDS is a major threat to Guyana's social stability and economic development. Patrick Mentore, Line Ministry Coordinator of the HSDU, captured the issue well when he said that we are at risk of leaving a legacy of poverty. Alignment of key stakeholders around this issue is needed, and repositioning the HIV & AIDS crisis will help mobilize the larger community.

Recommendations

1. Continue to mobilize the community by repositioning the HIV & AIDS crisis within a context that key stakeholders can relate to. Strengthen the message that HIV & AIDS is a multi-sectoral issue of economic development and social stability.

2. Continue to educate existing and new decision-makers about the HIV & AIDS impact on Guyana's economy, security, and long-term development. People move and change positions; awareness and commitment cannot leave when individuals do.

Lesson 2: Lead

“The new leadership will not be provided by a take-charge elite, but will emerge from the capacity that lies within each and every person. It will be a leadership that does not presume to have all the answers, but one that seeks to empower others.”

—*Annabel Beereel, Leadership through Strategic Planning (London: International Thomson Business Press, 1998)*

Competent leadership and effective management systems are critical components of any organization facing complex challenges and pressure to produce sustainable results. Leadership and management are especially important to public service organizations and their managers in this era of rapid change, health sector reform, the HIV & AIDS epidemic, and the crisis in human resources for health.¹ Thus, sustainable impact demands strong leadership, commitment, and accountability at all levels: leaders at the highest level who can mobilize resources, champions in every corner of the community who are accountable for achieving results, and a passionate network of like-minded individuals who will take action.

The Guyana Perspective

In looking at leadership dynamics in Guyana, one must first understand the political shifts that have taken place during the last 45 years. According to Honorable Minister of Health Dr. Leslie Ramsammy, at the time of independence in 1966, the per capita investment in health was 8 percent of the national budget or 16 US dollars per person. Between independence and 1992, the percentage of the budget allocated to health was drastically reduced to less than 2 percent. Today, 12 percent of the national budget is allocated to health. Per capita investment is about \$80—not including foreign aid. The political party currently in power also was in power pre-independence. Dr. Ramsammy emphasized that both administrations believe that the social sector is a critical part of their country's development, and the government investments reflect that philosophy and priority.

As part of its poverty-reduction strategy, the current Government of Guyana declared HIV & AIDS a national priority, formed the Presidential Commission on HIV & AIDS, and developed a national strategy² to combat HIV & AIDS.

Most onlookers would agree that Dr. Ramsammy's vision, passion, and leadership was key in making the fight against HIV & AIDS a national priority, but the minister himself does not

¹ <http://www.msh.org/expertise/leadership-management/index.cfm>

² Guyana National HIV & AIDS Strategic Plan

list any single disease area among MOH's top priorities. Dr. Ramsammy's equitable approach to social services in Guyana drives his agenda to "define a [comprehensive] package of services that is going to focus on primary health care and keep people healthy. That package of services must be available equitably and equally to every citizen of the country, without their having to worry about affordability."

Dr. Ramsammy has indicated that to him HIV & AIDS-related health services are part of a comprehensive package of health services that should be made available to everyone. This approach operates in contrast to the vertical way many foreign donors currently provide health aid. (For example, PEPFAR, the World Bank, and the Global Fund to Fight AIDS, Tuberculosis and Malaria all provide funding for the control of particular diseases rather than for a country's health or social sectors at large.) Dr. Ramsammy remains committed to implementing Guyana's agenda of providing a comprehensive package of services to all, addressing the shortage of trained health care workers and managers, and ensuring that guidelines and regulatory frameworks are in place to create and sustain high-quality health care services for the people of Guyana.

Minister Ramsammy is not alone in this quest. The Ministers of Education, Home Affairs, Local Government and Regional Development, and Labor each stand out as senior leaders fully invested in the fight against HIV & AIDS and supportive of progressive efforts to mainstream HIV prevention, care, and support activities into their line ministries. With assistance from the World Bank's HIV & AIDS Prevention and Control Project, these ministries and 12 other ministries or agencies have implemented plans for prevention, care, and support activities to mitigate the impact and spread of HIV & AIDS in Guyana. Many ministries acted immediately by distributing condoms, providing information at exhibition and fairs, organizing activities with their HIV & AIDS committees, and producing first-draft policies regarding HIV & AIDS in the workplace.

Recommendations

1. His Excellency President Bharrat Jagdeo took an important step by establishing the Presidential Commission on HIV & AIDS; his ongoing support and even more visible advocacy in the fight against HIV & AIDS could help marshal additional and invaluable political will and support for the cause.
2. By including talking points about HIV & AIDS and positive lifestyles in ministerial speeches, political leaders will give credence to these messages and the underlying development priorities.
3. Lead by example. People notice the actions and the words of their leaders; teachers and public services officers must "practice what they preach" in their own lives.

Guyana’s Minister of Health Dr. Leslie Ramsammy on Positive Lifestyles

“The mistake we make is we’ve been putting things in silos. And yet if you look at HIV, it’s the same thing that we must do for other STIs. It’s the same thing we must do in terms of preventing early pregnancy, unwanted pregnancy. We need to teach people positive lifestyles. And if we as public health people take a step back and... look at all the things that affect people, whether it’s infectious diseases or the chronic non-communicable diseases, 85 percent of these things [involve] behavior. And so... our approach at the Ministry of Health is to look at things a little bit holistically and move away from the siloed approach.... We’re all teaching really the same thing.”

Lesson 3: Hold a Vested Interest

Mobilization and leadership are essential elements of mainstreaming HIV & AIDS programs, but they are insufficient without a clear sense of purpose among and a vested interest from key players. Without genuinely motivated participation, programs risk being dropped or sidelined because they are “someone else’s” issue—they lack broad ownership. HIV & AIDS is a global crisis that reaches across sectors and across populations; everyone must know and understand his or her role in the fight against HIV & AIDS.

The Guyana Perspective

“The program equipped us to go out to the regions, the municipalities, to the neighborhood democratic councils, and replicate our training for the local government work force as well as the community development councils, which by extension includes the residents or the inhabitants of the particular geographic constituency.”

—*Mahendra Ishri, Principal Municipal Services Officer,*

Ministry of Local Government

One of the main objectives for this program was to ensure that each line ministry understood that it did in fact have a role to play in the response to HIV & AIDS in Guyana. Everyone interviewed for this paper could cite his or her ministry’s role in the fight, and most considered HIV & AIDS a top priority. (Even considering that interviewees might tell interviewers “what they want to hear,” this is encouraging.) Unfortunately, most interviewees also agreed that without the World Bank funding and properly trained staff, the ministries would not have been able to act upon the National AIDS Strategy at this level.

Initial HIV prevention programs focused on the health of each ministry’s workforce first and then evolved to include the ministry’s external clients. Although everyone interviewed agreed that keeping his or her ministry’s workforce and target populations healthy is

important to the security and development of Guyana, HIV & AIDS programs are more of a natural fit in some ministries (e.g., Education, Human Services and Social Security) than others (e.g., Agriculture, Amerindian Affairs). Ministries in the latter category either require additional efforts to demonstrate relevance between the ministry's focus and HIV & AIDS, or they could be less relied upon in the context of HIV & AIDS.

Some ways each targeted line ministry sees itself as relevant in the fight against HIV & AIDS follow:

- The Ministry of Labor works closely with the International Labor Organization (ILO) to develop workplace HIV policies and legislation. Keeping employees healthy helps prevent a negative impact on the economy.
- The Ministry of Human Services and Social Security cares for the poorest populations in Guyana, which are most vulnerable to and hardest hit by this epidemic.
- The Ministry of Education has more employees (nearly 10,000 teachers) than any other line ministry. The ministry is motivated to keep these employees healthy and also recognizes that a balanced approach to the physical, mental, and social well-being of students must address all issues that impact a child's learning, including HIV.
- The Ministry of Local Government and Regional Development has a mandate to oversee administrative aspects of local education, health, and public services such as sanitation and roads. The ministry is interested in keeping its workforce healthy in part to keep costs under control. (The ministry recognizes the substantial costs of replacing and retraining staff.)
- The Ministry of Agriculture does not list HIV as a top priority although it is concerned about the impact of HIV on the workforce. The ministry acknowledges that "healthy farmers grow more food" and without productive farmers the ministry cannot fulfill its mission for Guyana to become less dependent on imported agricultural products.
- The Ministry of Amerindian Affairs is mandated with protecting the economic, social, health, and general well-being of indigenous communities. Severe alcohol abuse, incest, and exposure to "modern issues" such as regional migrations of civil servants, loggers, and miners and the often-related increases in sex trafficking and commercial sex put many Amerindians at dramatically increased risk of HIV infection.
- The Ministry of Health does not single out HIV & AIDS or any other disease area as a separate priority. Dr. Ramsammy is adamant that HIV & AIDS services must be part of a larger movement to make a comprehensive package of health services available to all Guyanese people.



Health facilities like this one offer a wide-range of health services that target youth, one of Guyana's most-at-risk populations for HIV-infection. Photo by Maryellen Glennon, MSH.

Recommendations

1. Continuous advocacy and education stressing the relevance of HIV & AIDS across sectors and populations will help motivate key players regarding HIV & AIDS and reinforce ownership and vested interest in the cause.
2. People infected with and affected by HIV & AIDS are as socially and ethnically diverse as the Guyanese population on the whole. To provide effective services, programs need more input from the people themselves—both people living with HIV & AIDS (PLWHA) and members of MARPs.

Lesson 4: Plan

Former US President Dwight D. Eisenhower once said, “Plans are nothing. Planning is everything.” Implicit in this statement is the importance of developing a process that is participatory, open, and empowering. Bringing potential beneficiaries or implementers of the plan into the planning process will strengthen the network of owners and community mobilizers that is critical for making any major change. Plans should be thoughtful, realistic, and comprehensive. Effective plans will identify and increase the understanding of organization or beneficiary needs; enable transparent incubation of ideas and creative approaches; state clear goals, expectations, objectives, and tactics; and provide realistic assessment and efficient use of human, material, and financial resources.

The Guyana Perspective

Driven by the Government of Guyana's³ national strategy to reduce the social and economic impact of HIV & AIDS on individuals and communities and, ultimately, the country's development, the United States Agency for International Development (USAID)–funded GHARP Project team collaborated with the World Bank on the line ministry program. The team built the capacity of focal points and some ministry HIV & AIDS committees and thereby enabled ministries to develop plans and budgets for prevention,

³ 2007–11 Guyana National HIV & AIDS Strategy

care, and support activities—conducted by public sector line ministries and agencies—to stem HIV infection and mitigate the impact of AIDS in Guyana.⁴ The project's emphasis on developing the planning capacities of focal points and HIV & AIDS committee members enhanced commitment and action from several line ministries. In fact, focal points in each ministry showed great perseverance in starting activities before the release of the World Bank funding. In several cases, the ministries themselves funded meetings to sensitize upper-level staff on key issues.

Although most of the line ministries successfully developed plans that integrate HIV & AIDS programs into their regular activities, implementation proved challenging for many. Plans are much more likely to be implemented and bring results when they are created and owned by the line ministry planning teams, not just the World Bank focal points; contain measurable indicators; are properly resourced; and have visible support at the highest levels. (Good examples are Guyana's Ministries of Education, Home Affairs, and Labor.)

Recommendations

1. Help ensure implementation and sustainability by developing a realistic donor or implementer exit strategy and transition plan that put programs and plans squarely in the line ministries' budgets and work plans. Plans should include ongoing support and training to ensure that knowledge of HIV issues, project management, financial planning, and related factors are not lost as staff move on to other opportunities.
2. Continue to coordinate plans at a central level to maximize collaboration—or at least minimize duplication—among the various stakeholders and agencies.

Lesson 5: Collaborate and Coordinate

In limited-resource countries, competing priorities are quite common, and effective resource management is essential. Foreign assistance is usually accompanied by a host of indicators and instructions on how, where, when, and what should be done. The issue of managing multiple agendas was top-of-mind for all of the interviewees, and a plethora of issues inhibit a minister's ability to manage competing donor priorities. A country's leaders must rally interested parties such as donors and NGOs around a common vision and country plan.

Coordination is necessary from the perspective of a public health crisis, but it also can expedite program mainstreaming and implementation. Coordination efforts can also illuminate common goals, identify potentially conflicting agendas, and provide a mechanism for managing large-scale change. Coordination cannot be limited to periodic meetings; to turn a coordinated effort into a true partnership you need to actively shape it.⁵

⁴ World Bank Report: *Line Ministries Scaling Up*. Patrick Mentore, HSDU Coordinator

⁵ From *Managers Who Lead: A Handbook for Improving Health Services*. Cambridge, MA; Management Sciences for Health. 2005

The Guyana Perspective

Responsible for looking after the social and economic welfare of the Amerindian people, the Ministry of Amerindian Affairs is constantly challenged by the enormous difficulties associated with traveling to the 149 remote Amerindian villages in Guyana's interior (also called, with good reason, "the hinterland"). The limited accessibility of the interior (and the substantial costs when groups are able to access remote areas) inevitably and negatively affects the effectiveness of the ministry's programs. For example, keeping condoms consistently available after an awareness campaign can be challenging, but without available condoms, even the best campaigns will not result in safer sex practices.

The remoteness of these communities demands intense planning and coordination, yet multiple well-intentioned NGOs, government agencies, and aid workers travel to the interior without consistently informing the Ministry of Amerindian Affairs or each other. Every organization's activities would be more successful if accurate information were available to help the ministry and others working in the interior to coordinate, set priorities, and improve program impact.

Coordination is happening in Guyana at many levels. Through the National Tripartite Committee, the Ministry of Labor works very closely with the ILO and the business sector. This tripartite relationship has been critical to implementing successful workplace programs. To ensure efforts aren't duplicated, the ILO has a seat on the Ministry of Labor's AIDS committee, and a senior member from the Ministry of Labor sits on the ILO's subcommittee on HIV & AIDS. The Ministry of Labor and the ILO are actively lobbying organizations to sign memoranda of cooperation that demonstrate interest in and support for implementation of workplace HIV & AIDS policies, and they are working together to draft regulations that will help enforce these policies.

Another example of cross-ministry collaboration is between the Ministries of Education and Health, who cohost health fairs for students, teachers, and the greater community. Tables and booths are set up at these fairs to address topics ranging from nutrition to vision and auditory screening to HIV & AIDS. The Ministry of Labor is also present because it offers counseling and support services for teachers and other civil servants.

Coordination challenges persist in several areas. For example, before the World Bank program, the Ministry of Amerindian Affairs did not specifically focus on HIV even though villages might have had health activities happening. Most communities have health workers who are managed on the ground and day-to-day by the Ministry of Health, but the Ministry of Amerindian Affairs might oversee or gather information about the health workers and their activities. Now that the Ministry of Amerindian Affairs is working in HIV prevention and VCT, greater coordination with MOH is needed, especially given limited resources and complex logistics.

To avoid parallel, fragmented, contradictory, or redundant efforts or projects, Minister Ramsammy and other Government of Guyana officials, such as Dr. Shanti Singh, Director of the National HIV/AIDS Program Secretariat (NAPS), worked with donors to drive the development of a structure to coordinate HIV & AIDS activities in Guyana and maximize the impact of available resources. The national program provides Guyana's leaders with

common targets and a collaborative planning process that will enhance commitment and develop skills within the ministries, enabling them to work across sectors and leverage resources.

Recommendations

1. Continue to strengthen the capacity of coordinating bodies to leverage and maximize resources and to effectively collaborate with other stakeholders and implementers.
2. Continue cross-ministry coordination and collaboration to help alleviate overloaded ministerial AIDS committees and minimizing competing priorities.
3. Take the time to work through complicated logistics—particularly those of working in Guyana's interior. This is invaluable for the efficiency and efficacy of all programs targeting remote populations.

Lesson 6: Learn from Your Target Populations

Programs that actively consider and strive to meet their target populations' needs have a higher success rate than those that are developed in a vacuum. Decisions based on evidence rather than uninformed good intentions are more likely to improve the output and impact of activities—in GHARP's case HIV & AIDS prevention, care, and support activities.

A thorough situational analysis helps program managers develop comprehensive responses that target diverse populations. This analysis is often easier said than done in HIV & AIDS programming; people in higher-risk groups such as female sex workers (FSWs), MSM, and young people are at risk of HIV infection in part because they're marginalized to varying degrees. Still, managers and leaders who actively solicit and incorporate input from PLWHA will build better programs that have a greater chance of reducing the negative impact of HIV & AIDS on society.

The Guyana Perspective

By 2007, most of the ministries had made significant progress scaling up their HIV & AIDS programs by taking a dual target approach: their workforce and their clients—populations they know and have long served. Success was evident in half a dozen areas: (1) thousands of civil servants received AIDS awareness training, (2) ministries had become effective conduits for educational materials and condoms, (3) prisons provided care for HIV-positive inmates and follow-up on those discharged, (4) agricultural organizations hosted outreach activities, (5) workplace policies were changed, and (6) several ministries mapped their contacts with external clients to expand the mainstreaming effort further into communities. As a result, attitudes are changing, people are getting tested for HIV, and demand has increased for HIV & AIDS training and educational materials. Dr. Shanti Singh, Director of the NAPS, captured the moment for Guyana when she observed, "I believe a lot of progress has been made in that area [stigma] because more people are willing to come forward. It's phenomenal, when you think how far we have come over the last five years."

A National Day of Testing Is a Country-wide Success!

In one week, more than 15,000 people were tested for HIV and received their results on the spot—more than 50 percent more than the annual target set by the Minister of Health. This record and the fact that people waited in lines and out in the open to be tested demonstrates how dramatically perceptions of HIV and of testing are changing in Guyana. People are even being tested in workplaces like GT&T, the national telephone company. Reducing stigma associated with testing and knowing one's HIV status are critical steps in fighting the disease.

Less well-known to ministries and other programmers are PLWHA and MARPs marginalized because of their disease, social or economic positions, or cultural or geographic barriers. In Guyana, FSW and MSM face social stigma and laws explicitly and severely punishing those actions. Many adults—particularly in Guyana's East Indian communities—are uncomfortable talking openly with or providing comprehensive information to youth about sex and sexuality in spite of a highly sexualized day-to-day culture. And many of Guyana's indigenous Amerindian populations are all but inaccessible because of geographic barriers.

Most of the work with general and most-at-risk populations in Guyana to date has been focused on prevention and awareness. And most of the observations by those in the ministries point toward a greater need to turn all of this knowledge into action. Raising awareness and understanding the needs of beneficiaries is a vital first step to behavior change and the provision of much-needed HIV and other health services.

Recommendations

1. Some higher-risk populations in Guyana have a prevalence rate nearly *ten times*⁶ the prevalence among the general adult population. Intensifying interventions targeting MARPs will help contain the disease from an epidemiologic point of view and will help further Guyana's commitment to provide comprehensive health care to all of its citizens.
2. Increased awareness of HIV & AIDS and increased VCT has helped to reduce stigma and discrimination, but ongoing education and awareness-raising is essential to continue these positive trends.

⁶ MSM and FSWs had prevalence rates of 21 percent and 27 percent, respectively, in the 2003–04 behavior surveillance survey (BSS). GHARP is completing the current BSS and preliminary data shows that MSM and FSWs have an HIV prevalence at least eight or nine times higher than the general population.



Posters in this polyclinic put messages about HIV right next to messages about nutrition and dental health to promote all-around “positive lifestyles” in Guyana. Photo by Maryellen Glennon, MSH.

Lesson 7: Integrate: Shift from “Projects” to “Programs”

Perhaps the most important aspect of sustainability is integration—in this situation the integration of HIV & AIDS programming into ministerial programs, processes, and systems. Projects typically have start and end dates and risk being considered a line item that can be cut from a budget. Although financial and technical assistance from outside donors or agencies is needed, public and private organizations in developing countries too often become dependent on those funds and, when funding stops or shifts to other projects, have a difficult time sustaining comparable levels of effort without drawing resources from other competing priorities. If the programming and activities become integral to a ministry’s function, they are much more likely to survive cuts and shifts in funding.

The Guyana Perspective

“I don’t want to do the HIV awareness and HIV programs in isolation. We integrate. All probation officers are now trained to deal with clients who might be HIV positive or who might be in an abusive situation. So whether you are counseling husband, counseling wife, or counseling children, your counseling can be comprehensive and holistic.”

—Trevor Thomas, *Permanent Secretary, Ministries of Labor and Human Services and Social Security*

In Guyana, as elsewhere, HIV & AIDS is inexorably linked to larger socioeconomic concerns that include drug and alcohol abuse, sex trafficking, and domestic violence (all cited by interviewees as top social concerns of their clients). To address these issues in the larger context, Guyanese leaders, including Dr. Ramsammy, have called for a social

movement promoting “positive lifestyles” among all of their countrymen and -women. (In some countries “positive lifestyles” refers to the well-being and lifestyles of PLWHA; in Guyana it includes all people and is an effort to prevent not only HIV infection but also those concerns cited above.) To combat these and other social issues, the country’s leaders agree that they must tackle the root cause of the problem: poverty.

International donors—particularly PEPFAR and the Global Fund to Fight AIDS, Malaria and Tuberculosis (Global Fund)—have committed unprecedented amounts of money to the mitigation of a single disease: HIV & AIDS. Although the fight to contain HIV & AIDS (as well as TB and malaria) required and continues to require extensive financial support, these “vertical programs” are well-intentioned and potentially have serious weaknesses. Vertical programs risk duplicating existing systems and further straining limited human resource supplies. Vertical programs also often require that recipient countries conform to donor or program parameters that differ from the country’s existing systems, needs, and priorities.

As vertical funding for HIV & AIDS became available, Guyana promoted its national HIV & AIDS strategy and potential donors agreed to take an integrated approach. Services for PMTCT of HIV are one excellent example of integration’s success in Guyana. Original (vertical) donor plans included PMTCT programs operating independently from the existing health care system. MOH insisted that PMTCT is a maternal and prenatal health issue and because a parallel system risked “poaching” vital human resources from the prenatal care system, PMTCT should be integrated with existing maternal and prenatal care services.

Minister Ramsammy is pleased with the results of PMTCT integration with prenatal and maternal care: “Guyana did not have PMTCT services in 2001 and yet, in 2008, we have 100 percent access. Why? Because PMTCT was placed where it belongs.” Dr. Ramsammy’s vision was realized; rapid HIV & AIDS testing has been integrated into the daily protocol of community health workers.

Other line ministries have also successfully integrated HIV & AIDS activities into their work, annual plans, and policies. (Although all ministries still receive World Bank funding for their efforts, this integration is an important early step toward financial independence.) The Ministry of Education, a natural environment for learning, made HIV & AIDS a primary topic in the existing Health and Family Life Education program, trained thousands of teachers, reached even more students, and coordinates health fairs with the Ministries of Health and Labor. By teaching young people about HIV & AIDS and important life skills in the same program, well-trained teachers help prepare children to make good decisions regardless of the social challenges they face. To support this holistic effort, the Ministry of Education established and partially staffed a new unit to coordinate and implement activities of the “School Health, Nutrition, HIV & AIDS” policy and plan. The Ministry of Culture, Youth, and Sport also integrated HIV into a positive lifestyles program that includes information about sexually transmitted infections, family planning and the risks of early pregnancy, good nutrition, and the importance of physical activity.

Another example of integration and collaboration is the joint effort of the Ministry of Labor and the ILO. The two agencies worked with the Joint United Nations Programme on

HIV/AIDS (UNAIDS) to improve workplace standards, create and distribute educational materials, set up VCT sites, and influence labor laws in Parliament. They also have used memoranda of cooperation to encourage employers to implement the ILO's HIV & AIDS code of practice in the workplace. The Ministry of Labor's inspectorate also adapted the inspection form to include a component monitoring HIV & AIDS-related items: Does the company have an HIV policy? Is it properly displayed on the wall? Do they have a focal point for coordinating HIV activities? Do they have active programs to respond to HIV & AIDS within the workplace? These standards, training, and guidelines, coupled with consistent monitoring and evaluation (M&E) efforts are concrete ways of sustainably integrating donor projects into ministry programs.

Recommendations

1. Continue to integrate HIV & AIDS activities into existing and relevant programs, plans, and budgets. Identifying natural fits—such as the examples from the Ministries of Education and Labor cited above—and set realistic expectations for each ministry to maximize the impact of integration.
2. Strong leadership will help ensure success as the projects are internalized, transitioned to ministerial programs, and weaned off direct World Bank funding. A modified version of MSH's highly regarded Leadership Development Program (LDP) can help build and strengthen existing leadership within the ministries and Guyana.⁷
3. Building hand-offs and exit strategies into project design will help entire ministries—rather than individual focal points—to own the work. Ownership is a cornerstone of sustainability.

Lesson 8: Measure to Learn

Impact must be measured to truly know what a project has done and still needs to do. After collecting data, projects must share, compare, and analyze data to make evidence-based decisions moving forward. This process of knowledge exchange increases learning and improves the quality and impact of the programs. Good data help implementers know if they're doing a good job, determine why or why not, learn about their target clients and the needs of those clients, and allocate resources. Coordination and information sharing are vital parts of managing limited resources.

The Guyana Perspective

Demand for data from Guyana's health sector is high, but the availability is low for a number of reasons, including the lack of baseline data, skill and capacity limitations, insufficient health management information system (HMIS) structure, and different donors with different sets of indicators. A nationwide HMIS is in nascent stages, and at least two major players (the Inter-American Development Bank [IDB] and the Monitoring and Evaluation to Assess and Use Results [MEASURE] project) are actively working to

⁷ Guyana's Ministry of Education participated in the LDP and has been quite successful in mainstreaming HIV & AIDS activities.

establish functioning HMIS in Guyana. While a comprehensive HMIS is being developed, ministry employees (and others) will benefit tremendously from training that helps them learn how to gather, analyze, share, and make decisions based on data.

Recommendations

1. Place greater emphasis on building M&E capacity within the ministries. Improved M&E systems will increase understanding of problems and better inform potential solutions.
2. When studies and eventually a baseline are conducted, the results should be widely communicated, possibly through NAPS.⁸



The Children's Mashramani Parade in Georgetown, Guyana. Photo by Sylvia Vriesendorp, MSH.

Lesson 9: Communicate Clearly and Often

A common thread running through each of these lessons and most recommendations is the need for effective communications. Communications make a vital contribution to a project's success whether through leadership communications, advocacy, or two-way communication with one's constituency or donor. Effective communications present a clear message that advances a program's mission, foster a deeper understanding—internally and externally—of one's work, promote transparency, manage expectations, and build trust. Many great goals can be achieved when communications underscores technical and management activities. At least as important, communications serve as a public record of how one has effectively and efficiently delivered health impact.

⁸ NAPS manages the National AIDS Program – driven by the national AIDS strategy.

The Guyana Perspective

One facet of a broad communications initiative is behavior change communications (BCC). BCC has been a substantial part of Guyana's fight against HIV and in support of positive lifestyles. USAID's recent assessment and country strategy note that BCC has been quite effective in that the level of knowledge about HIV & AIDS is quite high, but a gap between knowledge and action remains. This collective effort to raise awareness and sensitize communities to HIV-related issues should be commended; the efforts should continue and expand among MARPs. The delivery of consistent messages from ministry to ministry, school to school, farm to farm, and company to company will make those messages ubiquitous.

Leadership communication and advocacy are essential to managing and influencing change (consider lessons 1, 2, and 7 in particular)—a leader's team can't follow or buy into a cause unless they understand it. In terms of policy change, communication has served Guyana well in, for example, convincing a donor to integrate PMTCT with existing prenatal services, or influencing labor laws in Parliament.

Multiple interviewees noted the need for ministers and ministry employees themselves to absorb and consistently disseminate messages on HIV & AIDS prevention, care, support, stigma reduction, and other elements of the message. Their participation will help to make and keep Guyana healthy across all sectors.

Recommendations

1. NAPS and the MOH would benefit from the results of a communications audit. The one-time expenditure (likely from an outside donor) would help identify where the information is coming from and how effectively it is being communicated to stakeholders.
2. Increase the call (and adjust messages) for a social movement to lead more overall positive lifestyles.⁹ This will help leaders at all levels, advocates, health educators, and average citizens to understand that HIV & AIDS is inexorably linked to poverty and economic development, cultural bias and stigma, social stability, and overall health.
3. Although outside the reach of these line ministry recommendations, the National HIV & AIDS strategy would benefit from a communications plan that complements existing BCC efforts. This plan would help yield a long-term communications policy and strategy so that information on issues and successes can be communicated consistently, and in a timely and appropriate manner with its various audiences.

⁹ Minister Ramsammy is heavily advocating this concept.

Lesson 10: Understand and Address the Crisis in Human Resources and Management

“We know there is a global crisis for human resources—quality human resources, competent human resources, healthy human resources, as well as financial resources. And we know that development depends heavily on people.”

—*Genevieve Whyte-Nedd, Chief Education Officer, Ministry of Education*

Throughout the world, countries are facing desperate shortages of trained health care workers and health system managers. Health care workers in developing countries are all too often underpaid, overworked, poorly managed, inadequately trained, lacking in the equipment and materials they need to do their jobs well, struggling to function in broken systems, or several of the above. Health care workers leave—often at staggeringly high rates—their countries in pursuit of better working conditions, higher pay, and opportunities in richer countries with more functional health systems. In countries with high burdens of HIV & AIDS, this “brain drain” is exacerbated by health care workers who are infected or affected by the virus themselves, leaving already fragile health systems in desperate crisis.

Donors, influencers, and governments worldwide have begun to recognize and address the crisis in human resources for health but success depends on facing challenges head on and thoughtfully.

The Guyana Perspective

Guyana’s crisis in human resources is unfortunately common and affects all sectors, and although Guyana’s HIV prevalence rate is relatively low when compared to sub-Saharan Africa, the disease still has a negative impact on workers in health and other sectors. All interviewees from Guyana’s ministries noted the importance of workforce productivity and health to Guyana’s long-term economic and social development and poverty reduction.

Each ministry has taken steps to raise workforce awareness of the devastating effect that HIV & AIDS can have on their lives. Ministries have worked to reduce stigma and discrimination against those infected or affected by HIV, provided VCT services, developed peer-to-peer outreach programs, and made condoms readily available and free.

Guyana’s MOH has implemented a plan to ensure that a comprehensive package of health services can be delivered to the people of Guyana, equitably. To address the immediate shortage of qualified doctors, nurses, midwives, and pharmacists, about 700 Guyanese have been recruited from all regions of the country and are currently studying medicine in Cuba. Guyana will then need to produce 15 to 20 doctors each year to replace those who may migrate, retire, or leave the system. Guyana has 20 different training programs for a variety of health areas including specialists, surgeons, dentists, obstetricians, and more. Important incentives to stay and work in Guyana’s health sector are also in place: 75 percent of the medical students will go to school for free, but in exchange, they will be required to serve the country for an established period of time.

The Ministry of Local Government and Regional Development is responsible for administering local government services (health, education, and public services) in the ten administrative regions. Ministry Principal Municipal Services Officer Mahendra Ishri noted, "Local government deals with people. And if we don't have a quality, healthy workforce, then we cannot deliver on the terms of the National Plan for Poverty Reduction."¹⁰

Recommendations

1. Continue recruiting and training students and offering incentives to build and sustain Guyana's trained health care workforce.
2. Continue promoting healthy workers in the context of HIV & AIDS as well as other health and "positive living" issues.
3. Be aware of opportunities to build and sustain effective human resources management to support health care workers throughout their training, service, and advancement.

¹⁰ Guyana 's commitment to re-orient its economic and social policies toward poverty reduction and the achievement of the Millennium Development Goals



784 Memorial Drive
Cambridge, MA 02139-4613 USA

Telephone: +1.617.250.9500
Fax: +1.617.250.9090
www.msh.org