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BACKGROUND:

HIV/AIDS has been recognized as a global problem. Ever since the first case was reported in the early 1980's, almost all countries around the world have reported cases of HIV/AIDS.

In Guyana the first case of AIDS was reported in 1987 and up to the end of 1995 a cumulative total of seven hundred and ninety six (796) cases were reported. There were five hundred and nineteen (519) males and two hundred and seventy four (274) females. There has been an increase in the number of cases during successive years - ten (10) cases in 1987, sixty two (62) in 1990; one hundred and five (105) in 1993 and one hundred and ninety two (192) during 1995.

More than three-quarter (76.8%) were less than thirty-nine years old and twenty - one (2.64%) of the cases were among persons less than five years old.

There has also been a progressive decline in the male:female ratio. It was 5.8:1 in 1988; 2.8:1 in 1990; 2:1 in 1992 and 1.3:1 in 1995, reflecting the increasing role of heterosexual transmission. The rate of increase of AIDS is greater among females than males; females accounted for 25 % of the reported cases in 1989 and 42.2% in 1995.

In addition to the effect which HIV/AIDS has on infected individuals and their families, it can have a negative impact on the socio-economic development of a country. Social problems caused by HIV/AIDS include increasing rates of family disintegration and orphaned children through death and divorce. Since HIV/AIDS predominantly affect young persons, the quality and quantity of a country's labour force can be diminished leading to economic crises.

HIV/AIDS must be seen and treated as a National Problem and given the social, psychological and economic implications of the HIV/AIDS epidemic, the efforts at the national level must *per force* include the private sector, governmental, non-governmental and community based organizations, including where possible persons living with HIV/AIDS and/or their advocates.

Women and other persons who are usually considered to be at high risk of HIV e.g. Sex Workers and their clients, adolescents and persons with Sexually Transmitted Diseases needs to be targeted for special education/intervention.

Having recognized the threat of HIV/AIDS, a **National AIDS Programme Secretariat** was established within the organizational structure of the **Ministry of Health**. It has a **Project Manager** as operational head and has overall responsibility for the management, planning, co-ordinating, implementation, monitoring/evaluation, reporting and educational functions of the national efforts to combat the epidemic. Planning and implementation of the programme will be done in collaboration with the **National AIDS Committee**.

The Ministry of Health recognizes and endorses the promotion of abstinence, fidelity, marriage and strengthening and positive reinforcement of the family structure and family values as effective lifestyles patterns against the spread of HIV/AIDS.

1. INFORMATION, EDUCATION & OTHER PREVENTATIVE HEALTH MEASURES

1.1 Information and Education

The Ministry of Health of Guyana, through its National AIDS Programme Secretariat (NAPS) shall have overall responsibility for **the dissemination of information in the country** with respect to the Human Immunodeficiency Virus (HIV) and AIDS. Through its technical staff, the Ministry of Health will ensure that the information disseminated is based on the available scientific data at the national and international levels. In so doing, the Ministry of Health will seek to establish partnerships with other Ministries, the private sector, religious organizations, non-governmental and community based organizations and inter-governmental agencies in the planning, co-ordinating, implementation and evaluation of information dissemination.

The Ministry of Health recognises and accepts the fact that there are diverse views with respect to measures which must be taken in order to prevent/control the spread of HIV in Guyana. However, the Ministry of Health has the right to sanction any agency/organization which through its policies endangers the life of the "at risk" population in Guyana.

The Ministry of Health's policy with respect to information is to disseminate information to as wide a cross-section of the population as possible, and particularly those sub-populations at greater risk. In so doing, it shall seek to use **the public and private media and other traditional and non-traditional methods as constructive agents** in the drive to inform and educate the public about :

1.1.1 The Human Immunodeficiency Virus (HIV), the causative agent of AIDS, as well as the definition of HIV infection, AIDS and HIV related illnesses.

1.1.2 a. The mode of transmission of HIV and risk factors for HIV.

1.1.2 b. The means of preventing the transmission/spread of HIV.

1.1.3 The diagnostic criteria for HIV infection and AIDS as well as laboratory criteria for confirming HIV infection.

1.1.4 The clinical symptoms and signs of HIV infection and its related illnesses.

1.1.5 The counselling resources, laboratory facilities and treatment available to individuals with HIV/AIDS, and their relatives.

1.1.6 The legal, medical and ethical considerations regarding individuals infected with HIV/AIDS and their families.

1.1.7 The epidemiological situation with respect to HIV infections, AIDS cases and AIDS deaths in the country.

1.1.8 Educational materials to promote awareness and responsible behaviour with respect to HIV and AIDS within the formal and informal educational sectors.

1.1.9 The availability of further information and assistance if required, and,

1.1.10 All other issues related to HIV/AIDS.

1.2 Preventative Measures.

1.2.1 HIV positive individuals must be encouraged to practice preventative methods in order to avoid infecting others and from themselves being superinfected.

1.2.2 HIV positive individuals must be advised to abstain from donating blood, semen or body tissues and organs for transplant.

1.2.3 As far as possible, the use of disposable syringes, needles, lancets and other skin piercing instruments will be encouraged. The Ministry of Health will provide proper guidelines for the proper disposal of these instruments, based on international guidelines. Every institution where invasive procedures are undertaken must provide adequate facilities for sterilization and the disposal of sharps.

1.2.4 Surgical, dental and other equipment used for invasive procedures and which are normally re-used must be properly sterilized after each use. The Ministry of Health will provide norms and standards for sterilization of these instruments, based on international guidelines.

1.2.5 The Government will support widespread condom use and facilitate affordability by not imposing importation taxes on condoms.

1.2.6 Condoms must be made accessible to all sexually active members of the population and to all persons who may choose to use them.

1.2.7 All hotels, guest houses and so on should be encouraged to make available to guests approved brands of condoms.

1.2.8 Information regarding HIV Testing and Counselling Services should be made available to all pregnant women and women planning a pregnancy. If a pregnant woman is found to be HIV positive, she shall be informed of the possible risk to the foetus as well as the options available for the reduction of such risks. The final decision with respect to any intervention must be made by the woman and not by health care workers.

1.2.9 Blood & Blood Products

1.2.9.1 HIV testing must be carried out on all blood used for transfusion as well as that which will be used for the preparation of blood products. Only seronegative blood shall be used for transfusion.

1.2.9.2 Potential donors must be advised that blood donated will be tested for HIV and that there shall be confidentiality regarding the result of the test.

1.2.9.3 Prior to blood donation, donors will receive information on HIV and AIDS as well as on the significance of the result of the test.

1.2.9.4 All HIV positive donors must be informed of the result and advised on the availability of counseling services and follow up care.

1.2.9.5 Sero-positive blood shall be disposed of following international guidelines.

2. MEDICAL and ETHICAL CONSIDERATIONS

2.1 Confidentiality

2.1.1 Individuals who will be tested for HIV must be assured of confidentiality.

2.1.2 Personal information concerning individuals with HIV infection and/or AIDS must be held in strictest confidence by all health personnel who may be privy to information on the individual's condition.

2.1.3 a. The confidence which the patient places in health workers must be respected.

2.1.3 b. All discussions relating to information provided, examinations carried out, and health status must be discreet and of a strictly confidential nature.

2.1.4 Access to records of a person's HIV/AIDS status will be restricted to a very limited number of persons and will be accorded only by level of privileges.

2.1.5 The Ministry of Health will establish a committee to receive and investigate complaints on breaches of confidentiality.

2.2 Testing/Counselling

2.2.1 Extensive testing for the HIV will only be carried out during epidemiological surveillance, the screening of blood for transfusion and organs and tissues for transplantation. Patients and donors will be informed of such programmes and given the chance to opt out.

2.2.2 No individual shall be compelled to undergo an HIV test and all individuals who solicit an HIV test must be offered counselling, prior to and subsequent to the test.

2.2.3 For persons who have an initial positive result, a confirmatory/supplemental test must be done before the test result is conveyed to the individual.

2.2.4 Results of an HIV test must first be given to the client. The results of such test must only be given to a third party with the consent of the client.

2.2.5 With respect to children the foregoing sections will apply. In general, HIV tests on children should be carried out with the knowledge and consent of a parent or legal guardian. It is recommended that the parent or legal guardian should receive appropriate pre and post-test counseling. In extenuating circumstances where neither parent nor legal guardian is available, medical personnel or state should make arrangements for some other responsible adult, if possible and appropriate, approved by the child, to act in their stead.

2.3 Rights and Responsibilities

The concern for human rights emanates from the appreciation of the possibility that persons with HIV/AIDS may be discriminated against unless measures against such discrimination are taken to ensure that they are protected by government and that these are understood and known by the public at large. In keeping with international standards, the following areas on the rights of the individual shall be emphasized:

2.3.1 All HIV positive individuals, regardless of nationality, race, age, religion, gender, sexual orientation and socio-economic status, have the right to the best quality of health care available without being subjected to any form of discrimination.

2.3.2 No individual should be compelled to undergo an HIV test.

2.3.3 No HIV positive individual should be subjected to undue isolation and segregation.

2.3.4 All HIV positive individuals, be they symptomatic or asymptomatic, have the right to clear, exact, scientific and unrestricted information on their state of health.

2.3.5 An adult, mentally competent individual with HIV/AIDS may refuse the diagnostic or therapeutic procedures recommended by health personnel. Based on the common principles of medical practice, persons who refuse any intervention will be asked to document same.

DO NOT
REPRODUCE
OR TRANSMIT
IN ANY MANNER

2.3.6 The patient's rights to privacy must be respected, especially if they are in medical teaching institutions.

2.3.7 Any individual with HIV/AIDS has the responsibility, and should be encouraged, to notify partners promptly and directly, of their possible exposure to HIV. Ideally, this exchange of information should be done without the involvement of health personnel. Individuals who request assistance from health personnel in the notification of partners should be provided with such assistance.

2.3.8 Forfeiture of the privacy of an HIV positive individual may occur after he/she has been informed, to no avail, of his/her responsibilities to protect other members of the community.

2.3.9 Any HIV positive individual who knowingly conducts himself/herself in such a manner so as to infect other unsuspecting members of the public shall be liable for prosecution.

2.3.10 No individual with HIV should be removed from or refused work solely on the basis of the individual's seropositivity.

2.3.11 There must be no reduction or restriction of the social and working environment of any individual who is HIV positive.

2.3.12 There must be no discrimination of HIV positive persons in terms of admission, transfer and attendance at educational and/or other training facilities.

2.3.13 HIV positive individuals will only be granted sick leave, treatment and/or a change in the working environment or school on medical recommendation.

2.3.14 Persons with HIV/AIDS have the right to shelter and should not be subjected to any form of discrimination with respect to the quality of accommodation they may choose, provided they can afford it.

2.3.15 Persons with HIV will not be denied private medical and other insurance coverage they request, provided they can afford to pay the premiums.

2.4 Health Workers

2.4.1 Health personnel attending persons with HIV related illnesses should be made aware of the possible opportunistic infections and should ensure that these patients receive the best available therapy in order to alleviate their suffering and to prevent the spread of these infections to staff and other patients who may be sharing the same medical institution.

2.4.2 Training programmes for all categories of Health Care Workers should include a module on HIV/AIDS.

2.4.3 Health personnel attending patients with HIV/AIDS must demonstrate a high level of professional competence and conduct in their relationship with the patient.

2.4.4 HIV infected persons must be treated in a cordial and respectful manner by health personnel.

2.4.5 HIV infected persons must receive, from health workers, appropriate information in order that they give voluntary consent before being subjected to any diagnostic or therapeutic procedures.

2.4.6 Persons with HIV related illnesses must be advised, by health care workers, to closely follow the prescriptions of the attending medical personnel and not allow themselves to be influenced by non-medical professionals.

2.4.7 All health care workers must take precautions to protect themselves and patients from transmission of the HIV.

2.4.8 Health care workers who have exudative lesions or weeping dermatitis must refrain from all direct patient care and from handling patient care equipment and devices used in performing invasive procedures until the condition resolves.

2.4.9 Health care workers whose duties entail a high risk of injury must make full use of barrier nursing in protecting themselves and their patients from any transfer of blood and body fluids.

2.4.10 Health Care Workers/Providers cannot refuse to attend to any person with HIV/AIDS.

2.5 Norms and Standards

The Ministry of Health will establish norms and standards, based on International Guidelines for:

- 2.5.1** The protection of health personnel who care and attend individuals who may be or are infected with HIV.
- 2.5.2** Precautions to be taken by personnel who handle blood, body fluids, syringes and instruments.
- 2.5.3** Precautions to be taken to prevent HIV transmission in medical centres.
- 2.5.4** Precautions to be taken by personnel who handle corpses.
- 2.5.5** Personnel who do laboratory testing for HIV.
- 2.5.6** The sterilization and disposal of syringes, needles, lancets, other skin piercing instruments as well as surgical and dental equipment.
- 2.5.7** Management of infected persons.
- 2.5.8** Counselling (pre- and post-test)
- 2.5.9** Condom storage and quality control.

3. SOCIAL BENEFITS

- 3.1.1** HIV positive individuals must not be discriminated against and must have access to the same social benefits as any other individual in the society.
- 3.1.2** Individuals who have made the required number of contributions to the National Insurance Scheme and develop AIDS will not be discriminated against, and will receive financial support from the National Insurance Scheme.
- 3.1.3** Individuals who have not participated in the National Insurance Scheme and develop AIDS will not be discriminated against and if on the advice of a medical practitioner is deemed incapable of working should be entitled to receive financial support from the State.

3.1.4 Children of persons with HIV/AIDS must not be discriminated against and must enjoy the same social benefits as any other child in the society. In this context, orphans of HIV/AIDS patients will be afforded the same opportunities as other orphans and will not be discriminated against.

4. LABORATORY SERVICES

The Ministry of Health will:

4.1 Specify norms, procedures and standards which must be adhered to by all laboratories where testing for HIV is carried out, including the appropriate initial and supplemental tests.

4.2 Provide accessible laboratory services to carry out initial as well as supplemental testing for HIV.

4.3 Require all laboratories where testing for HIV is carried out, to be subjected to periodic inspections to ensure that they adhere to the specified laboratory norms, procedures and standards.

4.4 Require all laboratories where HIV testing is carried out to have in place internal quality control systems and to participate in any external quality control programmes recommended by the Ministry of Health.

4.5 Draw up a list of approved brands of HIV test kits to be imported for use in Guyana, based on international guidelines. The importation and sale of other brands will only be allowed with prior written approval from the Ministry of Health.

5. DATA COLLECTION

5.1 HIV infections and AIDS are notifiable diseases (Ministry of Health Public Ordinance No. 15 of 1934 as amended in 1990)

5.2 The Ministry of Health requires all medical practitioners to provide reports of HIV infections, AIDS cases and AIDS-related deaths within seven (7) days of diagnosis. The data base to be used will ensure confidentiality.

5.3 The Ministry of Health will determine the format for the reporting form which will be used by all medical practitioners, in the private and public sectors.

5.4 The Ministry of Health will determine the periodicity of reporting epidemiological information on HIV and AIDS.

5.5 All laboratories will be required to provide reports of all positive HIV tests.

6. RESEARCH

The main objective of research is to obtain a better understanding of the problem being studied.

6.1 Before any research related to HIV/AIDS is undertaken a written proposal shall be submitted to and approved by the Ministry of Health. All research work must be done in collaboration with the relevant departments of the Ministry of Health.

6.2 Priority shall be given to areas of concern and all efforts shall be made to avoid duplication of research work. The Ministry of Health will provide the necessary guidance to all individuals, departments or institutions involved in research related to HIV/AIDS.

6.3 In cases where research involves the participation of human subjects, prior consent must be obtained from all human subjects involved in such research. The right of the subjects to withdraw from the study at any time shall be maintained.

6.4 In instances where research involves HIV testing, all measures shall be put in place to ensure that the participant receives his/her result in complete confidence. In addition, arrangements shall be made for all HIV positive subjects to receive appropriate follow-up care. Exceptions to the foregoing will only be made in situations where special surveys are undertaken for the purpose of epidemiological surveillance.

6.5 Copies of all reports emanating from research activities shall be made available to the appropriate departments of the Ministry of Health and all other relevant agencies. In addition, the Ministry of Health shall be informed of all scientific publication(s) resulting from any such research.

7. NATIONAL AIDS COMMITTEE (NAC)

7.1 A National AIDS Committee formed by representatives of many sectors and organizations, including health, education, persons with HIV/AIDS and/or their advocates, social and counseling services, religious, insurance, legal and political bodies, the media, communications, non-governmental organizations, international organizations, and research institutions will meet on a regular basis to advise the Ministry of Health on matters relating to the National AIDS Programme.

7.2 The membership of the Committee will be determined by the Minister of Health and the Chief Medical Officer will be the chairman of the committee.

7.3 The Project Manager of the National AIDS Programme will be an *ex-officio* member of the National AIDS Committee, ensuring that communication between the Ministry of Health, the National AIDS Committee and the National AIDS Secretariat is precise and efficient, as well as ensuring co-ordination of strategies and activities.

8. REGIONAL AIDS COMMITTEES

8.1 At the regional level, Regional AIDS Committees shall be formed by members of a wide cross-section of organizations and individuals, including health, education, social and counseling services, religious, insurance, legal and political bodies, the media, communications, non-governmental organizations, international organizations and research institutions.

8.2 The Regional Health Officer will be responsible for organizing and determining the membership of the committee as well as to put in place the mechanism(s) for the committee to function.

8.3 The committee will be required to provide feedback to the Regional Health Committee as well as the National AIDS Secretariat.

9. NATIONAL AIDS PROGRAMME SECRETARIAT (NAPS)

9.1 The National AIDS Programme Secretariat is a unit within the Ministry of Health which will, in collaboration with other Governmental and Non-governmental agencies, perform the management, planning, co-ordination, implementation, monitoring/evaluation and reporting functions with respect to the prevention/control and management of STDs including HIV/AIDS in Guyana.

APPENDICES

Appendix 1: Role of The National AIDS Committee

The National AIDS Committee will:

- 1.** Have sub-committees which will concentrate on specific aspects of the national programme.
- 2.** Recommend to the Minister the basic principles and plans of action which will determine the National HIV/AIDS strategies and activities.
- 3.** Recommend policies for all aspects of the HIV/AIDS programme including legal, ethical, managerial, financial and international as well as technical issues.
- 4.** Advise on educational, training and public information activities in support of the National HIV/AIDS Programme.
- 5.** Advise on the organization of the HIV/AIDS prevention and control programme including programme responsibilities, intersectoral co-operation, involvement of non-governmental organizations and use of existing health and other infrastructure resources.
- 6.** Advise on measures which should be taken to improve the HIV/AIDS programme.
- 7.** Share ideas on sources of national, international, and non-governmental finance which may be mobilized to support the activities of the national HIV/AIDS programme.
- 8.** Review on a regular basis and recommend changes to the present Policy Document on HIV/AIDS in Guyana, and subsequent legislative reforms as is necessary.

Appendix II: Regional AIDS Committees

- 1.** The Regional AIDS Committees will be comprised of volunteers and the Chairperson will be selected from among them.
- 2.** The regional AIDS Committees will have a role similar to that of the National AIDS Committee and will, also be responsible for planning, co-ordinating, monitoring, evaluation and education within the AIDS Programme at the Regional level.
- 3.** The Regional AIDS Committees will follow the guidelines of the National AIDS Committee previously set out in this document and will receive technical support from the National AIDS Programme Secretariat.
- 4.** The Regional AIDS Committees will be funded by the Regional Administrative Councils in order to carry out its educational and other functions. Funding can also be acquired through fund- raising activities. Clear measures of accountability should be put in place.
- 5.** Given the voluntary nature of the Regional AIDS Committees, its members shall decide on the number of Regional Sub-Committees, to be formed within the Region, dependent on the size of the Region and the availability of volunteers.
- 6.** The Regional AIDS Committee will report to the Regional health Committee, where these exist, the Regional Health Officer and the National AIDS Programme Secretariat.
- 7.** The RHO or his/her representative will be responsible for liaising with the Regional Administration and NAPS.
- 8.** Representatives of each RAC will be invited, to participate in NAC meetings.
- 9.** Regional AIDS Committees will plan their activities in collaboration with NAPS and these should fall within the National Programme.

Appendix III: The National AIDS Programme Secretariat

The National AIDS Programme Secretariat will , in collaboration with other relevant governmental and non-governmental agencies:

1. Develop plans of action which will determine strategies and activities to be carried out.
2. Carry out epidemiological surveillance in support of the HIV/AIDS programme.
3. Plan, co-ordinate implement, monitor and evaluate programmes on education, training and public information activities in support of the National HIV/AIDS Programme.
4. Co-ordinate and implement all policy decisions.
5. Analyze the broad scope of the HIV/AIDS epidemic and its potential impact on social development and make recommendations to the Ministry of Health and the National AIDS Committee.
6. Develop plans with respect to financing the National HIV/AIDS Programme.
7. Encourage the formation and sustainability of Regional AIDS Committees and Non-governmental organizations, undertaking activities aimed at preventing/controlling and managing the HIV/AIDS epidemic in Guyana.

**PROPOSED AMENDMENTS TO FINAL
DRAFT POLICY DOCUMENT
ON HIV/AIDS**

The Legal & Ethical Committee of the National Aids Committee since 1995 has conducted a process of consultation, with a view to producing a national policy on HIV-AIDS. This process canvassed a wide cross-section of views through interviews, workshops, individual discussions and training programmes. Organisations and individuals who participated in these exercises were drawn from the various medical professions, private and public practitioners, care-givers and counseling organisations, religious institutions, organisations concerned with rights and the media.

The draft policy is scheduled to be laid in Parliament. In a final review of the draft document, a cross-section of organisations and agencies on October 15, 1998 during a **Day of Review** proposed the following amendments.

Page 2: BACKGROUND

old para. 4: Note: Participants agreed that statistics need to be updated, if possible, from 1995.

(Inclusion made on 'Day of Review')

new para. 5: "However, these statistics may disguise a significant degree of under-reporting. Several factors contribute to this situation, one of them being the failure of private practitioners to submit reports to the Ministry of Health."

(Amendment made on 'Day of Review')

old para. 6: line 4: delete "where possible" to read "including persons living with HIV/AIDS"...

(Amendment made on 'Day of Review')

old para. 7: delete "Women and other" begin sentence with "Persons who are....."

(Inclusion made through Legal & Ethical Committee, accepted by consensus by 'Day of Review')

new para. 8: Women play a critical role in the success of HIV/AIDS policies and programmes. Societal attitudes must promote the right of women to choose whether to engage in sexual activity, so as to allow them to work effectively to prevent the spread of HIV/AIDS

(Inclusion made through Legal & Ethical Committee, accepted by consensus and amended on 'Day of Review')

new para. 9: The creation of peer groups for HIV/AIDS persons to share experiences has proven to be beneficial. Such groups should be encouraged and assisted in building capacities to provide support to HIV positives.

Page 3: INFORMATION, EDUCATION & OTHER PREVENTATIVE HEALTH MEASURES

(Inclusion made through Legal & Ethical Committee, accepted by consensus and amended on 'Day of Review')

New para 2: "Given that the percentage of HIV infected young people is rising at a rapid rate, the development, as early as possible, of adequate awareness programmes on risky sexual behaviour and the impact of HIV/AIDS is important. Efforts in schools and institutions of higher learning to implement these programmes shall be emphasized. The Ministry of Health, in collaboration with the Ministry of Education, will seek to ensure that appropriate curriculum and teaching materials are developed and implemented for STD/AIDS school health education."

Old para. 2: *(Note this paragraph was not submitted in the Final Draft by the Legal and Ethical Committee. The 'Day of Review' made the following amendment.)*

Line 3: "The Ministry of Health has the right to... (delete 'sanction' and insert) investigate and advise any agency/organization which...."

Page 5: Preventative Measures

(Inclusion made through the Legal & Ethical Committee, accepted by Consensus on 'Day of Review')

Old para: 1.2.3: *Delete "As far as possible the use of disposable.." Begin sentence with "Syringes, needles, lancets and other skin-piercing instruments must not be re-used." (Delete "The Ministry of Health will provide proper guidelines for the proper disposal of these instruments,.....")*

(Inclusions made through the Legal & Ethical Committee, accepted by Consensus on 'Day of Review')

New para. 1.2. 6a. "Condoms for sale and use in the country must conform to the norms and standards determined by the Ministry of Health and informed by international research."

New para. 1.2.6b. "Condoms must be stored under conditions which will prevent deterioration or decay."

(Inclusion made through the Legal & Ethical Committee, accepted by consensus on 'Day of Review')

1.2.9. *(Include after line 2)* "Likewise, information and advice should be made available to all pregnant women regarding anonymous, unlinked HIV testing within Ante-Natal Departments."

Page 6: MEDICAL & ETHICAL CONSIDERATION

Confidentiality

(Amendments made and accepted by consensus on 'Day of Review')

2.1.1. "Individuals who will be tested for HIV must be *(delete 'assured of' and insert)* guaranteed confidentiality."

2.1.2. "Personal information..... *(emphasize)* "must be held in strictest confidence...."

2.1.3a. "The confidence which the patient *(emphasize)* "must be respected."

- 2.1.3b. *(Emphasize) “discreet” and of a “strictly confidential nature”.*
- 2.1.4. *Change sentence to read: “Access to records of a person’s HIV/AIDS status must be restricted to a very selected number of persons and must be accorded only by level of privileges.”*
- 2.1.5. *Change sentence to read:
“An effective disciplinary mechanism must be put in place by the Ministry of Health to receive, investigate and act on complaints on breaches of confidentiality.”*
- (Inclusions made through Legal & Ethical Committee and accepted by consensus on ‘Day of Review’.*
- 2.1.7. *“Employers/employee organizations must develop policies on confidentiality regarding the HIV/AIDS status of employees/members.”*
- 2.1.8. *“All agencies/organizations particularly those in the area of HIV/AIDS should develop explicit confidentiality statements and policies.”*
- 2.2.5. *Line 2...(delete ‘children should’, insert) “children must”.....
Line 3...(delete “legal guardian should” and insert)”legal guardian must” ...
(Continue sentence with:)
“Results of HIV tests carried out on children must be given to the parent or legal guardian, or in special circumstances, the responsible adult, who permitted the test. The results should be given after the adult has received post-test counselling.”*

Rights and Responsibilities

(Amendments made and accepted on ‘Day of Review’)

- Para. 1. *(Last line: delete “shall” insert) “must”.*
- 2.3.1. *Include ‘disabilities’...Sentence now to read:”All HIV positive individuals, regardless of nationality, race, age, religion disabilities, gender, sexual orientation and socio-economic status,....”*
- 2.3.7b. *Include,,,,,”Information must be made available to partners on the implications of having been exposed to the infection, on confidential HIV testing facilities and pre-and post-test counselling.*
- 2.3.8./9. *Note: These paragraphs were not submitted through the Legal & Ethical Committee. The following paragraph was submitted through the Legal & Ethical Committee and accepted by consensus on the ‘Day of Review’.)*
- “Where the behaviour of an individual is deemed to be a threat to his/her immediate community, special care will be taken to inform the individual of his/her responsibilities and, while safeguarding the privacy of the individual, to educate the members of his/her community of their vulnerability.”*

2.3.15 “Persons with HIV (*delete ‘will’, insert*) “must”....

(Inclusion through the Legal & Ethical Committee, accepted by consensus on ‘Day of Review’).

2.3.16. “No person shall be denied access to public facilities such as place of entertainment, public eating and drinking places, sporting facilities, on account of being HIV positive or an AIDS patient. However, their right to participate in body contact sports may be curtailed especially where bleeding or transfer of other body fluids may occur.”

2.3.17. “All people have a right to good health. All persons should know and understand the causes and transmission of HIV/AIDS in order to be able to act responsibly and safely in their human and sexual relationship with others. Government has a clear obligation in this matter of information, education and communication to the people of the nation.”

Page 9 Health Workers

(Amendments made and accepted by consensus on ‘Day of Review’)

2.4.2. “Training programmes...(*delete ‘should include’,insert*) ‘must include’...

2.4.4. *Emphasize* : “HIV infected persons *must* be treated....”

(Inclusion made by Medical & Ethical Committee, accepted by consensus on ‘Day of Review’)

2.4.7 *(Continue sentence with)*... “These precautions must include satisfactory hand-washing, proper handling of specimens, the use of appropriate protective apparel and the proper disposal of needles and other sharp instruments.”

2.4.9a. *(Continue sentence with)*.....”While they are encouraged to determine their HIV status, they shall not be subjected to mandatory testing.”

2.4.9b. Staff involved in accidental exposure to blood or body fluids from any patient/client must complete an accident form and inform the relevant authorities within the institution and the Ministry of Health who will provide counselling and any follow-up that may be necessary.

2.4.10. *(Place emphasis on* “cannot refuse”

2.4.11. *(Include new sentence:)* “Health care workers with HIV must not perform procedures in which they may be injured and inadvertently infect another person.”

2.5. Norms and Standards

(Amendments made and accepted by consensus on 'Day of Review')

- 2.5.1. *Add 'and care givers'. New sentence now reads:*
"The protection of health personnel and care-givers who care and attend to individuals who may be or are infected with HIV."
- 2.5.3. *Add "care facilities". New sentence now reads:*
"Precautions to be taken to prevent HIV transmission in medical centre/ care facilities."

4. LABORATORY SERVICES

(Amendment made and accepted by consensus on 'Day of Review')

The Ministry of Health *(include additional statement to read)* "in collaboration with the National Bureau of Standards and other specialized agencies must:"

- 4.3. *(Delete 'to be subjected' and insert)* "must be subjected"
- 4.5. *(Delete 'Draw up a list of' and insert)* "Have an approved list of brands...."

5. DATA COLLECTION

(Amendment made and accepted by consensus on 'Day of Review')

- 5.2. *Rephrase sentence to read:*
"All medical practitioners must provide to the Ministry of Health reports of HIV..."

(Inclusion made through the Legal & Ethical Committee and accepted by consensus on 'Day of Review')

- 5.3.a. (New paragraph to read:)
The Ministry of Health, through the NAPS, and in collaboration with the Guyana Medical Association (GMA) and appropriate organisations concerned with HIV/AIDS, will determine the format for the reporting form which will be used by all medical practitioners, in the private and public sectors.
- 5.3.b. (Additional paragraph to read:)
The Ministry of Health, through the NAPS and in collaboration with the GMA, will determine the periodicity of reporting epidemiological information o HIV/AIDS.
- 5.5. All laboratories must provide reports of all positive HIV tests.

6. RESEARCH

(Amendments made and accepted by consensus on 'Day of Review')

- 6.2. (New paragraph to read:)
"Priority must be given to areas of concern and all efforts must be made to avoid duplication of research work. The Ministry of Health in collaboration with the National Aids Programme Secretariat (NAPS) and the Guyana Medical Association

(GMA) should seek to provide guidance and information to all individuals, departments or institutions involved in research related to HIV/AIDS.

- 6.3. (Delete 'shall be maintained' and insert) "must be maintained."
- 6.4. (Line 1:delete 'shall be put in place' and insert) "must be put in place'...
(Line 4:delete 'will only be made' and insert) "must only be made"...
- 6.5. The Ministry of Health should make every effort to receive copies of any reports emanating from research activities and all scientific publications resulting from any such research relating to HIV/AIDS in Guyana.

7. NATIONAL AIDS COMMITTEE (NAC)

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(Amendments made and accepted by consensus on 'Day of Review')

- 7.1. *(Line 1: Include the word 'interested'* "A National Aids Committee formed by interested representatives..."
(Include after Line 6: "A representative of each active Regional Aids Committee (RAC) must also be a member of the NAC."
- 7.2. *(Amendment)*
"The membership of the Committee will be determined by the Minister of Health. The Committee will choose its Chairperson and Secretary from the membership.
- 7.3. *(Amendment)*
"The Project Manager of the National Aids Programme and the Director of Communicable Diseases will be ex-officio members of the National AIDS Committee....."

8. REGIONAL AIDS COMMITTEES (RACs)

- 8.1. *(Include the phrase at end of paragraph:)*
"...and persons living with HIV/AIDS."
- 8.2. *(Amendment)*
"The Regional Health Officer along with committed representatives of interest groups within the community will be responsible for organising...."

9. NATIONAL AIDS PROGRAMME SECRETARIAT (NAPS)

- 9.2. **(To be included - role of Project Manager, relationship with NAC/RACs)**

Note: *Appendices on Roles of the NAC, RACs and NAPS to be double-checked in keeping with Mandate as spelt out on pages 13 and 14 of Final Draft and Recommendations from Day of Review.*

**ORGANIZATIONS/AGENCIES WHO HAVE PARTICIPATED
CONSULTATION PROCESS ON THE DRAFT NATIONAL POLICY ON HIV/AIDS**

A LLEYNE'S HIGH SCHOOL - GEORGETOWN
AMERINDIAN PEOPLES ASSOCIATION
ANGLICAN CHURCH - BERBICE, LINDEN
ARTISTES IN DIRECT. SUPPORT
ATTORNEY GENERAL'S CHAMBERS

B AHAI NATIONAL ASSEMBLY
BELVEDERE PRIMARY SCHOOL - BERBICE
BIO MED LABS
BISHOP'S HIGH SCHOOL
BRICKDAM SECONDARY SCHOOL

C AMAL INTERNATIONAL
CANA NEWS SERVICES
CENTRAL ISLAMIC ORGANISATION OF GUYANA
CHRISTIAN BRETHERN CHURCH - LINDEN
CLERICAL & COMMERCIAL WORKERS UNION
COLONIAL LIFE INSURANCE COMPANY - LINDEN
COMMONWEALTH YOUTH PROGRAMME
COMMUNITY BASED REHABILITATION PROGRAMME
COPE TV - LINDEN
CORENTYNE COMPREHENSIVE HIGH SCHOOL - BERBICE

D AVE'S TV - BERBICE

F RYISH VILLAGE COUNCIL - BERBICE

G₊
GAHEF
GENITO URINARY MEDICINE CLINIC
GUYANA AGRICULTURAL WORKERS UNION
GUYANA AHMADIYYA ANJUMAN
GUYANA ASSOCIATION ON AIDS TRAINING, EDUCATION & COUNSELLING
GUYANA BAR ASSOCIATION

GUYANA BROADCASTING CORPORATION
GUYANA CHRONICLE NEWSPAPERS
GUYANA CONFERENCE OF 7TH. DAY ADVENTIST
GUYANA COOPERATIVE INSURANCE SCHEME
GUYANA COUNCIL OF CHURCHES
GUYANA HINDU DHARMIC SABHA
GUYANA HUMAN RIGHTS ASSOCIATION
GUYANA INFORMATION SERVICE
GUYANA ISLAMIC TRUST
GUYANA LABOUR UNION
GUYANA MANUFACTURERS ASSOCIATION
GUYANA MEDICAL ASSOCIATION
GUYANA MINE WORKERS UNION
GUYANA NATIONAL SERVICE
GUYANA NURSES ASSOCIATION
GUYANA POLICE FORCE
GUYANA PRESBYTERIAN CHURCH - BERBICE
GUYANA PRISON SERVICE
GUYANA PUBLIC SERVICE UNION
GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION
GUYANA STATE PLANNING SECRETARIAT
GUYANA TEACHERS' UNION
GUYANA TRADES UNION CONGRESS
GUYSUCO TRAINING CENTRE
GENERAL WORKERS UNION

ISMAY SUPERMARKET - LINDEN

JACS SUPERMARKET - LINDEN
JESUIT IN GUYANA
JESUS DISCIPLES MISSION - LINDEN

KAITEUR NEWS

LINDEN HANDICAPPED CENTRE
LINDEN LEARNING RESOURCE CENTRE
LIGHTHOUSE SUPPORT GROUP
LIFELINE COUNSELLING SERVICES
LINMINE LIBRARY
LITTLE ROCK TV STATION - BERBICE
LOWER CORENTYNE SECONDARY SCHOOL - BERBICE

LUTHERAN CHURCH IN GUYANA

MACKENZIE HOSPITAL
MATRIX YOUTH GROUP
MAYOR & CITY COUNCIL - GEORGETOWN/LINDEN/NEW AMSTERDAM/PORT MOURANT
MAYOR & TOWN COUNCIL CLINICS
METHODIST CHURCH IN GUYANA - NEW AMSTERDAM & EAST CANJE
MINISTRY OF EDUCATION
MINISTRY OF HEALTH - QUALITY ASSURANCE DIVISION
MINISTRY OF HEALTH - GEORGETOWN, WEST DEMERARA, LEONORA, NEW AMSTERDAM, PORT
MOURANT, LINDEN & WISMAR HOSPITALS
MINISTRY OF HEALTH - REGIONAL HEALTH SERVICES
MINISTRY OF LABOUR
MINISTRY OF TRADE
MISSION CHAPEL CONGREGATIONAL UNION
MISSION CHAPEL FAMILY LIFE CENTRE

NATIONAL AIDS PROGRAMME SECRETARIAT
NATIONAL ASSOCIATION OF CLERICAL & INDUSTRIAL EMPLOYEES
NATIONAL BLOOD TRANSFUSION SERVICE
NATIONAL CENTRE FOR EDUCATION DEVELOPMENT
NATIONAL ISLAMIC SISTERS ASSOCIATION
NATIONAL INSURANCE SCHEME
NATIONAL LABORATORY FOR INFECTIOUS DISEASES
NEW SILVER CITY SECONDARY SCHOOL - LINDEN
NUTEC CO. - LINDEN

PANAMERICAN HEALTH ORGANISATION/WORLD HEALTH ORGANIZATION
PROBATION & WELFARE SERVICES - GEORGETOWN, NEW AMSTERDAM, LINDEN

RADIO ANTILLES
REGIONAL DEMOCRATIC COUNCIL - LINDEN
REGION 6 AIDS COMMITTEE
REGION 10 AIDS COMMITTEE
ROMAN CATHOLIC CHURCH - GEORGETOWN, LINDEN, LOWER EAST COAST, PORT MOURANT

STABROEK NEWS
ST. AIDAN'S PRIMARY SCHOOL - LINDEN
ST. FRANCIS XAVIER R.C. YOUTH GROUP

ST. STANISLAUS COLLEGE

UNICEF
UNITED MISSION CHURCH - LINDEN
UNIVERSITY OF GUYANA - FACULTY OF HEALTH SCIENCES

VIEIRA COMMUNICATIONS
VOLUNTEER YOUTH CORPS

WISMAR HILL PRIMARY SCHOOL - LINDEN
WOMEN'S AGLOW
WOMEN'S PROGRESSIVE ORGANISATION

YOUNG MEN'S CHRISTIAN ASSOCIATION
YOUNG WOMEN'S CHRISTIAN ASSOCIATION
YOUTH CHALLENGE INTERNATIONAL