



**SURINAME**

# Fact Sheets on HIV/AIDS Care and Treatment

Updated November 2004



ADULT HIV PREVALENCE	3 X 5 ART TARGET	CURRENT ART COVERAGE (%)
1.7% (2003)	660 (31/12/2003)	25% (31/12/2003)

## 1. Introduction

In 2003, the WHO developed a comprehensive strategy that outlines how life-long antiretroviral treatment can be provided to 3 million people living with HIV/AIDS in poor countries by the end of 2005. For the Americas, this initiative translates to a goal of providing 600 000 people living with HIV/AIDS with life-long antiretrovirals.

Within this framework, this Care and Treatment Fact Sheet was developed by the HIV/AIDS unit at PAHO/WHO in an effort to collate the most recent country-specific data on the care and treatment of people living with HIV/AIDS. It gathers information on antiretroviral coverage, lines of treatment, and average prices/year, as well as comprehensive information on laboratory diagnostic and human resources capacity, and voluntary counseling and testing. Finally, this fact sheet also includes details on the various agencies and NGOs working in the country on the fight against HIV/AIDS.

The information in these fact sheets was compiled by PAHO/WHO, in collaboration with country focal points and national authorities from the Ministries of Health and NGOs. Not unexpectedly, information on all the agreed-upon indicators was not available for each country. However, these Care and Treatment Fact Sheets do contain a wealth of information that will showcase the particular strengths in current existing programs and comparison between countries. The Fact Sheet will also be instrumental in identifying some weaknesses that can be addressed in the future, either by PAHO/WHO or by another agency/NGO.

Clearly, the fact sheets are as good as the information made available to PAHO/WHO HIV/AIDS unit. Therefore, the HIV/AIDS unit would like to encourage program managers as well as national and international experts to communicate additional information to them, in order to maintain and update the Fact Sheets as needed.

For specific information on the prevalence and incidence of HIV/AIDS, behavior, and prevention strategies, please refer to the country-specific Epidemiological Fact Sheet on HIV/AIDS and STIs, compiled and updated by UNAIDS/WHO.

## Situacion Analysis

Epidemic level and trend	1990	1995	2000	2002	2004	2006
Prevalence in adults (%)		1.2		1.2	1.7	
Prevalence in children < 5 years (%)						
Prevalence in children >= 15 and < 20 years (%)						
Prevalence in pregnant women (%)						
Gender data and major risk behaviors of HIV/AIDS	1990	1995	2000	2002	2004	2006
Male : female ratio	2.7:1	1.7:1	1.01:1		1:1	
Mechanism for transmission (%)						
Sexual						
Perinatal						
UDI						
Blood products						

### National Policies

- Is there a national policy on comprehensive ART? No  Yes \_\_\_ Since when? \_\_\_\_\_
- Is there a national policy on HIV testing? No \_\_\_ Yes \_\_\_ Since when? \_\_\_\_\_

### The “Three Ones”

- **Is there ONE agreed HIV/AIDS national framework?** No\_\_\_ Yes X Dates? \_\_\_\_\_  
Year of last revision: \_\_\_\_\_ Title? National HIV/AIDS Strategic Plan (2004-2008).
- **Is there ONE coordinating national authority?** No\_\_\_ Yes X Since when? 1988 \_\_\_\_\_  
Name? National STI/HIV Prevention and Control Program
- **Is there ONE agreed country level monitoring and evaluation system?** No\_\_\_ Yes X Since when? 2003

### Geographic distribution of HIV/AIDS, by major political districts

Not available

### Demographic and Socio-economic indicators

	Estimate	Date	Source
<b>Total Population (thousands)</b>	481	2003	General Bureau For Statistics/ 2003 Census
<b>Life Expectancy at Birth</b>	71.3	2003	WHO
<b>Under 5 mortality rate (per 1000 children)</b>	22	2001	Ministry of Health
<b>Adult mortality rate (per 1000 adults)</b>	164 females 281 males	2002	WHO
<b>GDP Per Capita (US\$)</b>	1940	2002	World Bank
<b>% Government Budget Spent on Health Care</b>	9.4	2000	MOH Sur NHA*
<b>Per Capita Expenditure on Health (US\$)</b>	153	2000	MOH Sur NHA*
<b>% Health Care Budget spent on HIV/AIDS</b>			

\*National Health Accounts

## 2. Antiretroviral Treatment (ART)

This section contains information about the number of people living with HIV/AIDS who require ART and the number who receive it. "People" refers to all ages and sexes. The data come from several sources, listed below, but primarily from UNAIDS or PAHO, where possible, for consistency reasons. The difference between those people requiring ART and not receiving it is the Treatment Gap, which is also the ART target for achieving universal coverage by 2005. Data on ART regimens, guidelines used, and cost of ART is also found in this section, as well as specific ARVs used and the amount required per year, the sources of which are primarily from the Ministries of Health and local NGOs of each country, unless otherwise specified.

ART surveillance						
	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
<b>1 Estimated # of people living with HIV/AIDS</b>	5200	CAREC				
<b>2 Estimated # of people requiring ART but not receiving it **</b>	880	Nat.Prog.				
** Previous estimate is done by: Applying the 20% standard to the # of PLWHI (#1 in table) No ___ Yes ___						
Or using other method of estimating? No ___ Yes ___ Specify _____						
% female (# females requiring ART / total people requiring ART x 100)						
% < age 5 (# under 5 requiring ART / total people requiring ART x 100)						
<b>3 Estimated # of people receiving ART</b>	220	Treatment Fund				
% female (# females receiving ART / total people receiving ART x 100)						
% < age 5 (# < 5 receiving ART / total people receiving ART x 100)						
<b>4 Estimated Treatment Gap (2 – 3)</b>	660	Nat. Prog.				
<b>5 % ART coverage (3 / 2 x 100)</b>	25%					
<b>6 % of health districts that have at least one ART outlet</b>	(# of health districts with at least one ART outlet / total # of health districts x 100)					
<b>7 Mortality rate among ART users (# deaths of ART users / total population x 100,000)</b>						
<b>8 % hospital bed occupancy by People infected by HIV/AIDS for a given month (# hospital beds occupied by PLWHA for a given month / # hospital beds occupied for the same month x 100)</b>						

### ATR, plans and regimens

- **Are ART treatment protocols in use?** No \_\_\_ Yes \_\_\_ Since when? 2002  
Name? National treatment protocol
- **Have revisions been made to the protocols?** No \_\_\_ Yes X When? 2003
- **Do the criteria for determining ARV needs include:**
  - CD4 count No X Yes \_\_\_
  - Viral Load No X Yes \_\_\_
  - Absolute lymphocyte count No \_\_\_ Yes X
  - Opportunistic Infections No \_\_\_ Yes X
- **Specify treatment regimens:**
  - First line regimen for adults: Zidovudine, 300 mg; Lamivudine, 150 mg; and Nevirapine, 200 mg
  - Alternative regimen for adults: Stavudine, 2 dd 40 mg; Didanosine, 1 dd 400 mg; Abacavir, 2 dd 300 mg
  - First line regimen for newborns: Zidovudin, 4 dd 2mg/kg; Lamivudine, 2 dd 2mg/kg; Nevirapine, 1 dd 2 mg/kg
  - Alternative regimen for newborns: \_\_\_\_\_
  - First line regimen for children: Zidovudin, 3 dd 120mg/kg; Lamivudine, 2 dd 4mg/kg; Nevirapine, 1 dd 120 mg/sq.m for 2 weeks and 2 dd 200mg/sq.m thereafter
  - Alternative regimen for children: Stavudine, 2 dd 1 mg/kg, 2 dd 30 mg (till 60 kg); Didanosine, 2 dd 250 mg/sq.m, followed by 2 dd 120 mg/sq.m; Nelfinavir, 3 dd 30 mg/kg
  - First line regimen for other special groups (like PMTCT) \_\_\_\_\_

#### What is the average cost of first line ARV regime per person / per year in US dollars?

Regimen	2000	2002	2004	2006
First line regimen for adults in the public sector			450.00	
Alternative line regimen for adults in the public sector				
First line regimen for adults in the private sector				
Alternative line regimen for adults in the private sector				

- **Is there a system in place to register adverse reactions involving the use of ARV?**  
At the national level: No \_\_\_ Yes X Since when? \_\_\_\_\_ or institutional. No \_\_\_ Yes X Since when? \_\_\_\_\_
- **Is there a system in place to register drug resistance involving the use of ARV?**  
At the national level: No \_\_\_ Yes X Since when? \_\_\_\_\_ or institutional. No \_\_\_ Yes X Since when? \_\_\_\_\_
- **Does the Government purchase Generic ARVs?**  
No \_\_\_ Yes X Since when? \_\_\_\_\_ From what pharmaceutical companies? Cipla
- **State what % of ART delivery is covered by MOH, other ministries, NGOs, etc.**

	2000	2002	2004	2006
Ministry of Health			0	
Other ministries				
NGOs			Yes	
Private			Yes	
	2000	2002	2004	2006

Specify the number of NGOs offering ARV treatment in your country?

ARV Selection, Prices & Amount purchased									
Antiretrovirals used				Price/unit (US\$)			Number of units purchased for the year *		
Generic name	Product name	Strength	Unit used **	2003	2004	2005	2003	2004	2005
Zidovudin	Duovir-N	300mg	Tablet					220,000	
Lamivudine		150mg							
Nevirapine		200mg							
Zidovudin	Duovir	300mg	Tablet					220,000	
Lamivudine		150mg							
Nevirapine	Nevimune 200	200mg	Tablet					220,000	
Zidovudine	Zidovir 100	100 mg	Caplets					110,000	
Lamivudine	Lamivir 150	150 mg	Tablet					50,000	
Stavudine	Stavir 40	40 mg	Caplets					50,000	
Didanosine	Dinex	400 mg	Caplets					50,000	
Nelfinavir	Nelvir 250	30mg	Tablets					50,000	
Abacavir								50,000	
Triomune 30								50,000	
Tromune 40								50,000	

\* "Purchased" refers to the # of units actually purchased for the people in treatment for that particular year.

\*\* Specify unit as tablet, capsule, ampoule, bottle, etc.

### 3. Laboratory capacity and funding for procurement

*For HIV/AIDS to be properly diagnosed and treated at the appropriate time, laboratories need to have access to the right tests at the best price. This section describes the diagnostic and follow-up tests available to the country and the number of tests required for the given year. This section also considers the coverage of laboratories throughout the country, the monitoring and surveillance systems in place, as well as the source of financing for procuring ARV and diagnostic tests.*

HIV diagnostic/follow-up tests, Prices & Amount purchased							
Tests used		Price/test (US\$)			Number of tests purchased for the year		
Type	Diagnostic product	2003	2004	2005	2003	2004	2005
<b>Screening tests</b>	Rapid tests	Varies			NA		
	Immunoenzymatic (ELISA) Murez	1.25			6500		
	Immunoenzymatic (ELISA) IV Generation	NA			NA		
	Aglutination						
<b>Confirmation tests</b>	Western Blot	14			200		
	Indirect Immunofluorescence						
<b>Follow-up</b>	Viral Load: Technique _____	N/A			N/A		
	CD4/CD8 count	N/A			N/A		

### Laboratory services for HIV diagnostics

	2000	2002	2004	2006
% of health districts that have at least one laboratory service for HIV diagnosis (# of health districts with at least one lab service / total # of health districts x 100)			50%	

- **Is there a system for quality control of laboratory services?**

At the national level: No \_\_\_ Yes X Since when? \_\_\_\_\_ or institutional. No \_\_\_ Yes \_\_\_ Since when? \_\_\_\_\_

- **Is there a system in place for conducting external evaluations of the quality of laboratory services?**

At the national level: No \_\_\_ Yes X Since when? \_\_\_\_\_ or institutional. No \_\_\_ Yes \_\_\_ Since when? \_\_\_\_\_

### Financing and procurement for ARV and diagnostic tests

- **What is the principal source of financing for ARV purchase??** (i.e. through national budget, global fund, out of pocket, bilateral or private donors, etc.) The treatment fund

- **What is the principal source for financing HIV diagnostic supplies?** (i.e. through national budget, global fund, out of pocket, bilateral or private donors, etc.) The Government budget and patient co-payment

- **Is ART procurement done primarily through a**

- centralized procurement mechanism (at national or provincial level) No \_\_\_ Yes X
- or decentralized procurement mechanism (at institutional level) No \_\_\_ Yes \_\_\_

- **How is price solicitation for ARVs obtained?**

- Through national tender No \_\_\_ Yes \_\_\_
- Through international tender No \_\_\_ Yes \_\_\_
- From a limited number of local/international suppliers, No \_\_\_ Yes X
- Through negotiation with supplier? No \_\_\_ Yes \_\_\_
- Other? \_\_\_\_\_

- **Are HIV/AIDS medicines required to be registered by the national regulatory authority?**

No \_\_\_ Yes X Since when? \_\_\_\_\_

- **Are the HIV medicines under patent protection in the country?** No X Yes \_\_\_ Since when? \_\_\_\_\_

- **Are ARVs subject to quality control testing prior to product use?** No \_\_\_ Yes X Since when? \_\_\_\_\_

#### 4. Voluntary Counseling and Testing, Prevention of Mother to Child Transmission programs, and joint HIV/AIDS and TB/STI programs

Although Voluntary Counseling and Testing (VCT) and Prevention of Mother to Child Transmission (PMTCT) programs fall partly under prevention activities, they also fall under the "Care and Treatment" component, since their testing sites provide an interface between the diagnosis and the follow-up activities. TB and STI programs are also important entry points for Care and Treatment, given the high co-morbidity of TB and HIV/AIDS as well as other STIs and HIV/AIDS. This section therefore describes the coverage of VCT, PMTCT, and TB/STI services as well as the quality and comprehensiveness of such programs.

Voluntary Counseling and Testing (VCT) in the public sector						
	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
<b>% of health services (primary, secondary, or tertiary) that offer VCT services out of all health services that should provide VCT services.</b> (# of health services (primary, secondary, or tertiary) that offer VCT services / total # health services that should provide VCT services x 100)						
<b>% of health districts with at least one functioning VCT service</b> (# of health districts with at least one functioning VCT service / total # of health districts x 100)						
<b># clients who used VCT services in public sector during the given year</b>	NA					
<b>% female clients</b> (# women attending VCT services in public sector / total # clients of the public VCT services x 100)	NA					
<b># clients who used VCT services in NGO sector during the given year</b>	NA					
<b>% female clients</b> (# women attending VCT services in NGO sector / total # clients of the NGO VCT services x 100)	NA					
<b>% of persons who return for their results</b> (# of persons who return for results / total # of tests done at VCT services x 100)	NA					
<b>% of persons who receive post-test counseling</b> (# of persons who come for post-test counseling / total # of tests done at VCT services x 100)	NA					
<b>% of positive HIV tests at VCT services</b> (# of tests at VCT services with positive results / total # of tests done at VCT services x 100)	NA					

**VCT framework and country strategies**

- **Is VCT part of the Primary Health care package?**  
No  Yes  Since when? \_\_\_\_\_
- **Is VCT integrated into a global health network that includes medical, social and emotional supports?**  
No  Yes  Since when? \_\_\_\_\_
- **Is there a system for quality management system for VCT activities?**  
No  Yes  Since when? \_\_\_\_\_
- **Is there an operational strategy for identifying barriers to VCT?**  
No  Yes  Since when? \_\_\_\_\_

**Prevention of Mother to Child Transmission (PMTCT) services in the public sector**

	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
<b>% of health services that provide PMTCT services of those that should provide PMTCT services</b> (# of health services that provide PMTCT services / total # of health services that should provide PMTCT services x 100)	NA					
<b># of women who used PMTCT services during the given year</b>	NA					
<b>% of women tested for HIV at PMTCT services</b> (# of women tested for HIV / # of women who used PMTCT services x 100)	NA					
<b>% of women tested who tested positive for HIV</b> (# of women tested at PMTCT who tested positive for HIV / # of women tested for HIV who used PMTCT services x 100)	1.4	UNAIDS (2002)				
<b>% of babies born of HIV+ mothers with a confirmed diagnosis of HIV</b> (# of babies born of HIV+ mothers with confirmed HIV status / # of babies born of HIV + mothers x 100)	NA					

**PMTCT programs**

- **Are there protocols/guidelines used for PMTCT services?** No  Yes  Since when? \_\_\_\_\_
- **Is there a national plan for PMTCT services?** No  Yes  Since when? \_\_\_\_\_

Tuberculosis, Sexually Transmitted Infections, and HIV/AIDS services in the public sector						
	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
<b>% of health services that diagnose and treat TB and offer concurrent VCT services for HIV/AIDS</b> (# of health services that offer TB diagnosis and treatment and concurrent VCT services / total # of health services that treat and diagnose TB x 100)	NA					
<b>% of health services that offer STI treatment services and offer concurrent VCT services for HIV/AIDS</b> (# of health services that offer STI diagnosis and treatment services and concurrent VCT services / total # of health services that treat and diagnose STIs x 100)						

## 5. Trained Human Resources

*The presence of sufficient trained human resources in all aspects of HIV/AIDS care and treatment is essential in the fight against HIV/AIDS. This section describes the coverage of trained health care workers, certification and accreditation mechanisms, and the existence of guidelines for supervising staff.*

Human Resource capacity						
	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
<b># of Doctors who participated in ART training, during the given year</b>	NA					
<b># of Nurses who participated in ART training, during the given year</b>	NA					
<b># of other health workers who participated in ART training, during the given year</b>	NA					
<b>% of health care workers trained in ART</b> (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	NA					
<b># of Doctors who participated in VCT training, during the given year</b>	NA					
<b># of Nurses who participated in VCT training, during the given year</b>	NA					
<b># of other health workers / community members who participated in VCT training, during the given year</b>	NA					
<b>% of health care workers trained in VCT</b> (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	NA					
<b># of Doctors who participated in PMTCT training, during the given year</b>	NA					
<b># of Nurses who participated in PMTCT training, during the given year</b>	NA					
<b># of other health workers who participated in PMTCT training, during the given year</b>	NA					
<b>% of health care workers trained in PMTCT</b> (# of doctors, nurses, health care workers trained in ART [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	NA					

Human Resource capacity, continued						
	31/12/ 2003	Source	31/7/ 2004	Source	2005	Source
# of laboratory workers who participated in laboratory training for HIV diagnosis testing and/or follow-up, during the given year	NA					
# of health care workers (doctors, nurses, other health care workers) who participated in stigmatization reduction strategies training, during the given year	NA					
% of health care workers who participated in stigma reduction strategies training (# of doctors, nurses, health care workers trained in stigma reduction training [including those trained before 2003] / total # of doctors, nurses, health care workers in the country x 100)	5	CAREC				
# of health care workers (doctors, nurses, social workers, other health care workers) who participated in training for psycho-social support services, during the given year						
# of community members (PLWHA, family of PLWHA, other community members) who participated in training for offering psycho-social support services, during the given year						

#### Human resources

- Is there a national accreditation process for training institutions and programs in HIV/AIDS.  
No  Yes  Since when? \_\_\_\_\_
- Is there a certification process for HIV/AIDS training providers?  
No  Yes  Since when? \_\_\_\_\_
- Is there a certification process for HIV/AIDS training participants?  
No  Yes  Since when? \_\_\_\_\_
- Are there national standards for evaluating the competence of health workers involved in scaling up ART?  
No  Yes  Since when? \_\_\_\_\_
- Is there a National Plan for ART, VCT, PMTCT training?  
No  Yes  Since when? \_\_\_\_\_

**Data sources**

*Data presented in this Epidemiological Fact Sheet on Care and Treatment of People Living with HIV/AIDS comes from several sources, primarily in the country, but also globally. This section contains a list of the more relevant sources used to prepare the Fact Sheet. If applicable, it also lists websites where additional information on HIV/AIDS can be found, however, the information found on these sites could change or may be incomplete, so due consideration must be taken.*

- Terborg J. Situation and Response Analysis on HIV/AIDS in Suriname
- Camara B, Lee R, Caffé S, et al. Status and Trends: Analysis of the Caribbean HIV/AIDS Epidemic 1982-2002. Caribbean Epidemiology Centre – 2004. Pan American Health Organization/World Health Organization
- Global Fund to fight AIDS, TB, and Malaria: <http://www.theglobalfund.org/search/portfolio.aspx?lang=en&countryID=SUR>
- UNAIDS National Responses: <http://www.unaids.org/nationalresponse/result.asp>
- UNAIDS/WHO Epidemiological Fact Sheets for HIV and STIs: 2002 update.
- General Bureau for Statistics/ 2003 Census
- Ministry of Health, Suriname, National Health Accounts

**Contact information**

*For more information on care and treatment of people living with HIV/AIDS in this country, please contact the HIV/AIDS unit at the Pan American Health Organization, at phone (202) 974-3842 or email [sida@paho.org](mailto:sida@paho.org).*