

PAHO/WHO Country  
Cooperation Strategy  
**GUYANA**  
2023-2027

**PAHO**



Pan American  
Health  
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# Table of Contents

Foreword	4
Acknowledgements	5
Message from the Minister of Health	7
Abbreviations	9
Executive summary	11
<b>1. Introduction</b>	<b>13</b>
<b>2. Health and development situation</b>	<b>15</b>
2.1 General characterization	15
2.2 Health Status	16
2.3 Universal Health Coverage and Access	20
2.4 Cross cutting themes	23
<b>3. Partnership environment</b>	<b>27</b>
3.1 Partnership and development cooperation	27
3.2 PAHO/WHO's cooperation over past CCS cycle	28
<b>4. Strategic Agenda</b>	<b>30</b>
4.1 Strategic priorities and focus areas	30
4.2 Aligning the strategic agenda to national, regional and global policies and frameworks	33
<b>5. Implementation</b>	<b>45</b>
5.1 Implementation and implications	45
5.2 Risk management	46
<b>6. Monitoring and evaluation</b>	<b>47</b>
6.1 Monitoring	47
6.2 Evaluation methodology	47
<b>Appendix</b>	
References	48

# Foreword



Technical cooperation between the Pan American Health Organization/World Health Organization (PAHO/WHO) and the Cooperative Republic of Guyana is guided by the Country Cooperation Strategy (CCS). Guyana has completed three CCS cycles since PAHO/WHO's formalization of technical cooperation with Guyana in October 1967. PAHO/WHO continues to play an important role in supporting the development and implementation of health policies, strategies and plans that are geared towards improving the health outcomes of persons living in Guyana. It is in keeping with this that CCS 2023-2027 for Guyana was developed. It is the fourth CCS and it is intended to be the basis on which both parties coordinate and implement interventions to accomplish common strategic goals for the overall improvement of public health outcomes over the period 2023-2027.

This CCS takes into consideration frameworks and agenda at the national, regional and global levels which impact health. It is aligned to "Health Vision 2030 - A National Health Strategy for Guyana 2021-2030," the guiding health framework for the country. The document is also strategically linked to the goals and targets of the 2030 Agenda for Sustainable Development which aims to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity. Additionally, it is related to the WHO 13th General Programme of Work, the PAHO/WHO Strategic Plan 2020-2025 and the United Nations Multi-Country Sustainable Development Framework in the Caribbean 2022-2026.

The advances in Guyana's health care system over the years are evident. Notwithstanding, the recent COVID-19 pandemic and current developing challenges of emerging and re-emerging diseases reemphasize the need to bolster support for emergencies and disaster preparedness. This need is especially significant in countries like Guyana where the health systems are already susceptible. And it is on this premise that the current strategy seeks to build on the efforts of past cooperations to ensure continuity in the improvements in health outcomes. PAHO/WHO is committed to working with the Ministry of Health to address some of the major health challenges of the nation to build a health care system that delivers universal health coverage to all and to boost resilience and capacity in the face of new and emerging threats. PAHO/WHO continues to pledge its support to the Ministry of Health and other development partners to help address the remaining challenges especially as it relates to the significant burden of communicable diseases, the growing prevalence of non-communicable diseases and the high incidence of suicide and mental disorders.

PAHO/WHO seeks to deliver on its commitment to sustainable development, health equity and universal health in support of the health and well-being of the people of Guyana by implementing this 2023-2027 CCS in partnership with the Ministry of Health.

**Dr. Luis Felipe Codina**

PAHO/WHO Representative, Guyana



# Acknowledgements

The PAHO/WHO Representative (PWR) and the team of the Guyana PAHO/WHO country office would like to thank the Minister of Health, the Chief Medical Officer, the Programme Directors, PAHO Guyana Technical Advisors, and the CCS Working Group Members for the provision of information, coordination and execution of stakeholders' meetings and review of the document. These activities proved invaluable to the preparation of the Country Cooperation Strategy (CCS) 2023-2027 for Guyana.

The PWR further acknowledges with gratitude the invaluable support and contributions of all the persons, organizations and agencies which participated in the development of the CCS 2023-2027 for Guyana.

The time taken to participate in the stakeholders' consultation as well as the knowledge and experiences shared, are highly appreciated.

Special thanks to the Advisors from the Office of Country and Subregional Coordination (CSC) and the Department of Non-Communicable Diseases and Mental Health (NMD) who provided technical guidance and support throughout the CCS development process.

We look forward to the continued involvement and participation of all in the implementation and monitoring of the CCS, and its contribution to the health sector in Guyana.









# Message from the Minister of Health



**A**ccess to quality health services for all in Guyana is essential for better health and wellbeing. By ensuring access and improving health service quality Guyana aspires to achieve the goal of Health for All, which is part of our government's long term development agenda.

This Country Cooperation Strategy is one step forward in our already long collaboration with PAHO/WHO. Since 1967, this collaboration generated valuable gains for the health sector and Guyana overall. We recognize that our strong partnership with PAHO/WHO plays a key role in our commitment to achieve the Sustainable Development Goals by 2030 by advancing the well-being of all in Guyana. Our joint efforts will allow us to build an efficient and resilient health system that will ensure quality across the

whole continuum of care and that will be accessible and affordable for all in the country. Moreover, work with PAHO/WHO will be an important contribution to ensure that Guyana will be among the healthiest countries in the Americas.

In line with our commitment to improve the living conditions of all in the country, this document will be the basis for the adoption of new national health strategy that will set up universal access, equity and quality as the principles that will guide a new health system model in the country. These principles will allow for the reorientation of the health system towards a better Primary Health Care and better coordination among health networks. All these will be linked to a strong hospital sector that is currently being expanded. The decision to substantially increase the budget allocated to the Health Sector in recent years demonstrates our commitment in that direction.

Moreover, the government of Guyana is also committed to work on the Social Determinants of Health to address the societal conditions that quite often increase exposure and vulnerability to risk factors. By expanding access and care and working on the social determinants of health we will be able to achieve improved health and well-being for all. This will create more opportunities for better living standards and improved societal gains.

Therefore, it is with much pleasure and the anticipation of continued success through the collaboration of the Government of Guyana and PAHO/WHO that we endorse this new Country Cooperation Strategy. We are committed to work tirelessly to accomplish the goals adopted in this document and to transform Guyana into the healthiest country in the Americas. Technical support of PAHO/WHO in this process will be of great benefit.

**Hon. Frank C.S. Anthony, MD, MPH**  
Minister of Health  
Government of the Cooperative Republic of Guyana







# Abbreviations

<b>AMR</b>	Anti-microbial Resistance	<b>MICS</b>	Multiple Indicator Cluster Survey
<b>BWP</b>	Biennial Work Plan	<b>MOH</b>	Ministry of Health
<b>CARICOM</b>	The Caribbean Community	<b>NACOSH</b>	National Advisory Council on Occupational Safety and Health
<b>CARPHA</b>	Caribbean Public Health Agency	<b>NCDs</b>	Non-Communicable Diseases
<b>CCS</b>	Country Cooperation Strategy	<b>NGOs</b>	Non-Governmental Organizations
<b>CDs</b>	Communicable Diseases	<b>NHSP</b>	National Health Policy, Strategy or Plan
<b>CDC</b>	Centers for Disease Control and Prevention	<b>MSDCF</b>	United Nations Multi-Country Sustainable Development Framework: The English and Dutch speaking Caribbean 2022-2026
<b>CEN</b>	Country Engagement Note	<b>NTDs</b>	Neglected Tropical Diseases
<b>CSC</b>	Country and Subregional Coordination	<b>OHS</b>	Occupational Health and Safety
<b>CIP</b>	Country Implementation Plan	<b>PAHO/WHO</b>	Pan American Health Organization / World Health Organization
<b>EU</b>	European Union	<b>PANCAP</b>	Pan Caribbean Partnership Against HIV/AIDS
<b>FA</b>	Focus Areas	<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>FAO</b>	Food and Agricultural Organization	<b>PHC</b>	Primary Health Care
<b>FCTC</b>	Framework Convention on Tobacco Control	<b>PHEs</b>	Package of Essential Health Services
<b>GBV</b>	Gender-based Violence	<b>SDGs</b>	Sustainable Development Goals
<b>GDI</b>	Gender Development Index	<b>SHAA2030</b>	Sustainable Health Agenda for the Americas 2018-2030
<b>GDP</b>	Gross Domestic Product	<b>SP</b>	Strategic Priority
<b>GF</b>	Global Fund	<b>UHC</b>	Universal Health Coverage
<b>GII</b>	Gender Inequality Index	<b>UN</b>	United Nations
<b>GoG</b>	Government of Guyana	<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>GPHC</b>	Georgetown Public Hospital Corporation	<b>UNDP</b>	United Nations Development Programme
<b>GWP 13</b>	WHO 13th Global Programme of Work	<b>UNFPA</b>	United Nations Population Fund
<b>HDI</b>	Human Development Index	<b>UNHCR</b>	United Nations High Commissioner of Refugees
<b>HiAP</b>	Health in All Policies	<b>UNICEF</b>	United Nations Children's Fund
<b>HIV/AIDS</b>	Human immunodeficiency virus infection and acquired immunodeficiency syndrome	<b>USAID</b>	United States Agency for International Development
<b>HRH</b>	Human Resources for Health	<b>WBG</b>	World Bank Group
<b>IAEA</b>	International Atomic Energy Agency	<b>WFP</b>	World Food Programme
<b>IDB</b>	Inter-American Development Bank	<b>WHO</b>	World Health Organization
<b>IHR</b>	International Health Regulations		
<b>IHSDN</b>	Integrated Health Service Delivery Network		
<b>ILO</b>	International Labour Organization		
<b>IOM</b>	International Organization for Migration		
<b>IPV</b>	Intimate Partner Violence		
<b>IS4H</b>	Information Systems for Health		





GEN-2

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# Executive Summary

The Pan American Health Organization (PAHO) is the specialized health agency of the Inter-American System and serves as the Regional Office for the Americas of the World Health Organization (WHO), the lead health agency of the United Nations (UN). The PAHO/WHO Country Office in Guyana was established in 1967 and has been providing technical cooperation to Guyana in close collaboration with the Ministry of Health (MOH).

The Country Cooperation Strategy (CCS) for Guyana covering the period 2023 to 2027 provides the medium-term vision that will guide the implementation of PAHO's technical cooperation at the national level. The development of the CCS was based on a consultative and participatory process with strong commitment and support from the MOH.

## The CCS is aligned with several national, regional and international frameworks and initiatives:

- Low Carbon Development Strategy 2021-2030 (LCDS 2030)
- Health Vision 2030: A National Strategic Plan for Health for Guyana (2021-2030)
- United Nations Multi-Country Sustainable Development Cooperation Framework (MSDCF) 2022-2026
- WHO 13th General Programme of Work (GWP)
- Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030)
- PAHO Strategic Plan 2020-2025
- Dr Barbosa's Five Strategic Pillars

## The main challenges in the health sector in Guyana are:

- The significant burden of Communicable Diseases (CDs), with a specific challenge in the elimination of five Neglected Tropical Diseases (NTDs)
- The growing prevalence of Non-Communicable Diseases (NCDs) and premature mortality, especially cardiovascular diseases
- The high incidence of suicide, suicide attempts and the rise of harmful drinking habits among adolescent and youth
- The need to accelerate strategies and interventions to address mental, neurological and substance use disorders and self-harm
- The need to reinforce and invest in public health surveillance, planning, and response capacities at national and subnational levels
- The growing concerns of the social and

environmental determinants of health and the need to address these through an intersectoral and multidisciplinary approach

- Mainstreaming of the cross-cutting issues such as violence especially gender-based violence
- The need to strengthen strategies for climate change and environmental health
- The ongoing challenges with recruitment and retention of specialist healthcare workers especially nurses
- The need to accelerate universal health coverage and access, especially for the population residing in rural areas
- The need to strengthen accountability with a focus on stewardship and governance to lead health sector transformations and respond to the changing needs in public health

The strategic agenda of the CCS outlines five Strategic Priorities (SP) and associated Focus Areas (FA) where PAHO/WHO will focus its technical cooperation over the period 2023 to 2027. Each Focus Area (FA) is linked to the Strategic Priorities of the Guyana Health Vision 2030, the outcomes of the PAHO Strategic Plan 2020-2025, the Sustainable Development Goals (SDGs) and the outcomes of the MSDCF 2022-2026.

## The five SPs and related FAs are:

### Strategic priority 1: Strengthening health systems to achieve universal health coverage and access

#### The FAs for this SP are:

**1.1** Strengthen strategies for improving leadership and governance to ensure the sustainability of the health financing system, Human Resources for Health, quality of care, and the supply chain management system with a public health legal framework and policies.

**1.2** Support the implementation of a renewed healthcare delivery model based on the principles of Primary Health Care, including the implementation of Integrated Service Delivery Networks for improved access and coverage.

**1.3** Strengthen strategic information management and evidence-based decision-making based on improved health information systems, research, and the roll out of the digital health for all strategy.

## PAHO/WHO COUNTRY COOPERATION STRATEGY

### Strategic priority 2: Reducing morbidity and mortality of NCDs and mental health through a holistic approach

#### The FAs for this SP are:

**2.1** Improve surveillance, prevention, management, and control of NCDs, including their risk factors utilising an intersectoral and multidisciplinary approach

**2.2** Strengthen strategies, institutional capacities and equitable access to address mental health, substance use disorders and self-harm behaviours through integration at all levels of care.

**2.3** Improve the capacity for prevention and response in the areas of violence, and unintentional injuries, including road safety, disabilities, and rehabilitation.

### Strategic priority 3: Strengthening surveillance and response to prevent, control and eliminate communicable diseases

#### The FAs for this SP are:

**3.1** Improve prevention, management, and elimination of HIV/AIDS, STIs, Viral Hepatitis, Tuberculosis, Malaria and other vector-borne diseases.

**3.2** Strengthen strategies to eliminate neglected tropical diseases, prevent and manage zoonotic diseases, antimicrobial resistance and food and water-borne diseases by utilising the One Health approach.

**3.3** Strengthen integrated disease surveillance and outbreak investigation, including public health and clinical laboratory capacity, and improve response strategies for emerging and reemerging diseases.

### Strategic priority 4: Improving health and well-being across the life course.

#### The FAs for this SP are:

**4.1** Support the implementation of comprehensive people-centred strategies to improve health and well-being for individuals across the life course.

**4.2** Strengthen strategies and capacities to promote a gender-responsive, culturally appropriate and equitable health system in accordance with human rights principles.

**4.3** Promote healthy lifestyles by strengthening multisectoral strategies for health promotion and health education.

### Strategic priority 5: Strengthening health emergencies, disaster risk management and response including IHR

#### The FAs for this SP are:

**5.1** Establish a programme on multi-hazard disasters and emergencies while strengthening the IHR core capacities, legislation and regulations.

**5.2** Develop and implement strategies for the mitigation, response and adaptation to health emergencies including chemical and radiological emergencies, climate change and environmental health threats, risks and events.

**5.3** Strengthen response strategies for displaced population and situations of vulnerabilities.

Key cross-cutting themes of gender, equity, human rights, and ethnicity are reflected in the strategic agenda and will be taken into consideration in implementing the strategic agenda of this CCS. The CCS will also focus on those areas where PAHO can add value and has a comparative advantage. The Strategy will be operationalised through the Biennial Workplan (BWP) planning cycles over the next five years.





# I. Introduction

The Pan American Health Organization / World Health Organization (PAHO/WHO) Country Cooperation Strategy (CCS) for Guyana provides a clear understanding of the medium-term vision that will guide the implementation of the PAHO's technical cooperation at the national level. Through the Guyana CCS 2023-2027, PAHO/WHO will continue to support national health policies, strategies and plans while working and collaborating with other United Nations (UN) agencies and development partners to advance universal health and sustainable development.

The 13th General Program of the WHO (GWP13) was adopted in May 2018 at the 71st World Health Assembly. It focuses on triple billion targets to achieve measurable impacts on people's health at the country level by 2023: one billion more people benefitting from universal health coverage, one billion more people better protected from health emergencies and one billion more people enjoying better health and well-being. The Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) constitutes the highest level of strategic planning and policy framework in the Americas. SHAA2030 seeks to promote the health and well-being of all individuals, families, and communities in the Americas. The PAHO provides the overall programme of work and development framework for the countries, based on the PAHO Strategic Plan 2020-2025. The Strategic Plan is one of the main instruments for implementing the SHAA2030 and, consequently, for achieving the health-related Sustainable Development Goals (SDGs) in the Region of the Americas.

The CCS Guyana 2023-2027 was prepared according to the guidelines of the WHO<sup>1</sup> and PAHO<sup>2</sup>. The CCS is aligned with the national health vision and priorities, the national development agenda, the PAHO Strategic Plan 2020-2025, the United Nations Multi-Country Sustainable Development Cooperation Framework for the Dutch and English-speaking Caribbean (MSDCF) and the SHAA2030.

The development of the CCS was based on a consultative and participatory process with strong commitment and support from multiple stakeholders, with the Ministry of Health (MOH) being the main partner. This process was led by a Working Group based on the WHO and

PAHO guidelines. The Working Group was chaired by the PAHO/WHO Representative for Guyana and comprised of the key PAHO/WHO Technical Officers and representatives from the Ministry of Health. It provided oversight and coordinated the process to develop the CCS. The strategic priorities and focus areas as part of the CCS strategic agenda were identified through a consultative process involving representatives from the public health sector, other ministries of the Government, other United Nations agencies, non-government organizations and civil society.

## The CCS development process included:

1. The review of key documents: The review included an analysis of the health priorities at the national, regional, and global levels in alignment with the SDGs.
  - National documents and frameworks: The key national documents used for the analysis are the Health Vision 2030: A National Strategic Plan for Health for Guyana (2021-2030) and the Low Carbon Development Strategy 2030 (LCDS 2030).
  - Regional and global documents and frameworks: The key references for the regional framework which were used include: MSDCF 2022-2026, GWP 13, SHAA 2030, Dr Barbosa's Five Strategic Pillars and the PAHO Strategic Plan 2020-2025.
2. Rapid assessment of previous CCS: The previous Guyana CCS 2016-2020 was assessed during a workshop with PAHO technical staff together with MOH technical staff. The focus of this workshop was placed on recommendations aimed at improving the process and health issues that need to be covered in the new CCS. The rapid assessment included the evaluation of the previous CCS based on the criteria of "relevance", "efficiency" and "effectiveness". In addition, participants discussed and documented the main achievements, the areas which were not achieved, and the lessons learned from the previous CCS cycle.
3. Preparatory consultation with the Ministry of Health: PAHO facilitated a preparatory consultation session in which the programme directors of the MOH participated. The objective was to obtain feedback on PAHO's collaboration with Guyana in the medium term and to identify the priority areas for the CCS. The findings of these sessions were used as input for the national multi-sectoral stakeholder consultation.

<sup>1</sup> World Health Organization. 2020. Country cooperation strategy guide 2020: implementing the Thirteenth General Programme of Work for driving impact in every country

<sup>2</sup> PAHO. 2020. PAHO's Orientations for the use of the WHO 2020 CCS Guide. Concepts and guidelines adapted for the Region of the Americas.



4. National multi-sectoral stakeholder consultation: A multi-sectoral consultation was facilitated by PAHO in collaboration with the MOH with the objective to engage a wider stakeholder group for a national dialogue on the CCS Strategic Priorities (SPs) and Focus Areas (FAs). A total of 45

stakeholders were engaged from all fields in the health care sector, non-health related government ministries and institutions, UN agencies, civil society organizations and vulnerable groups. The Strategic Agenda of the 2023-2027 CCS is based on the outcomes of this consultation.





# 2. Health and development situation

## 2.1 General characterization

### Country context

Guyana is located on the north-eastern coast of South America; it borders Venezuela to the west, Brazil to the south, and Suriname to the east. It is the only English-speaking country in South America and is considered part of the Caribbean Region given its historical and cultural ties to the other English-speaking Caribbean countries. Guyana covers an area of approximately 215,000 km<sup>2</sup>. It is considered as one of the 'greenest' countries in the world which has an estimated forest area of 184,153 km<sup>2</sup>, covering about 86 % of the country's total land area. Guyana obtained its independence from Great Britain in 1966 and has since been a member of the Commonwealth of Nations.



Figure 1 – Map of the Co-operative Republic of Guyana

Source: [www.ontheworldmap.com](http://www.ontheworldmap.com)

Guyana has ten administrative regions, ten towns and three counties that are located in two meso regions: coastland and hinterland. The coastal plain, which includes the capital city – Georgetown, represents its smallest physical geographic area, while the hinterland region comprises more than two-thirds of the land area.

### Demographic profile

Demographic data from the last census conducted in 2012 showed the total population was 746,955 people: 372,995 males and 371,967 females. The population is relatively young, with the largest portion of the population in the age groups 10-14 years and 15-19 years. Only 7% are aged 65 years or older. The population growth was relatively stable at 0.5% annual growth rate in 2019.<sup>3</sup> The total fertility rate in 2019 was 2.4 births per woman. The main ethnic groups in the country are the Indo-Guyanese (40%), Afro-Guyanese (29%), mestizo (20%), Amerindians (11%), and others (less than 1%).<sup>4</sup>

Despite improvement in the past two decades, the life expectancy at birth in Guyana is the lowest in the Non-Latin Caribbean region.<sup>5</sup> In 2019, total life expectancy was an average of 79.9 years (73.1 years for women and 66.9 years for men), whereas the total life expectancy in 2010 was 68 years (72 years for women and 65 years for men).<sup>6</sup>

In addition, migration is an important trend shaping the demographic dynamics and the population structure in Guyana. Guyana has a net migration rate of -7.7 and is predominantly a country of emigration, with most of its diaspora residing in the United Kingdom, the United States of America, Canada and the Anglophone Caribbean countries.<sup>7</sup> The emigration rate of the country is among the top 20 in the world, as 40% of Guyana's citizens reside abroad. Although remittances are a vital source of income for most citizens, the pervasive emigration of skilled workers deprives Guyana of healthcare professionals and other key sectors.<sup>8</sup>

3 PAHO. 2019. Core Indicators 2019: Health Trends in the Americas

4 Bureau of Statistics. 2016. Compendium 2. Population composition. Available from: [https://statisticsguyana.gov.gy/wpcontent/uploads/2019/11/Final\\_2012\\_Census\\_Compendium2.pdf](https://statisticsguyana.gov.gy/wpcontent/uploads/2019/11/Final_2012_Census_Compendium2.pdf).

5 PAHO, Core indicators 2019, Health trends in the America's

6 World Bank. 2022. World Bank data. Available from: <https://data.worldbank.org/>

7 International Organization for Migration (IOM), 2021. Guyana Needs Assessment on Migration Governance. IOM. San José, Costa Rica.

8 Ravinesh Kumar, R. 2013. Remittances and economic growth: A study of Guyana in Economic Systems



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Population density in Guyana is estimated to be 4 per km<sup>2</sup>, one of the lowest in the world. The population is concentrated mostly in the coastal area (approximately 90%), whereas the rural interior remains less populated with approximately 10% of the total population.

### Political, macroeconomic and social situation

The Cooperative Republic of Guyana is governed by an Executive President. The arms of Government of Guyana (GoG) include the executive, legislative and judiciary. General and regional elections in Guyana are constitutionally due every five years, with the government being elected through a proportional representation system. Elections were held in March 2020 and the leader of the Peoples Progressive Party (PPP/Civic) was sworn in as the President of the country in August 2020.

Guyana is an upper-middle income country that has traditionally been a small, commodity-based economy. It has a population of less than 800,000 and has faced challenges in converting its rich natural resources into sustained and inclusive growth. In 2021, the World Bank estimated its per capita Gross National Income (GNI) to be approximately US\$9,000.<sup>9</sup> Guyana's Gross Domestic Product (GDP) has grown steadily in the last decade at an average rate of 4.1% between 2010 and 2019.

Since 2020, Guyana's economy has been expanding due to increased oil output that resulted in an annual growth of 48.7% in 2020. The GDP in 2021 was worth US\$7.41 billion. Guyana is expected to remain one of the world's fastest-growing economies in the medium term, as new oil fields are developed, and production capacity expands to approximately 330,000 barrels per day by 2024. Real GDP per capita is expected to reach US\$23,000 by 2024, more than double 2020 levels, with the share of the oil and gas sector rising to approximately 60% of total GDP.<sup>10</sup>

Guyana's Human Development Index (HDI) - which measures a nation's health, education and standard of living - has increased over the past two decades and was reported to be 0.714 in 2021, positioning the country at 108 out of 191 countries and territories.<sup>11</sup> This HDI value puts the country in the high human development category. Between 1990 and 2021, Guyana's HDI value increased from 0.509 to 0.714, a change of 40.3%.

<sup>9</sup> World Bank. 2021. World Development Indicators. Available from: <https://databank.worldbank.org/reports.aspx?source=2&series=NY.GNPPCAPCD&country=>

<sup>10</sup> World Bank. 2022. Macro Poverty Outlook, Spring Meetings 2022: Country-by-country Analysis and Projections for the Developing World.

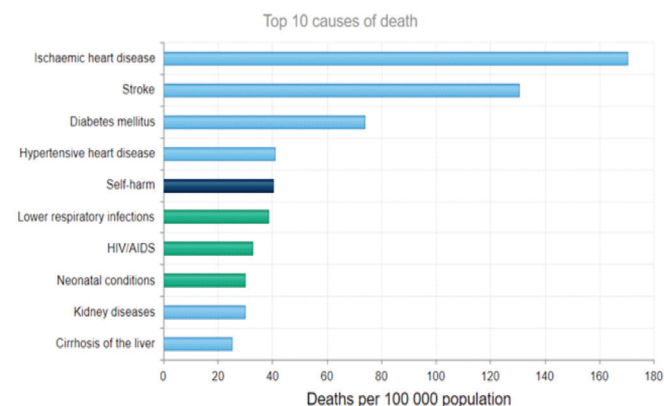
<sup>11</sup> UNDP (United Nations Development Programme). 2022. Human Development Report 2021-22: Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World. New York.

The Guyana Labour Force Survey recorded an unemployment rate of 14% in 2018.<sup>12</sup> Rural unemployed population represented the majority of the total unemployed. The unemployment rate for women in the formal sector appears to be higher than that for men. Youth unemployment rate for 2018 was approximately 26%.

Reducing poverty remains a challenge in Guyana. According to the latest Sustainable Development Goals report, 2.4% of the population live below the poverty line of US\$1.90/day and 4.6% of the population live below the poverty line of US\$3.20/day in 2022. Poverty is concentrated in the country's rural interior, with especially high poverty rates among indigenous communities. Three-quarters of the population and over 80% of the poor live in rural areas. In 2017, poverty rates ranged from 57% in the rural interior to 35% in the urban centres on the coast, but rural coastal areas were home to two-thirds of the poor.<sup>13</sup> The most recent Multi-dimensional Poverty Index (MPI) indicates that 1.7% of the population (13 000 people in 2019) were multidimensionally poor; 6.5% of the population (51 000 people in 2019) were classified as vulnerable to multidimensional poverty; and the intensity of deprivations, which is the average deprivation score among people living in multidimensional poverty, is 38.8%.<sup>14</sup> The MPI value is 0.007. In comparison, Belize and Suriname have MPI values of 0.017 and 0.011, respectively.

### 2.2 Health Status

Guyana is undergoing an epidemiological transition from a predominance of communicable diseases to a predominance of non-communicable diseases, of which, both the burden of disease is high. At the same time, challenges in maternal and child health remain to be prevalent, causing the country to face a triple burden of disease.



<sup>12</sup> Guyana Bureau of Statistics- Guyana Labor Force Survey 2019

<sup>13</sup> World Bank Group. 2020. A pivotal moment for Guyana: realizing the opportunities. Available from: <https://openknowledge.worldbank.org/handle/10986/34969>

<sup>14</sup> UNDP. 2022. Unpacking deprivation bundles to reduce multidimensional poverty. Briefing note for countries on the 2022 Multidimensional Poverty Index



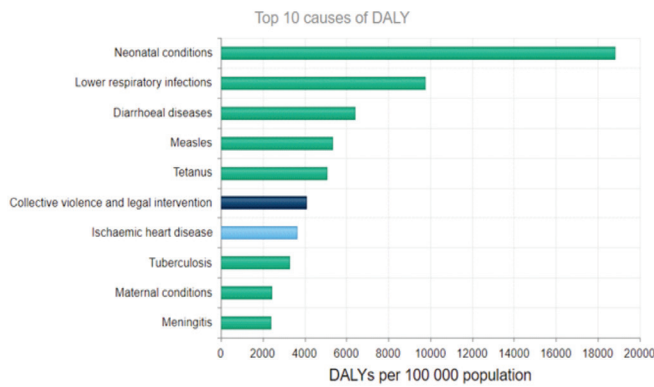


Figure 2 – Top 10 causes of deaths and DALYs in 2019, all ages combined

Source: WHO Global Health Estimates (2020)

The top five causes of death in 2019 were all attributed to non-communicable diseases (Figure 2).<sup>15</sup> The general trend in mortality data shows that between 2009 and 2019, ischemic heart disease, stroke and diabetes remained among the top three causes of death.<sup>16</sup> In terms of disability-adjusted life years (DALYs), neonatal conditions are among the top three causes for DALYs.

### Non-communicable diseases and risk factors

Non-communicable diseases (NCDs) are the major cause of morbidity, mortality, and disability in Guyana. NCDs accounted for 69.7% of all deaths in Guyana in 2019, while the NCD mortality rate (age-adjusted) was estimated at 801.5 per 100,000 population whereas the average of Non Latin Caribbean countries was estimated 520.5 per 100,000 population.<sup>17</sup> Mortality data indicate that in 2017, cerebrovascular disease and cancer accounted for 21.6% of deaths, followed by ischemic heart disease (10.2%), chronic respiratory diseases (7.5%), hypertensive disease (7.4%), and diabetes mellitus (7.3%).<sup>18</sup>

The latest update from the International Diabetes Federation in 2020 estimated that prevalence of diabetes in adults over 30 years old was 10.5% and 50,400 total cases of diabetes in adults. However, the previously conducted STEPwise Approach to NCDs Risk Factor Surveillance Survey (STEPS), 2016 indicated that diabetes prevalence was at 15.8% and hypertension prevalence at 27.0% in the population (18 -69 years old).<sup>19</sup>

15 Global Health Estimates 2020: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2019. Geneva, World Health Organization; 2020. Available from: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghle-leading-causes-of-death>

16 Institute of health metrics data. Available from: <https://www.healthdata.org/guyana>

17 Pan American Health Organization/World Health Organization. Core Indicators, 2021. Published September 20, 2021. Available from: <https://opendata.paho.org/en/core-indicators>

18 Government of Guyana Integrated Prevention and Control of NCDs in Guyana Strategic Plan 2013-2020

19 World Health Organization STEPS Noncommunicable disease risk factor surveillance

Prevalence of lifestyle and behavioural risk factors in Guyana illustrate that these risk factors remain a challenge. The Guyana MICS 2019-2020 collected information on the use of tobacco and alcohol among women and men aged 15-49 years. The survey results show that 16.8% of women and 51.3% of men use tobacco products, mostly cigarettes.<sup>20</sup> The results of this survey indicate that 28.3% of women and 64.2% of men had at least one alcoholic drink during the last month. In 2016, the Guyana STEPS Survey of adults aged 18-69 showed that 15.4% of the population smoked tobacco; 93.6% of persons surveyed ate less than 5 servings of fruit and/vegetables per day. Meanwhile, 15.8% of people surveyed reported insufficient physical activity. About 50% were found to be overweight (males 39.8% and females 61.8%). In 2015, 23.1% of the population was estimated to have high blood pressure, while in 2014 10.9% of adults were found to have raised blood glucose levels and/or diabetes.<sup>21</sup>

The National Tobacco Bill was enacted in 2017 in alignment with the WHO Framework Convention on Tobacco Control (FCTC). The Ministry of Health has since developed labelling and packaging regulation and has drafted ‘No Smoking Signs’ regulations. Graphic health warnings have also been implemented and the process for the development of a Tobacco Cessation Programme has commenced.

### Mental Health

Mental, neurological, substance use disorders and suicide (MNSS) cause 16% of all DALYs and 33% of all years lived with disability (YLDs).<sup>22</sup> The top three disorders in terms of DALYs - accounting for 50-60% of total MNSS burden - are not the same for men and women. Men are mostly affected by self-harm and suicide, alcohol use and depressive disorders, while women are mostly affected by depressive disorders, headaches, and self-harm and suicide.

Given this context, the incidence of suicide is a significant concern for the country. Guyana had a national suicide rate of 40.8 (age-adjusted) per 100,000 population in 2019, the highest in the region of the America’s and above the average of the region of Non-Latin Caribbean which was 9.9 (age-adjusted) per 100,000 in the same year.<sup>23</sup> The Mental Health Unit of the Ministry of Health was established in

20 Government of Guyana and UNICEF. 2021. Guyana Multiple Indicator Cluster Survey 2019-2020, Survey Findings Report. Georgetown, Guyana: UNICEF

21 Pan American Health Organization/World Health Organization. Core Indicators, 2021. Published September 20, 2021. Available from: <https://opendata.paho.org/en/core-indicators>

22 PAHO, 2020, Mental Health Profile Guyana

23 Pan American Health Organization/World Health Organization. Core Indicators, 2021. Published September 20, 2021. Available from: <https://opendata.paho.org/en/core-indicators>



2015 providing coordinated regional mental health services and in-service training of primary health care providers.

The Mental Health Protection and Promotion Bill and Suicide Prevention Bill were passed in Parliament in 2022 strengthening human rights interventions for individuals with mental illness and decriminalizing suicide.

### Communicable Diseases

Communicable diseases have declined for the most part of the last decade. The reduction of infectious diseases in Guyana can be attributed to several factors. The strong immunization programme has led to the elimination of polio and measles. There has been support from the Global Fund (GF) and other development partners to fight AIDS, Tuberculosis and Malaria. These efforts have resulted in a decrease in those diseases and the vaccine preventable diseases. However, the donor contribution has declined leaving the Government to develop strategies for transition to other funding.

During the period 2013 to 2019, incidence rate of Tuberculosis declined from 83 to 66 per 100,000 population. In the same period, Tuberculosis (TB) mortality declined from 13 per 100,000 to 5 per 100,000.<sup>24</sup>

Malaria cases have fluctuated in the last decade. Since 1995, Guyana has experienced a spike in malaria cases every 6-7 years, although with varying degrees of magnitude. In 2018, a total of 16,506 cases were reported in Guyana, corresponding to an increase of 33% since 2014. In 2019 there were 18,826 cases.<sup>25</sup> Deaths from malaria remained stable averaging 12 during the period 2014 to 2017. The GF has supported Guyana with malaria financing since 2005 and other agencies like PAHO and USAID provide additional funding for specific interventions across the country. Currently, the GoG provides most of the funding for malaria. The main challenge in terms of funding is sustainability of financial resources especially for the endemic regions. The MOH continues its efforts to eliminate Malaria through the implementation of the National Malaria Programme Strategic Plan 2020-2025.

Total Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) cases have increased from 7,202 in 2013 to 8,200 in 2018 of which 500 were children and 3,300 were women. New cases of HIV amounted to 833 in 2013 and 807 in 2019. Prevalence is about 1.69 and incidence 0.12.

<sup>24</sup> National Strategic Plan for Tuberculosis 2015-2020

<sup>25</sup> Draft National Malaria Programme Strategic Plan 2020-2025

The data show that more males are affected than females.<sup>26</sup>

Guyana has prevalence of five Neglected Tropical Diseases (NTDs): Leprosy, Lymphatic Filariasis, Chagas Disease, Cutaneous and Mucocutaneous Leishmaniasis and Soil Transmitted Helminthiasis. They may be responsible for illness but seldom death. In 2018, Mass Drug Administration (MDA) was carried out for filariasis in regions where the problem exists. In 2020, there were 12 new cases reported for cutaneous leishmaniasis and zero imported cases visceral leishmaniasis.<sup>27</sup> Data for other NTDs in Guyana are not available as not much testing is done in the regions presently. It is noteworthy that the NTD and vector surveillance system is not adequately resourced, especially at the regional level.<sup>28</sup> The MOH in collaboration with PAHO continues its efforts towards elimination of the five neglected infectious diseases by 2030 and has recently launched an integrated plan of action for elimination of selected neglected infectious diseases in Guyana.

### COVID-19

As of 28 September 2022, Guyana reported a cumulative total of 71,315 confirmed cases of COVID 19 with 1,281 deaths.<sup>29</sup> As of 16 September 2022, a total of 946,058 vaccine doses have been administered. The complete COVID-19 vaccination schedule has been administered to 47.7% of the population in Guyana, below the average of 53% of Non-Latin Caribbean region.

To tackle the COVID-19 outbreak, the MOH outlined a COVID-19 Preparedness and Response Plan and activated the Health Emergency Operations Centre (HEOC) in 2020 which oversees implementation of the Plan and support inter-sectoral coordination. The strategic priorities in addressing the COVID-19 pandemic are to limit human-to-human transmission, including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further spread. It also aims to identify, isolate, and care for patients early and provide critical risk and event information to the regions and minimize social impact through multi-sectoral partnerships.<sup>30</sup>

<sup>26</sup> HIVision25 National HIV Strategic Plan (2020-2025)

<sup>27</sup> WHO. 2022. Global Health Observatory. Available from: <https://www.who.int/data/gho>

<sup>28</sup> Ministry of Health. April 2022. Guyana's National Action Plan for Neglected Infectious Diseases 2022 - 2027

<sup>29</sup> Pan American Health Organization. 2022 [cited 29 Sep 2022]. COVID-19 Vaccination in the Americas. Available from: [https://ais.paho.org/imm/IM\\_DosisAdmin-Vacunacion.asp](https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp)

<sup>30</sup> Ministry of Health. March 2022. Chief Medical Officer's Report 2021.

## Immunization

The Expanded Programme on Immunization has been a success story for many years. Despite the global impact of COVID-19 on immunization coverages, the 2021 reported coverage for immunization of children under 1 year old in Guyana were above regional averages of the Americas in.<sup>31</sup> In 2021, the average reported coverage are as follows:

Average Reported Coverage	Guyana (2021)
IPVI	97%
Polio3	97%
DTP3	98%
PCV3	100%
MMR1	95%

Table 1: Average Reported Coverage for Immunization  
Source: EPI Reports, Guyana 2022

## Maternal and child health

Maternal mortality has fluctuated in Guyana over the last decade but on a steady decline. A review of internationally comparable MMR shows a decline of 24% from 148 in 2010 to 112 in 2020.<sup>32</sup> Guyana is working assiduously to achieve the Sustainable Development Goal of 70 maternal deaths per 100,000 live births by 2030. The improvement of maternal health was selected by the GoG as a priority area. Guyana's MDG Acceleration Framework (MAF) was developed by the GoG in collaboration with the United Nations Development Programme (UNDP) in 2014, with the view to accelerating progress toward achieving maternal health-related targets.<sup>33</sup>

A declining trend is shown with respect to mortality in infants and children over the past years. The under 5 mortality rate has significantly decreased from 37.4 per 1000 in 2010 to 28.4 per 1000 in 2020.<sup>34</sup> The infant mortality rate has also decreased from 30.6 per 1000 in 2010 to 23.8 per 1000 in 2020. The neonatal mortality rate in 2010 was 22.8 per 1000 and has decreased to 17.3 per 1000 in 2020. This is a great achievement for the country but efforts need to ensure that the interventions made are sustainable in order to meet the SDG goals of 2030.

## Workers' health

In recent years there have been calls to strengthen the area of Occupational Health and Safety (OHS).

31 WHO & UNICEF. 2022. Country reports and PAHO/WHO-UNICEF Joint Reporting Forms (JRF). Available from: <https://www.paho.org/en/topics/immunization>

32 Maternal Mortality Estimation Inter-Agency Group (MMEIG), WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Maternal mortality in Guyana 2000-2020.

33 Government of Guyana & UNDP. 2014. Guyana MDG Acceleration Framework, Improve maternal health

34 Unicef country profile Guyana. UN IGME. Available from: <https://data.unicef.org/country/guy/>

OHS is the responsibility of the Occupational Health and Safety department of the Ministry of Labour through information and advisory, supervisory and regulatory services, and inspections. In the past two decades the focus has been on strengthening of the OHS regulations beginning with the OHS Act of 1997, which was eventually converted to Chapter 99:06 of the Laws of Guyana and establishes a blueprint for safety in every aspect of employment. In 2018, an OHS policy was published by the National Advisory Council on Occupational Safety and Health (NACOSH) in collaboration with the International Labour Organization (ILO) with the aim to promote the positive development of factors in the working environment which enhance the social, mental, and physical well-being of workers and society.<sup>35</sup> Furthermore, the government has invested in capacity building in the area of OHS.

## Climate change & environmental determinants of health

### LCDS 2030

One of the aims of the first Low Carbon Development Strategy (LCDS) launched in 2009 was to combat climate change, in particular those issues concerning reducing emissions from deforestation and forest degradation. In July 2022, the new LCDS 2030 was launched by the GoG, and refines the vision set out in 2009.<sup>36</sup> The LCDS 2030 focuses on four inter-linked objectives for Guyana, the first three of which were the basic objectives of the LCDS since 2009 and the fourth of which was added to reflect new local and global realities:

1. Value Ecosystem Services
2. Invest in Clean Energy and Stimulate Low Carbon Growth
3. Protect Against Climate Change and Biodiversity Loss
4. Align with Global Climate and Biodiversity Goals

Under the second objective of stimulating low carbon growth, the LCDS 2030 elaborates on the governments' strategy to develop climate-compatible health services. The following areas are highlighted in the LCDS 2030 for which ongoing initiatives will be scaled up by deploying anticipated revenues from carbon credits sales: telemedicine focused on the hinterland, smart hospitals, elimination of neglected diseases, hinterland health services coverage, and training and staffing.

35 Nacosh & ILO. 2018. National policy on occupational safety and health 2018.

36 Government of Guyana. July 2022. Guyana's Low Carbon Development Strategy 2030.



## PAHO/WHO COUNTRY COOPERATION STRATEGY

Under the third objective of protecting against climate change, the LCDS 2030 elaborates on the governments' strategy for public health adaptation to climate change by addressing the vulnerability of health facilities to climate change impact (flooding) and the risks of vector and waterborne diseases due to climate change risks. The LCDS 2030 states that the government will support the delivery of the following outcomes in this regard: improved disaster risk management and capacity of the health sector; improving the health sector to be better equipped against weather-related extreme events; increased access of communities to clean water and sanitation facilities and improved food hygiene; reduction of the incidence of water and vector-borne diseases; resilience of critical health infrastructure; trained and prepared health practitioners to respond to extreme events and climate change; sensitize the public and communities about risks of climate-related health impacts.

The MOH also addresses climate change and environmental health as one of its strategic priorities in its Health Vision 2030. PAHO has provided support in capacity building in this area for the development of a Health adaptation plan and the conduct of vulnerability assessment. Furthermore, for the first time Guyana has included a health chapter as part of the National Adaptation Plan for Climate Change.

### Developing SMART Health Care Facilities

As part of the Smart Health Care Facilities in the Caribbean Project, United Kingdom's Foreign, Commonwealth & Development Office (FCDO) in collaboration with PAHO/WHO and the Ministry of Health, the GoG started the implementation of Smart standards in 2016.<sup>37</sup> The main objective of this project is to upgrade and redesign health facilities to become safer, greener, and more resilient to natural disasters and climate change. The expected outcomes of creating SMART health care facilities are increased protection from disasters and climate change through enhanced safety standards, a reduction in down time and damage to hospitals from natural hazards, as well as a reduction in operating expenditures in terms of water and energy savings.

Five health facilities in Guyana were selected to be retrofitted under the Smart healthcare facilities project by the end of 2022, namely: Diamond Diagnostic Centre (handed over to MOH in April 2021), Lethem Regional Hospital (handed over to MOH in October 2021), Leonora Cottage Hospital (handed over to MOH in August 2022), Mabaruma Regional Hospital (handed over to MoH in December 2022) and

Paramakatoi Health Centre (handed over to MoH in April 2023). Apart from the retrofitting of the facilities, the project also includes capacity building for staff of these facilities in the areas of cleaning, operations and maintenance. As part of the initiative 89 facilities were assessed using the hospital safety index and green checklist. This data is accessible by the GoG for future use. The GoG has committed to the application of the Smart standards when retrofitting or building any new health facilities.

### WASH initiatives

There have been improvements in water and sanitation in the country in the last 10 years. The Water Supply and Sanitation Infrastructure Improvement Programme co-financed by the Inter-American Development Bank (IDB) and the European Union (EU) was executed from 2016 to 2021. The programme resulted in the successful delivery of complete WASH (Water, Sanitation and Hygiene) solutions at the level of 300 households. WHO and UNICEF report that 86% of Guyana's population have access to at least basic sanitation, while the percentage is higher in urban areas (92%). Notwithstanding, thousands of persons are still without access to adequate water sanitation services.<sup>38</sup> Around 96% has access to basic drinking water, while 94% of the rural population has access to basic drinking water. In 2018 it was reported that 77% of Guyana's population has access to basic hygiene services.

## 2.3 Universal Health Coverage and Access

### Health system overview

Guyana has a health system that covers the urban, coastal, and interior regions of the country. Health services in Guyana are organized based on five levels of care:

- Level 1- Health Post/Clinic
- Level 2- Community Health Centre
- Level 3- District Hospital
- Level 4- Regional Hospital
- Level 5- National Referral Hospital

37 Smart Health Care Facilities Project Guyana – Project Update June 2022

38 WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene. Source: [www.washdata.org](http://www.washdata.org)

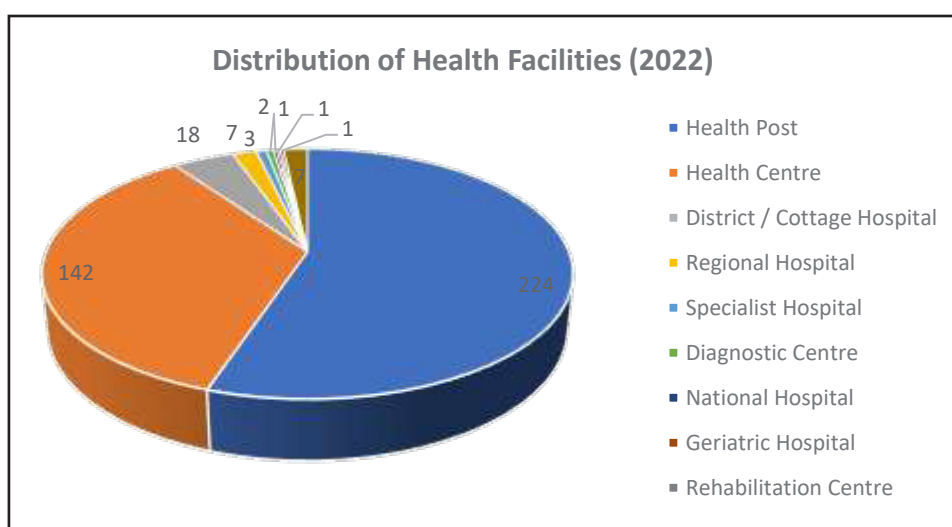


Figure 3 – Distribution of health facilities by level (2022)  
 Source: Regional Health Service (RHS), MOH. October 2022

A dedicated primary health care service exists both for the population in the interior as well as the coastal area providing first level of care services, these include 224 health posts and 142 Health Centre.

The secondary level of care is composed of 25 Regional and District hospitals that serve the population across the ten administrative regions of the country. In each administrative region there is at least three levels of health care including health posts, health centres and at least one District or Regional Hospital. At tertiary level, the Georgetown Public Hospital Cooperation (GPHC) is the national referral hospital. The ratio of hospital beds in Guyana has increased from 1.7 in 2017 to 2.6 in 2021.<sup>39</sup> The total number of hospital beds in 2021 was 1627 of which 87 were Intensive Care Unit (ICU) beds.<sup>40</sup> However, challenges remain in the provision of hospital care mainly due to low capacity in Regional and District hospitals to provide specialized services leading to constraints in the provision of specialized hospital care by the reference hospital.

Health and medical care in Guyana are provided by both public and private suppliers. The public health care system is highly decentralized and is administered through the Regional Democratic Councils and Regional Health Authorities, with ministerial oversight vested in the Ministry of Local Government and Regional Development. Public health care is primarily financed by the government, but contributions from the donor community also play a part. The Ministry of Health plays a central role in advising and coordinating public health care organizations, ensuring that public health services are developing in line with the government’s Health Vision 2030- A National Strategic Plan for

Health for Guyana (2021-2030) (- currently in draft). The private health sector provides 5% of the health services in the country and operates independently, though subject to regulations ensuring standards of care and practice.

The GoG is addressing the limited capacity of specialized hospital care through several projects aimed at strengthening the health care delivery network. In 2022, the IDB approved a large loan for the Health Care Network Strengthening in Guyana Project, which is being implemented by the Ministry of Health.<sup>41</sup> The project includes three components: (i) improve health outcomes associated with low and high complexity procedures, by expanding the capacity of strategic hospitals; (ii) extend coverage of diagnostic, medical consultation, and patient management services, inclusive of the country’s hinterland, through digital health; and (iii) increase the efficiency of the public health system, by strengthening key logistic, management, and support processes and inputs. The first and largest component focuses on expansion of the capacity of two strategic Level 4 hospitals – the New Amsterdam Hospital and Linden Hospital complex. This should relieve pressure on the main national reference hospital (GPHC, Level 5) to provide lower-complexity services. Thus, increasing the ability of this facility to fulfil its mission in handling specialty referral cases. When completed, it is expected that approximately 40% of the Guyanese population will have greater access to clinical and diagnostic services.

Additionally, the GoG is expanding its international collaborations to support its efforts in strengthening the country’s health system. A collaboration with the Mount Sinai Health System announced in July 2022 is an example of this expansion. The Mount Sinai team

<sup>39</sup> Pan American Health Organization/World Health Organization. Core Indicators, 2021. Available from: <https://opendata.paho.org/en/core-indicators>.  
<sup>40</sup> Ministry of Health. March 2022. Chief Medical Officer’s Report 2021.

<sup>41</sup> IDB. 2022. Project Profile: Conditional Credit Line for Investment Projects and First Operation for Health Care Network Strengthening in Guyana



## PAHO/WHO COUNTRY COOPERATION STRATEGY

will advise and help develop high quality primary care, specialized services in cardiology and oncology, and significant improvements at the GPHC. Furthermore, a recent line of credit approved by the Government of India will enable the modernization of three health care facilities (Suddie Regional Hospital, the West Demerara Regional Hospital and the Bartica District Hospital) for improving and upgrading the delivery of health care services.<sup>42</sup>

### Public health programs

The MOH has eight health programmes led by Programme Directors:

1. Policy Development and Administration Programme to ensure strategic policy formulation, effective and efficient coordination and management of human, financial and physical resources necessary for the successful administration of the ministry's operations.
2. Communicable Diseases Programme to ensure the effective and efficient surveillance, prevention, management and control of communicable diseases through intersectoral and international collaboration.
3. Family and Primary Health Care Services Programme to ensure access to equitable, accessible, technically competent, and socially acceptable primary health care.
4. Regional and Clinical Services Programme to ensure that adequate and appropriate health care is made available to all the people of Guyana regardless of their geographic location.
5. Health Sciences Education Programme responsible for providing educational support for all the health training programmes and coordinates the planning and implementation of nursing and other clinical training programmes.
6. Standards and Technical Services Programme responsible for establishing, coordinating, monitoring and evaluating the implementation of norms and standards within which all the components of the health care delivery system (both private and public institutions) must operate.
7. Disability and Rehabilitation Services Programme to provide, on a national level, a wide range of rehabilitation services for persons with impairments and disabilities, aimed at enabling them to achieve an optimum level of functioning (physical, cognitive, social and emotional), thus affording them the means to change their lives towards acquiring a greater level of independence.
8. Disease Control - Non-Communicable Diseases Programme to ensure effective and efficient surveillance, prevention, management and control of non-communicable diseases through

<sup>42</sup> Available from: <https://www.minfor.gov.gy/featured/government-of-india-to-facilitate-modernization-of-primary-healthcare-facilities/>

intersectoral and international collaboration. This programme for non-communicable diseases was recently created to emphasize the focus of the MOH on addressing morbidity and mortality of non-communicable diseases including mental health.

### Human Resources for Health

Guyana, like other countries in the region, faces severe human resource limitations and is yet to reach WHO minimum staffing level recommendations.<sup>43</sup> In 2021, the density per 10,000 persons of physicians was 17, for dentists 1.6 and for pharmacists 3.6, all below the average of Non-Latin Caribbean countries of 27, 2.5 and 4, respectively. Guyana had 6.1 midwives and per 10,000 persons in 2021, which was equal to the regional average of Non-Latin Caribbean Countries.<sup>44</sup> Guyana has not

### Health financing

There is a National Insurance Scheme for state employees aged 16-60 years and those self-employed and working in the private sector. Guyana's health sector is financed primarily through government transfers, donor funds and out-of-pocket spending. In 2019, 59 % of health expenditure was financed through government transfers, 35% through out-of-pocket spending, and the remainder through external aid, social health insurance contributions, and voluntary health insurance contributions.<sup>45</sup> Over the past decade, the decline in external aid has been compensated by the increase in government transfers while the other financing sources retained a broadly similar share.

Guyana's health spending per capita increased by 5% on average per year since 2010 and reached US\$326 per capita in 2019. The current health expenditure as a proportion of GDP has also increased over the past decade and reached 4.9% of GDP in 2019, of which 2.9% was financed through government expenditure. The share of financing through government expenditure is below that of the average Caribbean Small State and upper middle-income country.<sup>46</sup>

Health spending data show that curative health services made up the largest share of expenditures in health. In 2019, expenditures for curative services were 58% of the total health expenditures, followed by

<sup>43</sup> PAHO, 2020, The Essential Public Health Functions in the America's, A Renewal for the 21st Century, Conceptual Framework and Description. WHO minimum staffing requirements established in 2015: 44.5 physicians, nurses, and midwives per 10,000 population

<sup>44</sup> PAHO, Core indicators 2019, Health trends in the America's

<sup>45</sup> WHO. 2022. Global Health Expenditure data base. Source: <https://www.who.int/data/gho>

<sup>46</sup> United Nations Guyana. 2022. Draft Health Financing paper

medical goods, 21% and preventive care 14%.<sup>47</sup> Budget 2022 proposes a substantial and sustained increase in capital expenditure when compared with 2021; it commits an additional GY\$59 billion (US\$282 million) to the Ministry of Health and regional administrations for public health sector expenditure. While much of the capital expenditure is expected to be financed from non-specific (general government) budgetary resources, a growing share is expected to be obtained from specific sources of financing from donors and international finance institutions.<sup>48</sup> Most of the budgeted expenditure for the health sector is to be executed under the Health Sector Improvement Programme. This programme will design and construct a Paediatric and Maternal Hospital and six regional hospitals during 2022 and 2025.

### Progress in achieving Universal Health Coverage

Throughout the years the Ministry of Health has taken action to improve Universal Health Coverage (UHC). The health sector in Guyana was guided by the previous national health strategy, Health Vision 2020, for the period 2013-2020, which identified Universal Health Coverage as a strategic pillar in achieving increased financial risk protection, improved access to health services and improved health outcomes.

Guyana's score on the WHO UHC index in 2019 was 74 out of 100 which is considered a high coverage and is to the upper-middle income average. This index consists of 14 indicators of essential health services of which Guyana scores particularly well for indicators relating to the provision of reproductive, maternal, new-born and child health. It is less favourable for indicators relating to the treatment of infectious diseases and health worker density. Despite this progress, access to public health care is constrained by the availability and quality of health care facilities and resources.

In 2022, as part of the expansion of UHC in Guyana, the MOH in collaboration with PAHO through a national consultation process, proposed a Package of Essential Health Services (PHES) for Guyana that aims to provide interventions that cover 115 coded conditions which reflect Guyana's demographic and disease profile, PAHO provided cost projections for the highest priority package that expands coverage from 53% to 85% based on normative (internationally standardized) estimates. To achieve 85% coverage the additional cost of the PHES between 2020 and 2030 is estimated to be US\$254 million. This cost is equivalent to additional current health expenditure of US\$57 per capita. The phased roll out of the PHES will require a

gradual increase in current public health expenditure of 21% in real terms by 2030. The multidimensional roadmap towards full implementation of the PHES identifies actions related to policy and legislation, the national health system, and other programmatic areas throughout 2030.

### 2.4 Cross cutting themes

The four cross-cutting themes - Gender, Equity, Human Rights and Ethnicity - are central to PAHO's Strategic Plan and aim to ensure that all health sector policies, programmes, and plans, including intersectoral action, address the persistent inequities in health that affect the enjoyment of the highest attainable standard of health by all people and population groups.<sup>49</sup> The MOH endorses these cross-cutting themes by addressing them in its Health Vision 2030.

There is limited statistical capacity for collecting timely, high-quality national household survey data in many Caribbean countries. Consequently, data on inequality indicators tend to be scarce and outdated, making it difficult to compare measures reliably between countries and monitor changes over time.<sup>50</sup> Inequality data for Guyana is therefore also limited.

The Gini coefficient provides a measure for income inequality. In Guyana the income of the bottom 40% grew slower than the average over the past years, resulting in increased income inequality, with the Gini coefficient rising from 0.46 to 0.52 between 2006 and 2019.<sup>51</sup>

The Gender Development Index (GDI) measures gender gaps in achievements in three basic dimensions of human development: health, knowledge and living standards. In 2019, Guyana had a GDI value of 0.961, placing it into Group 2 "Countries with medium to high equality in HDI achievements between women and men".<sup>52</sup> Guyana had a Gender Inequality Index (GII) value of 0.462, ranking it 115 out of 162 countries in the 2019 index. The GI reflects gender-based inequalities in three dimensions – reproductive health, empowerment, and economic activity. In Guyana, 31.9% of parliamentary seats are held by women, and 70.9% of adult women have reached at least a secondary level of education compared to 56.4% of their male counterparts.

Female participation in the labour market is 43.9% compared to 68.5% for men. The SDG report of 2022 confirms that gender equality in Guyana is still a

47 WHO. 2022. Global Health Expenditure data base. Source: <https://www.who.int/data/gho>

48 United Nations Guyana. 2022. Draft Health Financing paper

49 PAHO. 2020. Strategic Plan of the Pan American Health Organization 2020-2025: Equity at the Heart of Health.

50 UNDP. 2021. Regional Human development report 2021.

51 World Bank. 2022. Macro Poverty Outlook, Spring Meetings 2022: Country-by-country Analysis and Projections for the Developing World.

52 UNDP. Human Development Report 2020. Briefing note for countries on the 2020 Human Development Report – Guyana.



## PAHO/WHO COUNTRY COOPERATION STRATEGY

work-in-progress as shown by the progress of SDG 5 indicators.<sup>53</sup>

The rights of persons living in Guyana are outlined in the constitution.<sup>54</sup> Article 149F of the Constitution guarantees gender equality, intending to ensure that Guyanese women and girls have equal rights as their male counterparts to participate in civic, economic, social and political life without discrimination. It also provides for protection from all forms of violence.

Although Guyana's comprehensive legislative environment protects their rights, women and girls continue to suffer high rates of sexual and other forms of victimization. Violence against women tends to increase during emergencies, including pandemics. The recent Women's Health and Life Experiences Survey revealed that more than half (55%) of all Guyanese women experienced at least one form of violence.<sup>55</sup> Guyanese women experience intimate partner violence (IPV) at significantly higher rates than the global average of 1 in 3 women<sup>56</sup>. The survey results showed 55% of respondents who ever had a male partner have experienced some form of IPV during their lifetime; 38% of them have experienced physical and/or sexual violence.

The GoG continues to address gender-based violence (GBV). The Pan Caribbean Partnership Against HIV and AIDS (PANCAP) reports that Guyana has established a legal framework to address GBV, but groups such as persons in same sex relationship remain largely without protection. In addition, the social and cultural norms of gender inequality that ground and perpetuate GBV continue to be upheld. These norms hinder the effectiveness of the existing legal framework since they, in effect, discourage victims from seeking help and resorting to the formal redress mechanisms. These norms also affect the way authorities respond, to reports of GBV. In its policy brief from 2020, the PANCAP therefore advocates for a legal and policy reform to remove the legal, social and institutional barriers to GBV prevention and response.



53 Sachs, J., Laforune, G., Kroll, C., Fuller, G., Woelm, F. (2022). From Crisis to Sustainable Development: the SDGs as Roadmap to 2030 and Beyond. Sustainable Development Report 2022. Cambridge: Cambridge University Press. Available from: <https://dashboards.sdgindex.org/>

54 The Constitution of the Co-operative Republic of Guyana. Available from: <http://parliament.gov.gy/constitution.pdf>

55 Government of Guyana with support from UNDP, USAID, IDB, UN Women, in collaboration with University of Guyana and The Global Women's Institute. 2019. Guyana Women's Health and Life Experiences Survey Report. Available from: <https://guyana.un.org/en/52286-guyana-womens-health-and-life-experiences-survey-report>

56 Source: <https://www.who.int/publications/i/item/9789241564625>









# 3. Partnership environment

## 3.1 Partnership and development cooperation

United Nations System and the health sector in Guyana. Guyana has been a member state of the United Nations (UN) since 1966 and has benefited from its development aid and technical cooperation more than 50 years. The UN agencies which have a presence in Guyana include: the Food and Agriculture Organization (FAO), International Organization for Migration (IOM), The Pan American Health Organization (PAHO/WHO), UN Women, UNAIDS, United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), and World Food Programme (WFP). Other UN Specialized Agencies, Funds, and Programmes conduct operations in Guyana from regional offices or international offices. In addition, the UN's Regional Economic Commission for Latin America and the Caribbean (ECLAC), and the World Bank (a UN Specialized Agency) also operate in Guyana.

In December 2021, Guyana became party to the 2022-2026 MSDCF, which is the strategic framework that represents the UN's collective response to addressing the common development challenges of the English- and Dutch-speaking Caribbean. The framework prioritizes outcomes in the region in four areas: economic resilience and shared prosperity; equality and wellbeing; resilience to climate change shocks and sustainable natural resource management; and peace, safety, justice, and the rule of law. The Country Implementation Plan (CIP), which serves to operationalize the MSDCF at the local level, is currently being implemented.

In addition to the technical cooperation of PAHO/WHO in the health sector, other UN agencies also support technical cooperation in health-related areas. A large focus of these agencies has been on the response to COVID-19 since 2020. Aside from the procurement of COVID-19 vaccine and related supply chain management, UNICEF, UNHCR and WFP supported the GoG in the areas of technical cooperation, aid funding, and capacity building related to COVID-19.<sup>57</sup>

UNICEF Guyana and Suriname (with an office in Guyana operating under an integrated Country Program for these two countries) focuses on child health, immunization, nutrition, social protection, education and emergency response in the light of the

COVID-19 pandemic including WASH.<sup>58</sup> UNDP and UNHCR lend support in the area of HIV-AIDS. The UNFPA focuses on gender-based violence, sexual and reproductive health and adolescent/youth health. FAO has its works in agriculture and has conducted projects in the area of healthy eating initiatives.

## Multilateral agencies and health

Guyana is a member of the Caribbean Community (CARICOM) which Secretariat has its Headquarters in Georgetown. CARPHA is the single regional public health agency for the Caribbean, legally established in July 2011 by an Inter-Governmental Agreement signed by CARICOM Member States and was operationalised in January 2013. Its role is to provide technical and advisory services in the areas of Environmental quality monitoring, surveillance and detection of diseases, conduct of field and laboratory research, recommendation of intervention measures, and Emergency responses to disasters among others. The CARPHA's Caribbean Regulatory System (CRS) in 2018 signed a Memorandum of Understanding with the Government of Guyana which allows for stronger engagement, including information sharing and processing decisions, procure CRS recommended products, and pharmaceutical procurement market advantages.

Guyana became a member state of the International Atomic Energy Agency (IAEA) on 27 January 2015 and begun participating in Technical Corporation Projects at a regional/Caribbean level in September 2016. It eventually entered National Projects development and participation, developed, implemented and approved through the National Liaison Officer. The country has received equipment for radiation detection procured for non-medical sectors including response agencies, and some Quality Assurance basic equipment for the health sector under these projects. There has been extensive national participation in virtual training sessions, workshops, webinars and international and regional meetings.

The GF has provided support in the following areas: malaria, HIV, TB with the aim to accelerate the country's progress toward ending the three diseases as public health threats. The GF investment of over US\$4 million for 2022-2024 will fund essential components of Guyana's national programs for HIV and TB. The grant supports HIV interventions geared toward reducing

<sup>57</sup> United Nations Guyana. 2022. Annual Results Report - 2021

<sup>58</sup> UNICEF, February 2022, Country programme document Guyana and Suriname 2022-2026



## PAHO/WHO COUNTRY COOPERATION STRATEGY

HIV incidence and AIDS-related mortality through scaled access to key populations and delivering essential HIV prevention, diagnostic, treatment, care and support services. TB interventions focus on care and prevention, increased detection and success rates for multidrug-resistant TB, and TB/HIV collaborative activities that further integrate the delivery of services for both these public health threats. Malaria funding of over US\$3 million was signed for 2020-2022. This investment will fund activities to support Guyana in its aim of achieving a 75% reduction (relative to 2015) in malaria cases by 2025, and a 90% reduction by 2030. Guyana was also awarded US\$ 2.3 million for its COVID-19 Response Mechanism for the period 2021-2022.

The U.S. Government has provided more than US\$185 million to combat HIV in Guyana since 2004 through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).<sup>59</sup> PEPFAR, the MOH, and civil society partners will work closely together to ensure funds and programs are targeting key populations, specifically those most affected by HIV.

Centre for Disease Control and Prevention (CDC) has collaborated with Guyana since 2002 in response to the HIV/AIDS epidemic. CDC-Guyana has helped partners build a sustainable public health infrastructure by strengthening public health services and systems, building national lab systems capacity, integrating care and treatment services, development of the healthcare workforce, enhancing access to HIV counselling and testing, and improving the safety and availability of donated blood. Through the Centre for Disease Control and Prevention Cooperative Agreement, the MOH has received support in the following technical areas: surveillance, laboratory/diagnostics, infection prevention and control in healthcare facilities, strengthening emergency operations, border health and community mitigation of COVID-19 and country operation support.

As one of the largest and long-established sources of development funding in Latin America and Caribbean countries, the strategic position of IDB enables their focus on sustainable, climate-friendly development to reduce poverty and inequality. IDB continues to be an active multilateral partner of Guyana with health as one of the sectors in which current projects are being implemented. IDB's projects in preparation or implementation stage are focused on health care network strengthening and improving maternal and child health through upgrading health facilities. Its country strategy 2017-2021 has been implemented and reviewed.<sup>60</sup>

<sup>59</sup> U.S. Embassy Georgetown. 12 March 2021. Press release.

<sup>60</sup> IDB. July 2022. Independent Country Program Review Guyana 2017-2021. Available from: <https://publications.iadb.org/en/independent-country-program-review-guyana-2017-2021>

A new country strategy is yet to be published.

The World Bank Group's (WBG) engagement in Guyana is guided by a Country Engagement Note (CEN), which was discussed by the Board of Executive Directors in March 2016. The CEN focuses on selective areas in which the WBG is already engaged and positioned to provide support. These include: (i) enhancing resilience and building disaster risk management capacities; (ii) setting up the foundations for high-quality education; and (iii) laying the ground for private sector development. The WBG's portfolio has evolved from US\$36 million in 2016 to US\$157.92 million in 2022. A 2023 – 2026 Country Partnership Framework (CPF) for Guyana is being developed and will be the first full WBG framework in Guyana since 2012.

### 3.2 PAHO/WHO's cooperation over past CCS cycle

The previous CCS for Guyana covered the period 2016 - 2020. There were five strategic priorities selected with each having three focus areas for this period:

#### 1. Strengthening health systems for universal health:

- 1.1 Strengthened health systems capacity with emphasis on governance and stewardship
- 1.2 Enhanced capacity to develop and implement strategies for health financing
- 1.3 Scaled up response to increase equitable access to quality, people centred and equitable, integrated service delivery

#### 2. Achieving health and wellbeing throughout the life course:

- 2.1 Strengthened health services for mothers, newborns, and children
- 2.2 Improved access to health interventions for adolescents and youth
- 2.3 Improved access to health interventions for adults and the elderly

#### 3. Promoting safe, resilient, healthy environments:

- 3.1 Improved access to quality water and sanitation and health-related risks monitored and controlled
- 3.2 Strengthened human and institution capacity to address climate change, disaster preparedness and response
- 3.3 Scaled up interventions for the promotion of health-supportive environments including control of air, soil and water pollution.

#### 4. Reducing the burden of noncommunicable diseases:

- 4.1 Strengthened early detection and management of NCDs, risk factors, mental health, violence and injuries
- 4.2 Improved surveillance and monitoring of NCDs, risk factors, mental health violence and injuries
- 4.3 Scaled up health promotion and interventions to address NCDs, risk factors, mental health, violence and injuries.

**5. Reducing the morbidity and mortality due to communicable diseases:**

- 5.1 Strengthened capacity for the integrated management and control of malaria, other vector-borne diseases and NIDs, towards the subsequent elimination of local transmission of some of these diseases
- 5.2 Scaled up interventions to address HIV, other STIs and Tuberculosis
- 5.3 Improved capacity to respond to new, emerging and re-emerging diseases and emergencies.

As part of the CCS development process, a rapid assessment of the previous CCS cycle was conducted using a workshop methodology with key stakeholders

from the MOH together with PAHO technical staff. The technical staff of the PAHO/WHO country office did an internal review of main achievements. The outcomes indicate that the health system and policies have made significant strides with technical support from PAHO/WHO Guyana. Some of the areas identified by stakeholders in which there were main achievements include: strengthening maternal and child health, technical support and capacity building in communicable diseases, more specifically NTDs, COVID-19 operational management support, technical cooperation and capacity building for NCD prevention, technical assistance in the development of the PEHS and the SMART hospital initiative.

Some focus areas of the CCS were also identified as not achieved due to challenges in implementation, governance structure, monitoring and evaluation and counterpart funding. These areas of limited achievement include Mental Health, Rehabilitation and Environmental Health. Key stakeholders confirmed that these focus areas were related to strategic priorities 3 and 4 and remain health priorities in Guyana.





# 4. Strategic Agenda

The Strategic Agenda reflects the strategic priorities (SPs) and focus areas (FAs) of the PAHO/WHO cooperation strategy for Guyana covering the period of 2023 to 2027. The five strategic priorities and the respective areas of focus were developed considering the national strategic frameworks, as well as the regional and global frameworks of PAHO/WHO and the UN.

1	Strengthening health systems to achieve universal health coverage and access	<p>1.1 Strengthen strategies for improving leadership and governance to ensure the sustainability of the health financing system, Human Resources for Health, quality of care, and the supply chain management system with a public health legal framework and policies</p> <p>1.2 Support the implementation of a renewed healthcare delivery model based on the principles of Primary Health Care, including the implementation of Integrated Service Delivery Networks for improved access and coverage</p> <p>1.3 Strengthen strategic information management and evidence-based decision-making based on improved health information systems, research and the roll out of the digital health for all strategy</p>
2	Reducing morbidity and mortality of NCDs and mental health through a holistic approach	<p>2.1 Improve surveillance, prevention, management and control of NCDs, including their risk factors utilising an intersectoral and multidisciplinary approach</p> <p>2.2 Strengthen strategies, institutional capacities and equitable access to address mental health, substance use disorders and self-harm behaviours through integration at all levels of care</p> <p>2.3 Improve the capacity for prevention and response in the areas of violence, and unintentional injuries, including road safety, disabilities and rehabilitation</p>
3	Strengthening surveillance and response to prevent, control and eliminate communicable diseases	<p>3.1 Improve prevention, management and elimination of HIV/AIDS, STIs, Viral Hepatitis, Tuberculosis, Malaria and other vector-borne diseases.</p> <p>3.2 Strengthen strategies to eliminate neglected tropical diseases, prevent and manage zoonotic diseases, antimicrobial resistance and food and water-borne diseases by utilising the One Health approach</p> <p>3.3 Strengthen integrated disease surveillance and outbreak investigation, including public health and clinical laboratory capacity, and improve response strategies for emerging and reemerging diseases</p>
4	Improving health and well-being across the life course.	<p>4.1 Support the implementation of comprehensive people-centred strategies to improve health and well-being for individuals across the life course</p> <p>4.2 Strengthen strategies and capacities to promote a gender-responsive, culturally appropriate and equitable health system in accordance with human rights principles</p> <p>4.3 Promote healthy lifestyles by strengthening multisectoral strategies for health promotion and health education</p>
5	Strengthening health emergencies, disaster risk management and response including IHR	<p>5.1 Establish a programme on multi-hazard disasters and emergencies while strengthening the IHR core capacities, legislation and regulations</p> <p>5.2 Develop and implement strategies for the mitigation, response and adaptation to health emergencies including chemical and radiological emergencies, climate change and environmental health threats, risks and events</p> <p>5.3 Strengthen response strategies for displaced population and situations of vulnerabilities</p>

The strategy considers the health priorities at the global, regional and national levels. It incorporates the national health priorities of the Ministry of Health and builds on the strengths and achievements of the previous CCS.

Achieving the Strategic Agenda is a shared responsibility of PAHO/WHO and the Government of Guyana, with the Government, more specifically the Ministry of Health, having the leadership role. Country ownership has been integral to the development of the strategies, and these were defined through national consultations with key stakeholders. The Strategic Agenda is aligned to national health policy plans as well as the PAHO Strategic Plan 2020-2025. It is expected that implementation of these strategies will also contribute to achieving the SDGs.

## 4.1 Strategic priorities and focus areas

This Strategic Priority focuses on those areas which need strengthening to achieve UHC to enable health to all persons, without any kind of discrimination in a context of equity, solidarity and the right to health. The commitment to advance UHC will strengthen the essential building blocks of the health system including primary health care renewal, quality of care, health financing, HRH, supply chain management systems, and health information systems. Leadership and governance at all levels is required for all these components, to endorse the national vision for health and to support implementation efforts. Advances in these focus areas will require the development of new public health policies as well as revision and updates to existing regulatory framework.

Guyana’s adoption of a new health system model based on the principles of Primary Health Care (PHC) through an Integrated Health Service Delivery Network (IHSDN) approach aims to address its epidemiological transition of alarming mortality caused by NCDs, while tackling the substantial burden related to communicable diseases, and challenges in the area of maternal and child health. PAHO’s Technical cooperation will include supporting the MOH in the adoption of this new model of care.

**The focus areas for this Strategic Priority are:**

- 1.1 Strengthen strategies for improving leadership and governance to ensure the sustainability of the health financing system, Human Resources for Health, quality of care, and the supply chain management system with a public health legal framework and policies
- 1.2 Support the implementation of a renewed healthcare delivery model based on the principles of Primary Health Care, including the implementation of Integrated Service Delivery Networks for improved access and coverage
- 1.3 Strengthen strategic information management and evidence-based decision-making based on improved health information systems, research and the roll out of the digital health for all strategy

This strategic priority focuses on reducing the burden of NCDs including mental health, violence and injuries by scaling up interventions to promote and protect health, prevent diseases and injuries, and surveillance. Prevention of NCDs includes addressing common risk factors such as tobacco use, harmful use of alcohol or other drugs, unhealthy diets, physical inactivity and overweight by utilising a multidisciplinary and intersectoral approach. This approach involves all relevant sectors and actors to lead strategic and collaborative efforts aimed at strengthening Guyana’s capacity to promote and protect health through public policies, programs, and services.

Mental health disorders increase the risk for other diseases and contribute to unintentional and intentional injury. Guyana is faced with an increased burden from mental health disorders. PAHO/WHO’s technical cooperation will continue to support the MOH with policies and interventions aimed at scaling-up services for mental, neurological and substance use disorders and to achieve a transition towards a more community-based model of care.

Violence and injuries, including road safety, remains important to address, especially after the COVID-19 pandemic in which an increase in gender-based

violence has been observed. This strategic priority also focuses on strategies and actions to ensure universal, equitable access to health services for people with disabilities and their families, as well as strengthening rehabilitation capacity across all levels of the health care system.

**The focus areas for this Strategic Priority are:**

- 2.1 Improve surveillance, prevention, management and control of NCDs, including their risk factors utilising an intersectoral and multidisciplinary approach
- 2.2 Strengthen strategies, institutional capacities and equitable access to address mental health, substance use disorders and self-harm behaviours through integration at all levels of care
- 2.3 Improve the capacity for prevention and response in the areas of violence, and unintentional injuries, including road safety, disabilities and rehabilitation.

As Guyana continues to face challenges in communicable diseases including NTDs, this strategic priority focuses on disease prevention, vaccine coverage expansion and consolidation, access to treatment, an end to communicable disease epidemics, and, ultimately, disease elimination.

The One Health approach will support interventions taken at the human-animal-ecosystem interface to prevent, control and manage (re-)emerging diseases and antimicrobial resistance. The scope of this strategic priority includes the continuation of joint efforts by the health and other sectors to address the determinants of health – those conditions in which people are born, grow, live, work, and age. This strategic priority addresses the need for an integrated national health promotion strategy which moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Effective communicable disease control relies on effective response systems and effective response systems rely on effective disease surveillance. Disease surveillance is thus a critical component of the health system since it provides essential information for optimal health care delivery and a cost-effective health strategy. Strengthening of disease surveillance including the improvement of public health and clinical laboratory capacity are within the scope of this strategic priority.

**The focus areas for this Strategic Priority are:**

- 3.1 Improve prevention, management and elimination of HIV/AIDS, STIs, Viral Hepatitis, Tuberculosis, Malaria



and other vector-borne diseases.

3.2 Strengthen strategies to eliminate neglected tropical diseases, prevent and manage zoonotic diseases, antimicrobial resistance and food and water-borne diseases by utilising the One Health approach.

3.3 Strengthen integrated disease surveillance and outbreak investigation, including public health and clinical laboratory capacity, and improve response strategies for emerging and re-emerging diseases.

Adopting the life course approach means identifying key opportunities for minimizing risk factors and enhancing protective factors through evidence-based interventions at key life stages. This approach will include support of the key programmes and services related to women's, men's, maternal, new-born, child and adolescent health, sexual and reproductive health, workers' health, and healthy aging. Continued focus will be placed on strengthening maternal and child health aimed at reducing maternal and child mortality. Technical cooperation under this strategic priority will also contribute to strengthening health promotion strategies focused on healthy lifestyles and supporting people to develop their greatest health potential.

The Health Promotion approach is participatory, intersectoral, sensitive to the context, and operates at multiple levels. It includes the building of capacities to address the social determinants of health through a Health in All Policies (HiAP) approach which promotes intersectoral policies. This in turn will create enabling and health-conducive environments in which individuals and communities are empowered and engaged in maintaining and enhancing their own health and well-being.

### The focus areas for this Strategic Priority are:

4.1 Support the implementation of comprehensive people-centred strategies to improve health and well-being for individuals across the life course.

4.2 Strengthen strategies and capacities to promote a gender-responsive, culturally appropriate and equitable health system in accordance with human rights principles.

4.3 Promote healthy lifestyles by strengthening multisectoral strategies for health promotion and health education.

Given the magnitude and impact of the COVID-19 pandemic, the health system of Guyana was tested

and required strong intersectoral coordination. It emphasized the need for disaster preparedness and emergency response strategies with the required capacities to prepare and respond to "all hazards". This includes strengthening the regulatory framework as well as institutional capacities to detect, assess, report, and respond to public health events in alignment with the International Health Regulations (IHR). Special focus will be placed on the establishment of a Health Emergencies and Disasters Risk Management Programme within the MoH.

Due to Guyana's geographical location and topographic characteristics, the country is highly susceptible to natural disasters caused by climatological and meteorological hazards. The primary hazards are river floods, coastal floods, wildfires, urban floods, and extreme heat. Following the country's prioritization of climate change at the highest level, technical cooperation will focus on supporting the MOH to prepare the health system through early warning, better planning and the implementation of prevention and adaptation measures. Under this strategic priority, a special focus will be placed on continuing efforts in building resilience of the health sector including the implementing health facilities which are disaster-resilient and green (SMART).

A particular need for technical cooperation and collaboration was identified for strengthening response strategies and mechanisms to improve the health of displaced populations and vulnerable groups. Efforts under this priority will aim to increase access to health care services for these groups, enhance local institutions' capacity, and the integration of mental health and psychological support in emergency context and therefore adding this component to national disaster preparedness plan.

### The focus areas for this Strategic Priority are:

5.1 Establish a programme on multi-hazard disasters and emergencies while strengthening the IHR core capacities, legislation and regulations.

5.2 Develop and implement strategies for the mitigation, response and adaptation to health emergencies including chemical and radiological emergencies, climate change and environmental health threats, risks and events.

5.3 Strengthen response strategies for displaced population and situations of vulnerabilities.

4.2 Aligning the strategic agenda to national, regional and global policies and frameworks

Strategic Priority 1: Strengthening health systems to achieve universal health coverage and access

<b>CCS focus area</b>	<i>1.1 Strengthen strategies for improving leadership and governance to ensure the sustainability of the health financing system, Human Resources for Health, quality of care, and the supply chain management system with a public health legal framework and policies</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 2: Leadership and Governance to implement a new Health System Model based on Primary Health Care Strategic Goal 3: Human Resources for Health Strategic Goal 4: Health Systems Financing Strategic Goal 5: Evidence-informed decision-making Strategic Goal 6: Supply chain management for Drugs, Medical Supplies and Medical Products</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 1: Access to comprehensive and quality health services Outcome 7: Health workforce Outcome 8: Access to health technologies Outcome 9: Strengthened stewardship and governance Outcome 10: Increased public financing for health Outcome 11: Strengthened financial protection</i>
<b>SDG targets</b>	<i>SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States</i>
<b>MSDCF 2022-2026</b>	<i>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</i>

<b>CCS focus area</b>	<i>1.2 Support the implementation of a renewed healthcare delivery model based on the principles of Primary Health Care, including the implementation of Integrated Service Delivery Networks for improved access and coverage</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 2: Leadership and Governance to implement a new Health System Model based on Primary Health Care Strategic Goal 4: Health Systems Financing</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 1: Access to comprehensive and quality health services Outcome 2: Health throughout the life course Outcome 3: Quality care for older people Outcome 5: Access to services for NCDs and mental health conditions Outcome 8: Access to health technologies</i>



<b>SDG targets</b>	SDG 3 - <i>Ensure healthy lives and promote well-being for all at all ages</i> Target 3.8: <i>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</i>
<b>MSDCF 2022-2026</b>	Priority area 2: <i>Equality, Well-Being and Leaving No One Behind</i> Outcome 4: <i>People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</i>

<b>CCS focus area</b>	1.3 <i>Strengthen strategic information management and evidence-based decision-making based on improved health information systems, research and the roll out of the digital health for all strategy</i>
<b>MOH Health Vision 2030</b>	Strategic Goal 5: <i>Evidence-informed decision-making</i>
<b>PAHO Strategic Plan 2020-2025</b>	Outcome 9: <i>Strengthened stewardship and governance</i> Outcome 20: <i>Integrated information systems for health</i> Outcome 21: <i>Data, information, knowledge, and evidence</i> Outcome 22: <i>Research, ethics, and innovation for health</i>
<b>SDG targets</b>	SDG 9 - <i>Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</i> Target 9.5: <i>Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending</i> SDG 17 - <i>Strengthen the means of implementation and revitalize the global partnership for sustainable development</i> Target 17.18: <i>By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts</i>
<b>MSDCF 2022-2026</b>	Priority area 2: <i>Equality, Well-Being and Leaving No One Behind</i> Outcome 3: <i>National governments and regional institutions use relevant data and information to design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind</i>

**Strategic priority 2: Reducing morbidity and mortality of NCDs and mental health through a holistic approach**

<b>CCS focus area</b>	<i>2.1 Improve surveillance, prevention, management and control of NCDs, including their risk factors utilising an intersectoral and multidisciplinary approach</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 5: Access to services for NCDs and mental health conditions Outcome 13: Risk factors for NCDs Outcome 14: Malnutrition Outcome 18: Social and environmental determinants Outcome 19: Health promotion and intersectoral action</i>
<b>SDG targets</b>	<i>SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being Target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol Target 3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</i>
<b>MSDCF 2022-2026</b>	<i>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</i>

<b>CCS focus area</b>	<i>2.2 Strengthen strategies, institutional capacities and equitable access to address mental health, substance use disorders and self-harm behaviours through integration at all levels of care</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 5: Access to services for NCDs and mental health conditions Outcome 13: Risk factors for NCDs Outcome 16: Intersectoral action on mental health</i>
<b>SDG targets</b>	<i>SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being Target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol Target 3.a: Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</i>



<p><b>MSDCF 2022-2026</b></p>	<p>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</p>
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<p><b>CCS focus area</b></p>	<p>2.3 Improve the capacity for prevention and response in the areas of violence, and unintentional injuries, including road safety, disabilities and rehabilitation</p>
<p><b>MOH Health Vision 2030</b></p>	<p>Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</p>
<p><b>PAHO Strategic Plan 2020-2025</b></p>	<p>Outcome 6: Response capacity for violence and injuries Outcome 13: Risk factors for NCDs Outcome 15: Intersectoral response to violence and injuries Outcome 18: Social and environmental determinants Outcome 19: Health promotion and intersectoral action</p>
<p><b>SDG targets</b></p>	<p>SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.6: By 2020, halve the number of global deaths and injuries from road traffic accidents SDG 16 - Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels Target 16.1: Significantly reduce all forms of violence and related death rates everywhere Target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children</p>
<p><b>MSDCF 2022-2026</b></p>	<p>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</p>



**Strategic priority 3: Strengthening surveillance and response to prevent, control and eliminate communicable diseases**

<b>CCS focus area</b>	<i>3.1 Improve prevention, management and elimination of HIV/AIDS, STIs, Viral Hepatitis, Tuberculosis, Malaria and other vector-borne diseases</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 4: Response capacity for communicable diseases Outcome 12: Risk factors for communicable diseases Outcome 17: Elimination of communicable diseases Outcome 18: Social and environmental determinants Outcome 19: Health promotion and intersectoral action</i>
<b>SDG targets</b>	<i>SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</i>
<b>MSDCF 2022-2026</b>	<i>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</i>

<b>CCS focus area</b>	<i>3.2 Strengthen strategies to eliminate neglected tropical diseases, prevent and manage zoonotic diseases, antimicrobial resistance and food and water-borne diseases by utilising the One Health approach</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 4: Response capacity for communicable diseases Outcome 12: Risk factors for communicable diseases Outcome 17: Elimination of communicable diseases Outcome 18: Social and environmental determinants Outcome 19: Health promotion and intersectoral action</i>
<b>SDG targets</b>	<i>SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</i>
<b>MSDCF 2022-2026</b>	<i>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</i>



<b>CCS focus area</b>	<i>3.3 Strengthen integrated disease surveillance and outbreak investigation, including public health and clinical laboratory capacity, and improve response strategies for emerging and reemerging diseases</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 4: Response capacity for communicable diseases Outcome 12: Risk factors for communicable diseases Outcome 17: Elimination of communicable diseases Outcome 24: Epidemic and pandemic prevention and control</i>
<b>SDG targets</b>	<i>SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</i>
<b>MSDCF 2022-2026</b>	<i>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 3: National governments and regional institutions use relevant data and information to design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind</i>

<b>CCS focus area</b>	<i>3.3 Strengthen integrated disease surveillance and outbreak investigation, including public health and clinical laboratory capacity, and improve response strategies for emerging and reemerging diseases</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 4: Response capacity for communicable diseases Outcome 12: Risk factors for communicable diseases Outcome 17: Elimination of communicable diseases Outcome 24: Epidemic and pandemic prevention and control</i>
<b>SDG targets</b>	<i>SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</i>
<b>MSDCF 2022-2026</b>	<i>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 3: National governments and regional institutions use relevant data and information to design and adopt laws and policies to eliminate discrimination, address structural inequalities and ensure the advancement of those at risk of being left furthest behind</i>

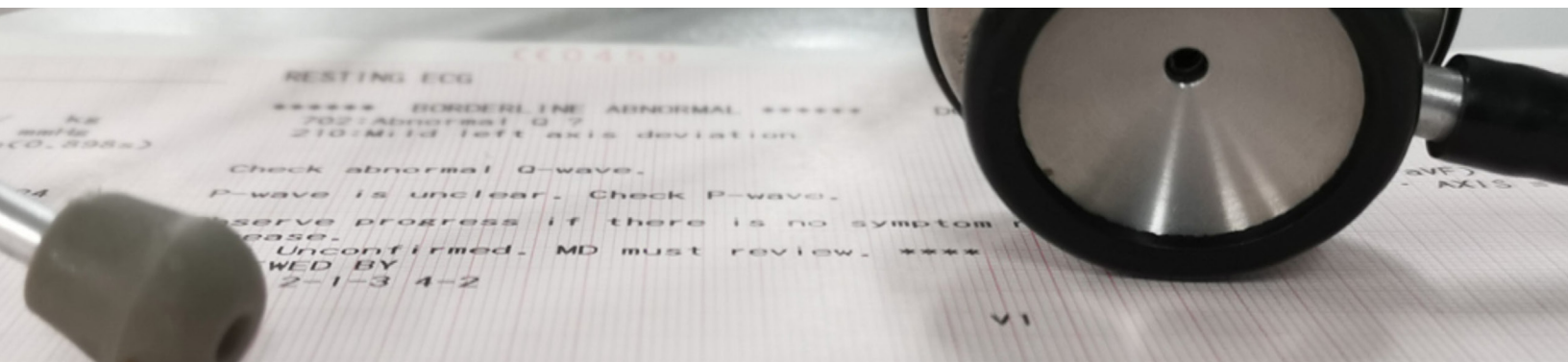
Strategic priority 4: Improving health and well-being across the life course

<b>CCS focus area</b>	4.1 Support the implementation of comprehensive people-centred strategies to improve health and well-being for individuals across the life course
<b>MOH Health Vision 2030</b>	Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 2: Leadership and Governance to implement a new Health System Model based on Primary Health Care principles Strategic Goal 9: Priority Health Conditions and Social Determinants of Health
<b>PAHO Strategic Plan 2020-2025</b>	Outcome 2: Health throughout the life course Outcome 3: Quality care for older people Outcome 18: Social and environmental determinants Outcome 19: Health promotion and intersectoral action
<b>SDG targets</b>	SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births Target 3.2: By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes  SDG 5 - Achieve gender equality and empower all women and girls Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
<b>MSDCF 2022-2026</b>	Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services





<b>CCS focus area</b>	4.2 Strengthen strategies and capacities to promote a gender-responsive, culturally appropriate and equitable health system in accordance with human rights principles
<b>MOH Health Vision 2030</b>	Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 2: Leadership and Governance to implement a new Health System Model based on Primary Health Care principles
<b>PAHO Strategic Plan 2020-2025</b>	Outcome 26: Cross-cutting themes: equity, gender, ethnicity, and human rights
<b>SDG targets</b>	<p>SDG 4 - Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all Target 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development</p> <p>SDG 5 - Achieve gender equality and empower all women and girls Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences</p> <p>SDG 16 - Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels Target 16.1: Significantly reduce all forms of violence and related death rates everywhere Target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children</p>
<b>MSDCF 2022-2026</b>	Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services



<b>CCS focus area</b>	<i>4.3 Promote healthy lifestyles by strengthening multisectoral strategies for health promotion and health education</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 1: Strategic Goal 1: Health Services and Healthcare Delivery Model Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 6: Response capacity for violence and injuries Outcome 13: Risk factors for NCDs Outcome 15: Intersectoral response to violence and injuries Outcome 18: Social and environmental determinants Outcome 19: Health promotion and intersectoral action</i>
<b>SDG targets</b>	<p><i>SDG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.6: By 2020, halve the number of global deaths and injuries from road traffic accidents Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</i></p> <p><i>SDG 4 - Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all Target 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture’s contribution to sustainable development</i></p> <p><i>SDG 5 - Achieve gender equality and empower all women and girls Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences</i></p> <p><i>SDG 6 - Ensure availability and sustainable management of water and sanitation for all Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations Target 6.3: By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally</i></p> <p><i>SDG 16 - Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</i></p>



	<p><i>Target 16.1: Significantly reduce all forms of violence and related death rates everywhere</i></p> <p><i>Target 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children</i></p>
<p><b>MSDCF 2022-2026</b></p>	<p><i>Priority area 2: Equality, Well-Being and Leaving No One Behind</i></p> <p><i>Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</i></p>

**Strategic priority 5: Strengthening health emergencies, disaster risk management and response including IHR**

<b>CCS focus area</b>	<i>5.1 Establish a programme on multi-hazard disasters and emergencies while strengthening the IHR core capacities, legislation and regulations</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 7: Health Emergency and Disaster Risk Management</i>
<b>PAHO Strategic Plan 2020-2025</b>	<p><i>Outcome 4: Response capacity for communicable diseases</i></p> <p><i>Outcome 23: Health emergencies preparedness and risk reduction</i></p> <p><i>Outcome 24: Epidemic and pandemic prevention and control</i></p> <p><i>Outcome 25: Health emergencies detection and response</i></p>
<b>SDG targets</b>	<p><i>SDG 3 - Ensure healthy lives and promote well-being for all at all ages</i></p> <p><i>Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</i></p> <p><i>Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</i></p> <p><i>Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</i></p> <p><i>SDG 6 - Ensure availability and sustainable management of water and sanitation for all</i></p> <p><i>Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations</i></p> <p><i>SDG 9 - Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</i></p> <p><i>Target 9.1: Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all</i></p> <p><i>SDG 13 - Take urgent action to combat climate change and its impacts</i></p> <p><i>Target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries</i></p>

<p><b>MSDCF 2022-2026</b></p>	<p>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</p>
<p><b>CCS focus area</b></p>	<p>5.2 Develop and implement strategies for the mitigation, response and adaptation to health emergencies including chemical and radiological emergencies, climate change and environmental health threats, risks and events</p>
<p><b>MOH Health Vision 2030</b></p>	<p>Strategic Goal 7: Health Emergency and Disaster Risk Management Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</p>
<p><b>PAHO Strategic Plan 2020-2025</b></p>	<p>Outcome 4: Response capacity for communicable diseases Outcome 12: Risk factors for communicable diseases Outcome 17: Elimination of communicable diseases Outcome 18: Social and environmental determinants Outcome 23: Health emergencies preparedness and risk reduction</p>
<p><b>SDG targets</b></p>	<p>SG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks SDG 6 - Ensure availability and sustainable management of water and sanitation for all Target 6.1: By 2030, achieve universal and equitable access to safe and affordable drinking water for all Target 6.2: By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations SDG 13 - Take urgent action to combat climate change and its impacts Target 13.1: Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries Target 13.2: Integrate climate change measures into national policies, strategies and planning Target 13.3: Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning</p>
<p><b>MSDCF 2022-2026</b></p>	<p>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</p>



<b>CCS focus area</b>	<i>5.3 Strengthen response strategies for displaced population and situations of vulnerabilities.</i>
<b>MOH Health Vision 2030</b>	<i>Strategic Goal 7: Health Emergency and Disaster Risk Management Strategic Goal 9: Priority Health Conditions and Social Determinants of Health</i>
<b>PAHO Strategic Plan 2020-2025</b>	<i>Outcome 4: Response capacity for communicable diseases Outcome 5: Access to services for NCDs and mental health conditions Outcome 12: Risk factors for communicable diseases Outcome 13: Risk factors for NCDs Outcome 18: Social and environmental determinants Outcome 23: Health emergencies preparedness and risk reduction Outcome 26: Cross-cutting themes: equity, gender, ethnicity, and human rights</i>
<b>SDG targets</b>	<i>SG 3 - Ensure healthy lives and promote well-being for all at all ages Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks  SDG 10 - Reduce inequality within and among countries Target 10.7: Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies</i>
<b>MSDCF 2022-2026</b>	<i>Priority area 2: Equality, Well-Being and Leaving No One Behind Outcome 4: People in the Caribbean equitably access and utilize universal, quality and shock-responsive social protection, education, health, and care services</i>



# 5. Implementation

## 5.1 Implementation and implications

### Implementation coordination

The PAHO/WHO Country Office in Guyana will coordinate the implementation of the Strategic Agenda. Technical cooperation will be coordinated by the Country Office but can also be provided through the sub-regional office in the Caribbean, at the regional level through the technical departments at the headquarters in Washington D.C. (USA), and from the global level WHO in Geneva as needed. Thus, the responsibility of the implementation lies with the entire PAHO organization. To avoid duplication and increase efficiency in the implementation, efforts will be made to use existing agreements, protocols guidelines and other frameworks of health and build upon previous initiatives where possible.

The CCS is implemented through the Biennial Work Plan (BWP). As part of the implementation, a separate exercise will be conducted to validate if the current BWP 2022-2023 needs to be modified to reflect the SPs and FAs of the CCS Strategic Agenda accordingly.

The subsequent BWPs 2024-2025 and 2026-2027 will be developed in alignment with the CCS Strategic Agenda.

### Resource mobilization

The Country Office is headed by the PAHO/WHO Representative (PWR), who is supported by technical advisors and national consultants, in the areas of Health Systems and Services, NCDs and Mental Health, Family and Community Health, Communicable Disease and Disease Elimination, and Health Emergencies. Furthermore, there are 4 PAHO administrative positions (1 Administrator, 1 Executive Assistant, 1 IT Technician and 1 Accounting Assistant) and 11 MOH administrative staff seconded to the PAHO/WHO Country Office.

The implications for the PAHO Organization were reviewed to ensure the successful implementation of the CCS strategic agenda 2023-2027. Based on the implications analysis the following areas of expertise were identified as conditions to successfully implement the SPs and FAs:

Strategic Priority	Required areas of expertise
<p><b>Strategic Priority 1:</b> <i>Strengthening health systems to achieve universal health coverage and access</i></p>	<ul style="list-style-type: none"> <li>• Health systems including health financing, medicines and health technology</li> <li>• Health services including Universal Health Care, primary health care, family and community health, integrated health service delivery networks and quality of care</li> <li>• Strategic Information strategies and management</li> <li>• Information systems for health (IS4H) including M&amp;E frameworks and data governance and management</li> <li>• Health research and knowledge management</li> <li>• Supply chain management systems</li> <li>• Human resources for health</li> <li>• Regulatory frameworks and policy development</li> </ul>
<p><b>Strategic Priority 2:</b> <i>Reducing morbidity and mortality of NCDs and mental health through a holistic approach</i></p>	<ul style="list-style-type: none"> <li>• Noncommunicable diseases and risk factor prevention and control</li> <li>• Mental health, suicide prevention and substance use disorders, injuries and violence prevention and response.</li> <li>• Multi-sectoral approaches, health promotion and social determinants of health.</li> </ul>



<p><b>Strategic Priority 3:</b> <i>Strengthening surveillance and response to prevent, control and eliminate communicable diseases</i></p>	<ul style="list-style-type: none"> <li>• Communicable diseases, including HIV, STIs, Viral Hepatitis, TB, NIDs, Malaria, and vaccine-preventable diseases.</li> <li>• Emerging and re-emerging diseases and the human-animal interface of One Health, vector prevention and control, and antimicrobial resistance.</li> <li>• Integrated Disease surveillance system</li> </ul>
<p><b>Strategic Priority 4:</b> <i>Improving health and well-being across the life course.</i></p>	<ul style="list-style-type: none"> <li>• Health throughout the life course, including interventions targeting specific population groups, multi-sectoral approaches, health promotion and social determinants of health.</li> <li>• Health in all policies (HiAP), and cross-cutting themes of gender, equity, human rights and ethnicity.</li> </ul>
<p><b>Strategic Priority 5:</b> <i>Strengthening health emergencies, disaster risk management and response including IHR</i></p>	<ul style="list-style-type: none"> <li>• <i>Public health emergencies, disaster preparedness and risk management including an “all-hazards” response</i></li> <li>• <i>IHR</i></li> <li>• <i>Environmental health and climate change</i></li> </ul>

A detailed analysis of technical cooperation required will be elaborated based on the activities determined in the BWPs and will indicate where the Country Office will need to contract specific experts/consultancies and where to mobilize expertise within the WHO / PAHO organization. Resource mobilization efforts to secure grant or project funding will also be done where needed and feasible.

**Financial and other implications**

PAHO obtains its funding from several different sources including Contributions from member states (Assessed Contributions); Voluntary Contributions from donor countries, as well as other donor agencies and non-state actors; and Investment Interests from administration of the Revolving Fund and Strategic Fund. The PAHO Strategic Plan guides the programme and budget developed to determine resources needed. The BWP will indicate the required financial resources at the country level for the implementation of the SPs and FAs.

Other implications of political and administrative character were also assessed during the development of the CCS. The CCS is flexible enough to absorb any changes in the political and socio-economic environment given that the strategic priorities in health

are expected to remain over the period even though focus areas may shift. Careful consideration has been given to the capacity and fiscal space of the Ministry of Health to implement the SPs and FAs, as this was a lesson learned from the previous CCS implementation.

**5.2 Risk management**

The implementation of this CCS will occur in an uncertain environment which can both pose threats to success as well as offer opportunities for increasing success. This uncertainty (whether positive or negative) of outcome, is defined as a risk. The PAHO Country Office Guyana will use the PAHO Enterprise Risk Management (ERM) programme to monitor the risks of achieving the desired results of the CCS 2023-2027. This programme uses a strategic process to proactively and continuously identify and manage real and potential threats and opportunities. The core of risk management is to assess the level of probability and impact of those potential events that may affect PAHO’s political, managerial, administrative and technical cooperation objectives since it is fully incorporated in the strategic planning and budgeting process. Through this programme the risks are identified, categorized, described, and the impact and probability of the risk occurring estimated with mitigation plans developed as needed.



# 6. Monitoring and Evaluation

## 6.1 Monitoring

The monitoring and evaluation methodology for the CCS will be in keeping with the PAHO/WHO results-based management approach used for monitoring and evaluating programs. It will assess PAHO's performance in Guyana and will be led by the PAHO/WHO Country Office with support of the sub-regional office and Headquarters. A participatory approach which involves key stakeholders such as decision-makers within the Ministry of Health, implementers of the CCS and partners will be applied.

### Monitoring will be ongoing and will focus on:

- Ensuring that the CCS SPs and FAs are reflected in the BWP
- How SPs and FAs are implemented
- The required core staff of the PAHO/WHO Country Office with the appropriate competences for delivering the results of the FAs

The strategic agenda of the CCS will be monitored in tandem with the BWP 6-monthly performance assessment as well as the PAHO Strategic Plan Monitoring System (SPMS) which is jointly monitored by the PAHO Secretariat and the Member States. The SPMS allows for the joint assessment of outcome and output indicators by the MOH in coordination with PAHO. Each Focus Area of the Strategic Agenda of the CCS is linked to related outcomes in the PAHO Strategic Plan (refer to section 4.2). These indicators

reflect the commitment of the Organization to the attainment of the targets in the SHAA2030, the health-related SDGs, the GPW13 Impact Framework, and other regional and global mandates.

## 6.2 Evaluation methodology

The evaluation of the CCS consists of a systematic review of the processes and results of the PAHO/WHO technical cooperation in Guyana. This review is carried out in the middle and at the end of the period covered by the CCS.

The purpose of the mid-term evaluation is to determine the progress made in the areas of action of the CCS and to identify the obstacles and possible risks for its implementation. The results of the mid-term evaluation will guide decisions on adjustments to the CCS as required. The final evaluation is more exhaustive and should focus on the identification of factors that facilitated or impeded the implementation of the CCS, identify the contribution of the CCS to the country's health development and identify measures that may be applied in the subsequent CCS cycle.

Both the midterm evaluation and the final evaluation are to be done in a participatory manner, involving as much as possible all the staff of the Country Office, national counterparts and relevant partners for PAHO/WHO technical cooperation. The mid-term and final evaluation both focus on the evaluation of relevance, effectiveness, efficiency and results.





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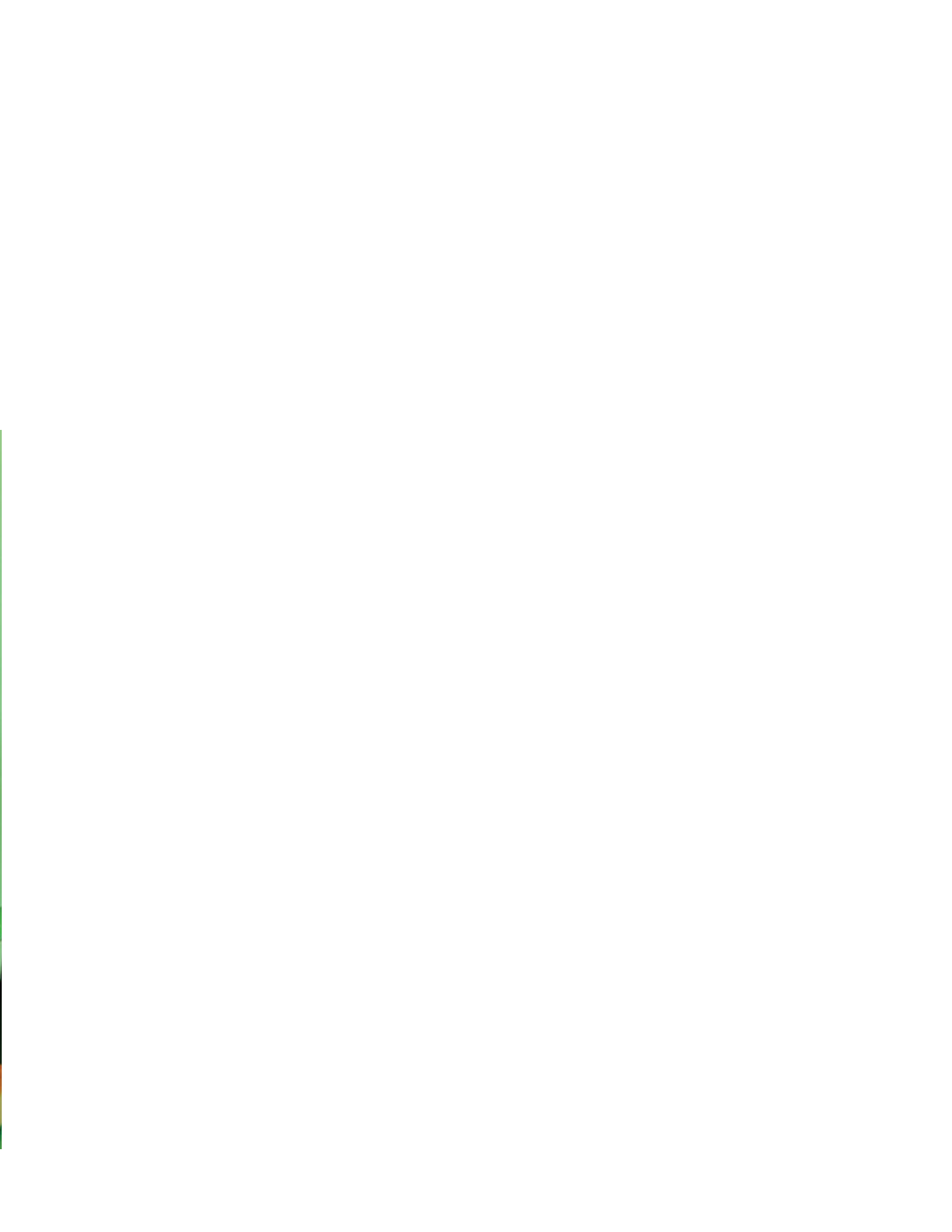
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