

GUYANA

COUNTRY COOPERATION STRATEGY 2016-2020

Strengthening Health Systems to Achieve Universal Health

Table of Contents

Acronyms

Executive Summary	1
Foreword	4
Foreword: Minister of Public Health.....	6
1. Introduction	8
2. Health and Development Situation	10
2.1 The country's main health achievements and challenges	10
2.2 The country's landscape of development cooperation, partnerships, and collaboration with the UN and obligations under regional resolutions, agreements, and commitments	22
3. Review of PAHO/WHO's cooperation during the past CCS Cycle	24
4. Strategic Agenda for WHO's cooperation	28
5. Implementing the Strategic Agenda: implications for the entire WHO Secretariat	38
6. Evaluation of the CCS	42
References	44
Tables	
Table 1. Strategic Priorities and Focus Areas	29
Table 2. Initial Support required from the Organization	39
Figures	
1. Population Pyramid Guyana 2012	46
2. Basic indicators for Guyana, 2013 (Global Health Observatory)	47
3. Linkages of Priority Areas with PAHO/WHO's Strategic Plan, Health Vision	48

ACRONYMS

ART	Antiretroviral Therapy
BWP	Biennial Work Plan
CARPHA	Caribbean Public Health Agency
CCS	Country Cooperation Strategy
CDs	Communicable Diseases
CDC	Centers for Disease Control and Prevention
CHOG	Caribbean Heads of Government
CIDA	Canadian International Development Agency
CLAP	Latin American Center for Perinatology
CO	Country Office
DOTS	Directly Observed Treatment Short Course
EPI	Expanded Programme on Immunization
FBO	Faith-based Organizations
FCTC	Framework Convention on Tobacco Control
GA–FDD	Government Analyst – Food and Drug Division
GAVI	Global Alliance for Vaccines and Immunization
GPHC	Georgetown Public Hospital Corporation
GPW	General Programme of Work
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HSS	Health Systems and Services
IDB	Inter-American Development Bank
IHR	International Health Regulations
IMAI	Integrated Management of Adolescent and Adult Illnesses
IMCI	Integrated Management of Childhood Illnesses
MDGs	Millennium Development Goals
MDR	Multi-Drug Resistant
MICS	Multiple Indicator Cluster Survey
MOPH	Ministry of Public Health

NCDs	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
NHSP	National Health Policy, Strategy or Plan
NIDs	Neglected Infectious Diseases
PAHO	Pan American Health Organization
PANAFTOSA	Pan American Foot-and-Mouth Disease Centre
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PMCT	Prevention of Mother to Child Transmission
PRSP	Poverty Reduction Strategy Paper
SARA	Service Availability and Readiness Assessment
SDGs	Sustainable Development Goals
UH	Universal Health
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNDSS	UN Department of Safety and Security
UNICEF	United Nations Children's Fund
UNMSDF	United Nations Multi-Country Sustainable Development Framework
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

The Country Cooperation Strategy (CCS) is meant to be the strategic vision for the World Health Organization's (WHO's) technical cooperation with the country. This is the third Country Cooperation Strategy between the Pan American Health Organization/World Health Organization (PAHO/WHO) and the Cooperative Republic of Guyana. The first covered the period 2003-2007 and the second, 2010-2015.

Guyana is an upper middle income country located in South America, bounded by Brazil, Suriname and Venezuela and is the only English-speaking country in South America. Its population is approximately 746,955 (2012 National Census) and the country occupies a land mass of 215,000 sq.km.

The Ministry of Public Health has the mandate in law for the health of the population. However, service delivery is the responsibility of the 10 Regional Democratic Councils. Some steps have been taken towards further reforming of the health system including giving autonomy to the main hospital, Georgetown Public Hospital.

The country is in epidemiological transition. Non-communicable diseases are the major causes of morbidity and mortality while there is still a significant burden of communicable diseases. Violence and Injuries are among the ten (10) leading causes of mortality and exact a terrible cost in terms of morbidity, mortality and disability. Several gains have been made with respect to maternal and child health. There is a very successful immunization programme and trained health personnel attend nearly all births.

The Health Vision 2020 – A National Health Strategy for Guyana is the Strategic Plan for Guyana with the vision that: *“All people of Guyana are among the healthiest in the Caribbean and the Americas”* by the year 2020. Its two pillars are Universal Health and Addressing the Social Determinants of Health.

PAHO/WHO has a long history of technical cooperation with Guyana which started even before the country-achieved independence in 1966. The Organization has supported the country in achieving its health goals. The document “*Health@50 in Guyana – Progress Health Report 1966-2016*” has outlined many of the contributions of the Organization to health in Guyana.

The CCS is a way to ensure agreement on the priorities to which PAHO/WHO will direct the majority of its resources. Prior to the development of the CCS, an evaluation was done and the findings showed that the Organization is well-respected and its technical cooperation with the country is valued.

In the formulation of the Strategic Priorities and Focus Areas of the CCS, consultations were held with the Ministry of Public Health and other Government Ministries and Agencies, the private health sector, non-governmental organizations (NGOs), faith-based organizations (FBOs) and civil society.

Several factors have influenced the selection of the priorities. These include the global Sustainable Development Goals in which Goal No 3 is “*Ensure healthy lives and promote well-being for all at all ages*”. Other influences included the Strategic Plans of WHO and PAHO and the Health Vision 2020.

The selected Strategic Priorities are:

1. Strengthening health systems for universal health
2. Achieving health and well-being throughout the life course
3. Promoting safe, resilient, healthy environments
4. Reducing the burden of non-communicable diseases
5. Reducing the morbidity and mortality due to communicable diseases

PAHO/WHO will employ several modalities of technical cooperation to achieve successful implementation. Strategies used will highlight the unity of the Organization with the expertise in all levels – Headquarters, Regional Office, Sub-regional Office and Collaborating Centres – supporting the Country Office.

Evaluation of the CCS will be done at mid-term and at the end of the period; however, other mechanisms are in place for on-going monitoring of progress.

FOREWORD



The Pan American Health Organization/World Health Organization (PAHO/WHO) is pleased to present the Guyana Country Cooperation Strategy (CCS), 2016-2020, which articulates a medium-term plan for collaboration in health with the Government of Guyana.

This CCS is the third such strategic framework and it results from a series of consultations with the Ministry of Public Health, other Government Ministries and Agencies, Non-Governmental Organizations and other relevant stakeholders. We wish to convey our sincerest thanks to all of those who participated in its development.

Over the period of the previous, CCS 2010-2015, there were several positive developments in health in Guyana. The country met most of the health-related Millennium Development Goals [MDGs]. There was a decline in the communicable diseases and greater emphasis was placed on addressing the noncommunicable diseases and the social and environmental determinants of health.

However, countries all over the world are faced with new health challenges such as the thrust to achieve Universal Health Coverage; the effects of climate change on health; the emergence of new communicable diseases, and the potential pandemic spread of others. It is of critical importance to ensure that the gains in health are protected and maintained, and that strategies are put in place to respond to the new and multi-faceted threats to health.

This CCS takes into consideration frameworks and agenda at the national, regional and global levels which impact health. It is aligned to “Health Vision 2020 - A National Health Strategy for Guyana 2013-2020,” 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 12th General Programme of Work 2014-2019,

the PAHO/WHO Strategic Plan 2014-2019 and the United Nations Multi-County Sustainable Development Framework in the Caribbean 2017-2021.

Some of the factors which will assist in its implementation include the identification of Guyana as a key country in the PAHO/WHO Strategic Plan and a commitment by the Organization to place greater emphasis on its technical cooperation in order to ensure that gaps are closed. This includes making the necessary human and financial resources available to address the strategic priorities which have been identified. Resources will be harnessed not only from the Country Office but also from the other levels of the Organization including WHO's Headquarters, PAHO/WHO's Headquarters and Specialized Centres. Collaboration with the other UN Agencies and development partners will be strengthened.

We do look forward to working with the Government of Guyana and especially the Ministry of Public Health and the many other stakeholders to ensure the successful implementation of this CCS.



Dr. Carissa F. Etienne

Director

Pan American Health Organization

FOREWORD FROM THE MINISTER OF PUBLIC HEALTH



The third Country Cooperation Strategy (CCS) between the Government of the Cooperative Republic of Guyana and the Pan American Health Organization/World Health Organization comes at a very important juncture in the development of Guyana as its new Government accelerates the program to provide “A Good Life For All” through social justice, better living conditions and high quality services.

This Strategy replaces the last CCS titled: “Renewed Commitment to Primary Health Care” that extended over the period 2-10-2015 when the nation struggled to attain particularly the health focused Millennium Development Goals (MDGs) which was difficult with both maternal and infant mortality remaining unachieved. Additionally, this strategy is conceived at a time when the Ministry is also forging its new health plan, Health Vision 2020 with other partners to develop a holistic approach to health and social wellbeing.

The New CCs supports particularly the Health Vision 2020 to achieve its three stated goals, namely: Advanced wellbeing of all the people of Guyana; Reduce health inequities and improve management and provision of evidence-based, people-responsive, quality health services which is built on the two main pillars of health: 1. Universal Health Coverage and 2. Addressing the Social Determinants of Health.

As we carefully assess and plan programs to address the most pressing health issues namely the epidemic of Non-Communicable Diseases and their complication, the fight to control communicable diseases including neglected ones, the escalating challenge of injuries from violence and road traffic accidents, the mental health deficiencies and the resulting high suicide rates, the high rates of maternal neonatal and infant mortality and the barriers to increasing life expectancy, good nutrition, healthy behaviors and environmentally sound conditions, I laude the PAHO/WHO for joining in this endeavor.

I am particularly pleased with the approaches used in the development of this strategy and the efforts made to harmonize the goals of the revised Health Vision 2020, the WHO Six Leadership

Priorities and the goals of the PAHO Regional Strategic Plan 2014-2019. I am encouraged that with this CCS in place, the rate and pace of implementation of the Ministry of Public Health's Goals and more specifically the broader health goals which many times are determined outside the health sector and can be achieved.

I do subscribe to the guiding principles outlined in the new strategic areas: 1. Strengthening health systems for universal health coverage, 2. Achieving health and well-being throughout the life course, 3. Promoting safe, resilient, healthy environments, 4. Reducing the burden of non-communicable diseases, 5. Reducing morbidity and mortality due to communicable diseases. These areas all target critical and essential public health challenges that pose the greatest threat to the well - being of all the people of Guyana. I am satisfied that these will now be adequately addressed.

I do thank the Director of PAHO/WHO Dr. Carissa Etienne, the PAHO/WHO representative in Guyana Dr. William Adu-Krow and the staff of the PAHO/WHO Guyana Office, former Minister of Public Health, Hon. Dr. George Norton, Minister within the Ministry of Public Health, Hon. Dr. Karen Cummings, Permanent Secretary Mr. Trevor Thomas, Chief Medical Officer Dr. Shamdeo Persaud and the staff of the Ministry of Public Health for all their kind contributions to this most useful and timely strategy and would hasten to recommend its full implementation as a collaborative platform on which other health and wellness initiatives are based.



Hon. Volda Ann Lawrence
Minister of Public Health
Ministry of Public Health, Guyana

CHAPTER 1: INTRODUCTION

The Pan American Health Organization/World Health Organization (PAHO/WHO) Country Cooperation Strategy (CCS) is the Organization's medium term strategic vision to guide its work in and with a country in support of the country's National Health Policy, Strategy or Plan (NHPSP). It is the strategic basis for the elaboration of the Biennial Country Work Plan and is the main instrument for harmonizing the Organization's cooperation in countries with that of other United Nations (UN) System organizations and development partners.

WHO, in the Twelfth General Programme of Work (GPW), sets out the strategic vision of the Organization for the period 2014 - 2019. It identifies *“leadership priorities that will both define the key areas in which WHO seeks to exert its influence in the world of global health and drive the way work is carried out across and between the different levels of the Secretariat.”*

WHO's six leadership priorities are:

- Advancing universal health
- Health-related MDGs
- Addressing the challenge of non-communicable diseases
- Implementing the provisions of the International Health Regulations (2005)
- Increasing access to quality, safe, efficacious and affordable medical products
- Addressing the social, economic and environmental determinants of health

The Pan American Health Organization's Strategic Plan 2014- 2019 lists nine (9) impact goals:

- I. Improve health and well-being with equity
- II. Ensure a healthy start for newborns and infants
- III. Ensure safe motherhood
- IV. Reduce mortality due to poor quality of health care
- V. Improve the health of the adult population with an emphasis on NCDs and risk factors
- VI. Reduce mortality due to communicable diseases

- VII. Curb premature mortality due to violence, suicides, and accidents among adolescents and young adults (15-24 years of age)
- VIII. Eliminate priority communicable diseases in the Region
- IX. Prevent death, illness, and disability arising from emergencies

At the sub-regional level, the Caribbean Heads of Government (CHOG) have been very active in defining the health agenda. They identified two (2) pillars to implement the elements of the Nassau Declaration 2001: the Caribbean Cooperation in Health Initiative and the Pan Caribbean Partnership against HIV/AIDS (PANCAP). The latter has been recognized as a best practice and regional cooperation model for the world. The Caribbean Cooperation in Health Initiative is entering its fourth phase and the health priorities selected are: health systems for universal health; safe, resilient, healthy environments to mitigate climate change; health and well-being of Caribbean people through the life course; data and evidence for decision-making and accountability; and partnerships and resource mobilization for health.

At the national level, the formulation of “*Health Vision 2020 - A National Health Strategy*” for Guyana marks an important stage as the country seeks to address its health challenges more effectively. This CCS covers the period 2016-2020 and takes into consideration the priorities of WHO, PAHO, the Caribbean Region and the Government of Guyana.

CHAPTER 2: HEALTH AND DEVELOPMENT SITUATION: ACHIEVEMENTS, CHALLENGES, DEVELOPMENT, COOPERATION AND PARTNERSHIPS AND THE GLOBAL HEALTH AGENDA

2.1. The country's main health achievements and challenges

1. Political, social and macroeconomic context of Guyana

Guyana is the only English-speaking country in South America. Guyana is bounded by Brazil, Suriname and Venezuela. Both Suriname and Venezuela have laid claim to parts of Guyana's territory. The capital, Georgetown, lies below sea level and is prone to flooding and Guyana's coastal zone is most vulnerable to the effects of climate change. The population census in 2012 gave the population as 746,955, down from 751,223 in the 2002 census, in keeping with the trend of population decline with high levels of out-migration. The Population Pyramid, as seen in Appendix 1, was developed from the 2012 census and shows a narrow base with a bulge in the 10-19 age-group. The age-dependency ratio was 54.4. East Indians accounted for 39.83% of the census population, followed by African/Black 29.25%, Mixed 19.88% and Amerindian 10.51%. Portuguese (0.26%), Chinese (0.18%) and Other (0.03%) made up the rest of the population.

The country, which gained its independence from Britain in 1966, is a democratic republic functioning under a Westminster system of government. There is a unicameral National Assembly with 64 members. In its current membership, men outnumber women 2:1. An Executive President is the Head of State. The general election in 2015 saw a change in Government with a coalition of two parties – A Partnership for National Unity (APNU) and Alliance for Change (AFC) – heading the Government. The present Opposition Party, the Peoples Progressive Party (PPP), had been in power since 1992.

Guyana is a member of several international organizations including the Caribbean Community, the Organization of American States, the Small Island Developing States, the British

Commonwealth, the African, Caribbean and Pacific (ACP) Group of States, and the Union of South American Nations (UNASUR).

Guyana was classified as an upper middle income country in 2016. The Human Development Report 2015 ranked Guyana 124 on the Human Development Index and 113 on the gender inequality index out of 188 countries. For eight years ending in 2013, there was steady economic growth; however, economic growth contracted in 2014 to 3.8% and in 2015 to 3%.

Health Situation Analysis

There have been significant positive strides in health since the development of the last Country Cooperation Strategy in 2010. These include: increased life expectancy; reduction in maternal and child mortality; decreased incidence, prevalence and mortality from communicable diseases; high levels of immunization coverage; greater awareness of environmental health issues; and improved water and sanitation facilities.

The Ministry of Public Health is mandated through the Public Health Act 2005 to ensure effective policy formulation, regulation, coordination, monitoring and evaluation of the health sector. Service delivery is provided through 5 levels of care - from health posts to national level facilities.

The country is divided into 10 administrative regions, managed by Regional Democratic Councils that are legally responsible for the delivery of health services. A separate arrangement is in place for the Georgetown Public Hospital Corporation with its own legislation that affords some level of autonomy. Attempts were made to establish the Berbice Regional Health Authority (BRHA) but these are now on hold. There is a growing private sector which functions mainly in the larger centres of population. Several non-governmental organizations are also involved in varying aspects of health.

The Health and Human Resources Action Plan 2011-2016 identified challenges with planning, capacity development, attrition and workforce optimization. Main priorities identified were the need for a Human Resource Strategy, improving the quality of pre-service training programmes, ensuring the right staff is hired; and improving employee incentives. One concern expressed was the probable over-supply of some health workers including physicians (over 500 entered the system over the last 5 years). Shortages exist in areas such as registered nurses and nurse midwives, radiographers, medical technologists and social workers.

Total Expenditure on Health as a percentage of GDP declined from 7.3% in 2008 to 3.1% in 2013 with a slight increase to 3.3 % in 2014. Government health expenditures averaged 3% of Gross Domestic Product (GDP) representing 9% of government spending. General Government expenditure on health represented 13.9% of total Government expenditure in 2013. Out of Pocket payments were estimated at 33.8%. Donor funding decreased from 40.7% in 2008 to 7.18% in 2014. This has necessitated the Ministry of Public Health developing transition plans to ensure sustainability of the donor-funded programmes and services.

A National Health Accounts (NHA) study has been initiated with support from PAHO and WHO. Implementation has been slow due to staffing constraints. There is no national health insurance but there is a national insurance scheme that provides some health insurance benefits.

An assessment of the health information system identified constraints such as fragmentation and inadequate human and financial resources.

Health Status of the Population

Guyana is experiencing an epidemiological transition. Communicable diseases are still prominent in the disease profile while there is the increasing burden of the chronic non-communicable diseases. The reduction of infectious diseases in Guyana can be attributed to several factors including better sanitation and a strong immunization programme as well as the technical and financial support of donors that have resulted in the control of malaria, tuberculosis

and HIV/AIDS and the vaccine preventable diseases. However, the decrease in donor funding poses challenges as to how to maintain gains. Strategies include better integration of vertical programmes into the health services. Please see Appendix 2 for the Basic Indicators for Guyana.

Maternal and Child Health

With respect to mortality data regarding pregnant women and children, 2014 data from the Ministry of Public Health contrasts sharply with that of the United National Children's Fund (UNICEF) Multiple Indicator Cluster Survey (MICS) Round 5. For neonatal, infant and under 5 mortality rates, the MICS figures were much higher than those from the MOPH – with the neonatal mortality data almost 3 times higher. An explanation for the discrepancy is the fact that the data for both is arrived at by different methodologies – the MOPH through service data and the MICS through a household survey.

Skilled health personnel supervise nearly all births. However, several challenges exist in the care of pregnant women and newborns such as lack of specialist trained staff at some of the regional and district hospitals to cater for obstetric emergencies, quality of hospital care and delivery, and the need for more family planning services. The MICS found that the contraceptive prevalence rate was 34.1%.

The Prevention of Mother to Child Transmission (PMTCT) programme has seen a decline in the Mother to Child Transmission of HIV from 7% in 2003 to less than 2% at the end of 2014. This has been accomplished through various efforts such as early screening for and identification of mothers with HIV, use of DNA PCR testing in infants as early as 6 weeks and use of ARV drugs at 6 weeks once the infant is born to a mother who is HIV positive. PMTCT interventions are now fully integrated into the Maternal and Child Health (MCH) programme.

The Expanded Programme on Immunization has been a success story for many years. The immunization coverage has been maintained at over 95% for all the routine vaccines. In 2011, Guyana added two new vaccines PCV 13 and Rotavirus vaccines, and their coverage increased

to over 95% in 2014. A pilot programme for Human Papilloma Virus vaccine was introduced in four areas in Guyana for young girls 10-13 years. In 2015, Inactivated Polio Vaccine was added as part of the PAHO/WHO Polio End Game strategy. The Global Alliance for Vaccines and Immunization (GAVI) has reduced its support and the funding for Rotarix and PCV 13 in 2016 and 2017 respectively when the government is expected to take on full financing of the programme.

Based on findings of the MICS, nutritional issues significantly affected children under 5. The prevalence of underweight children Under 5 was 8.5% for moderate and severe with 2.2% severe. Stunting prevalence for the same age group was 12% moderate and severe with 3.4% severe. Wasting prevalence was 6.4% moderate and severe with 1.7% severe. The overweight prevalence was 5.3%.

Communicable Diseases

There has been a decline in the number of reported new HIV and AIDS cases during the period 2010-2014; however, there was an increase in 2015 with 789 new cases of HIV compared with 758 in 2013 and 751 in 2014. The male to female ratio has fluctuated but in 2014 was 1:09. The majority of cases occurred in the 25-49 age group with the 30-34 age-group having the most cases. Region 4 is disproportionately affected. Several strategies have been used including an increase in treatment sites and strengthening of Voluntary Counseling and Testing (VCT) services. Donors including the Global Fund, Clinton Foundation, PEPFAR and the World Bank have supported the National HIV/AIDS Programme (NAP).

Tuberculosis is one of the leading causes of mortality due to communicable disease. The incidence rate in 2013 was 78/100,000; 72/100,000 in 2014 and 76/100,000 in 2015. Regions 1, 4, 7, and 10 have incidence rates above the national average. Of the 545 new and relapsed cases in 2014, 2% were under 15 years old. The male/female ratio is 2:6 but there are no data or studies to identify the reason. There has been improvement in programme management and increased directly observed treatment short-course (DOTS) placement. Of concern is the

presence of MDR-TB cases. HIV seroprevalence among TB cases has fluctuated over the period 2010-2014 and was 25% in 2013 and 22% in 2014.

The increase in HIV in 2015 follows the reported trend in the Caribbean. Along with the increase in incidence of TB, it points to the need for continuous heightened focus despite any decrease in international funding.

Malaria continues to be a major public health problem. In 2014 there were 17,599 reported cases – a sharp decrease compared with 30,542 in 2013. During an external evaluation of the malaria data carried out in August 2015 by PAHO/WHO, only 57.8% of the information from health facilities was received at the national level. After adjusting this under-reporting at the health facility level, the number of cases in 2014 could be higher (19,005) but still fewer than the 2013 levels.

In 2015, there was a further reduction to 13,096. The incidence rate is highest in Regions 1, 7 and 8. The decrease in cases in 2014 may be due to the reduced level of mining and logging activities as gold prices were low. Historically the occurrence of malaria in Guyana is related to gold mining activity. When the gold price is high, there are many more mining operations and an increase in malaria cases. Other factors for the reduction may be increased control measures such as distribution of long-lasting impregnated nets (LLINs).

Dengue affects mainly Region 4 including Georgetown and cases fluctuate. Cases of filariasis are now in decline and the concentration of cases is mainly in the coastal areas. With support from the Regional Office, Pan American Health Organization, and recently, the Inter-American Development Bank and the Canadian Government through the CIDA project, Mass Drug Administrations have been carried out in most of the regions in an effort to achieve the 2020 elimination goal. In addition, emerging diseases such as Chikungunya and Zika have posed threats to health.

Non-communicable Diseases

The Chronic Diseases are major contributors to morbidity and mortality in Guyana but they have not been able to attract much donor support. A review of the leading causes of death over the period 2008-2012 shows the predominance of the chronic diseases with cerebrovascular disease and ischaemic heart disease ranking as the two main causes of death with neoplasms third. It is estimated that the prevalence of diabetes is 6.2% of the population over 30 (31,000 persons) while hypertension affects 18% of that same population (52,000 persons). New cases of diabetes and hypertension annually are estimated to be 2,000 and 9,000 respectively. It was projected that in 2015, 9% of all deaths (7.2% males and 10.9% females) were due to diabetes.

In Guyana, prevention and control of NCDs is being given increasing priority and there have been major new policy developments and strategic initiatives for NCDs at national and sub-national levels; however, these diseases have not awakened the kind of public concern they merit. There is also the popular perception that NCDs are an inevitable consequence of the ageing process.

A national multisectoral NCDs Strategy 2013-2020 was developed and launched in 2013 and a three-year implementation plan is being finalized with the participation of sectors other than health such as education, agriculture, trade, and professional associations. Additionally, a National NCDs Commission was established to guide and monitor implementation of the Strategy, assess the impact on NCDs and on health that result from policies, programmes and budgets.

The country is making efforts to also reduce the modifiable risk factors, namely tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol through the implementation of strategic interventions which include National Tobacco Legislation, the introduction of a Tobacco Cessation programme and taxation of sugar beverages. A national Mental Health Strategy 2015-2020 is currently being implemented and the Suicide Prevention Action Plan 2015-2020 has been completed.

Violence and injuries continue to be a major problem in the country with an increasing incidence of domestic violence and road traffic accidents. The National Road Safety Strategy 2013-2020 is currently being implemented and the sexual violence protocol used to guide training of health care providers is being finalized.

Universal Health (UH)

Universal Health is one of the two main pillars of the Health Vision 2020 strategy. UH promotes a renewed focus on Primary Health Care (PHC) as the main approach to public health care provision in Guyana. UH reinforces Guyana's pro-poor development agenda as set out in its Poverty Reduction Strategy Paper. The PRSP provides an explicit definition of UH, including the three dimensions (population coverage, health care services and financial protection).

The Ministry of Public Health has developed the Package of Guaranteed Health Services, now called the Package of Essential Health Services, which outlines the facility-based health care services to be made available to the public, free of charge, at each level of the health care system. The MOPH is also assessing the ability of the health care system to provide adequate services using the Service Availability and Readiness Assessment (SARA) tool developed by WHO and adapted to the Guyana context.

International Health Regulations (IHR)

Guyana has made progress with the implementation of the International Health Regulations. As demonstrated by the Annual Reports submitted to the World Health Assembly from 2011 to 2016, progress has been made for virtually all core capacities.

A National IHR Inter-sectoral Action Plan was developed in 2009 and updated during 2014 in response to the challenges posed by the Ebola outbreak in Africa. Several activities have taken place including training workers at designated Ports of Entry and defining isolation areas. Public health

emergency contingency plans have been tested and updated. Surveillance and response have increased and an early warning system has been established. Health care workers were trained in surveillance, infection prevention and control (IPC) and the use of Personal Protective Equipment (PPE) in those hospitals where isolation rooms have been identified. A National Command Center and a Rapid Response Team are being prepared.

The National Public Health Reference Laboratory (NPHRL) and the Guyana Livestock Developmental Authority (GLDA) Veterinary Lab have new infrastructure to receive level 3 biosafety samples but they need to have the necessary trained human resources to test biological and chemical specimens. The Pan American Foot and Mouth Disease Centre (PANAFTOSA), the Caribbean Public Health Agency (CARPHA) and PAHO/WHO are providing support. A Draft National Risk Communication Plan has been developed and the most challenging risks have been identified.

Guyana requested and obtained the extensions for developing core capacities – 2012-2014 and 2014-2016 – anticipating the conclusions of the *“IHR Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation”*, 2014, stating that “the work to develop, strengthen, and maintain the core capacities under the IHR should be viewed as a continuing process for all countries”. Therefore, despite the progress made, as stated in the report to the 69th World Health Assembly in 2016, there is a need to embed the approach to capacity strengthening in the overall health system to provide sustainability of achievements made and allow flexibility to prepare for and respond to a rapidly changing risk profile.

Increasing Access to Essential, High-Quality, Effective and Affordable Medical Products

Health Vision 2020 states that drugs and medical supplies are the largest component of the health other-charges budget, averaging 17% during 2007-2011. During 2008-2012, the Government expended over G\$58 billion (US\$ 287 million) on drugs and medical supplies. Increasing access to essential, high quality, effective and affordable medical products is a major priority.

The Government Analyst-Food and Drugs Department (GA-FDD) is the National Regulatory Authority for food and drugs in Guyana. Legislation guiding the Department is old with the Food and Drug Act coming into force in 1971 and its regulations in 1977. Some of the provisions such as the establishment of a Drug Advisory Committee have not been implemented. The legislation has been reviewed and recommendations made for updating.

The Essential Medicines List (EML) has been updated in line with the revisions of the Package of Essential Health Services. Several issues exist with respect to the supply and distribution of pharmaceuticals and medical supplies. These include shortages, wastage, and expired drugs. The country takes part in the PAHO Revolving Fund for the purchase of vaccines and has recently signed on to the PAHO Regional Revolving Fund for Strategic Public Health Supplies to ensure improved access to safe, quality and effective essential medicines and supplies. Interventions proposed in Health Vision 2020 include development of a national pharmaceutical policy in line with the Caribbean Policy; monitoring compliance with the Standard Treatment Guidelines to ensure rational use of drugs and the establishment of a management information system for drugs and medical supplies.

Social, Economic and Environmental Determinants

During the period 2010 to 2014, Guyana's Human Development Index increased from 0.624 to 0.631, an increase of 0.47 percent. Social and economic determinants are placed in the mainstream of the public policy agenda, with strategies developed for reducing poverty and addressing inequalities; and inter-sectoral mechanisms have been included to address social determinants of health in all policies.

Climate change and environmental health are high on the country's agenda. Guyana launched its Low Carbon Development Strategy (LCDS) in 2009. The Strategy *"outlines Guyana's vision to promoting economic development, while at the same time combatting climate change. However, given the fact that over 85% of our country is covered in forest, we can play an important role in addressing the global problem of climate change and its effects."* In addition, the Government

has promoted sustainable socio-economic development, good governance and human safety within a green economy (A Green Economy as proposed by the Government is one that seeks to improve human well-being and social equity, while significantly reducing environmental risks and ecological scarcities.)

The country has taken steps to integrate gender, equity and human rights into public policies and strategies. Commissions for Women and Gender Equality, Indigenous people, Human Rights and Rights of the Child have been established. Training in the social determinants was conducted to sensitize health staff and NGOs about the determinants. Health promotion must play a role in infiltrating and reducing the culture barriers in order to share the information of available health care services to the indigenous population.

Health Vision 2020 has indicated that poverty “remains particularly marked among Amerindian and rural interior populations, children and young people below 25 years old. Persons living in Regions 1, 7, 8, and 9 experience health outcomes below the national average. Factors related to poverty in the rural and hinterland areas include isolation and difficulties with transportation and communication. The health services have implemented many strategies to ensure accessibility and availability of services to the socially excluded or disadvantaged sub-populations. These include the implementation of the Package of Essential Health Services and strengthening the Primary Health Care system.

Unfinished Health-related MDGs and Sustainable Development Goals (SDGs)

The Government of Guyana was committed to the attainment of the Millennium Development Goals and steady progress has been maintained. The MDGs have had a high priority in the political agenda and have been used to guide development of the Poverty Reduction Strategy Papers.

A progress report in 2011 indicated that the following targets had been met: halving the proportion of people suffering from hunger; education, gender equality; reducing the under 5

mortality rate by two-thirds; combating HIV/AIDS, malaria and other diseases; environmental stability and water and sanitation. Some of the main challenges identified were the need to strengthen information systems to aid in measuring progress and to have a sufficiency of professional and technical skills.

Although there had been considerable progress in maternal health, there were still issues that needed to be addressed. An MDG Acceleration Framework (MAF) and a MAF Action Plan were developed with the focus on improving maternal health. The Ministry of Finance spearheaded the monitoring and evaluation of the MAF and there are regular reviews to monitor progress.

In 2015, Governments decided on new global SDGs. Goal 3 of the Sustainable Development Goals specifically addresses health issues but other SDGs goals have an impact on health. The targets identified are all consistent with the priorities and the implementation strategies of the Health Vision 2020. In health, work has started with the documentation of the Guyana status of the health aspects of the SDGs. The Ministry of Finance will monitor engagement and progress.

Response of the Health Sector

Health Vision 2020 – A National Health Strategy for Guyana 2013-2020 was developed through a wide-ranging consultative process with key stakeholders (government, civil society, private sector, local and international non-governmental organizations and development agencies including the Pan American Health Organization/World Health Organization). The document was endorsed at the highest level in the country and provides the roadmap for long term health planning aimed at consolidating and improving on the progress made in health outcomes.

The Strategy takes into consideration the plans already developed such as the Strategic Plans for the Integrated Prevention and Control of Non-Communicable Diseases and the Reduction of Maternal and Neonatal Mortality. It is also informed by global and regional policies and plans.

The National Health Strategy is explicit in the mechanisms for financing, implementation and management including methods for monitoring and evaluation. Some of the processes envisaged for achieving the goals have been established such as the National Health Policy Committee; however other mechanisms have not been put in place or, even if instituted, have not been sustained.

The Strategy recognizes that the demands to expand coverage and to improve quality of services will require increased funding. It emphasizes the need for building strategic partnerships and recognizes the contributions of the various actors in health. An Implementation Plan was developed and this was costed in 2015.

2.2 Development cooperation, partnerships and contributions of the country to the global health agenda

Guyana has benefitted from support from several donors; however, there are weak mechanisms for coordinating and harmonizing aid-flows into the country. Donors and other agencies at times work collaboratively to support health service delivery. A specific recommendation of the NHSS is the consolidation of all funding sources into a National Health Fund; however, the Fund has not been established as yet. The Country Coordinating Mechanism (CCM) used with the Global Fund to fight AIDS, Tuberculosis and Malaria is a model which can be applied to other projects.

There has been close collaboration and cooperation among the various UN agencies in Guyana which has resulted in very successful joint activities with reduced duplication. The MAF and the UN Joint Programme on HIV/AIDS are the main examples of joint action in health. PAHO/WHO participated in several UN committees including the UN Operations Management Team and the UN Communication Information Advocacy Group, Programme and Coordination Group, Monitoring and Evaluation Group. The United Nations Development Assistance Framework (UNDAF) was developed for the period 2012-2016. PAHO/WHO chaired the committee on Human and Social Development.

Guyana has made significant contributions to the global health agenda. Health Vision 2020 notes that the country has been a “*key player in bringing international attention to the development challenges faced by low-income countries seeking to respond to climate change concerns.*”

Guyana has participated at high levels at global, international and regional fora. The country has served as President of the World Health Assembly, PAHO Directing Council, and represented Latin America and the Caribbean at the Board of the Global Fund for AIDS, TB and Malaria.

CHAPTER 3: REVIEW OF WHO'S COOPERATION OVER THE PAST CCS CYCLE

The CCS 2010-2015 guided the development of the work plans over 3 biennia (2010-2011; 2012-2013 and 2014 to 2015) and addressed the following Strategic Priorities:

- Strengthening health systems management organization and governance
- Social and environmental determinants for improved health outcomes
- Reducing the burden of diseases
- Enhancing family and community health
- Leadership and management for results and areas for action

A mid-term evaluation was conducted in 2013 and the final evaluation in 2015. The objective of the final evaluation was *“to provide input for the development of the PAHO/WHO Biennial Work Plan 2016-2017 and preliminary guidance for the development of the next CCS.”*

The evaluations considered four (4) criteria: relevance, effectiveness, efficiency and impact. The results showed that the CCS was strongly linked to the Twelfth General Programme of Work, the PAHO/WHO Strategic Plan 2009-2013, and to Guyana's Health Vision 2020. In addition, all the Strategic Priorities and Focus Areas were found to be relevant to the Guyana situation.

The CCS was effective as it was operationalized through the Biennial Work Plans and in collaboration with the Ministry of Public Health and was effective in its focus on specific national priorities. The efficiency of the CCS was affected by delays in implementation, unavailability of the requisite human resources, and time-consuming procedures for procurement. However, by the end of the 2014-2015 biennium, budget expenditure had achieved 96%. The impact of some activities was seen immediately. For example, the high levels of immunization resulted in no cases of the diseases prevented by immunization. The impact of other activities, such as the work done in gender and human rights, can only be assessed in the longer term.

While the Country Office staff was small, especially with respect to international staff, mechanisms were put in place to increase the technical support including recruitment of local staff and collaboration with staff from other levels of the Organization. The PAHO Centres such as CLAP and PANAFTOSA played important roles. Technical Cooperation among Countries projects were implemented in two areas- South-South project with Argentina in Blood Safety and with Trinidad and Tobago in rehabilitation services. The resources from Collaborating Centres also assisted with programme delivery.

The forging of partnerships was a significant contributor to the achievement of the Strategic Priorities. Partners included the PEPFAR, Centers for Disease Control and Prevention, the Inter-American Development Bank, United States Agency for International Development and the Global Alliance for Vaccines and Immunization. At the regional level, PANCAP provided support with HIV/AIDS programmes.

While the Ministry of Public Health is the main interlocutor of PAHO/WHO, partnerships have been built with other Ministries, government agencies, civil society, as well as several CBOs and NGOs. Examples of this partnership is the establishment of the Virtual Health Library at the University of Guyana in collaboration with the PAHO specialized centre BIREME and working with GWI on improving water safety and sanitation.

The environmental activities focused on improving water safety and sanitation. Waste disposal in health facilities was highlighted. These activities were all accomplished in collaboration with stakeholders such as the GWI.

PAHO/WHO influenced some of the national health priorities through global and regional mandates, resolutions and strategic plans. The WHO Framework Convention on Tobacco Control is an international treaty that has been accepted locally.

PAHO/WHO's work in the country has contributed to progress in the health-related MDGs. MDG 4 –Reduce child mortality; MDG 5 – Improve maternal health; MDG 6 – Combat

HIV/AIDS, malaria and other diseases, and MDG 7 – Ensure environmental sustainability. This involved *inter alia* training of health workers in maternal and child health including neonatal resuscitation; finalization of the National Maternal, Child and Neonatal Strategy 2011-2020; and supporting implementation of the Global Fund against AIDS, Tuberculosis and Malaria and the development and implementation of the MDG Acceleration Framework.

The evaluations showed that PAHO/WHO is a reliable and active participant in the UN Country Team and there was also collaboration in technical areas such as the UN Joint team on HIV/AIDS and the UN NCDs Task Force. PAHO/WHO is a member of several UN committees including the Operations Management Team, the Communication, Information and Advocacy Group, the Program and Coordination Group, the Monitoring and Evaluation Group, and the UN Emergency Technical Team.

PAHO/WHO made major contributions to the UNDAF development and concept note (CN) submissions to Multi-Partners Trust Fund (MPTF) for mobilization of resources. The Organization led the UNDAF Working Group on Human and Social Development and also led the development of a CN addressing NCDs prevention and control.

In the mid-term and final evaluations, responders recognized PAHO/WHO as an honest broker and trusted partner. They respected the range of professionals with different competencies and skills. There was general satisfaction with the work that PAHO/WHO was doing in Guyana. However, some weaknesses were identified including language difficulties with some consultants and the fact that PAHO/WHO is a bureaucracy with strict adherence to rules and regulations and at times can be inflexible. PAHO/WHO has maintained its respected position as a health development leader in the country based on its ongoing provision of high quality technical experts and recognition of the Organization as a trusted partner and an advocate on global health issues.

Some of the main recommendations of the evaluations were:

- The integration of health into the Sustainable Development Goals and completion of the MDGs
- Provision and support for the implementation of the Health Vision 2020
- Furthering of actions for the achievement of Universal Health
- Addressing the social determinant as the way to reduce health inequities
- Taking advantage of Guyana's definition as a key country to lobby for resources
- Supporting implementation of the policies, plans formulated during 2010-2015
- Strengthening coordination and guidance of the growing number of actors in the health sector.

CHAPTER 4: THE STRATEGIC AGENDA FOR WHO COOPERATION

The development of the Strategic Agenda for PAHO/WHO's cooperation with Guyana took into account priorities at the global, regional, sub-regional and national levels. Also factored in were the evaluation of the previous CCS, the results of consultation with partners; the UNDAF; the comparative advantage of PAHO/WHO; the availability of human and financial resources; and the contribution of other partners.

Five strategic priorities, each with three focus areas were selected. The selected priorities should assist the Ministry of Public Health and other relevant agencies to achieve better health outcomes in Guyana. In validating the Strategic Agenda, efforts were made to ensure that the priorities and focus areas were linked to the Global Programme of Work, the PAHO/WHO Strategic Plan, the SDG targets, the UNDAF outcomes and the National Health Strategy. The linkages with the PAHO/WHO Strategic Plan, the Health Vision 2020 and the Sustainable Development Goals are shown in Appendix III.

The UN Multi-Country Sustainable Development Framework (UN MSDF) has four pillars: An Inclusive, Equitable and Prosperous Caribbean; A Healthy Caribbean; A Safe and Just Caribbean and A Sustainable and Resilient Caribbean. While the pillar on health is more relevant to the CCS, the other pillars also affect implementation.

The Stakeholders' Consultation agreed on five Strategic Priorities with each Priority having three Focus Areas. Table 1 shows the Strategic Agenda.

Table 1: Strategic Priorities and Focus Areas

STRATEGIC PRIORITIES	FOCUS AREAS
Strategy Priority 1 <i>Strengthening health systems for universal health</i>	Strengthened health systems capacity with emphasis on governance and stewardship
	Enhanced capacity to develop and implement strategies for health financing
	Scaled up response to increase equitable access to quality, people centered and equitable, integrated service delivery
Strategy Priority 2. <i>Achieving health and well-being throughout the life course</i>	Strengthened health services for mothers, newborns and children
	Improved access to health interventions for adolescents and youth
	Improved access to health interventions for adults and the elderly
Strategic Priority 3. <i>Promoting safe, resilient, healthy environments</i>	Improved access to quality water and sanitation and health-related risks monitored and controlled
	Strengthened human and institution capacity to address climate change, disaster preparedness and response
	Scaled up interventions for the promotion of health-supportive environments including control of air, soil and water pollution
Strategic Priority 4. <i>Reducing the burden of non-communicable diseases</i>	Strengthened early detection and management of NCDs, risk factors, mental health, violence and injuries
	Improved surveillance and monitoring of NCDs, risk factors, mental health violence and injuries
	Scaled up health promotion and interventions to address NCDs, risk factors, mental health, violence and injuries
Strategic Priority 5. <i>Reducing the morbidity and mortality due to communicable diseases</i>	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
	Scaled up interventions to address HIV, other STIs and Tuberculosis
	Improved capacity to respond to new, emerging and re-emerging diseases and emergencies

STRATEGIC PRIORITY 1: Strengthening health systems for universal health

Universal health (UH) is defined as a state where “all people receive the health services they need without suffering financial hardship.” This implies that quality health services are accessible, that health persons are adequately trained to deliver care and that financing is guaranteed. It requires a strong health system to be in place including access to drugs and medical supplies

Universal health coverage is one of the pillars of the Health Vision 2020, a National Health Strategy for Guyana and strengthening of the health system has been selected as a main Strategic Direction. The building blocks for strengthening were identified as: Health Governance and Leadership; Human Resources for Health; Health Financing; Strategic information; Service Delivery; Drugs and Medical Supplies, and Strategic Partnerships.

While all the building blocks are important, the following three (3) focus areas were chosen for the work of PAHO/WHO in the period 2016-2020.

Focus Area 1: Strengthened health systems capacity with emphasis on governance and stewardship

PAHO/WHO Areas for Action

- Define the service delivery model and the organizational management structure of the Ministry of Public Health required to achieve the commitments of the Health Vision 2020.
- Identify options for improving human resources utilization, recruitment and retention, based on population needs, the services delivery model of care and the implementation of the Package of Essential Health Services.
- Strengthen capacities for Strategic Information in Health.
- Define the legislative and regulatory agenda for health.

Focus Area 2: Enhanced capacity to develop and implement strategies for health financing

PAHO/WHO Areas for Action

- Conduct efficiency and fiscal space studies to introduce measures to reduce inefficient spending and advocate for increased public investment in health.
- Accelerate actions on defining the financing mechanisms for the Health Vision 2020 goal to reduce health inequities.
- Develop a plan to advance the proposed national consolidated fund.
- Develop and implement policies and strategies for health financing and financial protection to support progress towards UHC.

Focus Area 3: Scaled up response to increase equitable access to quality, people centered and equitable, integrated service delivery

PAHO/WHO Areas for Action

- Strengthen the decentralized health service delivery network to improve quality, especially for vulnerable populations.
- Adapt and implement the WHO global strategy on people centered integrated health services.
- Provide support to the costing of Package of Essential Health Services.
- Develop an ehealth and telemedicine strategy and implement a pilot project program in hinterland communities.

STRATEGIC PRIORITY 2: Achieving health and well-being throughout the life course

Promoting health through the life-course is an important strategy for improving health at all stages. Focus is placed on the health of women before, during and after pregnancy, and of newborns, children, adolescents, and older persons.

Health is seen as a continuum with the ability of factors in infancy and childhood to affect health status in adulthood as well as the mother influencing the health of her child. The strategy also recognizes that each stage of life can present its own health issues. This strategy has been

defined in the General Programme of Work and the PAHO/WHO Strategic Plan. The Sustainable Development Goal 3 states “*Ensure healthy lives and promote well-being for all at all ages.*” Health Vision 2020 also advocates an intergenerational approach to address health issues.

While each stage of the life course is important, the selected focus areas deal with strengthened health services for mothers, newborns and children, adolescents, youth, adults and the elderly. While some of the strategies may be cross-cutting the issues of each group, will also be addressed.

Focus Area 1: Strengthened health services for mothers, newborns and children

PAHO/WHO Areas for Action

- Develop evidence-based norms and standards to support policies and strategies, for maternal, newborn, and child health.
- Prevent and protect pregnant women against Zika infection and mitigating the impact of the disease in newborns.
- Support implementation of the MDG Acceleration Framework (MAF) and the MAF Action Plan.
- Support the implementation of strategies to improve child health including the reduction of stunting and wasting among children.
- Maintain surveillance capacity for childhood diseases including vaccine preventable diseases and nutrition.

Focus Area 2: Improved access to health interventions for adolescents and youth

PAHO/WHO Areas for Action

- Strengthen national capacity to address adolescent health in an integrated manner.
- Support integrated management of adolescent health programmes including sexual and reproductive health.
- Strengthen development and implementation of school health and family life education programmes.

Focus Area 3: Increased access to health interventions for adults and the elderly

PAHO/WHO Areas for Action

- Promote the research agenda to strengthen programmes aimed at the various age groups.
- Conduct a situation analysis of the elderly.
- Promote healthy ageing.
- Focusing on groups such as men and the disabled where services are limited.
- Develop the workers' health situation analysis and a national plan on workers' health.

STRATEGIC PRIORITY 3: Promoting safe, resilient, healthy environments

Focus Area 1: Improved access to quality water and sanitation and health-related risks monitored and controlled

PAHO/WHO Areas for Action

- Support the country in the development/implementation of Safe Water plans.
- Conduct review of the status of water supplies and sanitation services in health facilities.
- Training PAHO staff and government officials on the health impact assessment of mining activities and implementing the Minamata convention to eliminate mercury use in gold mining.

Focus Area 2: Strengthened human and institutional capacity to address climate change, disaster preparedness and response

PAHO/WHO Areas for Action

- Strengthen the disaster preparedness response including training of staff in disaster mitigation measures.
- Facilitate the implementation of the Smart Hospitals initiative.
- Ensure strategies developed for increasing knowledge of staff and public about climate change and the environmental risks and determinants of health.
- Strengthen the integration of the different sectors working on chemical safety to provide adequate orientation on health roles and priorities.

- Collaborate with the International Atomic Energy Agency (IAEA) to develop policies to address radiation contamination.

Focus Area 3: Scaled up interventions for the promotion of health-supportive environments including control of air, soil and water pollution.

PAHO/WHO Areas for Action

- Create healthy settings with focus on healthy housing, healthy schools and healthy work environments.
- Design, plan and implement the National Action Plan on Workers' Health (based on PAHO's Action Plan on Workers' Health 2015-2025 and the Global Plan of Action on Workers' Health (2008-2017)).

STRATEGIC PRIORITY 4: Reducing the burden of non-communicable diseases

Focus Area 1: Strengthened early detection and management of NCDs, risk factors, mental health, violence and injuries

PAHO/WHO Areas for Action

- Support implementation of plans related to the NCDs prevention and control.
- Foster partnerships to address NCDs.
- Support mechanisms for developing policies and interventions to address NCDs including the functioning of the NCD Commission and the Mental Health Task Force.
- Support the implementation of the Framework Convention on Tobacco Control.

Focus Area 2: Improved surveillance and monitoring of NCDs, risk factors, mental health, violence and injuries

PAHO/WHO Areas for Action

- Develop NCDs registries to provide information for decision-making.
- Promote research to determine policies, guidelines and interventions to reduce impact of NCDs.

- Support the development of quality assessment and monitoring tools to evaluate effectiveness and efficiency of NCD programmes.

Focus Area 3: Scaled up health promotion and interventions to address NCDs, risk factors, mental health, violence and injuries

PAHO/WHO Areas for Action

- Conduct health promotion programmes to address mental health issues including suicide prevention.
- Update mental health legislation.
- Ensure systems in place for procuring and distribution of drugs and medical supplies for the management of NCDs.
- Guide and support national initiatives for violence and injury prevention and substance abuse.

STRATEGIC PRIORITY 5: Reducing the morbidity and mortality due to communicable diseases

Focus Area 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

PAHO/WHO Areas for Action

- Support the development and implementation of a country-wide integrated mapping of Neglected Infectious Diseases.
- Develop an integrated strategy to manage neglected diseases.
- Review the integrated approach for the elimination of Neglected Infectious Diseases in Guyana and identify gaps and constraints that could prevent its implementation.
- Scale up interventions for filariasis elimination.

Focus Area 2: Scaled up interventions to address HIV, other STIs and Tuberculosis

PAHO/WHO Areas for Action

- Adapt and implement global policies and strategies on HIV, Tb and malaria.
- Support the coordination of resource mobilization activities by donor agencies (and UN) for HIV, TB and malaria.
- Maintain HIV programmes despite reduction in donor funding.

Focus Area 3: Improved capacity to respond to new, emerging and re-emerging diseases and emergencies

PAHO/WHO Areas for Action

- Work with the UN agencies in Guyana for joint action against Zika virus.
- Develop with CARPHA, the University of the West Indies and the University of Guyana lines of possible operational research that would fill the knowledge gaps related to infectious diseases in the country and seek funding to carry out such research.
- Collaborate with border countries to reduce the effects of communicable diseases.
- Conduct public education to promote risk reduction of communicable diseases including the new emerging and re-emerging diseases.

It is on these priorities and focus areas, that the majority of the BWP funds will be applied. Gender, human rights and equity will also be mainstreamed into the strategic priorities and focus areas.

The CCS and the SDGs

The CCS as indicated will support the achievement of the SDGs which have as their aim to “end all forms of poverty, fight inequalities and tackle climate change while ensuring that no one is left behind” by 2030.

SDG3 is specifically related to health and their targets are related to the CCS Strategic priorities and focus areas. For example, some of the targets relate to reducing maternal mortality, halving

the number of deaths and injuries from road traffic accidents and the achievement of universal health coverage, reduction of the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

Other goals are related to health such as addressing all forms of malnutrition; access to sexual and reproductive health and reproductive rights; and universal and equitable access to safe and affordable drinking water, sanitation and hygiene for all. These have been addressed in the Strategic Agenda.

An assessment of the country's status regarding the health-related SDGs has already been completed. The Strategic Priorities and the Focus Areas take into consideration the relevant goals and targets.

To ensure implementation of the SDGs, important actions will be to:

- ✓ set national targets
- ✓ to monitor and review progress
- ✓ Continue to place emphasis on Universal Health and access to quality health care which are essential for the achievement of other health goals
- ✓ collaborate with other sectors
- ✓ promote more active collaboration within and between programmes
- ✓ influence planning, budgeting and resource allocation

CHAPTER 5: IMPLEMENTING THE STRATEGIC AGENDA: IMPLICATIONS FOR THE ENTIRE SECRETARIAT

PAHO/WHO's technical cooperation for the Country Cooperation Strategy will utilize different strategies to ensure successful implementation. The Organization has six (6) core functions which will continue to be utilized:

1. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.
2. Shaping the research agenda and stimulating the generation, dissemination, and application of valuable knowledge.
3. Setting norms and standards, and promoting and monitoring their implementation.
4. Articulating ethical and evidence-based policy options.
5. Establishing technical cooperation, catalyzing change, and building sustainable institutional capacity.
6. Monitoring the health situation and assessing health trends.

The need for research and for monitoring and evaluation has been stated and consequently increased attention will be paid to Core Functions 2 and 6.

Realignment of BWP 2016-2017

A priority activity will be to adjust the BWP 2016-2017 with the new Country Cooperation Strategy to reflect new priorities.

Key country

Guyana has been identified in the PAHO/WHO Strategic Plan as a key country where the Organization will place greater emphasis on its technical cooperation to ensure that gaps are closed. This implies that the necessary resources will be made available for the implementation of the CCS.

Advocacy

The Country Office led by the PAHO/WHO Representative will continue to be advocates for health and forming stronger links with other ministries such as Finance, Social Protection, Communities as well as the International Financial Institutions.

Partnerships

The Country Office will continue to build and strengthen partnerships with health and non-health actors. The Country Office will also seek to forge relationships with non-traditional groups. Partnership also includes other UN agencies as they seek to Delivery as One (DaO).

WHO Secretariat

While there is designated staff for programmes, it is not realistic to expect staff to have competence in all areas. For specialized areas and where no skills exist in the Country Office, other resources will be sought. With the increased emphasis on NCDs especially mental health, additional funding will be required. Some of the supports required are given in Table 2.

Table 2. Initial Support required from the Organization

Area	Secretariat
Surveillance registries	WDC
Mental Health	WDC
Human Resources	CPC
Cancer support	IAEA
Food and drugs	WHO
Perinatal and infant health	CLAP
Telemedicine, ehealth	Panama, Brazil
National Health Accounts	WHO, WDC, CPC
Health Information	CPC

Country Office

At present, the technical staff has the following competencies: Non-communicable diseases; Family and Community Health; Malaria; Health Systems; Epidemiologist; Knowledge Management; and Programme Management and Partnerships; Project Management for PAHO-Global Affairs Canada Project, PALTEX Coordination and Project Management for SMART Hospitals for which funding has been provided by the Department for International Development (DFID) for 5 years. Approval has been given for the following additional posts:

- Family and Reproductive Health
- Health Surveillance, Disease Prevention and Control
- Environmental Health

When these posts are filled, the Country Office will have some of the core competencies needed to implement the CCS. Technical staff will be involved in inter-programmatic coordination as all the priorities will require inter- and extra-sectoral coordination. Other strategies to be utilized include:

- South to South Corporation
- Collaboration among Guyana Shield countries (Suriname, French Guyana and Guyana)
- Inter-country NCD Collaboration
- Use of Collaborating Centers

Resource Mobilization

The Country Office will seek to mobilize human and financial resources from internal and external sources for the implementation of the CCS.

Communication, Promotion and Dissemination of CCS

Health Vision 2020 has emphasized the role of strategic information and communication in health. The Country Office will ensure that the CCS is disseminated to relevant persons in Guyana and that communication is used for advocacy on health issues. As recommended in the CCS Guide, the document will also be distributed to other entities in the Organization.

CHAPTER 6: EVALUATION OF THE CCS

Monitoring and evaluation is important for assessing the implementation of the CCS and determining whether the Strategic Agenda has been accomplished. Several mechanisms have been instituted for the evaluation of the Country Cooperation Strategy.

The BWP is to be aligned with the CCS with the Focus Areas being aligned to the outcome indicators of the PAHO/WHO Strategic Plan. Monitoring of the BWP will therefore be part of the monitoring system for the CCS. The mid-term and final evaluations are mandatory.

6.1 The Mid-term Review

Objectives

- To determine the degree to which the PAHO/WHO CCS 2016-2020 has been implemented
- To identify main achievements, facilitating factors, constraints, and challenges to, and lessons learned from its implementation
- To make recommendations for updates to the strategic agenda of the CCS
- To determine whether the Strategic Priorities and the Focus Areas are still relevant and consistent with the National Strategic Health Plan
- To determine the adequacy of human and financial resources
- To determine the use of the CCS as an advocacy tool
- To provide input for the adjustment of the PAHO/WHO Guyana Biennial Work Plan (BWP) 2016-2017; development of the BWP 2018-2019

The final evaluation will be more comprehensive than the mid-term assessment and will measure whether the Strategic Agenda was achieved and lay the foundation for the development of the new CCS. On-going monitoring will also be conducted by means of PAHO/WHO processes such as:

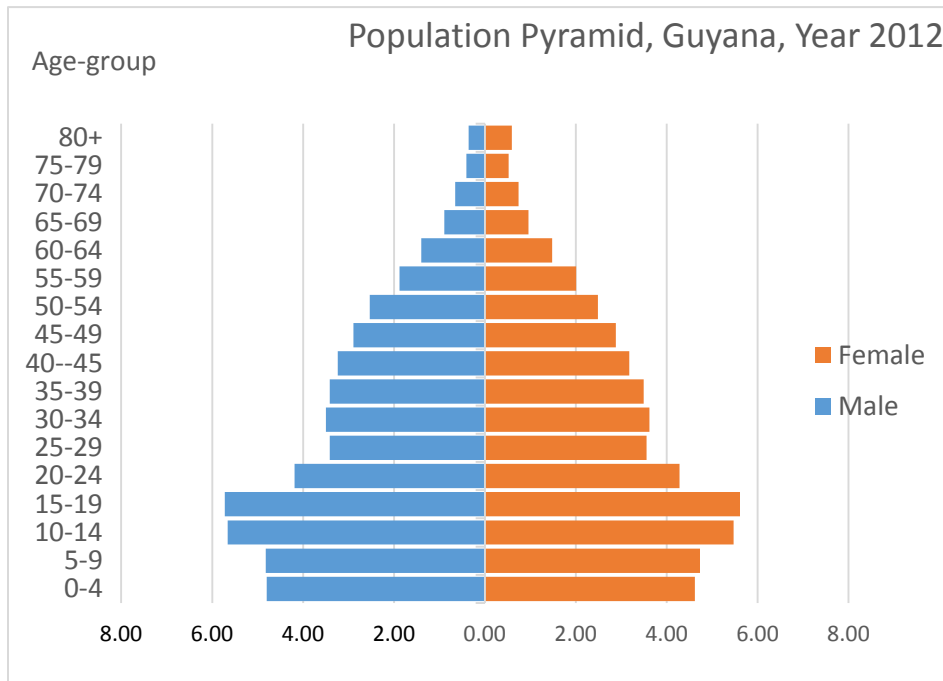
- 6-monthly Performance Monitoring Assessment (PMA)
- End of biennium report
- Strategic Plan Monitoring System (SPSM)
- End of PAHO/WHO Strategic Plan Assessment

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Appendix 1: Population Pyramid of Guyana, 2012



Appendix 2: Basic indicators for Guyana CCS documents, (Global Health Observatory)

WHO region	Americas
World Bank income group	Lower middle
Total population in thousands	767.1
% Population under 15	36 (2013)
% Population over 60	5 (2013)
Life expectancy at birth	66.2 (2015)
– Male	68.5
– Female	63.9
Neonatal mortality rate per 1000 live births	22.8* 2015
Under-five mortality rate per 1000 live births	39.4* 2015
Maternal mortality ratio per 100 000 live births	229** 2015
% DTP3 Immunization coverage among 1-	98 (2014)
% Births attended by skilled health workers	92.4 (2014)
Density of physicians per 1000 population	0.214 (2010)
Density of nurses and midwives per 1000 population	0.531 (2010)
Total expenditure on health as % of GDP	6.6 (2013)
General government expenditure on health as % of total government expenditure	13.9 (2013)
Private expenditure on health as % of total expenditure on health	33.8 (2013)
Adult (15+) literacy rate total	85 (2007-2012)
Population using improved drinking-water	98 (2015)
Population using improved sanitation	83.7 (2015)
Gender-related Development Index rank out of 148 countries	124
Human Development Index rank out of 186 countries (2014)	124

* *Child mortality estimates, UN Inter-Agency Group on Child Mortality Estimation*

** *Trends in Maternal Mortality (WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division)*

<http://www.who.int/gho/en/>

Appendix 3: CCS 2016-2020 Priority Areas Linkages with the PAHO/WHO Strategic Plan, Health Vision 2020 and the SDGs

STRATEGIC PRIORITY 1 and FOCUS AREAS			PAHO/WHO STRATEGIC PLAN 2014-2019	HEALTH VISION 2020	SUSTAINABLE DEVELOPMENT GOALS
Strengthening health systems for universal health	FA 1.	Strengthened health systems capacity with emphasis on governance and stewardship	OCM 4.1: Increased national capacity for achieving universal health coverage	4. 2.3.2 Strengthen the capacity of the MOPH to lead and steward the health system	Target 3.8: Achieve universal access to health and universal health coverage
	FA 2.	Enhanced capacity to develop and implement strategies for health financing	OCM 4.1: Increased national capacity for achieving universal health coverage	4.4.3.1 Establish and strengthen capacity for health financing and economics at the national policy and planning level	
	FA 3.	Scaled up response to increase equitable access to people centered, quality, comprehensive and integrated health service	OCM 4.2: Increased access to people-centered, integrated, quality health services	4.7.3.1 Extend and strengthen the network of health care facilities to provide comprehensive integrated and continuous care services	

STRATEGIC PRIORITY 2 and FOCUS AREAS		PAHO/WHO STRATEGIC PLAN 2014-2019	HEALTH VISION 2020	SUSTAINABLE DEVELOPMENT GOALS
Achieving health and well-being throughout the life course	FA 1.	Strengthened health services for mothers, newborns and children	OCM 3.1: Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults	<p>5.2.3.2 Improve the quality of services throughout the health system for better maternal and prenatal health outcomes</p> <p>5.2.3.3 Reduce infant and child mortality</p> <p>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 newborns and children under 5 years of age*</p>
	FA 2.	Improved access to health interventions for adolescents and youth	OCM 3.1: Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults	<p>5.2.3.3 Promote well-being, resilience and healthy development of children, adolescents and youth</p> <p>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.</p>
	FA 3.	Increased access to health interventions for adults and the elderly	OCM 3.2: Increased access to interventions for older adults to maintain an independent life	<p>5.2.3.5 Promote healthy ageing</p> <p>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.</p>

STRATEGIC PRIORITY 3 and FOCUS AREAS		PAHO/WHO STRATEGIC PLAN 2014-2019	HEALTH VISION 2020	SUSTAINABLE DEVELOPMENT GOALS	
Promoting safe, resilient, healthy environments	FA 1.	Improved access to quality water and sanitation and health related risks monitored and controlled	OCM 3.5: Reduced environmental and occupational threats to health	5.5.3.1 Promote health supportive environments	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 6.1 by 2030, achieve the realization of the human right to water through universal and equal equitable access to available, safe and affordable drinking water for all - in homes, schools, workplaces, health centers and refugee camps, paying special attention to the needs of women and girls and those in vulnerable situations; Target 6.2 by 2030, achieve the realization of the human right to sanitation through universal and equal access to adequate, affordable and acceptable and equitable sanitation and hygiene for all – in homes, schools, health centers and refugee camps, paying special attention to the needs of women and girls and those in vulnerable situations – and end open defecation.
	FA 2.	Strengthened human and institutional capacity to address climate change, disaster preparedness and response	OCM 3.5: Reduced environmental and occupational threats to health	5.5.3.2 Ensure preparedness and improved responsiveness to mitigate the health impact of disasters and environmental health crises	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 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.
FA 3.	Scaled up interventions for the promotion of health supportive environments	OCM 3.5: Reduced environmental and occupational threats to health	5.7.3.1 Promote health supportive environments	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 11.6: By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management. Target 11.7: By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.

STRATEGIC PRIORITY 4 and FOCUS AREAS		PAHO/WHO STRATEGIC PLAN 2014-2019	HEALTH VISION 2020	SUSTAINABLE DEVELOPMENT GOALS	
Reducing the burden of non-communicable diseases and mental health	FA 1.	Strengthened early detection and management of NCDs, risk factors, mental health, violence and injuries	OCM 2.1: Increased access to interventions to prevent and manage non-communicable diseases and their risks factors	5.3. Reduce modifiable risk factors for chronic NCDs and improve national health literacy	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 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents. Target 11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
	FA 2.	Improved surveillance and monitoring of NCDs, risk factors, mental health, violence and injuries	OCM 2.1: Increased access to interventions to prevent and manage non-communicable diseases and their risks factors	5.3.2.2 Ensure and promote the development and implementation of effective, integrated, sustainable and evidence-based public policies in chronic diseases, their risk factors and determinants	
	FA 3.	Scaled up health promotion and interventions to address NCDs, risk factors, mental health, violence and injuries	OCM 2.1: Increased access to interventions to prevent and manage non-communicable diseases and their risks factors		

STRATEGIC PRIORITY 5 and FOCUS AREAS		PAHO/WHO STRATEGIC PLAN 2014-2019	HEALTH VISION 2020	SUSTAINABLE DEVELOPMENT GOALS
Reducing the morbidity and mortality due to communicable diseases	FA 1.	Strengthened capacity for the integrated management and control of Malaria, other Vector-Borne Diseases and NIDs	OCM 1.3: Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases	5.4.3.3 Reduce and eliminate the transmission of malaria in affected population in Guyana
	FA 2.	Scaled up interventions to address HIV, other STIs and TB	OCM 1.1: Increased access to key interventions for HIV and STI prevention and treatment	5.4 .3.1 Reduce the prevalence of and mortality due to tuberculosis 5.4.3.2 Reduce the spread of HIV and improve the quality of life of PLHV
	FA 3.	Improved capacity to respond to new, emerging & re-emerging diseases and emergencies	OCM 5.1: All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response	5.4.3.4 Reduce the burden of neglected disease and eliminate transmission of the target groups of diseases
				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.

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