

VOLUNTARY EXTERNAL EVALUATION OF IHR CORE CAPACITIES

of

GUYANA

Mission report:

24-28 July 2023

PAHO



Pan American
Health
Organization



World Health
Organization
ORGANIZACIÓN
MUNDIAL DE LA SALUD

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- The Government of Guyana for its warm hospitality during the field visits and the excellent support provided to the team during the mission.
- The national experts of Guyana for their support of the VEE mission and their work to prepare for it.
- The PAHO Country Office in Guyana for their continuous support in the organization of the VEE mission.
- The WHO Headquarters for its contribution of a technical expert for the VEE mission;
- The World Organisation for Animal Health (WOAH) for identifying in its Roster of Experts a professional to participate in the mission;
- The Governments of the United States of America through the Centers for Disease Control and Prevention for their contribution of a technical expert for the VEE mission; and
- The Government of Jamaica through its Ministry of Health & Wellness for its contribution of technical experts for the VEE mission.

Abbreviations and Acronyms

AFP	Acute flaccid paralysis
AFR	Acute fever and rash
AIDS	Acquired immunodeficiency syndrome
AMR	Antimicrobial Resistance
CARPHA	Caribbean Public Health Agency
CDC	Centers for Disease Prevention and Control
CHW	Community Health Worker
CMO	Chief Medical Officer, Ministry of Health, Guyana
COVID-19	Coronavirus disease 2019
CR-FELTP	Caribbean Field Epidemiology and Laboratory Training Program
DRM	Disaster Risk Management
DTP	Diphtheria, pertussis and tetanus
EBS	Event Based Surveillance
ECP	Emergency Contact Point
EHS	Essential Health Services
EHU	Environmental Health Unit
EOS	Open-Source Epidemiological Intelligence System
ELISA	Enzyme-Linked Immunosorbent Assay
EMS	Emergency Medical Services
EMT	Emergency Medical Technicians
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
EPI	Expanded Program on Immunization
EQA	External Quality Assurance
ESAVI	Events Supposedly Attributable to Vaccines or Immunization
EWARS	Early Warning and Response System
FAO	Food and Agriculture Organization
FDD	Food and Drug Department
GAVI	Global Alliance for Vaccines and Immunisation
GFSA	Guyana Food Safety Authority
GLDA	Guyana Livestock Development Authority
GNBS	Guyana National Bureau of Standards
GPHC	Georgetown Public Hospital Corporation
GWCMC	Guyana Wildlife Conservation and Management Commission
HCAI	Health Care Associated Infections

HEOC	Health Emergency Operations Center
HIV	Human immunodeficiency virus
HPAI	High Pathogenicity Avian Influenza
HR	Human Resources
HRH	Human Resources for Health
IAEA	International Atomic Energy Agency
IATA	International Air Transport Association
IBS	Indicator-Based Surveillance
ICC	Inter-Agency Coordination Committee
IDB	Inter-American Development Bank
IHR	International Health Regulations
ILI	Influenza-like illness
INFOSAN	International Food Safety Authorities Network
IPC	Infection Prevention and Control
IRR	International Reagent Resource
IT	Information Technology
JEE	Joint External Evaluation
KAP	Knowledge, Attitude, and Practices
MCM	Multisectoral Coordination Mechanism
MCH	Maternal and Child Health
MEF	Monitoring and Evaluation Framework
MMR	Measles, mumps and rubella
MMU	Material Management Unit
MOA	Ministry of Agriculture
MOF	Ministry of Finance
MOH	Ministry of Health
Mpox	Monkeypox virus
NCC	National Codex Committee
NEMS	National Emergency Monitoring System
NEOC	National Emergency Operations Centre
NFP	National Focal Point
NFSCC	National Food Safety and Control Committee
NGO	Non-governmental Organization
NPHRL	National Public Health Reference Laboratory
OH	One Health
PAHO	Pan-American Health Organization
PANAFTOSA/ VPH	Pan American Center for Foot-and-Mouth Disease and Veterinary Public Health

PCR	Polymerase Chain Reaction
PEHS	Package of Essential Health Services
PHEIC	Public Health Emergency of International Concern
PoE	Points of Entry
PPE	Personal Protective Equipment
PR/HC/HP	Public Relations, Health Communication, and Health Promotion
PTCCB	Pesticides and Toxic Chemicals Control Board
PVS	Performance of Veterinary Services
RCCE	Risk Communication and Community Engagement
RHO	Regional Health Officers
SARI	Severe Acute Respiratory Infections
SimEx	Simulation Exercise
SOP	Standard Operating Procedure
SP	States Parties
SPAR	State Party Self-Assessment Annual Reporting Tool
STI	Sexually transmitted infections
STS	Standards and Technical Services
SWM	Sustainable Wildlife Management
TB	Tuberculosis
TOR	Terms of reference
UNICEF	United Nations International Children’s Emergency Fund
VEE	Voluntary External Evaluation
VPD	Vaccine Preventable Disease
VPHU	Veterinary Public Health Unit
VSL	Veterinary Services Laboratory
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization
WOAH	World Organization for Animal Health

Executive summary

The Voluntary External Evaluation (VEE) team would like to express its appreciation to Guyana for initiating a VEE, and for being the first country in the world to complete a VEE using the International Health Regulations (IHR) State Party Self-Assessment Annual Reporting Tool (SPAR). The intention of the Pan American Health Organization was to align the nature and scope of the monitoring process currently in place with the obligation to present the Annual Report of the States Parties to the Pan American Health Organization/World Health Organization (PAHO/WHO). The SPAR tool includes 15 IHR capacities with 35 corresponding indicators that measure the status of the core capacities of the IHR: prevention, detection, and response. In addition, Guyana’s Ministry of Health decided to add a component on immunization—a sixteenth capacity—to holistically and completely assess its prevention capacities.

Guyana’s extraordinary efforts to confront the COVID-19 pandemic as effectively as possible with a whole-of-government response brought together a range of emergency risk management stakeholders, who were keen to combine lessons learned to work on the first phase of the IHR evaluation process. During this extensive phase of self-assessment, the government of Guyana demonstrated strong commitment, self-awareness, and transparency across multiple levels and sectors to identify areas requiring improvement. It has provided a comprehensive and relevant context for the second phase. During the external evaluation, the government also displayed a strong willingness to receive feedback in order to continue to make progress in the 15 IHR capacities. It is worth noting that actions being implemented incorporate a One Health approach in all IHR core capacities related actions.

Findings from the VEE

The VEE/SPAR mission took place in Georgetown from July 22 to 28, 2023. A multinational, multidisciplinary expert VEE/SPAR team convened by the Pan American Health Organization, joined with national experts from many sectors in a peer-to-peer consultation process to evaluate Guyana’s 15 core IHR capacities plus immunization. After a week of collaborative dialogue and select site visits, the mission achieved consensus on scores and priority actions across the 15 capacities plus immunization. These are presented herein with the aim of improving the implementation of the IHR (2005) and enhancing the health security and resilience of the Guyana public health emergency detection and response system.

Specific core capacities are addressed in their respective sections of this report, followed by recommended priority actions. Four capacities, IHR National Focal Point, Legislation, Financing, and Human Resources, receive special attention here, as they intersect with all the other core capacities being evaluated. Moreover, the evaluation identified overarching challenges that might hinder progress in fulfilling IHR obligations. These challenges and the necessary actions to address them are underpinned by five broader policy principles:

1. Decisive governance mechanisms are needed to ensure consistent, institutionalized intra- and multisectoral coordination with a One Health approach that is less dependent on individuals.
2. Plans, standard operating procedures (SOPs) and related legal and regulatory documentation require review, update, and endorsement by governmental agencies to ensure effective implementation and accountability at all administrative levels of government.
3. A third principle supports both the first and second: the need to remove barriers and reduce time taken to move from assessment to drafting to endorsement to implementation of these plans, SOPs and budgets.
4. An information management architecture present makes for optimal use of communication tools, to break down data and information silos and to enable efficient sharing and analysis of data.

5. To support Guyana's goal of universal access to health care, particularly in the hinterland, public service providers must build bridges into communities by involving the whole of society and strengthening community protection mechanisms – including through risk communication and public engagement.

The overarching challenges include the following:

- Most existing capacities are implemented in an *ad hoc* manner rather than in a formal, institutional, or coordinated fashion within and between agencies. Many of Guyana's senior staff maintain excellent, informal professional interpersonal relationships and mechanisms. However, there are no formally established liaison channels and there is a lack of clarity around the roles, responsibilities, relationships and authorities of the key organizations. This presents the risk that in the event of rapidly escalating situations, precious time could be lost resolving matters of ministerial-level decision-making. Clarifying roles in advance through formal policy documents will ensure that all actors can act within clear lines of responsibility and authority.
- Guyana lacks an integrated National Action Plan for Health Security that identifies concrete steps for IHR implementation. It is paramount for IHR implementation to develop a five-year, risk-based, prioritized and budgeted National Action Plan for Health Security, based on the recommendations of the self-assessment and VEE report. The Plan should specify explicit roles and responsibilities for all relevant stakeholders, and include mechanisms for progress monitoring and evaluation. The plan can be built as a composite with contributions from the multiple programs of the Ministry of Health, as well as multisector and international partners whose resources are directed towards improving IHR core capacities.
- Documentation remains incomplete for most IHR core capacities, including policies, norms, plans, procedures, protocols, and guidelines, as well as a list of priority diseases and events. Guyana has been doing extensive work to develop the national capacities required under the IHR, and its professional staff benefits from vast experience. However, there is a significant risk of losing that institutional knowledge because very little of it is documented. Guyana can benefit from having plans, procedures and other key documents that are drafted, and that can be validated and promulgated widely within and across the ministries to ensure rapid and efficient dissemination and use. Institutionalization is essential for these endorsed policies, guidelines, SOPs and operational budgets to be aligned to government budgeting processes.
- Surveillance, laboratory data and health event information from various sectors (health, agriculture, points of entry, and others) are not routinely shared across sectors and with the public. Data analysis and information sharing within the MOH and other sectors suffer from limited systematized surveillance operations, which lack updated manuals, data management and information dissemination systems; and finally, paper-based data reporting is being used at national and regional levels.
- There is insufficient allocation and/or management of resources (human, financial, material) and supply chain mechanisms to fulfil the requirements of the IHR core capacities, particularly in hinterland regions. The National Action Plan will facilitate development, endorsement and implementation of a national, multisectoral workforce plan to include a capacity-building strategy. It will, in addition, contribute to establish a national partnerships platform to strengthen systems for One Health coordination and collaboration, including for surge response during emergencies. Underpinned by the Public Health Act and Guyana's Health Vision 2030, the financing and budgeting for Public Health can be informed by the National Action Plan in support of strengthening IHR core capacities.

Annex: Guyana VEE Background

PAHO



SPAR
STATE PARTY ANNUAL REPORT



OBJECTIVE OF THE VEE USING THE SPAR

Assess the capacities and provide tailored recommendations to support Guyana's efforts to improve public health security by evaluating the 15 capacities of the SPAR tool under the IHR Monitoring and Evaluation Framework as well as the immunization component using the PAHO Immunization Program Performance Monitoring tool.

VEE PROCESS

The VEE is a voluntary, collaborative, multisectoral process to assess the capacity of countries to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

Conducting a VEE using the SPAR tool allows States Parties to evaluate the country core capacities in accordance with Annex 1 of the IHR, and recommend priority actions to be implemented.

The VEE mirrored the JEE methodology but using the SPAR tool and started with the commitment of the Government of Guyana who convened all sectors involved in the development and maintenance of the IHR core capacities. The VEE process included a self-assessment phase of the 15 capacities plus the immunization component conducted by relevant authorities of the host country. A comprehensive self-assessment report was developed and shared with an international multidisciplinary and independent external mission convened by PAHO/WHO. The . This report informs on the VEE mission of experts held in Guyana from 24 to 28 July 2023.

VEE MISSION AGENDA

Dates: 24 – 28 July 2023; Venue: Marriot Hotel, Georgetown.

Monday 24th July - Opening event and evaluation meetings

Salon: AB

Time	Activity	Responsible	
Opening			
07:30 - 08:00	Transfer from Pegasus Hotel to Marriot Hotel	Logistic team	PAHO GUY
08:00 - 08:30	Registration	Logistic team	PAHO GUY/ MOH
08:30 - 08:45	Introduction to the VEE in Guyana	Dr. Luis Codina	PAHO GUY
08:45 - 09:15	Presentation Health system in Guyana	Dr. Leslie S. Ramsammy	MOH
09:15 - 09:45	VEE team leader presentation and expert biographies	Dr. Marlo Libel	External mission
09:45 - 10:00	Opening	Dr. Frank Anthony	MOH
10:00 - 10:10	Official photo	Logistic team	MOH
10:10 - 10:30	Coffee break		

Salon: AB

Evaluation meetings

10:30 - 11:00	C9 Infection prevention and control	Alysha Hercules	MOH
11:00 - 11:30	Technical discussion	Lucia Alonso	External mission
11:30 - 11:45	Break		
11:45 - 12:15	C5 Surveillance	Sasha Walrond	MOH
12:15 - 12:45	Technical discussion	Marlo Libel	External mission
12:45 - 13:45	Lunch		
14:00 - 14:30	C11 Points of Entry and border health	Denicia Williams	MOH
14:30 - 15:00	Technical discussion	Lucia Alonso	External mission

Tuesday 25th July - Evaluation meetings and field visits

Time	Activity	Responsible	
Team A			
Salon: C			
Evaluation meetings			
08:00 - 08:30	Transfer from Pegasus Hotel to Marriot Hotel	Logistic team	PAHO GUY
08:30 - 09:30	C1 Policy, legal and Normative Instruments to Implement IHR	Anand Persaud	MOH
09:30 - 10:00	Technical discussion	Ignacio Ibarra	External mission
10:00 - 10:15	Break		
10:15 - 10:45	C2 IHR Coordination, National IHR Focal Point functions and advocacy	Anand Persaud	MOH
10:45 - 11:15	Technical discussion	Nicole Dawkins-Wright	External mission
11:15 - 11:30	Break		
11:30 - 12:00	C3 Financing	Anand Persaud	MOH/MOF
12:00 - 12:30	Technical discussion	Marlo Libel	External mission
12:30 - 13:30	Lunch		
13:30 - 14:00	Immunization	Oneka Scott	MOH
14:00 - 14:30	Technical discussion	Margherita Ghiselli	External mission
Team B			
Field visit: C11 Points of entry and border health			
07:30 - 08:00	Transfer from Pegasus Hotel to PAHO office	Logistic team	PAHO GUY
08:00 - 09:00	Transfer from the PAHO office to the Cheddi Jagan International Airport	Logistic team	PAHO GUY
09:00 - 09:30	Meeting with airport authorities	Denicia Williams/ Emmanuel Forlack/ Lucia Alonso	MOH/PAHO GUY/External mission
09:30 - 10:00	Airport facility scouting		
10:00 - 11:30	Transfer to Georgetown	Logistic team	PAHO GUY
12:00 - 13:00	Lunch at Marriot Hotel		
13:30 - 14:00	Transfer to Georgetown Port	Logistic team	PAHO GUY
14:00 - 14:30	Meeting with port authorities	Denicia Williams/ Emmanuel Forlack/ Lucia Alonso	MOH/PAHO GUY External mission

14:30 - 15:15	Port facility scouting		Port Authorities
15:15 - 15:45	Transfer to Eugene F Correia International Airport	Logistic team	PAHO GUY
15:45 - 16:15	Meeting with airport authorities	Denicia Williams/ Emmanuel Forlack / Lucia Alonso	MOH/PAHO GUY External mission
16:15 - 16:45	Airport facility scouting		
16:45 - 17:30	Transfer to Pegasus Hotel	Logistic team	PAHO GUY

Wednesday 26th July - Evaluation meetings and field visits

Time	Activity		Responsible
Team A			
Salon: C			
Evaluation meetings			
08:00 - 08:30	Transfer from Pegasus Hotel to Marriot Hotel	Logistic team	PAHO GUY
08:30 - 09:30	C4 Laboratory	Shellana Lewis La Rose	MOH
09:30 - 10:00	Technical discussion	Kimberley Fox	External mission
10:00 - 10:15 Break			
10:15 - 10:45	C12 Zoonotic diseases	Dane Hartley	MOH
10:45 - 11:15	Technical discussion	Emilio León	External mission
11:15 - 11:30 Break			
11:30 - 12:00	C13 Food Safety	Ayodele Singh	MOH/MOF
12:00 - 12:30	Technical discussion	Simone Moraes Raszl	External mission
12:30 - 13:30 Lunch			
13:30 - 14:00	C7 Health emergency management	Bendita Lachmansingh	MOH
14:00 - 14:30	Technical discussion	Nicole Dawkins- Wright	External mission
Team B			
Field visit: C11 Points of entry and border health			
06:45 - 07:15	Transfer from Pegasus Hotel to the Ogle airport	Logistic team	PAHO GUY
07:15 - 08:00	Check-in		
08:00 - 09:00	Flight to Region 9: Lethem		
09:00 - 09:10	Transfer to Rupununi ECO-Hotel		

09:10 - 09:50 Breakfast

09:50 - 10:00	Transfer to Ground crossing complex	Logistic team	PAHO GUY
10:00 - 10:45	Meeting with Ground crossing authorities in Lethem	Denicia Williams/ Dr. Paola Olmos/ Lucia Alonso/Margherita Ghiselli	MOH/ PAHO GUY/ External mission
10:45 - 11:00	Transfer to the Regional Health Office	Logistic team	PAHO GUY
11:00 - 11:45	Meeting with the Regional Health Officer		MOH
11:45 - 12:00	Transfer to the Lethem Regional Hospital	Logistic team	PAHO GUY
12:00 - 12:45	Visit the Lethem Regional Hospital	Denicia Williams/ Paola Olmos/ Lucia Alonso/Margherita Ghiselli	MOH/ PAHO GUY/ External mission
12:45 - 13:00	Transfer to restaurant	Logistic team	PAHO GUY
13:00 - 14:00 Lunch			
14:00 - 14:15	Transfer to Lethem MCH Clinic	Logistic team	PAHO GUY
14:15 - 15:30	Meeting with the immunization responsible at Lethem MCH Clinic	Oneka Scott/Janice Woolford/ Lucia Alonso/Margherita Ghiselli	MOH/ PAHO GUY/ External mission
15:30 - 16:00	Transfer to the Lethem airport	Logistic team	PAHO GUY
16:00 - 16:30	Check-in	Logistic team	PAHO GUY
16:30 - 17:30	Flight to Georgetown		
17:30 - 18:00	Transfer to Pegasus Hotel	Logistic team	PAHO GUY

Thursday 27th July - Evaluation meetings and field visits

Time	Activity	Responsible	
Team A			
Salon: C			
Evaluation meetings			
08:00 - 08:30	Transfer from Pegasus Hotel to Marriot Hotel	Logistic team	PAHO GUY
08:30 - 09:30	C14 Chemical Events	Abigail Liverpool	MOH
09:30 - 10:00	Technical discussion	Sanchez Palmer	External mission
10:00 - 10:15 Break			
10:15 - 10:45	C15 Radiation Emergencies	Petal P. Surujpaul	MOH
10:45 - 11:15	Technical discussion	Sanchez Palmer	External mission
11:15 - 11:30 Break			

11:30 - 12:00	C6 Human Resources	Anand Persaud	MOH/MOF
12:00 - 12:30	Technical discussion	Marion Bullock DuCasse	External mission
12:30 - 13:30	Lunch		
13:30 - 14:00	C8 Health Services provision	Veronica Griffith	MOH
14:00 - 14:30	Technical discussion	Marion Bullock DuCasse	External mission

Team B**Field visits: C4 Laboratory**

08:30 - 09:30	Transfer to the National Public Health Reference Laboratory	Logistic team	PAHO GUY
09:30 - 10:00	Meeting with NPHRL authorities	Mustapha Kadir / Emmanuel Forlack/ Kimberley Fox	MOH/PAHO GUY/External mission
10:00 - 10:30	NPHRL facility scouting		NPHRL
10:30 - 11:00	Transfer to Hotel Marriot	Logistic team	PAHO GUY

Friday 28th July - Evaluation meeting and closing event**Salon: Barimi/Socobi**

Time	Activity	Responsible	
Evaluation meeting			
08:00 - 08:30	Transfer from Pegasus Hotel to Marriot Hotel	Logistic team	PAHO GUY
08:30 - 09:30	C10 Risk communication and community engagement	Shabana Shaw	MOH
	Technical discussion	Margherita Ghiselli	External mission
09:30 - 12:30	Analysis of findings	Marlo Libel	External mission
12:30 - 13:30	Lunch		
13:30 - 14:00	Analysis of findings	Marlo Libel/Anand Persaud	External mission/ MOH
Pegasus Hotel			
Closing			
15:00 - 15:30	Transfer to Pegasus Hotel	Logistic team	PAHO GUY
15:30 - 15:50	Welcome and summary	Marion Bullock Du Casse	PAHO/WHO

15:50 - 16:30	Reporting on the levels and findings	Mario Libel	External mission
16:30 - 16:45	Conclusions and next steps	Mario Libel	External mission
16:45 - 17:00	Message from PAHO Guyana	Dr. Luis Codina	PAHO GUY
17:00 – 17:15	Official closure	Dr. Frank Anthony	MOH

FIELD VISITS

13 site visits were conducted during the voluntary external evaluation mission.

Tuesday 25th July 2023

- Cheddi Jagan International Airport, Timehri (PoE)
- Eugene F. Correia International Airport, Ogle (PoE)
- Georgetown sea port (PoE)

Wednesday 26th July 2023

- Ground crossing complex, Lethem, Region 9 (PoE)
- Lethem Regional Hospital, Region 9.
- Maternal and Child Health Clinic, Lethem, Region 9.
- Infectious Disease Centre, Lethem, Region 9.

Thursday 27th July 2023

- National Public Health Reference Laboratory (NPHRL), Georgetown.
- Guyana Livestock Development Authority (GLDA) laboratory, Georgetown.
- Health Emergencies Operation Centre (HEOC), Georgetown.
- Georgetown Public Hospital Corporation (GHPC).
- Stabroek market, Georgetown.
- Civil Defence Commission (CDC), Georgetown.

MISSION TEAM MEMBERS

Experts

- **Marlo LIBEL, Team Leader** – Consultant, Brazil.
- **Marion BULLOCK DUCASSE, Team Co-lead** – Focal point for Health Emergency Preparedness and IHR Unit of the PAHO Health Emergencies Department in the Caribbean sub-region, Kingston, Jamaica.
- **Kimberley FOX** – Director, Division of bacterial diseases, National center for immunization and respiratory diseases, Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America.
- **Ignacio IBARRA** – Regional Advisor for health-related law, PAHO Regional Office for the Americas, Washington D.C., United States of America.
- **Nicole DAWKINS-WRIGHT** – Director of the Emergency, Disaster Management & Special Services, Ministry of Health & Wellness, Kingston, Jamaica.
- **Lucía ALONSO** – International Consultant for Infection Prevention and Control, Antimicrobial Resistance Special Program, PAHO Regional Office for the Americas, Washington D.C., United States of America.
- **Margherita GHISELLI** – Regional Immunization Advisor for PAHO Regional Office for the Americas of the World Health Organization, Washington D.C., United States of America.
- **Emilio LEÓN** – Member of the list of experts of WOAHA – Consultant, Argentina.
- **Simone MORALES RASZL** – Scientist, Multisectoral Action in Food Systems (AFS), Department of Nutrition and Food Safety, World Health Organization, Geneva, Switzerland.
- **Sanchez PALMER** – Principal Medical Physicist, South East Regional Health Authority, Ministry of Health and Wellness, Kingston, Jamaica.

Rapporteur

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