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ANALYSIS OF PAHO/WHO TECHNICAL COOPERATION IN GUYANA

Since 1985, PAHO/WHO has carried out joint evaluations with Member Governments to determine the effectiveness and efficiency of the delivery of technical cooperation at the country level. The joint evaluations have proved to be extremely useful in focusing and reorienting technical cooperation programs in the countries.

The evaluation process in Guyana culminated in a meeting held in Georgetown, Guyana, in October, 1993. Participating in the meeting were the Minister of Health, Ms. Gail Teixeira, Dr. Robert Knouss, Deputy Director, PAHO, and other government and PAHO/WHO officials.

This document is a summary of the report produced at the end of the exercise; it describes the process, the analysis of the technical cooperation received during the bienniums 1989-1990 and 1991-1992 and the needs for future technical cooperation that were identified. It will be complemented by comments by the Minister of Health.

The Subcommittee on Planning and Programming may wish to:

- Comment on the process and usefulness of the joint evaluation based on the Guyana experience;
- Discuss how joint evaluation has helped to focus the technical program in Guyana and how the recommendations of the evaluation will be integrated;
- Comment with the Minister of Health on how the technical cooperation provided by the Organization may be improved.

CONTENTS

	<u>Page</u>
1. Introduction	1
2. Health Indicators and Conditions	2
3. National Health Priorities	2
4. Priorities for Technical Cooperation from PAHO/WHO	3
5. Evaluation and Analysis of the Technical Cooperation	3
Health Services Development	3
Human Resources Development	4
Environmental Health	4
Maternal and Child Health	5
Food and Nutrition	5
Communicable Diseases Prevention and Control	6
Technical Cooperation among Countries	7
6. Recommendations for Future Technical Cooperation	7
6.1 Environmental Health	7
6.2 Communicable Diseases	8
6.3 Maternal and Child Health and Food and Nutrition	8
6.4 Veterinary Public Health	9
6.5 Health Systems	9
6.6 Technical Cooperation among Countries	9
7. Conclusions	10

ANALYSIS OF PAHO/WHO TECHNICAL COOPERATION IN GUYANA

1. Introduction

The joint evaluation in Guyana was undertaken in close collaboration with the Government. The main purpose of the review was to determine the relevance, efficiency and effectiveness of PAHO's technical cooperation programs. In this instance, for the last two biennia, 1989-1990 and 1991-1992. This joint evaluation process also provided an opportunity for the Country Representation to share information with national authorities on the policies, strategies, structure and managerial process of PAHO; helped the authorities to fully understand and appreciate the fundamentally technical nature and role of the Organization; and to identify specific needs for the development of the PAHO/WHO Country Office in light of the national need for technical cooperation.

The process of planning and organizing the joint review entailed a series of preparatory activities. In Guyana, the PWR guided this preparatory phase at the level of the Country Office. The description of the health conditions of the country was facilitated by the availability of the second draft of the Guyana chapter of *Health Conditions in the Americas*, recently produced. In country, a meeting was held with a team comprising of nationals and PAHO staff to assess the technical cooperation delivered over the past four years. The documents produced served as the basis for the joint meeting. The programmatic areas identified and assessed were:

- Health Services Development
- Human Resources Development
- Maternal and Child Health
- Food and Nutrition (including Veterinary Public Health)
- Technical Cooperation among Countries
- Environmental Health
- Communicable Diseases Control.

The PWR also completed a Country Office assessment, which included development aspects. This will serve as the basis for improving the response of the Country Office to national priorities for technical cooperation.

The joint meeting took place on 11-13 October 1993 at Takuba Lodge, Ministry of Foreign Affairs. A total of 41 participants attended, of which 28 were nationals and 13 were PAHO staff members. For purposes of group discussion, three groups were formed and a rapporteur was designated for each group. The group reports were presented at a plenary session on 13 October.

2. Health Indicators and Conditions

The essential data given below were taken from the Guyana chapter of *Health Conditions in the Americas* that will be presented to the XXIV Pan American Sanitary Conference in 1994.

In 1987 health sector expenditure was less than 4% of total recurrent and capital expenditure, increasing in 1992 to 8.53% of the country's budget. The allocation to the health sector in 1993 has risen by 37.89% over the 1992 allocation, representing 10.6% of the country's 1993 budget. The document indicates that in 1990, 12.5% of the country's population had no access to health services, an increase from 11% for the period 1987-1989, 25% had no access to safe water, and 12.5% had no access to sanitation.

The crude birth rate has remained virtually stable over the past decade: 25.5 per 1,000 population in 1985; 26.5 per 1,000 in 1989; and 24.1 per 1,000 in 1992. The crude death rate was also relatively stable: 6.6 per 1,000 population in 1985; 8.0 in 1988; and 7.0 per 1,000 in 1992. Similarly, the total fertility rate was 3.0 per woman in 1985, 3.1 in 1990, and at 2.8 in 1992.

Life expectancy at birth has declined, having been estimated at 70.0 years in 1985; 65.0 in 1990; and 64.9 years in 1992. The United Nations Human Development Report of 1992 estimated that the life expectancy of women in Guyana was 109% that of men, based on the assumption that the life expectancy for women in 1992 was 67.7 and for men, 62.1 years. The infant mortality rate per 1,000 live births has shown some fluctuation. It was 43.9 in 1985, rose to 47.0 in 1988, and was 42.9 in 1992.

At the time of the review the participants used the health conditions in Guyana document which had been prepared in June 1993, as background data for the discussions, as well as more specific information included in the analysis of each program.

3. National Health Priorities

The national priorities for health were wide ranging over the period and can be summarized thus:

- Reduction of mortality and morbidity, especially of mothers and children and increase in life expectancy;
- Reorganization and increase of the efficiency of the health services, focusing on decentralization and regionalization, improving the health planning process, establishing a health information system, and developing human resources;
- Control of communicable diseases, including AIDS and cholera;

- Environmental sanitation and vector control;
- Veterinary public health;

- Improvement of service delivery in the areas of dental health, rehabilitation, mental health, food and nutrition, and provision of services to special groups, such as the aged and handicapped;
- Health education and community participation.

4. Priorities for Technical Cooperation from PAHO/WHO

Within the context of the above, PAHO/WHO technical cooperation concentrated on the program areas of Environmental Health Services Development, Human Resources Development, Communicable Disease Control (including malaria, AIDS, etc.), Maternal and Child Health (including cholera and immunization), and Food and Nutrition. All of these areas were identified by the Guyana government as critical for the development of the health sector and as priority areas for receiving technical cooperation from international agencies.

5. Evaluation/Analysis of the Technical Cooperation

The PAHO/WHO strategy is based on the development of a sustained medium-or long-term process that is in keeping with the strategic orientations and program priorities for the quadrennium 1991-1994 as approved by the XXIII Pan American Sanitary Conference in September 1990. The functional approaches used in the delivery of this program include development of policies, plans and norms; mobilization of resources; training; dissemination of information; research; and the provision of equipment and supplies. Specific priorities have been those program areas of the Caribbean Cooperation in Health Initiative (CCH) as determined to be appropriate through the analysis of the health situation of the country. The CCH goals and targets approved by the health ministries in the Caribbean countries, where pertinent to this technical cooperation program, were used to guide the expected results of the program within the realities of Guyana. The various program areas were analyzed in relation to the degree of achievement of the objectives set, as well as the distribution and use of the funds allocated. The results are presented here in summary form.

Health Services Development

The technical cooperation was very successful in guiding the development of a comprehensive information system for managing health manpower and in rebuilding the health statistics unit. A major accomplishment was the training in the management of community health services. The managerial and technical preparedness for cholera by simulation training was also carried to completion.

There was less success in strengthening management for the health planning process, for hospitals or for the pharmaceutical services. There is awareness of the vital importance of enhancing the management capability of the Ministry in all spheres, and in this context some importance is given to training staff in project preparation.

The budget allocation for this program increased by 100% over the four-year period and the major expenditure was in the area of training.

Human Resources Development

The purpose of this program was to support the national efforts to identify and develop innovative programs to address the country's health and medical manpower needs. A manpower data base was developed to provide continuous information of health personnel in the government sector. A health manpower policy and plan in keeping with Guyanese realities is being prepared. Support was given to ongoing training of allied health workers, to the development of learning-teaching resources and educational technology and to the institutional development of the faculty of Health Sciences, University of Guyana. In addition, ongoing programs of in-country upgrading of health workers and provision of external fellowships in critical areas were implemented. The faculty of Health Sciences, University of Guyana, was strengthened as a WHO Collaborating Center while links between the faculty and the University of Galveston were strengthened. This included strengthening of the medical program.

As might be expected, training was the aspect of the cooperation that was most prominent and was carried out predominantly through consultants. The allocation from the budget and foreign fellowships were almost nil.

Environmental Health

The program aimed at reducing health hazards from the environment. This involved the provision of adequate water supply and the sanitary disposal of wastes in urban and rural areas. Occupational health was also a concern of the program. PAHO/WHO technical cooperation assisted in these areas through provision of in-country expertise and short-term consultants. Special attention was paid to strengthening environmental health services at the regional level. Emphasis was given to courses and seminars to stimulate community participation, in particular the participation of women. PAHO assisted in mobilization of resources in the form of financial assistance from other agencies and governments. The analysis noted the impact of the technical cooperation, both on the health situation of selected population groups and on some of the internal governmental practices. One of the difficulties identified was the lack of follow-up action, which made it difficult to achieve the original objectives and to evaluate any

progress made. More emphasis was placed on consultancy services, training and the provision of essential supplies and equipment.

Maternal and Child Health

PAHO assisted in the strengthening of the Maternal and Child Health Services, the program components of which were control of diarrheal diseases through the promotion of oral rehydration therapy; immunization; adolescent health care; perinatal disease prevention; acute respiratory infections; and reduction of maternal morbidity and mortality.

Between 1987 and 1990, PAHO implemented in Guyana, in conjunction with grants from other donor agencies, particularly from the Canadian Public Health Association (CPHA), an accelerated immunization project---Phase I, with the major objectives of increasing vaccine coverage against vaccine preventable diseases, to interrupt indigenous transmission of wild polio virus, and to eliminate measles. The sustainability of the achievements of Phase I was addressed through enhanced community participation and increased involvement of local nongovernmental and private health care organizations in the program delivery. An important program component in Phase II is to expand and strengthen a surveillance system for monitoring the cases of acute flaccid paralysis (AFP) and rash/fever illnesses, which will provide a basis for the elimination of these diseases.

Heavy reliance was placed on local training and development of staff through provision of consultants and the holding of courses and seminars.

Food and Nutrition

This program was closely integrated with the Maternal and Child Health program and addressed nutrition problems faced by the child and the pregnant woman. In addition, it has supported the development of a food and nutrition policy and plan. Resource mobilization for the implementation of the plan has been emphasized for the 1992 - 1994 biennium.

The development of a food safety plan and program, with components of legislation, surveillance system, laboratory support, public education and guidelines for improving food hygiene, was an important strategy of the cooperation in this program. So too was the strengthening of the management of animal health and veterinary public health programs. The program also addressed nutrition-related chronic diseases (diabetes/hypertension) through community involvement and public education programs.

The most successful activities related to the development of a national food and nutrition policy, training in a wide range of topics, research in relation to diabetes mellitus, and analysis of the survey data on the national food and nutrition status.

Local training was again the functional approach that was most used and it is gratifying to note that most of the persons trained have remained in the system. The technical advice for this program came mainly from CFNI and the office of the CPC.

Communicable Diseases Prevention and Control

The main components of the national program to which cooperation was directed were malaria and other vector control, including *Aedes aegypti*. PAHO cooperated in developing the national capability for the epidemiological assessment and stratification of malarious areas; strengthening planning and management capabilities; maximizing involvement of health resource personnel in the regional health services; and developing programs for greater involvement of nongovernmental organizations, e.g., community service groups, through expertise, training and the provision of supplies and materials. Mining companies operating in the interior were also urged to play a greater role in preventing the spread of communicable diseases, e.g., malaria, among their workers.

The Government also placed emphasis on programs to address the problem of AIDS. A short-term program was prepared for 1989-1991 and funding was approved by WHO. In addition, a medium-term program 1992-1994 has been completed and submitted to WHO for funding under the Global Program on AIDS. PAHO/WHO assisted in coordinating the execution of the main components of the program: epidemiological surveillance, information, education and communication, prevention of perinatal transmission, treatment of HIV, and management/coordination and evaluation of the program.

The technical cooperation was not successful in achieving significant improvement in the malaria control service. The majority of the expenditure has been to provide consultant advice and supplies and equipment. The support from CAREC has been most noticeable in this program.

The technical cooperation in AIDS showed many achievements during the period under review, and some of the deficiencies in terms of management and follow-up were rectified in 1992 with the employment of two national professional staff. Equipment and supplies consistently took the major share of the budget in this area.

Technical Cooperation among Countries

During the period under review, the main achievements of this program were in three areas:

- Continuation and expansion of the established arrangements among PAHO/Guyana/Cuba to provide consultant support to the health services and to the

University of Guyana medical program;

- Collaborative programs with Brazil, Venezuela and Suriname in areas such as malaria, AIDS and STDs, cholera, tuberculosis;
- Cooperation between the Georgetown City Council and the Trinidad and Tobago Solid Waste Company.

The technical cooperation with Cuba is vital for the medical training and in this, as in other aspects of the program, the major expenditure was for consultant services.

6. Recommendations for Future Technical Cooperation

The recommended program areas for future technical cooperation are outlined below, but do not exclude the possibility of technical cooperation in other areas as the need may arise.

6.1 *Environmental Health*

1. Establishment of integrated data collection and management systems at central and regional levels.
2. Development of a pilot project using a working group to plan and implement a coordinated environmental health and communicable disease control program in one of the regions.
3. Strengthening of health education input and utilization of community participation as a key strategy in all program activities through training and reorientation of all health workers
4. Development and strengthening of water and sanitation programs, especially in areas of high prevalence of diarrheal diseases.

5. Evaluation of the pilot water supply project in Plaisance, with particular emphasis on community participation, and ensuring greater success and sustainability in future projects.
6. Support for training of environmental health assistants and ongoing training of environmental health officers.
7. Assistance in the preparation of a project proposal to mobilize funding for the implementation of the plan of action on workers health; continuation of support for occupational health activities in the country.

6.2 *Communicable Diseases*

AIDS and STDs

1. Support for the development of increased laboratory capability for the diagnosis of HIV and STDs.
2. Improvement of laboratory capability for diagnosis of HIV and STDs.
3. Improvement of national capability for care and counselling.

Other Communicable Diseases

1. Strengthening of epidemiological services at central and regional levels to ensure adequate surveillance for diseases such as malaria, tuberculosis, leprosy, leishmaniasis, and filariasis.
2. Expansion of the Hansen's disease program and strengthening of tuberculosis control activities.

6.3 *Maternal and Child Health and Food and Nutrition*

1. Support for the immunization program with particular reference to measles (support from CAREC essential).
2. Surveillance, public education, and stimulation of community involvement in diarrheal diseases (PAHEF involvement).
3. Strengthening of the process of integrating all primary care services.

4. Finalizing and facilitating implementation of MCH norms and procedures; strengthening of growth monitoring.
5. Support for programs of screening for cervical cancer.
6. Development of legislation on reproductive health, including abortion.
7. Strengthening of family planning services.
8. Support for programs for antenatal, delivery, and postpartum services to reduce maternal morbidity and mortality.
9. Strengthening of food and nutrition programs at all levels.

6.4 *Veterinary Public Health*

1. Promotion of intersectoral linkages and training.
2. Support for surveillance against FMD and enhancement of the capability for laboratory surveillance, especially for rabies and brucellosis.

6.5 *Health Systems*

1. Further development of the health planning process and regeneration of the manpower data systems.
2. Structural reorganization of the Ministry, strengthening capacity for coordination of donor input and improved management capability.
3. Support for the medical education program.

6.6 *Technical Cooperation among Countries*

1. Support for cross border activities.
2. Development of mechanisms to share diagnostic and other facilities with CARICOM countries.
3. Development or strengthening of cooperation programs with Cuba, Suriname, Venezuela, Brazil, and Trinidad and Tobago.

7. Conclusions

The process and the results of the joint evaluation represented an important event in the planning, implementation, and evaluation of the delivery of technical cooperation. The results and recommendations will be used immediately in preparing the 1994 APB and will guide the planning process for the near future. The exercise also served to foster and strengthen the collaboration between the national authorities and PAHO/WHO.

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SPP21/3

Page 11

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