



PAHO/WHO Country Cooperation Strategy 2004-2007 for Guyana

The CCS 2004-2007 for Guyana was developed in the context of the country's NHP 2003-2007, the UN Common Country Assessment/Development Assistance Framework, and the PRSP, with broad consultation within the country. It was guided by the Organization's key functions and priority technical cooperation areas.

For the period 2004-2007, PAHO/WHO's role in Guyana will include:

- Brokering, to facilitate partnerships with other agencies;
- Advocacy, to influence policy;
- Research and analysis, to support evidence-based planning and decision making;
- Sharing information and knowledge, to promote healthy lifestyles;
- Support for program planning and implementation;
- Mobilization of resources; and
- Equity-oriented surveillance and monitoring.

The CCS highlights the following actions for PAHO/WHO:

- **To prevent and control communicable diseases,**
 - Provide specific policy advice and play a broker role, influencing policy, action, and spending in HIV/AIDS, malaria, TB, zoonoses, and issues related to food safety.
 - Promote information and knowledge sharing, policy options, standards, advocacy, and research and development, including drug resistance studies in malaria; information gathering for the lymphatic filariasis elimination program; review of the spread of dengue; and pilot projects to scale up these programs.
 - Continue support for program planning regarding malaria, Hansen's disease, and dengue, and for procurement of drugs and vaccines.
- **To prevent and control non-communicable diseases (NCD),**
 - Focus on diabetes and cancer, as well as on mental disorders and oral health conditions.
 - Support program planning and implementation in the management of NCD, including development of management protocols and improving quality of care.
- **To promote healthy lifestyles and social environments,**
 - Focus on programs that address risk factors - tobacco use, physical inactivity, and obesity - particularly for adolescent health, and the establishment of an evidence base for injuries.
 - Promote healthy settings and provide technical support for the adaptation of health promotion strategies.

- **To promote healthy growth and development,**
 - Focus on maternal and child health (MCH), with programs in maternal mortality, diarrhoeal disease, ARI, and asthma.
 - Influence specific policies, action, and spending among partners, and mobilize resources for MCH and the Expanded Program on Immunization (EPI).
 - Support operational research, establishing baselines, and monitoring of health systems performance regarding MCH, EPI, and nutrition programs.
 - Continue training in EPI and maternal health.
- **To support safe physical environments,**
 - Address sanitation, drinking water, environmental protection, and conduct research and analysis in these areas, including occupational health.
- **To support disaster preparedness, management, and response,**
 - Provide specific policy advice and actions, on request.
- **To ensure universal access to integrated, equitable, and sustainable health systems,**
 - Support the establishment and functioning of equity-oriented surveillance and monitoring systems, with attention to equity and accessibility of the health systems, as well as their management, productivity, and quality performance.
 - Focus on information sharing and advocacy for improving human resources planning and management in the health sector, spending, priority setting, allocative and technical efficiency, and identification of packages of care.
 - Support the process of quality improvement in health services.
- **To promote effective health input into social, economic, environmental, and developmental policies,**
 - Strengthen the capacity of the public health leadership to analyze and share information, place public health concerns high on the societal and international agenda, and create a conducive environment for the implementation of health policies and quality performance of the health system.

The PAHO/WHO Country Office is leading in carrying out this agenda, with the support of subregional, regional, and global levels of the Organization. The subregional offices include the Caribbean Epidemiology Centre, the Caribbean Food and Nutrition Institute, and the Office of

Caribbean Program Coordination.

PAHO/WHO is seen as a key partner in Guyana's national health development. The Organization participates in the implementation of the PRSP in Guyana, through its function as the Secretariat of the PRSP Theme Group on Health, which the Minister of Health chairs.

In 2004, a Guyana Task Force was formed by representatives of PAHO/WHO at the regional and global levels to support and facilitate the implementation of the CCS. The PAHO/WHO Washington D.C. Secretariat

Achievements in the CCS framework include:

- Mobilization of resources for the country office: from WHO to improve technical capacity in epidemiology, program management, maternal and child health, and HIV/AIDS, through the 3x5 initiative; from the European Commission/WHO Partnership for the health MDGs, making pregnancy safer, and communicable diseases, including HIV/AIDS, tuberculosis and malaria; from the Global Fund to fight against AIDS, Tuberculosis and Malaria; and through Technical Cooperation among Countries for Integrated Management of Childhood Illness and HIV/AIDS, among other areas;
- Enhanced availability of information to support evidence-based planning;

Enhanced Cooperation for National Health Development and Poverty Reduction

The Guyana national health agenda is supported by other United Nations agencies and by subregional and international multilateral agencies and financial institutions. The joint efforts of Guyana and its development partners will facilitate the country's efforts to overcome poverty and achieve greater well being for its citizens.

Additional resources are needed to strengthen the capacity of health systems and services to enhance and monitor performance, productivity, and quality control; ameliorate inequities; and empower communities. Development partners can collaborate with national authorities to improve the capacity for health development programs in the public

PAHO was established in 1902 and is the world's oldest public health organization. It is also the Regional Office for the Americas of the World Health Organization and works with the countries to improve the health and the living standards of the people of the Americas.

celebrated

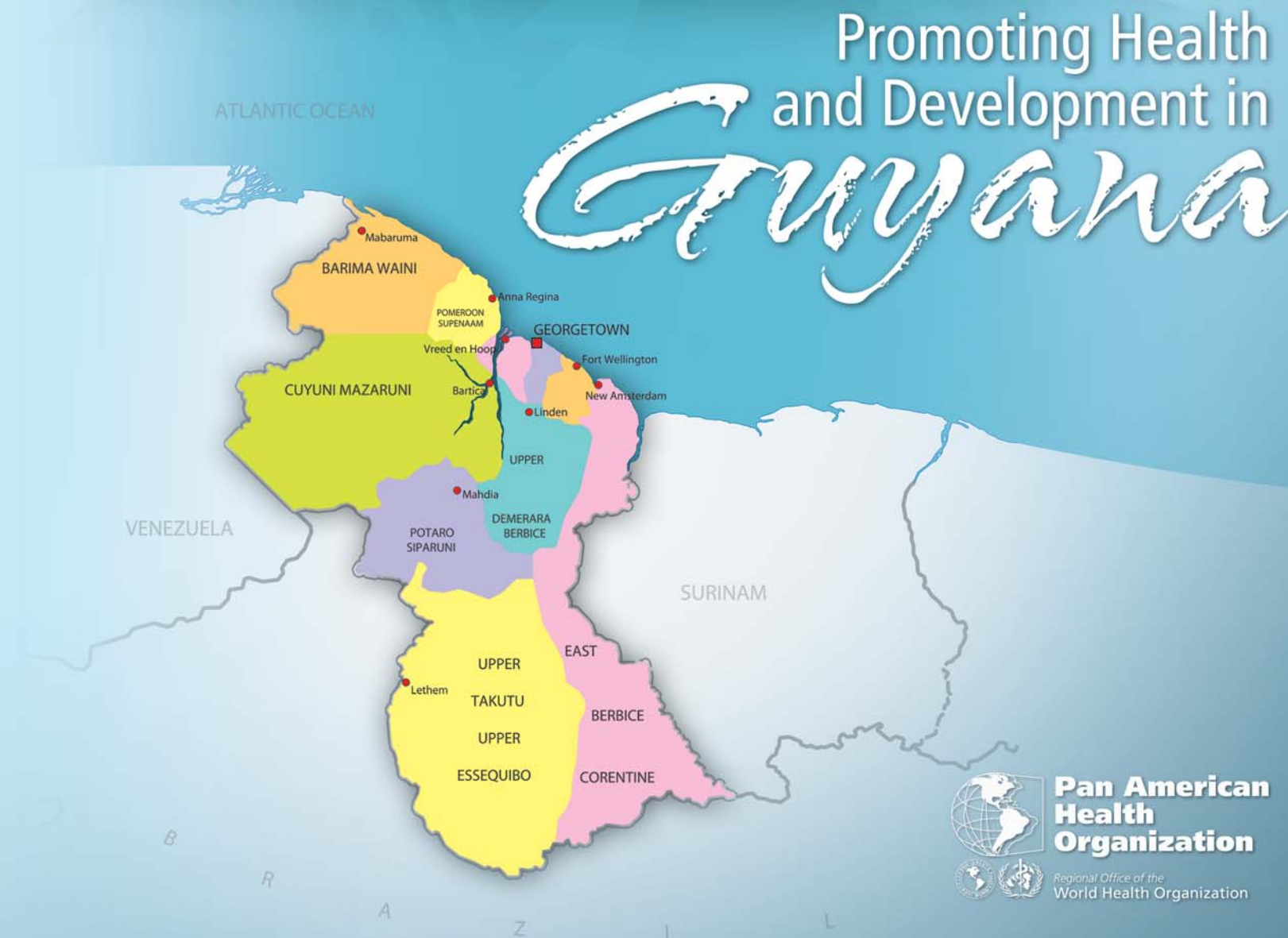
a "Guyana Day" on 4

October 2004, with the support of the

Ministry of Health, the Embassy of Guyana, and the

PAHO/WHO country office, to raise awareness of the CCS among international development partners and the Guyanese diaspora.

- Evidence-based decision making and collaboration among the Amazon countries for malaria control and cooperation with Brazil and Suriname to address border health issues;
- Coordinated response to the January 2005 floods in Guyana, with establishment of a situation room, development of a syndromic surveillance system to detect outbreaks, and a public information campaign; implementation of a water quality monitoring system, rehabilitation of health centers and water and sanitation facilities in schools; and
- Integration of technical cooperation activities across Units at PAHO/WHO regional level, including joint missions to Guyana.



Promoting Health and Development in Guyana



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FOCUSING TECHNICAL COOPERATION IN KEY COUNTRIES IN THE AMERICAS

The United Nations' Millennium Development Goals (MDGs) provide an agreed platform among countries and development agencies to overcome poverty and its social and health consequences, by 2015. In addition to government and private sector efforts, international support is crucial to address the needs of the countries and sustain their accomplishments.

Consistent with its mission to promote equity in health, the Strategic Plan 2003-2007 of the Pan American Health Organization (PAHO) has designated five Key Countries – Bolivia, Guyana, Haiti, Honduras, and Nicaragua. These five countries are the Region's lowest-ranking in terms of life expectancy and per capita income. Between 43 percent and 63 percent of the population of the five countries live below the poverty line.

GUYANA: TACKLING POVERTY, OPENING OPPORTUNITIES

Guyana has an estimated population of 743,004 (2000), of which 70.3% live in rural areas, and its surface covers 215,000 sq. km of the South American continent. Its history and culture are linked to the English-speaking Caribbean, but its diversity is reflected in its Indo-Guyanese (48%), Afro-Guyanese (34%), Amerindian (6%), and Mixed Race (12%) population.

A productive soil and rainforest, water resources, bauxite, diamonds, and natural beauty, provide a basis for multiple economic and social development opportunities. Economically, there have been expansions in the mining and timber sectors, a more favourable atmosphere for business initiatives, and the continued support of international organizations. Chronic challenges include juggling a sizable external debt against the urgent need for expanded public investment, a shortage of skilled labour, and 'brain drain', which has placed at risk the national capacity for health development.

HIV/AIDS, sexually transmitted infections, tuberculosis, and malaria account for 13.6% of loss of Disability Adjusted Life Years (DALYs), while diarrhoeal diseases, respiratory infections, maternal and

United Nations agencies share a common, rights-based framework for cooperation to ensure the realization of all people of their economic, social, civil, and political rights.

A human rights-based approach to development allows focusing assistance on the poor, since they are the most deprived of their rights. It addresses the underlying causes of poverty by paying attention to issues of governance such as discrimination, participation, and accountability. International covenants, conventions, declarations, and agreements endorsed by United Nations and Governments can be better implemented and followed up by a system that works together.

perinatal conditions, and nutritional deficiencies, account for 20.2% of loss of DALYs. Mental disorders represent 16.4%, and intentional and unintentional injuries 17.4%, of the causes of loss of DALYs, while cardiovascular diseases, diabetes, and malignant neoplasms account for 13.3%.

Other issues of concern are adolescent sexual and reproductive health, underage smoking, and high prevalence of overweight among adults. Despite efforts at improvement, the quality of drinking water and sanitation has not reached acceptable standards and in the agriculture, logging, and mining sectors, concentrated in the interior, working conditions pose health hazards that need attention.

Guyana has taken steps to address the situation. There is a National Development Strategy that sets out priorities for Guyana's economic and social development policies for the next decade, and a National Health Plan (NHP), 2003-2007. Among other actions, the country has demonstrated its commitment to maintaining gains in immunization, responding to HIV/AIDS, and developing mechanisms for the harmonization of development partner actions.

PAHO/WHO mission

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.

INTERNATIONAL DEVELOPMENT IN ACTION: Poverty Reduction Strategies

A Poverty Reduction Strategy Paper (PRSP) describes a country's macroeconomic, structural, and social policies and programs to promote growth and reduce poverty, as well as associated external financing needs.

The Guyana Poverty Reduction Strategy, prepared by the government in 2002 through a participatory process, rests on seven mutually reinforcing pillars, which can be linked to the MDGs:

- Broad-based, jobs-generating economic growth;
- Environmental protection;
- Stronger institutions and better governance;

- Investment in human capital, with emphasis on basic education and primary health;
- Investment in physical capital, with emphasis on broader and better provision of safe water and sanitation services, farm-to-market roads, drainage and irrigation systems, and housing;
- Improved safety nets; and
- Special intervention programs to address regional pockets of poverty.

Millennium Development Goals	Poverty Reduction Strategy Pillars
Eradicate extreme poverty and hunger	Broad-based, jobs-generating economic growth Investment in physical capital, with emphasis on broader and better provision of safe water and sanitation services, farm-to-market roads, drainage and irrigation systems, and housing Improved safety nets Special intervention programs to address regional pockets of poverty
Achieve universal primary education	Investment in human capital, with emphasis on basic education and primary health
Promote gender equality and empower women	Investment in human capital, with emphasis on basic education and primary health
Reduce child mortality	Investment in human capital, with emphasis on basic education and primary health
Improve maternal health	Investment in human capital, with emphasis on basic education and primary health Improved safety nets
Combat HIV/AIDS, malaria, and other diseases	Investment in human capital, with emphasis on basic education and primary health
Ensure environmental sustainability	Environmental protection
Develop a global partnership for development	Stronger institutions and better governance



The Poverty Reduction Strategy, together with the Highly Indebted Poor Countries Initiative and the momentum gained by the Millennium Development Goals worldwide, provide an unprecedented opportunity for Guyana to overcome poverty and achieve social development.

A NEW PAHO/WHO TECHNICAL COOPERATION FRAMEWORK

To face the challenges of social development in the new century, PAHO/WHO works with international development partners and national counterparts to reduce the inequities that emerge from social stratification; decrease exposure to health-damaging factors, particularly among those most vulnerable to them; and intervene through quality health care to reduce ill-health and medical indigence that may affect the more disadvantaged groups.

Improved technical cooperation also calls for an improved

organizational environment. Under the motto of "One team with the singular goal of improving health in the Americas", PAHO is making organizational adjustments to better serve its Member States. The Director has identified five strategic objectives for organizational change, one of which is "respond better to country needs". In addition, the Organization has defined a new framework for technical cooperation in the region: Addressing the Unfinished Agenda, Protecting the Achievements, and Facing New Challenges.

A strategic agenda to improve technical cooperation: the Country Cooperation Strategy

PAHO/WHO introduced a new emphasis on country cooperation aimed at improving the integration of its various levels of technical cooperation with countries. The Country Cooperation Strategy (CCS) is an organization-wide reference for country work, aligning and harmonizing country priorities, regional orientations, and global priorities.

Based on extensive dialogue at country level involving government and national institutions, civil society organizations, the private sector, and development partners, the CCS benefits from their perspectives,

contributions, and expectations of PAHO/WHO. As a "live" and consensual strategy, the CCS allows for updates, identification of problems requiring immediate response, and institutional risk-reduction in countries facing crisis situations.

The CCS facilitates interaction between PAHO/WHO and the Member States that it serves, promoting knowledge sharing, collaboration, and networking, and opening new learning and resource mobilization opportunities.

GUYANA'S NATIONAL HEALTH PLAN 2003-2007

Consistent with the situation analysis, its commitment to the Millennium Development Goals, the Caribbean Cooperation in Health, and strategies outlined in the National Development Strategy and in the Poverty Reduction Strategy Paper, the Government of Guyana developed a National Health Plan 2003-2007 aimed at:

- Reducing excess mortality and morbidity of mothers and infants, with special emphasis on programs for immunization, nutrition, acute respiratory infections (ARI), and healthy growth and development;
- Reducing communicable diseases, particularly HIV/AIDS, tuberculosis, malaria, and dengue, with acceleration of specific programs for the elimination of Hansen's disease and lymphatic filariasis by 2010;
- Containing chronic non-communicable diseases, specifically diabetes, heart disease, cancers, and accidents;

- Managing mental disorders, especially depression and substance abuse, with introduction of specific programs for the reduction of suicide;
- Enhancing rehabilitation services and expanding intervention services for the disabled;
- Ensuring that poor people have equitable access to quality health services; and
- Ensuring optimal collaboration with other sectors, including education, housing, security, water and sanitation, transportation, and food safety.

The Ministry of Health is also working towards strengthening its management capacity, modernizing and rationalizing health services, establishing workforce development and human resource systems, implementing a national quality framework, and directing financial resources to needs, as well as improving accountability and performance.