

Annual Report 2020

Universal Health and the Pandemic – Resilient Health Systems

Guyana

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas



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The Pan American Health Organization (PAHO) was founded in 1902 and is recognized as the independent specialized health agency of the inter-American system, under the Charter of the Organization of American States. In 1949, PAHO agreed to serve as the Regional Office for the Americas of the World Health Organization (WHO), a specialized agency of the United Nations system. Acting in its capacity as WHO's Regional Office, PAHO participates actively in the United Nations Country Team, collaborating with other agencies, the funds and programmes of the United Nations system, and with the United Nations Resident Coordinator to contribute to the achievement of the Sustainable Development Goals at country level. For nearly 120 years, PAHO has developed recognized competence and expertise, providing technical cooperation to its Member States to fight communicable and noncommunicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters throughout the Region of the Americas.

Given PAHO's dual legal status and the difficulty of disaggregating PAHO from WHO activities, this Annual Report reflects both PAHO and WHO activities in the Americas as related to technical cooperation in 2020. Approximately 80% of PAHO's technical cooperation in health in the Region of the Americas is funded by PAHO's own quota and voluntary contributions, as an inter-American organization. The remaining 20% of PAHO's integrated biennial budget includes WHO-funded activities. Further detailed financial information for this Annual Report can be found in the Financial Summary section.

Mission

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

Vision

To be the major catalyst for ensuring that all the peoples of the Americas enjoy optimal health and contribute to the well-being of their families and communities.

Values



EQUITY
Striving for fairness and justice by eliminating differences that are unnecessary and avoidable.



EXCELLENCE
Achieving the highest quality in what we do.



SOLIDARITY
Promoting shared interests and responsibilities and enabling collective efforts to achieve common goals.



RESPECT
Embracing the dignity and diversity of individuals, groups, and countries.



INTEGRITY
Assuring transparent, ethical, and accountable performance.



Contents

Forewords.....	2
PAHO Technical Cooperation with Guyana	4
Health Systems and Services	5
Noncommunicable Diseases and Mental Health	8
Family and Community Health.....	13
Smart Hospitals, Emergencies, and Disasters	17

Communicable Diseases	21
Knowledge Management	23
Financial Summary	26
Human Interest Story	27
Looking Ahead	32

Forewords



The year 2020 will be remembered as the year that tested everyone's resilience. By December, in the Americas, more than 33 million people had been infected with COVID-19 and more than 800,000 persons had died. The devastating loss of life is accompanied by an economic downturn that continues to affect everyone and threatens to derail the achievement of the Sustainable Development Goals.

The year of the COVID-19 pandemic has shed light on inequities and the barriers to universal health. Some of them – low-paid work, the informal economy, overcrowded housing, lack of social protection, and limited access to health services – have made vulnerable populations even more susceptible to COVID-19. The disease has exposed both the barriers to universal health and the profound need for it.

The pandemic has also demonstrated that the health sector acting alone cannot achieve universal health. We need leadership, good governance, the private sector, and civil society. Academia and industry must work with government to produce and share technologies, including diagnostics, therapeutics, and vaccines, as well as digital innovation. Development partners must facilitate coordination for disease surveillance, information sharing, and the response to health emergencies. Financial sectors must help make available the resources needed

to ensure that health systems are adaptable, responsive, and inclusive while they address the needs of the entire population. The pandemic has irrefutably proved that we need everyone to be engaged for health and well-being that leaves no one behind.

This year, PAHO's technical cooperation has focused not only on helping countries to respond to the pandemic but also on safeguarding progress toward universal health. This Annual Report reviews our contributions and achievements and reinforces PAHO's core mission, through our focus on the country level, recognizing that progress toward sustainable development hinges on improved health at the local and national level.

Dr. Carissa F. Etienne
Director of the Pan American Health
Organization



In accordance with the Constitution of the Pan American Health Organization, I have the honor of presenting the 2020 Annual Report on the work of the Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization. This report highlights the main technical cooperation achievements undertaken by the Pan American Health Organization/World Health Organization (PAHO/WHO) Guyana Country Office during the period January to December 2020.

The work of PAHO/WHO in Guyana is guided by the PAHO Strategic Plan 2014–2025, the Sustainable Health Agenda for the Americas 2018–2030, the Country Cooperation Strategy 2016–2020, and the Health Vision 2020 Strategy 2013–2020.

With the onset of the COVID-19 pandemic and these unprecedented times, the modus operandi has changed in many ways, particularly with the introduction of the public health and social measures gazetted to protect the population and slow the spread of the disease. This has resulted in a significant decrease in the progress toward achievement of the planned goals and objectives for this biennium. Nevertheless, we have found alternative ways to restructure and achieve priority goals in terms of response, governance, and coordination.

The activities contained in this report represent the priority areas of action as defined in the Biennial Programme of Work, with more focus on COVID-19. These include communicable diseases, noncommunicable diseases and risk factors, determinants of health, health systems, health emergencies and disasters, Smart Health Care

Facilities, communications, and maternal and child health.

Emphasis during 2020 was placed on building capacity in the country and strengthening the health systems response, and implementing strategies to combat the COVID-19 pandemic, for the advancement of health and well-being. We wish to thank all those who have supported our programmes and activities. We look forward to continuing our work in Guyana for the benefit of all its citizens.

Our successes can be attributed to the dedication and commitment of our hard-working technical and administrative staff of the Country Office along with the support from the wider PAHO system. Likewise, we acknowledge the support of our development partners, which includes the United Nations agencies under the Delivering as One Framework, in tackling health issues or pooling together resources to maximize the gains and minimize the risks.

PAHO/WHO, considering the challenges of COVID-19, employed several modalities of technical cooperation to achieve successful implementation. PAHO/WHO will continue to collaborate with all stakeholders to foster unity of the Organization with the expertise in all levels to support the Government of Guyana through technical cooperation for the health and well-being of all Guyanese.

Dr. Luis Codina
PAHO Representative in Guyana

PAHO Technical Cooperation with Guyana

The Guyana Country Cooperation Strategy 2016-2020 (CCS) is the strategic vision for the Pan American Health Organization/World Health Organization (PAHO/WHO) technical cooperation with Guyana.

In the formulation of the Strategic Priorities and Focus Areas of the CCS, consultations were held with stakeholders and a Guyana Country Cooperation Strategy 2016-2020 Stakeholders' Meeting was held in June 2016, with the Ministry of Public Health, other government ministries and agencies, the private health sector, nongovernmental organizations, faith-based organizations, and civil society.

The Strategy is defined by five Strategic Priorities, and each with three Focus Areas reflects the expected outcomes of those priorities. Several factors influenced the selection of the priorities. These include the global Sustainable Development Goal No. 3, which is to “Ensure healthy lives and promote well-being for all at all ages,” with other influences including the Strategic Plans of WHO and PAHO and the Health Vision 2020.

“Ensure healthy lives and promote well-being for all at all ages”

Sustainable Development
Goal No. 3



Health Systems and Services

PAHO/WHO has established technical cooperation with Guyana dating back to the post-Independence era. We remain dedicated to assisting the Ministry of Health in achieving its mandate of making Guyanese the healthiest in the Caribbean, through an Integrated Health Service Delivery Network approach.

The Problem

Guyana spreads across 83,000 square miles, in which 90% of the population resides in coastal areas and the remaining 10% in the hinterland regions, where the topography of the land makes it hard to traverse, posing a barrier to access to care. In Guyana, the majority of people who do not currently have access to care are marginalized or are in situations of vulnerability.

Therefore, emphasis must be placed on tackling the determinants of health which underpin vulnerability, and on community-based services to ensure equitable access to good quality health services among remote and marginalized populations.

The Solution

PAHO/WHO has been assisting the Ministry of Health to work toward achieving universal health care, as this is one of the pillars in the country's national health strategy.

The strategy uses an Integrated Health Service Delivery Network (IHSDN) approach as one of the principal operational expressions of primary health care-based health systems at the health services level. This helps to make several of its most essential elements a reality, such as universal health coverage and access; first contact, comprehensive, integrated, and continuous care; appropriate care; optimal organization and management; family and community orientation; and intersectoral action, among others.

“Providing all the population with quality, accessible, and equitable services so that they can be among the healthiest in the Caribbean, through an IHSDN approach.”

— Daniel Albrecht, Advisor,
Health Systems and
Services, PAHO



Health system coordination meeting with the Chief Medical Officer, Ministry of Health

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Health Situation

PAHO/WHO has been assisting the Ministry of Health to work toward achieving universal health, which is the goal of the country's national health strategy. To achieve this goal, Guyana is committed to adopting Integrated Health Service Delivery Networks (IHSDNs) as the principal operational approach in order to strengthen the first level of care. IHSDNs will also be instrumental to implementing key health systems components to achieve universal health including access, provision of comprehensive services based on the health needs of the population, continuity of care, and quality care, while ensuring an optimal organization and management, and intersectoral action.

The evaluation of the National Health Strategy 2015–2020 showcased that the health situation

has considerably improved in Guyana. There was significant progress achieved in public health programmes. The national immunization programme was able to maintain its coverage of 95% for routine vaccines. Additionally, there was a reduction in infant mortality and undernutrition. However, the evaluation found that chronic diseases were the major cause of morbidity, mortality, and disability in Guyana. Obesity and overweight cases in Guyana have shown an increasing trend (males 39.8% and females 61.8%), while the number of cases of diabetes, cardiovascular disease, and cancers have increased in the last eight years.

At the same time, important progress was recorded between 2013 and 2020 related to control of infectious diseases, which showed an important decline. However, there are still

challenges to address in this area. During the period 2013 to 2019, the incidence rate of tuberculosis (TB) declined from 83 to 66 per 100,000 population. In the same period, TB mortality declined from 13 per 100,000 to 5 per 100,000. TB–HIV mortality declined from 9 to 2.3 per 100,000. However, progress in HIV mortality was modest, from 833 in 2013 to 807 in 2019, while new infections increased from 7,202 in 2013 to 8,200 in 2018.

Malaria cases have fluctuated in the last decade. In 2013, there were 31,479, with fewer cases in 2014 and 2015, at 19,005 and 13,096, respectively. In 2019 there were 18,826 cases.

Meanwhile, the COVID-19 emergency highlighted problems the health system faces, including the concentration of most hospital

care and human resources in coastal areas, with a weak health system response in hinterland areas, and the need to rethink the design of the health system. The pandemic has also shown the need to improve health surveillance systems in the country and the coordination between central and regional levels to improve governance and avoid a fragmented health-system response.

Health Systems and Services

In collaboration with the Ministry of Health and key stakeholders, the PAHO Country Office conducted a thorough evaluation of the previous national health strategy (Health Vision 2020). This national strategy was designed to advance universal health by strengthening health systems within the country and simultaneously address the social determinants of health. The main findings of the evaluation served the Ministry of Health to adopt and implement a new health system model that has been included in the new national health strategy (Health Vision 2030). This document is in the process of approval by the Ministry of Health. The focus of the new strategy is to adopt structural reforms to orient the health system to improve access to health services and ultimately achieve universal health in Guyana by 2030.

The draft strategy is aligned with the Sustainable Health Agenda for the Americas 2018-2030 and the SDG 3 targets, to improve maternal and child health, health financing, emergency health response, and human resources for health.

As there continues to be a high burden of chronic diseases in Guyana, the proposed strategy is intended to better equip the health sector, particularly at the primary level, to adequately prevent and control noncommunicable diseases (NCDs), while keeping the focus on improving the achievements attained in the areas of communicable diseases and maternal and child care.

Pharmaceutical Management

As part of its efforts to strengthen the efficiency of the health system and improve financial risk protection across the population, Guyana is committed to providing free-of-cost medicines at health facilities. The procurement of drugs, pharmaceuticals, and medical supplies in the country is a key area of action of the Ministry of Health. PAHO/WHO conducted a baseline assessment to determine whether the Logistics Management Information System (LMIS), introduced in 2010, reduced the incidence of stockouts and the expiration of medicines. The LMIS

was designed to ensure monitoring of stock flows to allow for informed decisions on the procurement of drugs, pharmaceuticals, and medical supplies.

Between August and October 2020, an assessment was conducted in 29 randomly selected health facilities in Regions 3, 4, and 5. It was found that the COVID-19 response had affected procurement, availability, and consumption of essential drugs at health facilities. This affected mostly medicines for chronic diseases such as diabetes and hypertension. This was immediately addressed within the first month of the new administration. Based on the assessment, PAHO/WHO has started training programmes at the national level during 2021 to implement standard operating procedures that are expected to improve stock management at all levels of the system, allowing managers to know about potential problems such as stock imbalances, poor storage conditions, and products near expiry date.



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Noncommunicable Diseases and Mental Health

PAHO/WHO's technical cooperation programme for the prevention and control of noncommunicable diseases (NCDs), their risk factors, and mental health focused on supporting the implementation of the recommendations from the 3rd United Nations High Level Meeting on NCDs. Implementation was slowed due to major interruptions in the delivery of NCD services as a result of restrictions associated with the COVID-19 pandemic and the integration of primary health care staff into the COVID-19 response team during the first six months of the pandemic.

Notwithstanding these challenges, PAHO/WHO supported the country to develop innovative interventions to respond to the need for strengthened treatment and management of the major NCDs—cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases—while simultaneously addressing their main risk factors—tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol—in keeping with the National Strategic Plan for the Prevention and Control of NCD (2013–2020).

A rapid assessment was conducted in collaboration with the Health Systems

and Services programme to determine the effect of COVID-19 on NCDs services in the country. Based on the key findings of this assessment and the ongoing guidance received from evidence-based interventions conducted at the regional level, the country was able to resume the implementation of key interventions for NCD prevention and control, incorporating the new guidance for the management of NCDs during the pandemic. These interventions were implemented in combination with the five strategic lines of action in the National NCD Strategy 2013–2020, which include: risk factor reduction, health promotion and disease prevention; integrated management of chronic diseases and risk factors; surveillance, public policy and advocacy, and programme management.

In the quest to reduce morbidity and mortality related to cardiovascular diseases, through ongoing advocacy efforts by the Organization, the country granted concurrence for the introduction and roll-out of the HEARTS technical package, an initiative that promotes the adoption of global best practices in the treatment and management of cardiovascular diseases. The HEARTS

HEARTS technical package, an initiative that promotes the adoption of global best practices in the treatment and management of cardiovascular diseases.



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Initiative augurs well for Guyana, with the second-highest rate of cardiovascular diseases in the Americas in 2020. It is anticipated that implementation of this Initiative will result in standardized treatment, protocols and medications; standardized blood pressure measurement; training and education; data standardization and innovation in utilization; improved research and programme evaluation; and improved delivery of team-based care.

During 2020, the groundwork commenced for the phased implementation of the HEARTS Initiative at six health centres in Regions 4, 6, and 9 of the country, as well as a collaborative mechanism for the provision of technical support in the development of a National Cancer Control Plan (NCCP). The collaborating agencies involved in this process are the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC). The NCCP will provide a national framework to reduce the incidence of cancer through improved interventions for prevention, early detection, improved treatment, management, and palliative care.

The country has also made some strides in the reduction of NCDs risk factors, namely tobacco use and unhealthy diet. The implementation of the National Tobacco Bill 2017 has been ongoing and there have been sustained interventions for the implementation of the MPOWER technical package. A key informants survey was conducted in collaboration with WHO Headquarters to assess compliance with

smoke-free legislation and bans on tobacco advertising, promotion, and sponsorship (TAPS) in the context of the COVID-19 pandemic.


The draft Code on the Marketing of Breastmilk Substitutes was reviewed with support from the legal team in PAHO Headquarters and the nutrition team in Jamaica. The shared technical inputs were integrated into the document, which is currently being finalized by the Ministry of Health. Technical guidance and support were also provided to the Guyana National Bureau of Standards (GNBS) for the in-country consultation process for the review of the CARICOM Regional Standard for Front-of-Package Warning Labels. If adopted, the CARICOM Standard, which is currently being reviewed by CARICOM Member States, will allow consumers to easily identify foods that are excessive in fats, sugar, and sodium (salt).



Mental Health Training with Nursing Tutors and Graduate Nurses

Mental Health

The constant fear, worry, uncertainties, and stressors in the population due to the ongoing effects of the COVID-19



outbreak impacted the mental well-being of families and vulnerable individuals. To address these challenges, mental health and psychosocial support interventions were developed and implemented to protect and promote psychosocial well-being and treat individuals with mental health conditions. The PAHO Country Office supported the Ministry of Health and other key stakeholders to develop a plan which outlines priority mental health and psychosocial interventions for implementation.

The plan aims to reduce suffering and improve the mental health and psychosocial well-being of people affected by the global COVID-19 pandemic. Its objectives are:

1. To strengthen coordination on mental health and psychosocial support (MHPSS) as a cross-cutting intervention and to ensure its integration into all sectors at the regional, subregional, and country levels.
2. To develop, adopt, and disseminate communications materials related to MHPSS during the COVID-19 pandemic for various target populations.
3. To support the mental health and well-being of health professionals, front-line workers, health managers, and decisionmakers.
4. To strengthen the capacity of health systems to deliver effective MHPSS responses to the

COVID-19 pandemic within and beyond the health system.

5. To enable digital/virtual support for the provision of MHPSS interventions.
6. To provide technical guidance for rapid appraisal of MHPSS needs and resources in affected areas and for monitoring relevant indicators.

Some of the main activities in the Plan that have been implemented thus far include:

- The integration of an MHPSS component into the planning, coordination, and reporting of all activities of the Health Emergency Operations Committee (HEOC).
- Organization and facilitation of periodic webinars and capacity-building sessions with the HEOC, ministries, and other key partners.
- Production, adaptation, and dissemination of appropriate materials on mental health and well-being for the general public, health professionals, front-line workers, and other vulnerable groups. A live call-in radio programme, “It’s okay not to be okay” was conducted. Every day, a mental health issue of concern to the public was discussed on live radio. During the programme, listeners were encouraged to call in and ask relevant questions. Callers



United Nations Spotlight Initiative training with healthcare professionals



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- Provision of guidance on adjustment of MHPSS interventions to virtual means (e-counselling and tele-MHPSS) and implementation of virtual tools. Virtual webinars were conducted with support from the PAHO Mental Health Unit and WHO.
- Integration of aspects regarding MHPSS into the work of the COVID-19 hotline operators. Capacity-building was conducted for COVID-19 hotline operators to equip them with knowledge and skills to provide support to callers to the hotline. Six webinars were conducted which addressed various aspects of mental health and other issues such as violence and abuse. Support was provided for the completion of two of the courses on the PAHO Virtual Campus. These courses are Psychological First Aid and Preventing Self-harm/Suicide: Empowering Primary Health Care Providers. A referral mechanism for the provision of ongoing MHPSS to the general public and vulnerable groups was also established.
- Support was also provided for the introduction of the Safe Space Hotline at the Ministry of Health, which offers tele-counselling services to complement the COVID-19 hotline.

Violence

Family violence in Guyana remains a grave concern and has been very evident throughout the pandemic. Guyana developed the Spotlight Initiative, which has identified as priority target groups women

- who required intervention were referred to the primary health care services for further support, guided by a structured referral mechanism that included multiple agencies.
- Provision of health managers and decisionmakers with guidance and tools to protect their mental health and promote well-being. The materials produced by WHO and the regional office were very helpful in this process.
- Adaptation of MHPSS materials for virtual training (build capacity to strengthen health systems).
- Capacity-building of all front-line workers (including nurses, ambulance drivers, volunteers, case identifiers, teachers, and other community leaders), including non-health workers in quarantine sites, on essential psychosocial care principles, psychological first aid, and how to make referrals when needed.



and girls affected by family and gender-based violence, including marginalized women and girls, such as women and girls with disabilities, Indigenous women and girls, migrant women and girls, women and girls living with HIV, and women and girls living in poverty, especially in rural settings.

The main objective of the initiative is to improve the health and well-being of the priority target groups of the Spotlight Initiative by addressing the social determinants of health through tested interventions. Pillar 4 of the Spotlight Initiative focuses on providing quality and timely access to comprehensive, multisectoral

services, such as immediate and long-term health care including psychological support to mitigate the consequences of violence, as well as breaking recurrent cycles of violence, which women and girls face. This Pillar also focuses on strengthening the capacity of service providers, making essential services available, accessible, acceptable, and of quality standards. It will build service providers' capacity to address their own biases and discrimination, which affect the delivery of comprehensive services.

The Country Office has focused on supporting the implementation of the Global Plan of Action and strengthening the role of the health system,

within a national multisectoral response, to address interpersonal violence, in particular against women and girls and children. Focus has also been on improving health care to women survivors, including responding to intimate partner violence and sexual violence against women; and capacity-building for health care providers on the identification and response to women survivors of intimate partner violence and sexual violence, and preservation of medico-legal evidence during emergency care.

Capacity-building also focused on strengthening the ability of health care providers to address the mental health needs of these individuals.

Family and Community Health

Overview in 2020

An important component of PAHO/WHO's technical cooperation over the review period centred on achieving health targets outlined in Sustainable Development Goal 3 (SDG 3), among them to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030, and put an end to preventable deaths of newborns and children under 5 years of age by reducing neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.

Maternal Health and Family Planning

In this regard, notable achievements were made in reducing Guyana's maternal mortality ratio, with a 50% reduction in the number of maternal deaths from 156.3 (24 maternal deaths / 15,350 estimated live births) per 100,000 live births in 2019 to 78 per 100,000 (12 maternal deaths / 15,283 estimated live births) in 2020. Statistical data from the Ministry of Health indicate that 12 maternal deaths

were recorded in 2020, 12 fewer than in 2019.

The reduction is attributed to training done in postpartum hemorrhage, which is the leading cause of maternal mortality in the country. This training in postpartum hemorrhage was conducted under the programme of "Zero Maternal Deaths from Hemorrhage" which was facilitated by a PAHO/WHO consultant, who actively monitored obstetric emergencies. However, while there was a reduction in the number of women who died from postpartum hemorrhage,

there was an increase in ectopic pregnancies.

Further, recognizing the importance of family planning in the quest to end preventable maternal mortality in Guyana, PAHO/WHO conducted a four-week Family Planning and Contraceptive Care training programme in July 2020 with 28 health workers, including midwives and doctors, for the Municipality of Georgetown.

The training was done virtually due to the restrictions on face-to-face interaction imposed as a result of the

COVID-19 pandemic. It aimed to reduce the number of unwanted pregnancies in vulnerable populations; provide access to contraceptives in the vulnerable regions to reduce inequity or barriers to health; and train health workers to administer long-acting reversible contraceptives (LARC) and other methods of contraception.

The training sessions, which were also in line with SDG 3 Target 7: universal access to sexual and reproductive health care services, including for family planning, information, and education, were supplemented by human interest stories on COVID-19 and Pregnancy. PAHO/WHO, as part of its technical cooperation, also developed standard operating procedures

for expectant mothers during the COVID-19 pandemic.

Advances were also made in transitioning the country's paper-based Perinatal Information System (SIP) to SIP Plus, an electronic health information system for maternity patients, currently being used in over 30 countries of Latin America and the Caribbean.

The intervention, which stemmed from a request made by the Ministry of Health in 2018 to improve antenatal data collection and analysis, would ultimately contribute to the reduction of maternal mortality.

In 2020, PAHO/WHO and the Latin American Center for Perinatology (CLAP) collaborated



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with the Balwant Singh Hospital and the country's main referral hospital, the Georgetown Public Hospital Corporation, for the implementation of SIP Plus at the two health facilities.

The Ministry of Health added to the collaboration by funding the implementation of SIP Plus in three regions. SIP Plus will eventually expand to all regions of the country. The three regions selected include a hinterland region (Region 9) and two coastal regions (Regions 3 and 4). The SIP Plus software was handed over to the Ministry of Health's Information Technology Department, where it is currently being adapted for use in the public hospitals in Guyana in 2021.

Immunization

Monitoring of the routine Expanded Programme on Immunization (EPI) coverage was done given the COVID-19 pandemic. This was to ensure that the EPI coverage is maintained above 90% in all 10 regions. Regular immunization services were continued following the guidelines on COVID-19 restrictions. PAHO/WHO co-supported the procurement of cold chain and transportation

equipment, and EPI surveillance materials, and facilitated training in cold chain management at the national level.

As part of its response to the pandemic, Guyana established a COVID-19 Inter-

Agency Coordinating Committee on Immunization in alignment with SDG 3 Target 8, which mandates countries to achieve universal health coverage by providing equitable access to quality essential health care services and access



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to safe, effective, quality, and affordable essential medicines and vaccines.

The Committee, for which PAHO/WHO played a leading role, formulated a plan to address, among other things, the procurement of vaccines through the COVID-19 Vaccines Global Access (COVAX) Facility and other bilateral and multilateral arrangements.

Founded in April 2020, the COVAX Facility is a partnership between the Coalition for Epidemic Preparedness Innovations (CEPI); Gavi, the Vaccine Alliance; PAHO/WHO; and the United Nations Children's Fund (UNICEF).

Through the PAHO Revolving Fund, which is responsible for the procurement of COVID-19 vaccines for the countries in the Americas under the COVAX Facility, Guyana was identified to receive 100,800 doses in 2020.

The COVID-19 Inter-Agency Coordinating Committee on Immunization also addressed issues relating to cold chain management, logistics and management, training, distribution, and target groups in the plan. PAHO/WHO assisted in the preparation of the National COVID-19 Vaccine Development Plan, which was adopted by the Ministry of Health. This facilitated the foundation of the roll-out

of the COVID-19 vaccination programme in 2021.

Child and Adolescent Health

In the area of Child and Adolescent Health, PAHO/WHO developed a National Strategic Plan for Adolescent Health 2019-2030 to reduce adolescent pregnancy. The strategic plan was approved by the Ministry of Health. Adolescent interventions included supporting school health clubs, prevention of second pregnancies through health education at health centres and health posts, and training in adolescent health.



Smart Hospitals, Emergencies, and Disasters



Smart Hospitals

As part of its technical cooperation, PAHO/WHO, in 2020, continued the Smart Health Care Facilities Project—a US\$ 4.175M initiative funded by the United Kingdom Department for International Development (DFID) to enhance the capacity of health care facilities to withstand natural disasters while operating in a safe and green environment.

The project, which was also rolled out in Dominica, Grenada, Saint Lucia, and Saint Vincent and the Grenadines, was officially launched in Guyana in July 2016 by PAHO/WHO in collaboration with DFID and the Ministry of Health.



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In accordance with the PAHO/WHO Smart Hospitals Toolkit, the Diamond Diagnostic Centre, the Mabaruma Regional Hospital, the Leonora Cottage Hospital, the Lethem Regional Hospital, and the Paramakatoi Health Centre were shortlisted from a total of 89 facilities to be retrofitted under the Smart Health Care Facilities Project.

In 2020, the project moved from initiation and planning to construction. PAHO/WHO together with the Ministry of Health signed contracts for the retrofitting of the four hospitals, even as they worked with the Government of Guyana to finalize the contract for the Paramakatoi Health Centre.

Though access to construction materials during the COVID-19 pandemic proved difficult for the contractors, by the end of the review period, significant advances were made in retrofitting the hospitals at Diamond, Mabaruma, Leonora, and Lethem.

Upon completion, the upgraded health facilities will have enhanced safety standards that will protect them from disasters and climate change.

Increased resilience in the health sector to emergencies and disasters will also result in a reduction in downtime and damage to the health facilities from natural hazards, as well as

a reduction in operating expenditures in terms of water and energy savings. Ultimately, the smart designs will result in reduced mortality, morbidity, and economic losses from natural disasters.

Notably, ahead of 2020, PAHO/WHO had laid the groundwork for the successful execution of the project, focusing not only on the structural component but also the functional aspect. In this regard, PAHO/WHO and its implementing partners hosted a series of consultative sessions with healthcare providers and citizens, who stand to reap the benefit. A series of training sessions was also conducted to equip the healthcare providers with the requisite skills and knowledge needed to effectively operate the smart health facilities in times of disasters and emergencies. Local capacity was also built to conduct the Hospital Safety Index and Green Checklist Assessment, which resulted in the assessment of 89 health care facilities in Guyana. The Assessment reports were uploaded to a GIS database that can be accessed by the Government in future for consideration when upgrading those health care facilities.

To foster greater awareness on the Smart Health Care Facilities Project, PAHO/WHO, in



2020, revised a documentary on the initiative in Guyana. The project was scheduled to be completed in 2021; however, due to the pandemic, it has been extended to 2022.

Emergencies and Disasters

Ahead of Guyana's first imported case of COVID-19, PAHO/WHO offered technical assistance in the activation of the country's Health Emergency Operating Centre (HEOC), and in doing so, revised the terms of reference and standard operating procedures for the HEOC.

It also lent critical support to the Ministry of Health in the development of the COVID-19 Preparedness and Response Plan. Together with other bilateral and multilateral partners, PAHO/WHO supported the coordination of the health sector's efforts to combat the deadly disease.

Interventions also included the formation of a situation report template for daily reporting to the HEOC. On a monthly basis, the epidemiological data emerging from the reports were analysed to monitor the spread of the virus. Importantly, the epidemiological data influenced recommendations to the National COVID-19 Taskforce on the COVID-19 Emergency Measures to be implemented to flatten the curve.

Other COVID-19 related interventions included the development of concept notes and project documents for the mobilization of resources; the

provision of personal protective equipment (PPE) and COVID-19 test kits; and the coordination of supplies through global procurement mechanisms.

Cognizant of the gaps within the Ministry of Health's Disaster Management Programme, PAHO/WHO, during a technical meeting in February 2020, proposed the development of an Action Plan (2020-2022) for the revision of the programme in keeping with the country's commitment and priorities.

In the area of governance, it proposed the establishment of a comprehensive Health Emergencies and Disaster Management Programme and Office within the Ministry of Health. There was also recognition of the need for legislative changes, particularly in the case of the Public Health Ordinance 1934 and the Quarantine Act. PAHO/WHO completed the Action Plan well within the review period and submitted it to the Ministry of Health for its consideration.



Dr. Lionel Gresh, Virologist, Ms. Volda Lawrence, Former Minister of Public Health, Dr. William Adu-Krow, Former PAHO Representative, and participants from the National Public Health Reference Laboratory (NPHRL) at the 2019-nCoV testing training

Advancements were also made in the promotion of climate change adaptation to mitigate the effects of climate change on human health. With support from the Guyana Office of Climate Change and the Ministry of Health, PAHO/WHO secured US\$ 1,058,682 from the Green Climate Fund (GCF) and a contribution of US\$ 219,812 from the Cooperative Republic of Guyana to carry out a climate change resilience project.

The regional readiness project, Enhancing Climate Change Resilience of Health Systems,

will support the implementation of the Caribbean Action Plan on Health and Climate Change to ensure that health systems in the Caribbean become greener, more sustainable, and more resilient to climate variability and change.

Guyana is leading the initiative with support from Belize, Haiti, Saint Kitts and Nevis, Saint Lucia, and Trinidad and Tobago.

In 2020, the PAHO Country Office was also selected to implement the

EU/CARIFORUM Strengthening Climate Resilient Health Systems in the Caribbean Project. The five-year project is intended to build resilience in the Caribbean's health sector by implementing the PAHO Health, Environment, and Climate Change 2020-2030 Strategic Actions. The project will improve the performance of environmental public health programmes; strengthen environmental public health surveillance; foster an environmentally responsible and resilient health sector; and promote environmentally healthy and resilient cities and communities.



Hon. Dr. Frank Anthony, Minister of Health, Dr. Luis Codina, PAHO Representative in Guyana, His Excellency Dr. KJ Srinivasa, India High Commissioner, and Mr. Malcolm Watkins, Permanent Secretary, Ministry of Health

Communicable Diseases

While attention was given to the prevention, control, and treatment of communicable diseases such as TB, leprosy, and HIV/AIDS, major emphasis was placed on COVID-19, lymphatic filariasis, and malaria.

Surveillance

Guyana's first COVID-19 case was recorded on 11 March 2020. As the country faced the progression of the outbreak, light was shed on some weaknesses of the country's surveillance system. This offered an opportunity for Guyana to strengthen its surveillance to respond to COVID-19 and other communicable diseases. A consultancy looking specifically into this matter produced a draft proposal to the Ministry of Health that is being considered.

Lymphatic Filariasis

The global recommended strategy to stop lymphatic filariasis (LF) transmission is mass drug administration (MDA), targeting all

eligible persons living in filaria-endemic areas.

The updated MDA strategy uses three drugs: ivermectin, diethylcarbamazine, and albendazole (IDA). MDA using IDA requires two consecutive successful rounds. In 2020, the Ministry of Health in collaboration with PAHO/WHO Guyana Country Office, had intended to roll out the second and final round of the LF MDA-IDA campaign activities in the country's eight endemic Regions (1, 2, 3, 4, 5, 6, 7, and 10) using the LF MDA-IDA three strategies to administer the drugs to the target population: distribution at fixed points (market places, workplaces, and places of worship); in households; and in schools.

The first successful round of MDA-IDA was in 2019, when the country achieved an overall coverage of approximately 75%. Due to the COVID-19 pandemic, LF MDA-IDA was not possible as planned in October 2020. Notwithstanding the challenges, the technical support offered by PAHO/WHO to the Ministry of Health permitted

a second consecutive round of LF MDA-IDA in February 2021. The country achieved an overall coverage of approximately 71% in this second round, surpassing the threshold of 65% coverage on a national scale. This notable advancement aligned the country for the elimination of the disease as a public health problem. As the Country Office continues to provide technical support to the Ministry of Health for morbidity management and disability prevention in LF, the country aims to achieve WHO certification and be free of LF.



Malaria and Other Communicable Diseases

In the case of malaria, advances were made in strengthening the country's surveillance, particularly in remote communities where the lack of communication infrastructure had stymied systematic collection, review, and analysis of data. In 2020, PAHO/WHO supported the Ministry of Health in successfully piloting a Phone Surveillance initiative intended to increase the transfer of data from far-flung communities to Regional Surveillance Departments and the Malaria Department's Surveillance

Unit. The reporting rate rose to over 90% (from as low as 54%, as reported in 2015). Additionally, in order to foster local interpretation of data, epidemiological charts were deployed to some health centres as a means of helping local health workers to quickly visualize and interpret their weekly malaria situation against historical information.

PAHO/WHO also collaborated with the Ministry of Health to pilot the District Health Information System-2 (DHIS-2) platform to collect malaria data. The platform uses special software on devices such as tablets and phones to strengthen surveillance, case investigation and management through more accurate localization of cases in the interior and coordination of information with the central programme. Once the data are inputted on the platform, it automatically uploads to the National Surveillance Unit once the device is in a Wi-Fi zone or has access to the Internet. At the end of the reporting period, the result from the DHIS-2 initiative was still pending; however, once successful, it can be used to influence the Guyanese Government's policy and strategic plan on malaria. In 2020, PAHO/WHO was also engaged by the Ministry of

Health to support the review of the National Guidelines for Malaria Case Management.

PAHO/WHO and other United Nations sister agencies collaborated with civil society organizations (CSOs) to strengthen the country's response to HIV/AIDS, mainly through group sessions for emotional, moral, and psychosocial support for key populations to develop better health-seeking practices and risk-reduction behaviour. The CSOs, under the PAHO/WHO support project, also contributed to the creation of an enabling environment to access and utilize HIV prevention, care, and treatment.

PAHO/WHO has continuously offered technical support through the Green Light Committee Evaluation done annually as part of a global effort to understand the challenges in controlling and preventing the spread of TB.

Further, due to the COVID-19 pandemic, there was a scale-down of activities; however, PAHO/WHO maintained its support to the National Leprosy Programme as well as surveillance and quality control to the leishmaniasis control efforts.

Knowledge Management

Management of the PAHO/WHO Repository continued in 2020, allowing for easy access to information on plans, policies, projects, and programmes developed under the technical cooperation agreement with Guyana.

Additionally, a Virtual Health Library Committee, inclusive of representatives from both PAHO/WHO and the Ministry of Health, was established to fast track the selection of health-related studies and reports on Guyana to be uploaded to the Virtual Health Library (VHL). In the latter part of 2020, the Caribbean focal points were informed by BIREME (Latin American and Caribbean Center on Health Sciences) of a merger, to have all the Caribbean countries' VHL platforms as one. With this upgrade, more country visibility will be seen by way of research done on specific health topics for the Caribbean. The upgrades, when completed, will see PAHO/WHO Guyana VHL database being accessed from a single international platform,

from which information on all Caribbean countries can be uploaded and accessed.

Communication and Health Promotion

PAHO/WHO has taken a proactive approach toward COVID-19. In January 2020, two months ahead of the first imported case, PAHO/WHO initiated a COVID-19 awareness campaign to educate Guyanese on the disease.

By March 2020, when the first case was confirmed, PAHO/WHO then collaborated with the Ministry of Health to foster greater awareness on the deadly disease and preventative measures to be taken. This included, among other things, the printing of posters and infographics and the creation of health ads.

Articles detailing the country's response to the pandemic were also compiled and uploaded to both the Internet and intranet.

In November 2020, the Ministry of Health in collaboration with PAHO/WHO Guyana Country

Do you think you have been exposed to COVID-19?

Protect Yourself, Your Loved Ones and Everyone from COVID-19

Self-Quarantine

Who should self-quarantine?



PERSONS WHO HAVE RECENTLY TRAVELLED TO GUYANA FROM ANY COUNTRY



PERSONS WHO HAVE COME INTO CONTACT WITH SOMEONE WHO HAS RECENTLY TRAVELLED TO GUYANA FROM ANY COUNTRY



PERSONS WHO HAVE COME INTO CONTACT WITH SOMEONE WHO IS SUSPECTED OF HAVING COVID-19 (AS DETERMINED BY A HEALTH PROFESSIONAL)



PERSONS WHO HAVE COME INTO CONTACT WITH SOMEONE WHO HAS TESTED POSITIVE FOR COVID-19



PERSONS WITH ANY OF THE SIGNS AND SYMPTOMS: FEVER, COUGH, SHORTNESS OF BREATH, EXTREME TIREDNESS

How to self-quarantine?



STAY IN YOUR HOME OR ACCOMMODATION. DO NOT GO TO WORK, SCHOOL OR OTHER PUBLIC AREAS



SEPARATE YOURSELF FROM OTHERS IN YOUR HOME OR ACCOMMODATION



DO NOT HAVE VISITORS IN YOUR HOME OR ACCOMMODATION



USE SEPARATE FACILITIES IF SHARING, THESE SHOULD BE CLEANED BEFORE USE BY OTHERS



WEAR A MASK WHEN YOU ARE AROUND OTHERS IF YOU HAVE BEEN TOLD TO DO SO



HAVE FOOD, MEDICATION AND OTHER SUPPLIES DELIVERED TO YOU



TRY TO KEEP AWAY FROM YOUR PETS. IF UNAVOIDABLE, WASH YOUR HANDS BEFORE AND AFTER CONTACT

Fever, Cough, Shortness of breath are symptoms of COVID-19 and can appear 2-14 days after exposure

CALL US IF YOU THINK YOU ARE AT RISK

Region 1 - 674-8047
Region 2 - 682-4210
Region 3 - 254-1261/254-0313
Region 4 - 231-1166/226-7480/624-6674/624-3067
Region 5 - 624-9000/624-2000/640-3000

Region 6 - 682-3055/668-4449
Region 7 - 675-9131/654-0405/697-0656
Region 8 - 608-7517
Region 9 - 772-2206
Region 10 - 444-3007/444-6127/444-6137

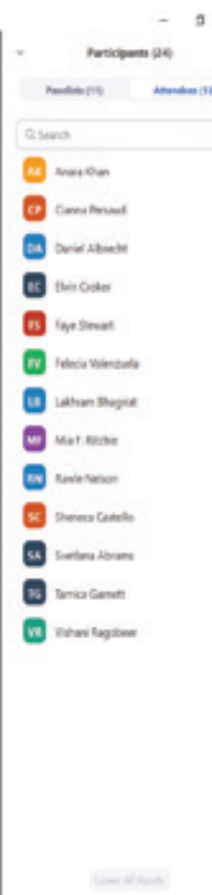
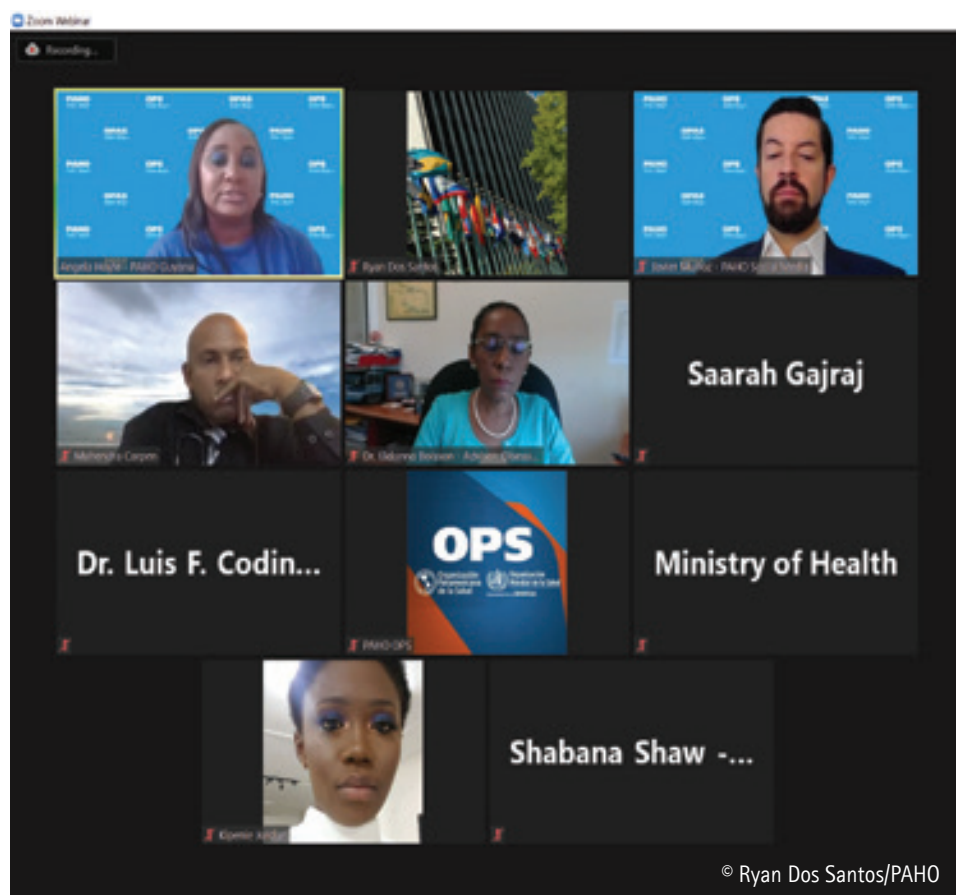


Office hosted a webinar with Guyanese journalists and communications specialists on the importance of responsible reporting on the COVID-19 pandemic. Epidemiology and the clinical aspects of COVID-19 were among topics discussed in addition to tips provided on how to cover the pandemic without spreading erroneous information. PAHO/WHO also facilitated the participation of Guyanese

journalists in international webinars hosted by PAHO Headquarters. However, compared with previous years, there was a low turnout of participants during the online training sessions due to the political situation in the country, which was given much more coverage at that time. The Annual Media Awards for Excellence in Health Journalism were also postponed as PAHO/WHO redirected funds to the pandemic.

Due to the pandemic, however, the execution of the Biennial Work Plan was slowed down as PAHO/WHO directed its focus, largely, on the COVID-19 health emergency.

As part of its technical cooperation, PAHO/WHO proposed the development of a health promotion strategy for the Ministry of Health; however, a decision was taken to await the launch of the new health strategy, Health Vision 2030.



SOCIAL DISTANCING

What everyone can do to stop COVID-19

<p>✗ Hold off activities, meetings, conferences, demonstrations, large gatherings, including friendly get-togethers</p>	<p>✓ Get in touch with friends or colleagues virtually, and work from home, with your mobile phone, PC or laptop.</p>
<p>✗ Getting up-close with each other is a no-no!</p>	<p>✓ Keep a distance of at least 6 feet (2 metres) from other people.</p>
<p>✗ Avoid contact with high-touch shared surfaces like handrails, doorknobs, elevator buttons etc.</p>	<p>✓ Wash hands with water and soap, lathering up thoroughly or rub hands with 70% alcohol gel</p>
<p>✗ Avoid mingling, jostling in a packed crowd, or in a confined public venue like a movie theatre, big store, pub (bar), stadium, etc</p>	<p>✓ Stay home, hunker down, and get creative with self-entertainment like watching favourite movies, cooking, reading, gardening, housecleaning etc.</p>

Fever, Cough, Shortness of breath are symptoms of COVID-19 and can appear 2-14 days after exposure
CALL US IF YOU THINK YOU ARE AT RISK

Region 1 - 674-8047	Region 6 - 682-3055/668-4449	Region 7 - 675-9131/654-0405/697-0656
Region 2 - 682-4290	Region 8 - 608-7337	Region 9 - 772-2206
Region 3 - 264-1203/254-0313	Region 4 - 231-7662/225-7480/624-6674/624-3067	Region 5 - 624-9000/624-2000/640-3000
Region 10 - 444-3007/444-6127/444-6137		

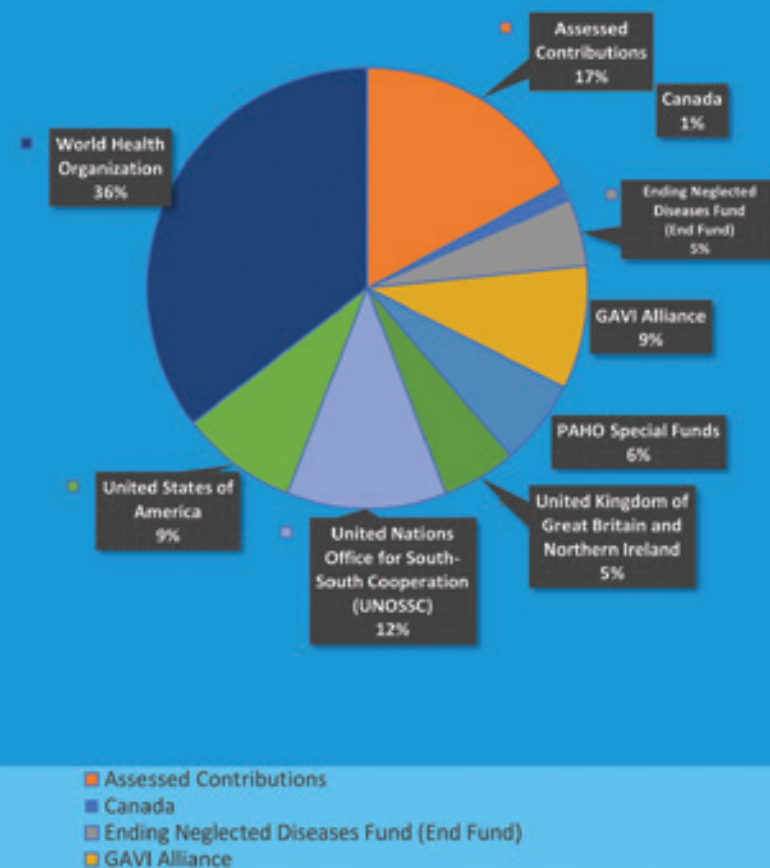
PAHO
 Pan American Health Organization





Financial Summary

Funding Sources	Guyana
Sum of Awarded Budget (US\$)	
Assessed Contributions	1,323,164
Canada	101,271
Ending Neglected Diseases Fund (End Fund)	377,478
GAVI Alliance	697,608
PAHO Special Funds	486,183
United Kingdom of Great Britain and Northern Ireland	420,241
United Nations Office for South-South Cooperation (UNOSSC)	905,463
United States of America	662,220
World Health Organization	2,733,905
Grand Total	7,707,532



Source: PAHO Program Budget Portal.



special department was created in Guyana's PAHO Country Office to specifically address all matters directly related to maternal mortality.

Over the last two years, PAHO has worked closely with the Ministry of Health in implementing various evidence-based strategies to work towards quickly reducing maternal mortality in Guyana. The Zero Maternal Death from Hemorrhage strategy was implemented across all 10 regions of the country and 100 non-pneumatic anti-shock garments were donated. Following this there was a drastic reduction of maternal deaths from post-delivery bleeding, which accounted for 18 maternal deaths in 2018.

The country now has certified medical workers for the insertion and removal of modern long-acting reversible contraception, thanks to training provided by the PAHO Latin American Center for Perinatology (CLAP). These are only a few examples of capacity-building that was done to help improve patient care and ensure safe deliveries for our mothers.

The COVID-19 pandemic brought with it many challenges to ensuring continuity of optimal care at all levels, but especially as concerns pregnant women. PAHO continued to work closely with the Maternal Child Health Department at the Ministry of Health to develop operational guidance for maternal and child health services during the pandemic. Additionally, active surveillance and follow-up of COVID-19-positive pregnant patients is done. To date, Guyana has had 206 confirmed

Human Interest Story

The Krystle Halley-Ifill Story: Pregnancy and the COVID-19 Pandemic

In 2018, Dr. Carissa F. Etienne, Director of the Pan American Health Organization, identified Guyana as one of the 10

countries in Latin America and the Caribbean with the highest maternal mortality ratio that needed urgent attention. As a result of this, a



© Krystle Halley-Ifill/PAHO

cases of COVID-19 of which two were pregnant mothers; both of whom have now recovered from the infection and one has successfully delivered.

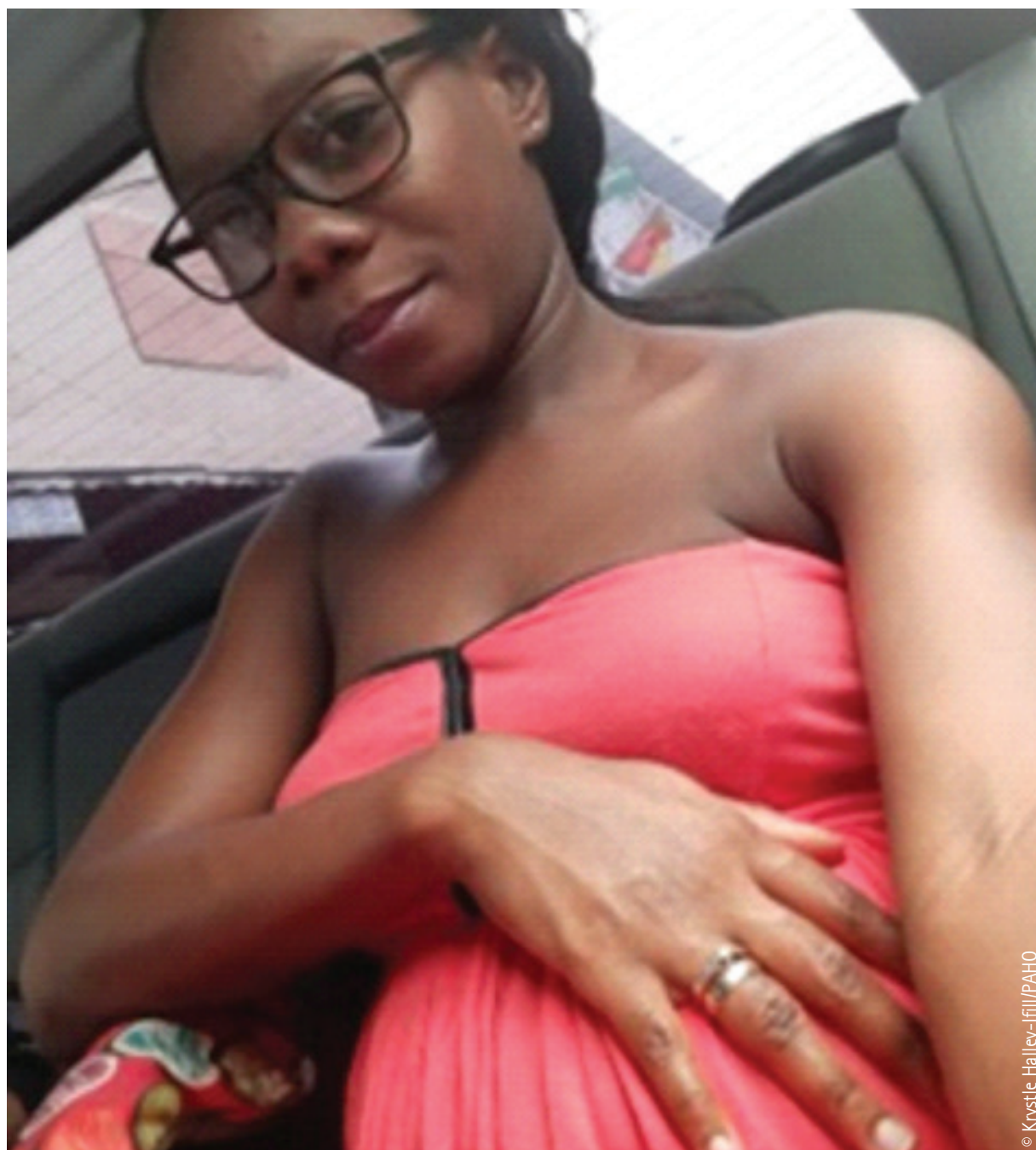
Signs and Symptoms and a Novel Disease

Ms. Krystle Halley-Ifill, a 27-year-old nurse, was the first pregnant patient diagnosed with COVID-19

in Guyana. Her source of contact was her husband, with whom she, her mother-in-law, and her 1-year-old son shared a home. Her husband, Jermaine Ifill, was an emergency medical technician by profession and in March he developed flu-like symptoms. At first, Krystle and Jermaine thought it was pneumonia, since he would often have similar episodes and was having difficulty breathing.



© Krystle Halley-Ifill/PAHO



Krystle accompanied her husband to the emergency room where he was admitted due to the difficulty breathing. He was given oxygen and taken to the male ward. Two days after he was admitted, he was given a COVID-19 test which returned positive. After her husband was diagnosed with COVID-19, the hospital contacted Krystle and her family and both she and her mother-in-law were tested and found to have COVID-19. The two children who lived with them both tested negative. Unfortunately, Krystle's husband died four days after he tested positive.

Treatment at the Diamond Isolation Centre

The news of her husband's death made it more difficult for Krystle to cope, as she was not with her husband when he died. Krystle was in the third trimester of her pregnancy when she was diagnosed positive for COVID-19 on 30 March, even though she was asymptomatic. Krystle was admitted to Diamond Diagnostic Centre for isolation, where she received ongoing antenatal care. The fear of her baby contracting the virus was a deep concern for Krystle; however, she spent 30 days in isolation and care until she tested negative and clear of the infection.

In sharing her story, she mentioned that she received lots of support from her family and the staff at the Diamond Diagnostic Centre, where she was isolated. On 30 April, Krystle was discharged from the isolation facility and continued her pregnancy healthy and COVID-19 free.

Stigma and Discrimination

One of the main issues for those suffering with COVID-19 is the challenge they face going about their daily lives, especially when persons around them are aware of their having the virus.

According to Krystle, living a normal life after testing positive for COVID-19 was far from easy; friends and family turning their back on her and her family brought her much sadness, “When my husband was diagnosed with COVID-19 there was immediate distancing from people who we know. My family who lives in Berbice also faced discrimination from the people we were close to and some of my friends who found out that I had COVID-19. They did not want to go near my family, even though I was living in Georgetown, which is miles away from Berbice, at the time when I had COVID-19.” However, the fear of discrimination is certainly not uncommon among patients at the isolation sites, who often find the stigma overwhelming.

Life after COVID-19

On 19 May, Krystle delivered a bouncing, healthy baby boy. Both baby and mom are doing well. Krystle and her sons are now with her family in Berbice, continuing with their lives through this difficult time without her husband and the father of her children around to lean on and to enjoy the new addition to the family.







Looking Ahead

As the country continues to battle with the COVID-19 pandemic, it is with great hope that the Government of Guyana will continue to work steadfastly in providing health services to the population. With the roll-out of the COVID-19 vaccine worldwide and in Guyana, there is hope to overcome this deadly virus and make the population healthy again. Currently, there are discussions among countries to participate in vaccine trials for the best vaccines to be developed for distribution. Even in these difficult times, the Government is working toward improving the vaccination programme, so that the population is well informed on the vaccines necessary for both children and adults. In moving forward, the Country Office will continue to collaborate with the Ministry of Health to provide technical support and cooperation to combat the COVID-19 pandemic and other public health issues, and to continue the work on improving and protecting the health of the people of Guyana.



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