



ANNUAL REPORT 2021

GUYANA

Responding to COVID-19
and Preparing for the Future

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 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 2021. 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.



Mining site located in Region 7.

Mission

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, combat disease, 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, 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.

The Hon. Minister Priya Manickchand, Minister of Education, Guyana, standing behind the first student who received the Pfizer COVID-19 vaccine for children.

CONTENTS

<i>Message from the Director</i>	vi
<i>Message from the Representative</i>	vii
HIGHLIGHTS	1
PAHO TECHNICAL COOPERATION	2
• Health Emergencies	2
• Health Systems and Services	4
• Communicable Diseases	7
• Noncommunicable Diseases and Mental Health	9
• Health throughout the Life Course	12
FINANCIAL SUMMARY	18
LOOKING AHEAD	20



MESSAGE FROM THE DIRECTOR



In 2021, COVID-19 remained the greatest public health challenge of modern history. The Region of the Americas was hardest hit and, as new variants of the virus emerged, it became clear that the pandemic was not yet over. However, new vaccines heralded its ending and the advent of a new normal at work, at school, and in everyday social interactions.

The Pan American Health Organization (PAHO) strengthened its technical cooperation to support Member States in vaccinating populations against COVID-19. However, vaccine hesitancy and misinformation sometimes hampered their valiant efforts. PAHO must continue to assist countries in implementing strategies to overcome such obstacles for the COVID-19 vaccination program and routine childhood and other immunization programs.

COVID-19 has had a devastating impact on all countries. Given the attention focused on the pandemic response, we risk losing gains already made in other areas of public health and face a significant worsening in the socioeconomic determinants of health. The COVID-19 experience has underscored the need to continue to advocate for resilient health systems; strengthen the first level of care using a primary health care approach; promote health in all policies; and revitalize essential public health functions.

Therefore, in 2021 we focused more on those areas of health neglected earlier in the pandemic. These 2021 annual reports chronicle the work in countries and subregions as we prepare for the post-pandemic era.

I sincerely thank our Member States, partners, and donors for working with us to address the challenges of COVID-19. We need to continue to collaborate closely in the complex task of ending the pandemic; tackling the inequities and inequalities in health that plague our Region; maintaining health high on the political agenda of all Member States; and championing health equity as the cornerstone for sustainable development to ensure that we leave no one behind.

Dr. Carissa F. Etienne

Director of the Pan American Health Organization

MESSAGE FROM THE REPRESENTATIVE

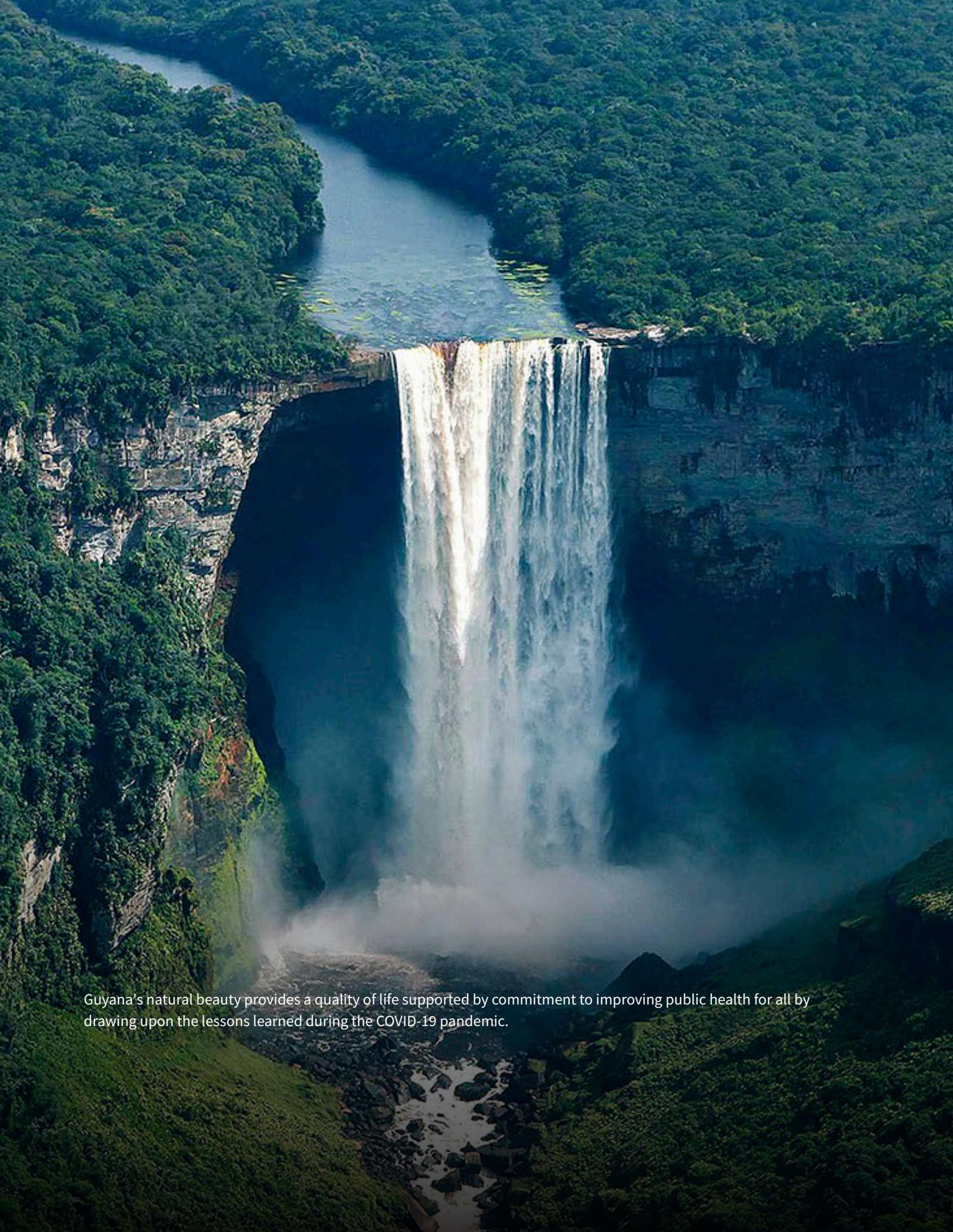


The year 2021 continued to challenge the health sector with the global COVID-19 pandemic, leading to changes in the modus operandi, particularly with the onset of the public health and social measures to protect the population and slow the spread of the disease. This resulted in a significant decrease in the progress toward the achievement of the planned goals and objectives for this biennium. Nevertheless, we have found alternative ways to restructure in terms of response, governance, and coordination to achieve important goals, such as a range of support activities to ensure the COVID-19 vaccination uptake that led to approximately 59.1% of the population fully vaccinated by the end of 2021.

The activities contained in this report of PAHO's work with the Government and people of Guyana over the past year represent the priority areas of action as defined in the Biennial Program of Work, with more focus on COVID-19. The emphasis during 2021 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, as well as enhancement of collaborative efforts, facilitation and ensuring access for vulnerable groups, especially women, girls, and other populations at risk.

I have the honor of presenting the 2021 Annual Report of the PAHO Guyana Country Office, which highlights the main technical cooperation achievements of our work guided by the PAHO Strategic Plan 2014–2025, the Sustainable Health Agenda for the Americas 2018–2030, the Country Cooperation Strategy 2016–2020, and (currently in development) a draft Health Vision 2030 and the new Country Cooperation Strategy 2021–2025. We look forward to continuing our technical cooperation with Guyana in 2022, when we will celebrate the 120th Anniversary of PAHO and renew our commitment to working in the Region.

Luis Felipe Codina
PAHO Representative in Guyana



Guyana's natural beauty provides a quality of life supported by commitment to improving public health for all by drawing upon the lessons learned during the COVID-19 pandemic.

HIGHLIGHTS

- In 2021, PAHO continued supporting initiatives to address challenges associated with the escalation of the pandemic to promote COVID-19 vaccination. The Country Office provided support to the Health Emergency Operations Center (HEOC) of the Ministry of Health in Guyana for staff capacity building, community outreach activities in the hinterland regions, and field and office equipment and supplies. PAHO helped ensure implementation of global norms and standards to assess the quality, safety, and efficacy of vaccines and assisted with numerous activities to roll out and promote vaccination that led to approximately 59.1% of the population fully vaccinated by the end of 2021.
- PAHO focused on other communicable diseases in addition to the COVID-19 pandemic and worked with the Ministry of Health to revise and update the National Integrated Plan of Action for Neglected Infectious Diseases (NIDs), as well as a mass drug administration (MDA) campaign to eliminate lymphatic filariasis that achieved 100% coverage and malaria transmission assessment activities.
- PAHO's technical cooperation with Guyana in 2021 included activities to improve infrastructure and plans specific for a national response to crises such as the pandemic, with two health care facilities upgraded under the ongoing SMART hospital project, the drafting of a Health Emergency and Disaster Action Plan, and the reactivation of the Health Emergency Operations Center of the Ministry of Health in Guyana.
- PAHO focused its cooperation in the area of noncommunicable diseases (NCDs) on the roll-out of the HEARTS initiative for prevention and control of cardiovascular diseases and development of a Strategic Plan 2021–2030 for Integrated Prevention and Control of NCDs in Guyana. In addition, the Country Office supported the establishment of a Center of Excellence for the provision of comprehensive care, treatment, and management of diabetes and a proposal for a "One-stop" facility for the management of chronic diseases, as well as capacity building and surveillance strengthening activities toward mental health care and suicide prevention.

PAHO TECHNICAL COOPERATION



HEALTH EMERGENCIES



Demonstration of how to put on the personal protective equipment suit.

Guyana saw approximately three COVID-19 surges. In 2021, PAHO continued to provide support to the Health Emergency Operations Center (HEOC) of the Ministry of Health in Guyana as part of the response mechanisms to

the pandemic, which exposed the need for improvement to meet future demands.

The COVID-19 pandemic response

The Country Office provided technical assistance for capacity building of the HEOC staff, community outreach activities in the hinterland regions, and field and office equipment and supplies, such as computers, mobile phones, and personal protective equipment (PPE).

The Country Office played a key role by assisting with the conduct of rapid assessments and providing technical guidance to the COVID-19 Vaccination Program, the National Task Force, and the political directorate of the Ministry of Health to support policy and strategic directions for introduction and implementation of vaccination activities. The Country Office has worked and continues to work closely with the national authorities to ensure that global norms and standards are developed and implemented to assess the quality, safety, and efficacy of vaccines.

As part of the vaccination campaign, PAHO assisted with the provision of much needed resources for the heightened vaccination campaign, which included access to vaccines, health promotion and public sanitization through social, print, and non-print medias, and the development and dissemination of information, education, and communication (IEC) materials and infomercials. PAHO also supported the coordination mechanism for the roll-out of COVID-19 vaccines, which included the development of an action plan for distribution of vaccines to the eligible population in all 10 administrative regions of Guyana to ensure a rapid uptake. More than 50 vaccination events were held and there were more than 25 daily vaccination sites across the country. Approximately 59.1% of the population was fully vaccinated by the end of 2021.

SMART hospital project

Disaster preparedness is key and requires that health facilities remain functional in crisis situations, whether

these are natural or man made. As part of its technical cooperation, in 2021 PAHO continued the SMART Health Care Facilities initiative funded by the Caribbean Development Team at the Foreign, Commonwealth and Development Office (FCDO), United Kingdom, and implemented in collaboration with the Ministry of Health, to enhance the capacity of health care facilities to withstand natural disasters, while operating in a safe and green environment.

In accordance with PAHO/WHO's SMART Hospitals Toolkit, the Diamond Diagnostic Center, the Mabaruma Regional Hospital, the Leonora Cottage Hospital, the Lethem Regional Hospital, and the Paramakatoi Health Center were shortlisted to be retrofitted under the SMART Health Care Facilities Project from a total of 89 facilities that were assessed using the Hospital Safety Index and Green checklist tools. By the end of October 2021 two of these facilities, the Diamond Diagnostic Center and the Lethem Regional Hospital, were completed and formally handed over to the Ministry of Health. The other three remaining facilities are expected to be completed and handed over before the end of the project in 2022.

Disaster preparation and response

During the recent pandemic, the need for a structured response to disasters at the national level was underscored. To this end, in 2021, the Health Emergency and Disaster Action Plan was drafted by PAHO in collaboration with the Ministry of Health and is awaiting ratification for its implementation in the event of a disaster. In addition, the Country Office facilitated a multi-stakeholder meeting to review and strengthen the Disaster Management Program of the Ministry of Health. The primary outcome of this meeting was the identification of gaps and priorities and the development of an Action Plan for the health disaster program of the Ministry of Health.



HEALTH SYSTEMS AND SERVICES



Mr. Lucio De Magalhaes Brito, an experienced clinical and hospital engineer, was deployed to assist the Ministry of Health.

PAHO supported numerous activities and initiatives to improve health services and systems in the country. The Country Office cooperated with data collection regarding leading causes of disease in Guyana, deployment of

mobile medical teams to remote areas, implementation of a community intervention package for integrated care of older people, adoption of a strategy to guarantee continuous quality of blood transfusion services, new health legislation to include mental health and suicide, and a new virtual health library.

Package of essential health services for primary health care (PHC)

The importance of data collection for the improvement of health services was prioritized as an important step to provide the information needed to make decisions about health care delivery that could save lives. This would be an ongoing process with the need for periodic updates. Therefore, PAHO supported the Ministry of Health in data collection on the leading causes of disease and mortality in Guyana, and 115 health conditions were identified for interventions to be implemented in communities, health posts, and health centers. The package was costed for 10 years and will be implemented in the 10 Administrative Regions of the country.

Formulation of operational tools for the deployment of mobile teams

Because of Guyana's particular topography and the inaccessibility of some areas, ensuring that medical services are applied at the same level across the country is challenging. In this regard, the integration of mobile teams that can reach formerly inaccessible areas was seen as a critical. PAHO prepared the standard operating procedures (SOPs) to create, plan, and deploy mobile medical teams to operate in the four hinterland regions, namely Regions 1, 7, 8, and 9. This tool included

standard lists for medical specialists, an equipment list, standard lists of medicines, and referral processes protocols.

Integrated care for older people

Aging populations account for a significant portion of national health budgets, and care for older people is increasingly considered a critical component of ensuring that as the population ages, there are means to both prolong and improve their quality of life. Thus, PAHO prepared SOPs for community health workers (CHWs) and nurses to implement WHO's [Integrated Care for Older People \(ICOPE\)](#) package for interventions at the community level. This tool included standard lists for medical specialists, the standard list of equipment, standard lists of medicines, common diagnostic tools, training material, and referral processes protocols.

Adoption of the National Strategy for Quality of Blood Transfusion Services

In a collaborative effort involving all stakeholders, the Country Office assisted the Ministry of Health in preparing the new National Strategy for Quality of Blood Transfusion Services to ensure its improvement. The strategy will ensure continuous quality of blood collection, storage, distribution, and use of blood by health facilities at all levels of care. The National Blood

Transfusion Service is currently implementing the strategy, and PAHO is conducting training on its use.

Legislation in health

Working with the Ministry of Health and related agencies to structure up-to-date legislation to provide a framework for operations is key for regulation of previously unlegislated issues, as well as the updating of existing ones. Hence, PAHO assisted in the drafting of public health legislation inclusive of the National Suicide and Mental Health Act, in collaboration with the PAHO Mental Health Unit Legal Department, Washington, DC, and the Health Systems and Services Unit.

Virtual Health Library

Access to the latest information for workers in the health sector has been enhanced with the introduction of the Virtual Health Library (VHL) – the go-to resource

for practitioners who need to keep abreast of health information and a source that is constantly updated. The Ministry of Health and various hospitals benefited from the VHL training conducted by the PAHO Regional Office of the Latin American and Caribbean Center on Health Sciences Information (BIREME), Brazil, in November 2021. Over 30 participants benefited from navigating the VHL database to access evidence-based health information. To expand the reach of these resources, an ongoing collaboration started in 2021 with the goal of developing a Caribbean VHL as one platform for all the Caribbean countries to upload their health research documents.



COMMUNICABLE DISEASES



Mr. Gifford Marshall, Mayor of Bartica Region 7, taking his filaria tablets at the launch of the Mass Drug Administration 2021.

In addition to COVID-19 activities, in 2021 PAHO also focused on other communicable diseases to revise and update the National Integrated Plan of Action for Neglected Infectious Diseases, syphilis management in

pregnant women, a mass drug administration campaign to eliminate lymphatic filariasis that achieved 100% coverage, and malaria transmission assessment activities.

Neglected infectious diseases (NIDs)

In response to a request from the Ministry of Health, PAHO hired a consultant to revise and update the 2011 National Integrated Plan of Action for Neglected Infectious Diseases (NIDs) that will offer guidance on how to attain and maintain disease elimination to meet the goals set out in the [WHO Roadmap on Neglected Tropical Diseases](#) (NTDs) for 2020 (pending revision). The United Nations (UN) Sustainable Development Goals (SDGs) by 2030, Guyana's National Action Plan for NIDs 2022–2027, is scheduled to be completed and costed in 2022.

Elimination of lymphatic filariasis

The COVID-19 pandemic has caused serious health, social, and economic damage in the Latin America and Caribbean region. In this scenario, the government of Guyana, using the safety guidelines provided by PAHO for activities in communities, was able to safely and successfully carry out field activities in 2021. This year, a mass drug administration (MDA) campaign to eliminate lymphatic filariasis achieved 100% geographical coverage through a mixed pill distribution strategy at schools, fixed points, and house to house. To implement these strategies, the country mobilized around 1500 pill distributors, all of them using PPE to distribute the triple drugs ivermectin, diethylcarbamazine, and albendazole (IDA) pills, while protecting the health and well-being

of both the communities served and the health care workers. After this final MDA round in the country, a pre-IDA impact was successfully implemented with positive preliminary results; thus, the country is preparing for the implementation of the IDA impact survey (IIS) to validate the elimination of lymphatic filariasis as a public health problem in Guyana.

Malaria

In 2021 Guyana identified various foci of malaria transmission according to the PAHO manual of malaria stratification based on risk of transmission and elimination of foci. A microstratification strategy promoted by PAHO in the Americas has been piloted in Guyana Region 7. Furthermore, the country is in the process of completing by February 2022 the concept note for its Global Fund Malaria Transition Grant, which is scheduled for implementation from 2023 to 2025.

Congenital syphilis

To address syphilis management in the country, which was identified as a weak area in the previous review by the Regional Technical Officer, PAHO provided support for drafting the final standard operating procedure on syphilis management. With a focus on properly managing pregnant women who present with syphilis, 300 posters were printed and distributed in the country regions. In 2021, 30 participants received training on syphilis management. This training will continue in 2022.



NONCOMMUNICABLE DISEASES AND MENTAL HEALTH



Promoting support for mental health awareness remains paramount to enabling young people to flourish in a post-COVID-19 environment.

Given the high burden of noncommunicable diseases (NCDs) in Guyana, which account for over 80% of deaths per year, PAHO focused its cooperation in this area on the roll-out of the HEARTS initiative for prevention and

control of cardiovascular diseases, and development of a Strategic Plan 2021–2030 for Integrated Prevention and Control of NCDs in Guyana.

PAHO focused its cooperation in this area as well on the establishment of a Center of Excellence for the provision of comprehensive care, treatment, and management of diabetes and a proposal for a "One-stop" facility for the management of chronic diseases (diabetes and cardiovascular disease). Mental health care and suicide prevention efforts were also supported by the Country Office in 2021, with capacity building and surveillance strengthening activities.

Introduction of the HEARTS initiative in Guyana

[HEARTS in the Americas](#) is an initiative led by the ministries of health with the participation of local stakeholders and PAHO, which seeks to gradually integrate into already existing health delivery services the promotion of global best practices in the prevention and control of cardiovascular diseases. This year, the Ministry of Health approved the introduction and roll-out of the HEARTS initiative in Guyana. A roll-out and scale-up plan was developed and guided implementation in eight sites, with printing and dissemination of preferred treatment algorithms. PAHO led capacity building activities with health care providers via the PAHO virtual platform on the use of treatment algorithm and healthy lifestyle protocols and blood pressure measurement devices. In addition, PAHO procured validated blood pressure measuring devices for use in implementation sites, and PAHO Headquarters provided support to develop a monitoring and evaluation system.

Integrated prevention and control of noncommunicable diseases in Guyana: Strategic Plan 2013–2020

Noncommunicable diseases are ailments and conditions not caused by an acute infection that have long-term health consequences and often require a long treatment. These include cancers, cardiovascular conditions, diabetes, and chronic lung illness. Some of the most common risk factors for NCDs are tobacco and alcohol use, physical inactivity, and unhealthy diets.

In Guyana, NCDs account for over 80% of deaths annually. The negative impact of NCDs led to the need for a strategic plan targeting the problem. PAHO, in collaboration with the Ministry of Health, produced a report with an initial evaluation-wide stakeholder participation that was presented to the country in order to guide the development of programming to tackle the risk factors. The Integrated Prevention and Control of Noncommunicable Diseases in Guyana: Strategic Plan 2021–2030 was developed in consultation with members of the NCDs Commission and key stakeholders and submitted to the Ministry of Health for adoption and dissemination.

The Country Office provided additional support for the establishment of a Center of Excellence for the provision of comprehensive care, treatment and management of diabetes.

PAHO provided technical support for capacity building for key health care providers on the concept of a "One-stop" facility for the management of chronic diseases (diabetes and cardiovascular disease); the development

of a proposal to guide the organization of medical and administrative services; the development of a proposal outlining the training content for the various teams (medical and administrative); a list of equipment to furnish the center based on the proposed services; and recommendations for the sustainability of the services. Support for the development of protocols to guide the delivery and organization of the services will be provided in the new biennium.

Mental Health Gap Action Program (mhGAP)

About four out of five people in low- and middle-income countries who need services for mental, neurological, and substance use conditions do not receive them. Even when available, the interventions are often neither evidence-based nor of high quality. WHO recently launched the [Mental Health Gap Action Program \(mhGAP\)](#) for low- and middle-income countries with the objective of scaling-up care for mental, neurological, and substance use disorders. There is a widely shared but mistaken idea that all mental health interventions are sophisticated and can only be delivered by highly specialized staff. Recent research has demonstrated the feasibility of delivery of pharmacological and psychosocial interventions in non-specialized health care settings. The priority conditions selected for mhGAP, because they represent a large burden in terms of mortality, morbidity, or disability, have high economic costs, and are associated with violations of human rights, are the following: depression, psychosis, bipolar disorders, epilepsy, developmental and behavioral disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, self-harm/suicide, and other significant emotional or medically unexplained complaints.

Strengthening of capacity to provide mental health care and psychosocial support

It is anticipated that a course on the mhGAP will be developed and integrated into the curriculum for

nurses in the new biennium. Additional activities were conducted to provide MHPSS (mental health psychosocial support services) to communities affected by flooding in collaboration with a multiagency technical working capacity building among health care providers and other categories of frontline workers. This was in response to the changing needs triggered by the COVID-19 pandemic in 2021.

Strengthening of suicide surveillance

The Country Office provided support for the updating of suicide health surveillance in 2021 to capture data on mental health and psychosocial support needs. Referrals for mental health services from the COVID-19 hotline and other primary health care centers were forwarded to the Ministry of Health Mental Health Unit so that individuals could be contacted for personalized sessions.

Through the PAHO–UNDP project aimed at strengthening mental health and psychosocial support, a surveillance system for self-harm was established in select sites across the country and will be gradually scaled up to other sites at the primary health care level. PAHO led capacity building activities for the providers who will support this activity in the various centers, and also procured computers for use in this process, which will be ongoing in the next biennium.

Evaluation of the mental health strategy and suicide action plans 2015–2020

The national mental health strategy and suicide action plans were evaluated with wide stakeholder participation and support from PAHO Headquarters. The final report will be presented to the country.



HEALTH THROUGHOUT THE LIFE COURSE



Adolescents at the Amerindian dormitory in Georgetown, Region 4, practicing coping techniques during the COVID-19 pandemic.

This year, PAHO partnered with the Ministry of Health and other Guyana organizations on different initiatives to enhance access to health services and resources

among different life course populations ranging from adolescents to mothers, young people, and vulnerable groups.

Support for routine immunizations

To support and strengthen the standard vaccination program, PAHO procured cold-chain equipment such as one Walk-In Chamber, industrial temperature monitoring devices, and vaccine carriers for the Ministry of Health. In addition, supervision of the routine vaccine program monitoring was conducted in the three hinterland regions, namely Regions 1, 7, and 9, which included monthly collection and analysis of the EPI (Expanded Program for Immunization) data.

Reduction of under-five mortality

The Country Office assisted in the process of reviewing the guidelines for integrated management of neonatal and childhood illness (IMNCI) with the support of a local contractor and PAHO Headquarters. The guidelines were updated and highlighted aspects of interventions to reduce neonatal and perinatal deaths, such as helping babies breathe and management of the sick young child. This document will help establish the framework of the child health policy in the country.

Enhancement of adolescent health through improved digital technologies

In 2021, PAHO conducted training of 45 adolescents between the ages of 12–19 years for two weeks on information technology in the following areas: computer fundamentals, Microsoft Word Core 2016, Microsoft Excel Core 2016, internet and email, and Microsoft

PowerPoint 2016. This training equipped adolescents from Region 4, Georgetown, Region 9, Annai Village, and Region 10, Linden district, to adapt quickly to the use of technologies and the internet, due to the prolonged COVID-19 pandemic during which they had to attend all school sessions online.

Maternal and reproductive health of women

The Country Office assisted the Ministry of Health with monitoring the Zero Maternal Deaths from Hemorrhage Initiative through a refresher training conducted for 40 health workers in Region 1, Mabaruma and Moruca, Region 8, Mahdia, Region 7, Kamarang, and Region 9, Lethem. The health care workers were assessed on managing patients with postpartum hemorrhage.

Guyana Youth Council

The Guyana National Youth Council was established in 2014 to address issues pertaining to young people and their broad spectrum of needs at a holistic level. It is a semiautonomous body run by an executive committee governed by a board of trustees, with current President Dr. Quacy Grant. The Council sees its mandate as the provision for participatory involvement of youth in the management of their own affairs at every level of society.

In 2021, the Council used their networks and expertise, with the support of PAHO, to impact young people at a critical stage in the pandemic's trajectory as part of the Covid-19 Awareness Project. Designed to encourage behavior change in the target population, the project would employ a broad range of message techniques, peer

education, dissemination of messages via traditional and social media, a Youth in Health Innovation Award, and a cultural presentation to provide young people with the information needed to make informed decisions regarding the pandemic. These methods were developed after conducting a poll to identify existing barriers to the project's messages. The main barrier was the acceptance of the COVID-19 vaccine.

The WASH Campaign

PAHO supported the WASH Campaign, whose acronym references the four behaviors needed to be adopted by the recipients: Wearing a Face Mask, Adhering to Guidelines, Social Distancing, and Hygiene.

Protection of the health rights and well-being of vulnerable groups during the pandemic

As part of the response to the pandemic in 2021, PAHO, along with the Guyana Responsible Parenthood Association (GRPA), spearheaded a project to provide support to the vulnerable during the pandemic. The project, titled "Protection of the health rights and well-being of vulnerable groups during COVID-19 in Guyana," was coordinated by GRPA's youth arm and

designed to gather health information using social media and networking. First, a consultant conducted a survey with over 200 people, and a report containing recommendations on how to improve the health response for vulnerable groups was presented to the government. The project targeted people with HIV, the LGBTQ+ population, women and girls, and young people. An advocacy toolkit developed (supported by PAHO) included the following topics: understanding sexual reproductive rights, policy change, policy inclusion and exclusion in sexual reproductive health rights, diversity and identity, gender identity and expression, key terms, developing messages for advocating and using media, and implementation, monitoring, and evaluation of advocacy efforts.

The project led to successful outcomes, such as six short videos and six infographics were shared on social media pages; 100 each of HIV testing services, STI screening packages, and care packages were provided; 30 persons were trained in sexual and reproductive health; and 50 contraceptives and 50 IUD devices were implanted. Moreover, the project provided young people with the capacity to engage government officials for an improved response to the pandemic, an understanding of their sexual and reproductive health rights and advocacy training, and networking with government officials.



HEALTH THROUGHOUT THE LIFE COURSE

STORIES FROM THE FIELD

Juliette Gouveia and combating vaccine hesitancy

Juliette Gouveia was a young woman in the Madhia, Campbelltown community, a village in Potaro-Siparuni. Although the COVID-19 pandemic was taking its toll, she had decided to wait and see before taking the vaccine. She was reluctant because she did not consider that the information she had been provided was adequate for her to make a qualified decision.

PAHO monitored a project implemented by the Civil Society Organizations (CSO), which consisted of training on COVID-19 preparedness and prevention in the community of Mahdia, Region 8. During a three-day session in October 2021, 25 young adults were taught appropriate COVID-19 prevention strategies in order to

become trainers to prevent and curb the spread of the virus, discuss information to change negative behaviors toward COVID-19, and promise to share the knowledge gained with family and friends. The training also provided an opportunity for the local medical frontline workers to share data, while allowing the newly trained individuals to know what available health services were being offered to young people in the community for better access and uptake.

The technical team learned there was hesitancy towards the uptake of the COVID-19 vaccination by the residents of Region 8, Potaro-Siparuni community, and particularly the participants. However, after much information sharing and rebuttal of erroneous information by the team, the participants expressed positive feedback towards taking the vaccine. Juliette Gouveia said, “I have learned so many things, especially on COVID-19 vaccines



Juliette Gouveia, Councillor in the Madhia, Campbelltown community, a village in Potaro-Siparuni.

and how to prevent it, and how to go about telling people what to do in order to keep safe. I will now make up my mind to take the vaccine and encourage my family, my friends, and my neighbors to take the vaccine since I now have all the information. I would like you guys to go to other parts of this region to do this same training in other communities so that they will have the information and also take the vaccine.”

Nyone David: an adolescent from Annai who learned about COVID-19, sexual reproductive health, drug use, nutrition, and healthy relationships

A team from the Ministry of Health and PAHO visited Annai during 27–29 April 2021, to conduct two sensitization sessions with the adolescents in the community. There was a total number of 97 participants in separate sessions for males and females, as advised by the community leaders, in order to have full participation of each group. Both sessions were successful and had full participation of the adolescents, who made presentations after each topic area presented by facilitators. At the end of each session, the participants were provided with health care packages to protect themselves from the COVID-19 pandemic. One topic presented was "Adolescents and COVID-19," which engaged participants to inform them of COVID-19 restrictions, hygiene practices, mask wearing, and also the vaccination campaign. Other topics were sexual reproductive health, drug use, nutrition, and healthy relationships.

Nyona David, aged 14 from Annai secondary school, said, “The session attended was very informative and an eye opener. I personally learnt a lot about the topics presented on which I to some extent never heard before or which isn’t openly spoken about. I learnt a lot about sexual reproductive health and how to take care of my body. I was amazed about the entire presentation of sexually transmitted infection and condom demonstration and unsafe sex and the damage it can do to my body. I was

well informed about healthy relationships with my family and loved ones and how to build a healthy one.

“Mental health and adolescence was very informative and I learnt a lot especially how to control my anger. The effects of drugs/substance use was great. The nutrition and COVID-19 presentations were informative since I’m more aware now on how to take care of my family and those around me during this pandemic and how nutrition is effective.

“I would like to see more of these sessions and training being done for us. We face many issues as young people in this community especially with drugs, alcohol, teenage pregnancy, and peer pressure. I would like to thank the officials of PAHO and the Ministry of Health, Adolescent Health Unit, for this opportunity.”

Amy Amsterdam: an adolescent from Linden who benefitted from ICT training

The Country Office partnered with the Ministry of Health, Adolescents Unit, to conduct a two-week computer training on information and communication technology (ICT), an initiative that was part of the Susan Buffet Foundation project. The training provided them with expertise to equip students for the working world as well as to become more adept at dealing with other relevant issues affecting their health and well-being. This impact on adolescents is influenced by factors and experiences that are constantly changing. Social problems such as domestic and gender-based violence, stress, peer pressure, poor conflict resolution, and communication skills make it more difficult for adolescents to cope. Using ICT (all devices, networking components, applications, and systems) allows people of all ages to interact in the digital world.

The creation of ICT-hubs as sustainable physical centers with the necessary infrastructure is one of the most compelling and cost-efficient ways to improve living

standards for the beneficiaries. These will support and promote capacity building and the potential to challenge many limitations that may hinder their development. Amy Amsterdam, of Linden, Region 10, aged 16 years, said, “I am very happy I was selected because it helped me in the Electronic Document Preparation and Management (EDPM) examination. I was happy with my performance at my examination because most of what came in the examination I learned at the training. Half of the things I learned I was not taught at school

in preparation for my examination, and for this, I am happy.”

Amy and a few other students are currently taking the Caribbean Secondary Education Certificate (CSEC) and the Caribbean Advanced Proficiency Examination (CAPE) examinations. The two-week training ended with a small graduation ceremony for the students to receive their certificates. Representatives from the Country Office and the Ministry of Health attended the closing ceremony.

FINANCIAL SUMMARY

PAHO's reports on the budget and its financing cover a biennial period. Hence, the financial information shown in this report corresponds to the 2020–2021 biennium. For more information, visit <https://open.paho.org/2020-21/country/GUY> and select the “Financial Flow” tab (upper right-hand part of the screen).

During the biennium 2020–2021, Guyana received a total of US\$ 7 399 102 comprising the following funding sources:

Fund	Available biennium budget (US\$)	% of biennium budget
PAHO Voluntary Contributions	1 962 115.35	26.5%
WHO Voluntary Contributions – Emergencies	1 813 120.91	24.5%
PAHO Emergency Preparedness & Disaster Relief	1 348 775.78	18.2%
PAHO Assessed Contributions and Miscellaneous Revenue	1 029 161.42	13.9%
WHO Voluntary Contributions – Specified	724 032.00	9.8%
WHO Assessed Contributions and Miscellaneous Revenue	339 689.54	4.6%
National Voluntary Contributions	65 995.23	0.9%
Real Estate Maintenance and Improvement	59 633.10	0.8%
PHE Assessed Contributions	52 253.58	0.7%
WHO Voluntary Contributions – Specified	4325.29	0.1%
Total	7 399 102.20	100%

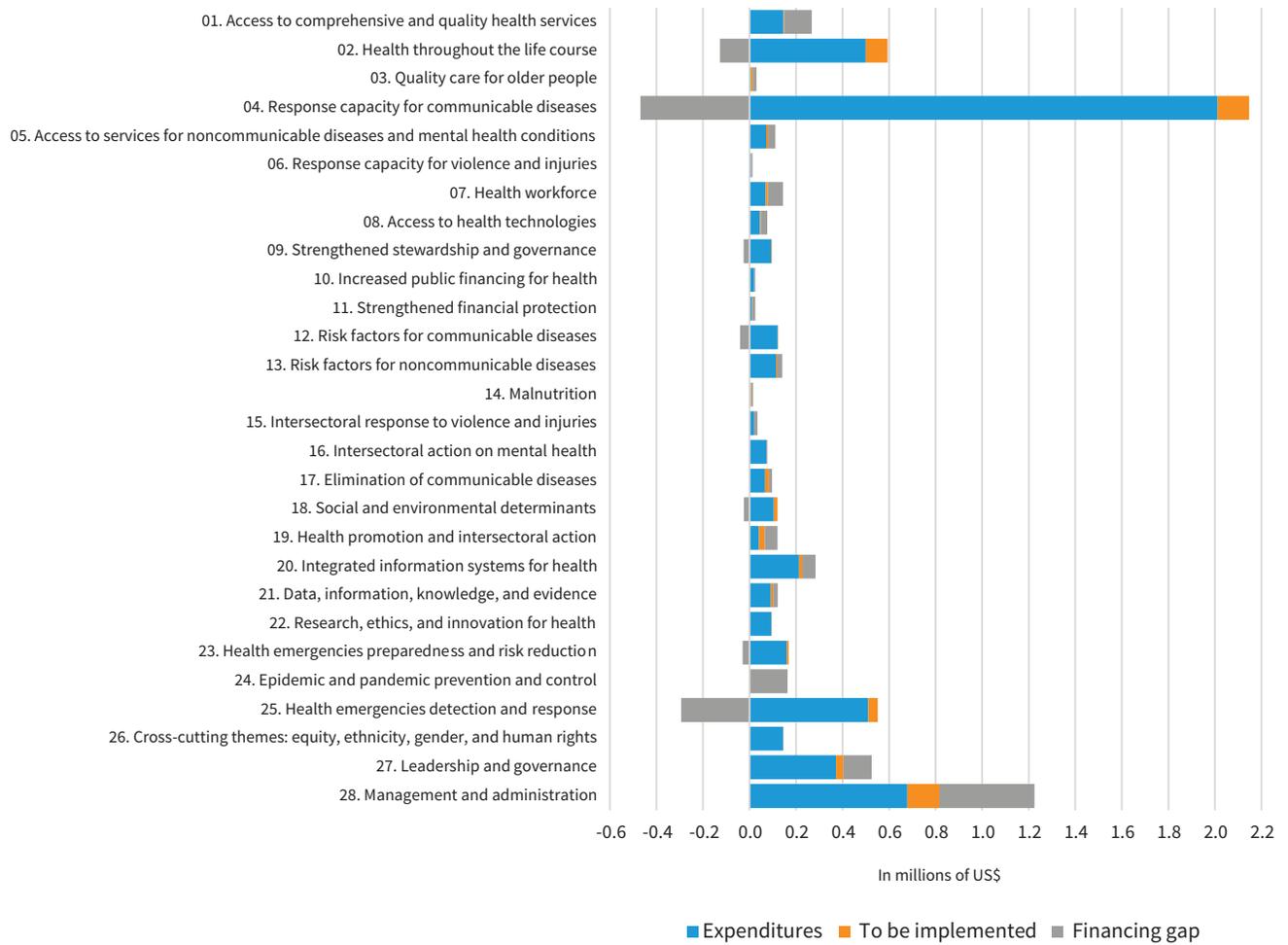
The highest percentage of expenditure was attributed to outcome 4 at 34.9% followed by outcome 28 with 11.5%, while outcomes 25 and 2 accounted for 8.8% and 8.6%, respectively. Of these funds, 30.4% went to staff and other personnel costs, 26.2% to contract services, 17.0% were expended on supplies, commodities, and materials, 11.6% went to transfers and grants to counterparts, while the remainder was shared between general operating and other direct costs (8.8%) and travel (6.0%).

As it pertains to expenditure by program areas, 49% was expended on disaster preparedness and response (mostly COVID-19 related), followed by determinants of health and promoting health throughout the life

course with 16%, and communicable diseases with 12%. The remaining 23% was spread among leadership and management, health systems and services, and noncommunicable diseases, etc.

Of the total sum budgeted for the 2020–2021 biennium, 95% financing was received. Three out of the 28 outcomes (outcomes 3, 11, and 24) received financing ranging from 0%–50%; six outcomes (1, 6, 7, 14, 15, and 19) received 51%–60% financing; four outcomes (5, 8, 27, and 28) received 61%–80%; eight outcomes (10, 13, 16, 17, 20, 21, 22, and 26) received 81%–100%; and seven outcomes (2, 4, 9, 12, 18, 23, and 25) received over 100% financing.

Figure. Outcome budget allocations, financing, and implementation: Base programs



LOOKING AHEAD

The COVID-19 pandemic has placed health at the forefront of development, and we look forward with great hope for COVID-19 and health systems to remain high on the political agenda of the country as they continue to work toward SDG 3 for good health and well-being.

The highly ambitious 17 SDGs and 169 targets therein underpin the universal right to health and articulate the collaborative posture needed to achieve them by 2030. A prime example of precisely this type of collaboration is demonstrated in Guyana's vaccination programs, which have been a key force in the improvement of vaccination rates for COVID-19 and other vaccine preventable diseases. The Government, supported by PAHO and other partners, has been working inter-agency and inter-governmentally with strong advocacy campaigns to deliver positive outcomes and sustained effort.

We wish to thank all those who have supported our programs and activities. Our successes can be attributed to the dedication and commitment of our hard-working technical and administrative staff of the Country Office and the support from the wider PAHO system. Likewise, we thank our collaborating partners, which include the

UN agencies under the Delivering as One Framework, for tackling health issues or pooling together resources to maximize gains and minimize risks.

In the context of the pandemic and its associated challenges, PAHO employed several modalities of technical cooperation to achieve successful implementation of planned activities. The Country Office will continue to collaborate with all stakeholders to foster unity of the Organization, which celebrates its 120th Anniversary in 2022, with expertise at all levels to support the Government of Guyana through actions for the attainment of an ideal healthy future. By supporting the use of technology, data, and innovation in health, the ultimate aim of our efforts is to broaden health care access and where necessary, improve the quality of its delivery through education, technical support, facility upgrades, and advocacy.



Health systems remain high on the political agenda to work toward SDG 3 for good health and well-being.

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