



Guyana



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Guyana, a country of approximate population of 751,223 and 214,970 km² land mass, extends along the north-eastern coast of South America and shares borders with Brazil, Suriname and Venezuela (Bolivarian Republic of). It is the only English-speaking country in the South American continent being a former British territory which gained independence in 1966. Guyana is thereby very closely linked to the English-speaking Caribbean and the Caribbean Community (CARICOM). The country is a democratic republic functioning under a Westminster system of government. Guyana is divided into 10 administrative regions and the local government structure consists of 10 Regional Democratic Councils (RDC), 65 Neighbourhood Democratic Councils (NDC), 6 municipalities and 76 Amerindian Village Councils. The country has a multiracial population with Indo-Guyanese representing 43.45%, Afro-Guyanese accounting for 30.20% and Amerindians representing 9.16%, people of “mixed heritage” accounting for 16.73%. People of European and Chinese descent comprise a very small proportion of the overall population (0.07%). Georgetown, the capital, which comprises 20.7% of the total population lies below sea level and as a result is prone to flooding. The economy of Guyana is based on its abundant natural resources (bauxite, gold and diamonds), including a fertile and productive soil, water resources caused by many rivers and a continental shelf off the Atlantic coast. The vast rain forest of Guyana led to the recent development of a Low Carbon Development Strategy in response to climate change issues.

HEALTH & DEVELOPMENT

The government of Guyana considers health to be the right of every citizen and the responsibility for the health of the people rests with MOH. The country has in place some key national frameworks such as the National Health Sector Strategy 2008-2012 which provide strategic direction to the ways the national health systems and services are organized and delivered.

Guyana's health care system is highly decentralized; with the Ministry of Local Government and Regional Development undertaking responsibility for managing, financing and providing health services at the regional level through the Regional Democratic Councils (RDC) and the Regional Health Authorities (RHA). The RDCs and RHAs receive technical and professional guidance from the MOH. The private sector functions independently but regulated by the health facilities Licensing regulation which mandates standards of care and practices. The involvement of NGOs in service delivery is largely biased towards HIV/AIDS. In spite of an advanced network of health services in the periphery, access to health care in the more remote regions which is addition are sparsely populated makes equity in health and other infrastructural services for many indigenous people considerably challenging.

The public health services are mainly financed by the government with contributions from the donor community. There has recently been a significant increase in the allocation to the health sector amounting to 10% of the total government recurrent budget in 2007. Guyana's per capita health expenditure compares very favourably with other Latin American and Caribbean countries with an increase from US\$45.00 in 2005 to US\$67.00 in 2007. There is however no national health insurance system but a national insurance scheme for employees, mandatory for all employed persons between the ages of 16-60 including the self-employed.

In its steady march towards the achievement of the Millennium development Goals, Guyana has made significant advances in its efforts to eradicate extreme poverty, combat HIV/AIDS and achieve environmental sustainability. The attainment of the health-related MDGs such as reducing child mortality, improving maternal health and reducing the levels of HIV/AIDS, tuberculosis and malaria still faces some major challenges. In addition the epidemiological transition towards noncommunicable diseases now accounting for very high burden of mortality and morbidity combined with the presence of unrelenting communicable diseases present considerable challenges to achieving better health outcomes for the population.

Total population (2002 Census) ¹	751,223
Population distribution % urban (2002 Census) ¹	28.4
Life expectancy at birth Total (years) ²	66.65
Male	63.7
Female	69.3
Maternal mortality ratio per 100 000 live births ⁵	112
Infant mortality rate per 1000 live births ³	37
Total expenditure on health as % of GDP ⁴	4.88
General government expenditure on health as % of general government expenditure ⁴	9.8
Human Development Index ²	114
Human Poverty Index Rank for Developing Countries (HPI-1) ²	48
Gross Domestic Product (GDP) per capita US\$ (2007) ²	462
Adult (15+) literacy rate Total Male Female	NA
% population with sustainable access to improved drinking water ³	91
% population with sustainable access to improved sanitation ³	98

Sources:
¹Bureau of Statistics
²Human Development Report 2009
³Guyana Multiple Indicator Cluster Survey 2006
⁴Guyana Budget 2009
⁵Ministry of Health Guyana

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Very high level of political commitment towards improvement of health services and health outcomes of the population. • Availability of current and comprehensive policy guidance for health. • Availability of Publicly Guaranteed Package of Health Care Services Package. • Government financing of health services and commensurate per capita expenditure on health. • The passage of Regional Health Authority Act and the MOH Act to support decentralization and funding of health services. 	<ul style="list-style-type: none"> • Unavailability of integrated Health Information System and limited use of health information to support decision making. • Limited infrastructural facilities, difficult terrain and sparsely populated hinterland making delivery and monitoring of health services difficult. • Insufficient human resources for health and absence of a Human Resource Strategic Plan. • High burden of chronic noncommunicable diseases. • Persistent new and emerging communicable diseases including neglected diseases (e.g. geohelminths). • High maternal and infant mortality. • High burden of mental health disorders, suicide rates and substance abuse. • Vulnerability to natural and man-made disasters and weak epidemic alert and response capacity. • Inadequate quality of health services.

PARTNERS

Guyana has benefited from the Enhanced-Highly Indebted Poor Countries (HIPC) initiatives since 1997 with an overall reduction of the country's external debt from 122% of the GDP at the end of 2002 to 38% in 2008. The HIPC status, which is changing, has also facilitated the flow of a significant amount of resources into the country from many bilateral, multilateral and international partners. The key multilateral agencies supporting Guyana Health Sector Reform through infrastructural development and institutional strengthening include the Inter American Development Bank (IDB), World Bank (WB), the Global Fund for AIDS, TB and Malaria (GFATM); the Global Alliance for Vaccines Initiative (GAVI), the Canadian International Development Agency (CIDA), China; Cuba; the European Union (EU), the United States Agency for International Development (USAID), Japan's Development Cooperation Agency (JDCA), the Presidential Emergency Program Fund for AIDS Relief (PEPFAR), the USA Centers for Disease Control and Prevention (CDC) and UN Agencies such as PAHO/WHO, UNICEF, UNDP and UNFPA. Despite efforts to mobilize resources for other priority health areas, HIV/AIDS continues to attract the majority of the external funds for health. In addition to the external financial resources to which the country has access, considerable technical support is received on a regular basis from Cuba particularly in relation to health professionals.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Partnership arrangements with CARICOM, the University of Guyana and other entities. High interest of several donors to support public health initiatives in the country resulting in sizeable amounts of extra-budgetary funds. The existence of a current UNDAF reflecting first real efforts in harmonizing the UN presence in Guyana. Revision and updating of key legislation to support fairness and equity in the practice of health care providers (public and private) 	<ul style="list-style-type: none"> Multiplicity of partners with variable project requirements and high transaction costs. Weak mechanism for coordination and harmonization of aid flows into the country. Improving aid effectiveness through better alignment of partners' resources with established national priorities. Ensuring sustainability of donor-supported health and related programmes. Weak intersectoral collaboration and private-public partnership for health development. Low national absorptive capacity

PAHO/WHO STRATEGIC AGENDA (2010-2015)

Over the period 2010-2015, PAHO/WHO's technical cooperation with Guyana will address the following five Strategic Priorities and the related Main areas for focus:

- 1. Strengthening Health Systems governance, organization and management based on Primary Health Care approach with emphasis on:** Governance and management of the health system; Human Resources for Health, Quality health services and Public health information for decision making.
- 2. Addressing the social and environmental determinants for improved health outcomes focussing particularly on:** Social determinants of health, environmental determinants of health and emergency preparedness and response, gender mainstreaming and supporting the development of policies and initiatives to improve nutrition and food security.
- 3. Reducing the burden of diseases** with emphasis on Communicable diseases; noncommunicable diseases; Integrated surveillance; of communicable and noncommunicable diseases; development of healthy public policies; promotion of healthy lifestyles to reduce risk factors related to noncommunicable diseases.
- 4. Enhancing family and community health** particularly Health of Women; Child and adolescent health; supporting the implementation of policies, strategies and interventions to improve maternal and newborn health at all levels of care including community and family.
- 5. Leadership and management for results** with emphasis on strengthening the Country Office to effectively implement the CCS.

ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/guy/en/>

Country office web site <http://www.guy.paho.org/>

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