



Guyana



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Although rich in natural resources (productive soil, high grade rain forest, abundant water sources in the interior, bauxite, gold, diamonds, oil and gas), Guyana is one of the Heavily Indebted Poor Countries (HIPC) in the Region of the Americas and is earmarked for special attention in the Pan American Health Organization (PAHO) Strategic Plan 2003-2007. The population is largely rural and most people live within a few kilometers of the main coastal road, while some communities live in remote poorly accessible areas. Guyana is the only English-speaking country in South America. It obtained independence in 1966 and became a Republic in 1970.

HEALTH & DEVELOPMENT

The health system has been adversely affected by continuing political conflicts, violence, poverty, inequity and migration of qualified professionals. Lack of investment and human resource (HR) policies (low motivation, absenteeism, difficulties to retain and station staff in remote areas) have resulted in poor distribution and inequalities in health care provision: 12.5% of Guyana's population do not have access to healthcare. Low population density and geographical difficulties of some regions also affect coverage and infrastructure development. The Ministry of Local Government is responsible for regional health services but the regions have limited managerial and planning capabilities.

The main causes of morbidity are maternal and paediatric diseases such as diarrhoea, acute respiratory infections, maternal and perinatal conditions and nutritional deficiencies like protein-energy malnutrition and iron-deficiency anaemia, contributing to 20.2% of loss of Disability Adjusted Life Years (DALYs).

Maternal mortality rates are significantly higher than in other countries in the Region of the Americas; the main causes are haemorrhages at pregnancy and child birth, abortion-related conditions and complications of the puerperium.

Infant mortality rates due to perinatal conditions are high at around 54 deaths per 100 000 live births,^a acute respiratory infections, diarrhoea and accidents are main causes of under-5 mortality.

The burden of communicable diseases is very high. There has been an increase in the incidence of HIV/AIDS, which, in 2000, was the leading cause of morbidity and the second highest cause of mortality in 2000.^b

Tuberculosis, initially a problem of the Amerindian population in the interior, has increased in the coastal population following the increase in HIV/AIDS. Malaria is an important public health problem particularly in endemic areas in the interior. Sexually transmitted infections, dengue, filariasis and leprosy are also highly prevalent.

Noncommunicable diseases are a major cause of morbidity and mortality. Ischaemic heart disease, cerebrovascular diseases, diabetes, accidents and suicides are leading causes of mortality in adults. Mental health morbidity (16.4%); injuries (17.4%); cardiovascular diseases, diabetes and cancer are also increasing.

Economic growth, investment and development have been hindered by political tensions and instability. There are significant variations in socioeconomic and health indicators across ethnic groups and geographical areas.

^a Guyana Bureau of Statistics, Report of the Multiple Indicators Cluster Survey (MICS), 2001.

^b PAHO/WHO data, based on data from the Ministry of Health.

Total population (2005) ¹	751 000
% under 15 (2005) ¹	29
Population distribution % rural (2005) ¹	62
Life expectancy at birth (2004) ²	63
Under-5 mortality rate per 1000 (2004) ²	64
Maternal mortality ratio per 100 000 live births (2000) ³	170
Total expenditure on health as % of GDP (2004) ⁴	4.9
General government expenditure on health as % of general government expenditure (2004) ⁴	11.6
Human Development Index Rank, out of 177 countries (2003) ⁵	107
Gross National Income (GNI) per capita USD (2004) ⁶	990
Population living below national poverty line % (1990 - 2002) ⁵	35
Adult (15+) literacy rate (1990) ⁵	97.2
% population with sustainable access to an improved water source (2002) ⁵	83
% population with sustainable access to improved sanitation (2002) ⁵	70

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Access to health care established as a right by the Constitution National Health Plan 2003-2007 supported by the Ministry of Health (MOH) providing a framework for health sector development and proposing an essential health care package Poverty Reduction Strategy Papers (PRSP) 2002, promoting economic policies and developing infrastructure to stimulate growth; governance of the business sector, and investment in human capital Expanded immunization programme and maintained gains Abundant natural resources. 	<ul style="list-style-type: none"> Weak MOH public health leadership and managerial capacity, inefficient allocation systems, lack of quality assurance of services Limited HR capacity at different levels; no HR policy or development plan Poor health information and disease surveillance systems Unequal access to healthcare; excessive reliance on hospitals, under-utilization of primary care and district facilities Poverty, inequity and ethnic disparities Brain-drain of qualified staff Lack of investment.

Sources:

¹ United Nations Population Division

² World Health Report 2006

³ World Health Report 2005

⁴ WHO data on National Health Accounts

⁵ Human Development Report 2005

⁶ World Development Indicators 2005 (World Bank)

PARTNERS

Guyana receives support from a large number of agencies but not all health priorities are supported. HIV/AIDS and infrastructure for water and sanitation receive substantial support while environmental health, noncommunicable diseases and health promotion are under-funded. The Inter-American Development Bank is the largest international contributor; the Caribbean Development Bank, the European Union, the International Development Association, the World Bank and United Nations (UN) agencies such as UNAIDS, UNDP, UNFPA and UNICEF are also important partners.

The governments of Canada, Japan, the United Kingdom of Great Britain and Northern Ireland and the United States of America are the main bilateral donors. China, Cuba, France, Germany and the Netherlands are also important partners.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Many agencies provide support for health sector development • UN agencies collaborated to develop the Common Country Assessment (CCA) and the UN Development Assistance Framework (UNDAF) • The PRSP Monitoring Unit, chaired by the President, comprise all development partners and has thematic groups including health (chaired by the MOH) • HIPC initiative; PAHO key country • Coordinated partners and stakeholders emergency response to floods. 	<ul style="list-style-type: none"> • Weak stewardship and management capacity of the MOH, tendency of development partners to bypass government and over-stretch limited capacity of nongovernmental organizations • Lack of support for sustainable capacity, partners' drive to show short/medium-term results • Low absorptive capacity for health development programmes in the public sector and civil society • Imbalance in distribution and allocation of health development aid.

PAHO/WHO STRATEGIC AGENDA (2004-2007)

The mission of PAHO/WHO in Guyana is to provide technical leadership and specific policy advice in public health and bring together local, regional and international partners to strengthen national capacity for health development. WHO has defined four strategic directions, into which PAHO's priority areas for technical cooperation can be integrated:

- **Reducing excess mortality, morbidity and disability.** Focusing on poor and marginalized groups: prevention, control and reduction of communicable diseases, prevention and control of noncommunicable diseases, promotion of healthy growth and development.
- **Promoting healthy lifestyles and reducing risk factors.** Addressing risks to human health from environmental, economic, social and behavioural causes; promotion of healthy lifestyles and social environments; promotion of safe physical environments.
- **Development of equitable health systems.** Developing systems that equitably improve health outcomes, respond to legitimate demands and are financially fair; ensuring universal access to integrated, equitable and sustainable health systems; disaster preparedness, management and response.
- **Policy and institutional environment for the health sector.** Framing an enabling policy for health sector development; promotion of effective health input into social, economic, environmental and developmental policies.



ADDITIONAL INFORMATION

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

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

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