



# Guyana

## Country Cooperation Strategy

### COUNTRY FOCUS IN ACTION: THE CASE OF GUYANA

## GUYANA

### COUNTRY PROFILE

**Official Name:**

Cooperative Republic of Guyana

**Size:**

214,970 km<sup>2</sup>

**Population:**

743,004 (2000) - 70.3% rural

**History and culture:**

Independence was achieved in May 1966, and Guyana became a republic on February 23, 1970. Guyana is linked to the English-speaking Caribbean, but its diversity is reflected in its Indo-Guyanese (48%), Afro-Guyanese (34%), Amerindian (6%), and Mixed Race (12%)

The Country Cooperation Strategy reflects a medium-term vision of PAHO/WHO for its cooperation with a given country, and defines a strategic framework for working with that country. Known as the CCS, the strategy aligns global, regional, and country efforts to best use the Organization’s technical and financial resources, while contributing to broader partnerships and international frameworks in support of national health development. In its Strategic Plan 2003-2007, PAHO/WHO has designated five Key Countries – Bolivia, Guyana, Haiti, Honduras, and Nicaragua.

The United Nations’ Millennium Development Goals (MDGs) provide an agreed platform among countries and development agencies to overcome poverty and its social and health consequences by 2015. Guyana has one of the highest levels of poverty among countries in the Western Hemisphere, despite its abundant natural resources and small population, and placed 92 of the 173 countries on UNDP’s Human Development Index in 2003. “Brain drain” resulting from migration of professional and technical personnel, has placed the national capacity for health development at risk.

Ten Leading Causes of Death 1990	Ten Leading Causes of Death 2000
1. Cerebrovascular Disease	1. Ischemic Heart Disease
2. Ischemic Heart Disease	2. HIV/AIDS
3. Diseases of Pulmonary Circulation	3. Cerebrovascular Disease
4. Diseases of the Digestive System	4. Diabetes Mellitus
5. Endocrine and Metabolic Disease, Immunity Disorders	5. External Causes excluding Suicide
6. Respiratory Disease	6. Diseases of the Digestive System
7. Hypertensive Disease	7. Hypertensive Disease
9. Certain conditions originating in Perinatal period	8. Neoplasms
10. Intestinal Infection Disease	9. Acute Respiratory Infections
11 Undetermined Injury	10 Intentional Self Harm (Suicide)

Circulatory System Diseases  
 Leading Causes of Death 2000 not found in Leading Causes of Death 1990

Source: PAHO/WHO, based on data from the Ministry of Health

HIV/AIDS, sexually transmitted infections, tuberculosis, and malaria, among the communicable diseases, account for 13.6% of loss of Disability Adjusted Life Years (DALYs), while diarrhoeal diseases, respiratory infections, maternal and perinatal conditions, and nutritional deficiencies, account for 20.2% of loss of DALYs. Mental disorders represent 16.4% and intentional and unintentional injuries 17.4%, of the causes of loss of DALYs. Cardiovascular diseases, diabetes, and cancer, among the non-communicable diseases, account for 13.3% of loss of DALYs.

Other issues of concern relate to adolescent sexual and reproductive health, underage smoking, high prevalence of overweight among adults, water quality and sanitation standards that are below par, and working conditions that pose health hazards in the agriculture, logging, and mining sectors.

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	Percent of Population in Critical Poverty <sup>1</sup>	
	1992/93	1999
All Guyana	27.7 %	19.1 %
Urban Georgetown	15.7 %	8.2 %
Urban Other	12.2 %	3.0 %
Rural Coastal	27.9 %	18.1 %
Rural Interior	70.8 %	70.8 %

Based on data from the Bureau of Statistics, 1999 Guyana Survey of Living Conditions

<sup>1</sup> Critical poverty threshold was set at daily expenditures of U.S. \$1.00 per person in the household. Below this threshold persons could not even afford sufficient food to survive.



**Guyana has taken steps to address the situation.**

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

The CCS was developed through a consultative process in country, taking into account the existing UN Common Country Assessment/Development Assistance Framework, the Poverty Reduction Strategy Paper, and the NHSP.

Based on the CCS, PAHO/WHO's functions in Guyana for the period 2004-2007 will include:

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

**The priority technical areas for action are:**

- Communicable diseases, including HIV/AIDS, malaria, tuberculosis, Hansen's disease, dengue, zoonoses, and those related to food safety;
- Non-communicable diseases, including diabetes, cancer, mental disorders, and oral health conditions;
- Healthy lifestyles and social environments, particularly for adolescent health, behavioral risk factors, and injury prevention;
- Healthy growth and development, focusing on maternal and child health, nutrition, immunization, diarrhoeal diseases, acute respiratory infections, and asthma;
- Safe physical environments, including sanitation, drinking water, environmental protection, and occupational health;
- Disaster preparedness, management, and response;
- Universal access to integrated, equitable, and sustainable health systems, including equity-oriented surveillance and monitoring, management, productivity, and quality performance; and
- Effective health input into social, economic, environmental, and developmental policies.

The PAHO/WHO Country Office (CO) leads in carrying out this agenda, with the support of the subregional, regional, and global levels of the Organization, and the Ministry of Health sees PAHO/WHO as a key partner in Guyana's national health

development.

**Achievements as a result of this country focus include:**

- Mobilization of resources for the CO: from WHO to improve technical capacity in epidemiology, program management, maternal and child health, and HIV/AIDS, focusing on 3 by 5; from the European Commission (EC)/WHO Partnership to support health in development, making pregnancy safer, epidemic alert and response, and supporting country cooperation; from the Global Fund to fight against AIDS, Tuberculosis and Malaria to address the three diseases; and through Technical Cooperation among Countries to support Integrated Management of Childhood Illness (IMCI) and HIV/AIDS, among other areas;
- Evidence-based decision making and collaboration among the Amazon countries for malaria control; and
- Coordinated response to the recent floods in Guyana.

Development partners working in Guyana include UN agencies, the USA, the UK, and the EC. Efforts to harmonize development assistance will lead to improved resource mobilization and allocation for Guyana, and contribute to its national health development.

