

COUNTRY FOCUS IN ACTION: THE CASE OF GUYANA

**Session at the WHA 58 – 19 May 2005
1:00 to 2:30 PM, Salle XXI – Palais des Nations**

Dr Kerstin Leitner, Assistant Director General/SDE, moderator of the meeting introduced the session. Country Focus means a new WHO through its enhanced country presence. It does not only mean more money but working, supporting national government promoting the achievement of health outcomes in quite a different way it was done traditionally.

Dr Mirta Roses, Regional Director AMRO, made introductory remarks. She informed the audience that AMRO is planning to have a country day at every WHA. AMRO started last year these country days with the support of the Country Focus Unit (CCO) in WHO/Geneva that is accompanying AMRO in its effort. Last year we had a special session on the Key Countries in the Region, responding to the decision taken by the Ministers of Health of the Americas when they approved the Strategic Plan for 2003-2007. They clearly identified certain priority areas, priority groups and priority countries. These priority countries were selected because of their health needs and health indicators, such as Haiti and the four Highly Indebted Poor Countries: Bolivia, Honduras, Guyana, and Nicaragua. However, we recognize that there are three or four other important countries in the Region with high health needs. We also need to protect the achievements that many countries have been able to reach but they are still under very vulnerable conditions and so they all deserve attention.

The Ministers of Health of the Americas took another very important decision that was to apply those criteria to the allocation of resources in the Regional Budget and so they approved for the first time an explicit regional budget program budget policy and established the priorities for the support to the countries in terms of cooperation as well as a model to allocate resources among the countries.

Through these processes, Ministers recognize the need for a more strategic agenda and that the resources identified would really be put to the best used and the capacity of the countries would be assessed to make the best possible use of these resources.

The instrument that has been developed by WHO, which we call the Country Cooperation Strategy (CCS), a methodology that as proven to be very effective in term of assessing the national health development, the status of the health development in a specific country, identifying a strategic agenda defining both roles and responsibilities of the Government and the Ministry of Health, as well as the Organization at all level. The methodology is being applied to many countries of the Region, including most developed countries. All levels of the Organization are involved in the process: global, regional and country level. At the same time, we have a fourth level in our Region, very active. Robert Brohim from CARICOM is here. The Caribbean region is moving in integration

processes very fast and deep. It is one of our sub-regional levels. The countries are committed to a common agenda and collective actions in their own geographical area.

With the support of SDE/WHO Headquarters and more specifically CCO, we have been able to mobilize resources and could strengthen the country offices of the key priority areas that were detected. We have been able to strengthen the response capacity of the countries so that when we have a natural disaster, the country was ready to react and so we reduce the vulnerability of the country.

This is fully a sign of “One WHO” in action and since we are so much aligned and working as a team, we will have a good reaction from our donors and other partners and interested parties to support Guyana in health, as health in Guyana is one of the best tickets you can bet on for Guyana development.

Dr Bernadette Theodore-Gandi, PAHO/WHO Representative in Guyana, presented the CCS for Guyana. The objectives of the CCS was to look at the balance between the mandates of the Organization as a whole and how do we translate those mandates to the need of the country level, how do we translate the norms and standards developed by WHO into something tangible at the country that we can make a difference and an impact. Guyana has a number of development challenges and has an increasing number of development partners and significant funds coming in, i.e. from the USAID, the Global Fund. The CCS was an ideal opportunity to rethink what we were doing, were we doing the right things, at the right time. We needed to realign the country office in order to achieve our results.

To develop Guyana CCS, we did not create new documents but we used what we had in term of situation analysis. A mission was identified and was constituted of Dr Blas from the TDR unit of WHO/Geneva, Dr Sealey and Dr Barnett from the regional office and the country office team. A desk review was undertaken to analyze the situation, as well as an evaluation of our public health functions. A consultation was undertaken with our partners, development partners, Ministry of Health, of Agriculture, other ministries and NGOs to understand their perspective on PAHO’s strengths, weaknesses and how we can better work with them. This exercise helped us defined our strategic agenda.

Critical development challenges in Guyana include the issue of governance with political conflicts, violence, widespread poverty, inequity and disparities between social, ethnic and geographic groups. Guyana suffers from significant migration of qualified professionals, including teachers and health professionals. Guyana also suffers a slow economic growth and a lack of investment. Through the situation analysis it was recognized the need to establish clear priorities where services would be provided, to improve the managerial capacity of the sector in order to increase productivity and quality, to develop a human resource policy and plan for the sector, to strengthen the public health leadership and advocacy capacity, to improve the liability and access to information on the epidemiological situation and system performance for policies and planning, to address inequity.

There are also a number of external assistance challenges. There is an unbalance in the distribution of health development aid. Most of the funding goes to HIV/AIDS. Guyana has some challenges that are different from the Caribbean. Being part of the main land means a significant amount of communicable diseases as well as an increasing burden of noncommunicable diseases. There is also cross-border migration that brings considerable issues for health. The absorption capacity and human resources capacity for health development programs in the public sector are low. We have to ensure that all the aid goes toward a national health plan.

In view of the challenges and the consultation with the development partners, we define a strategy for the country office to operate. By 2007, PAHO/WHO will be the lead international technical partner for health development in Guyana, recognized by all actors working for health in the country as an honest broker and the premium source of technical guidance and information on public health. The Country office determined some critical areas of work in line with PAHO/WHO strategic directions. Developing our CCS helped to contribute to the UNDAF process.

The strategic agenda of the CCS Guyana includes:

Under WHO Strategic Direction 1:

- Prevention and control of communicable and noncommunicable diseases
- Health growth and development

Under WHO Strategic Direction 2:

- Promotion of healthy lifestyles and social environments
- Promotion of healthy settings focusing on schools, communities and markets
- Promotion of environmental health, safe water, housing and solid waste management

Under WHO Strategic Direction 3:

- Universal access to quality health services
- Disaster preparedness, management, and response

Under WHO Strategic Direction 4:

- Promotion of effective health input into social, economic, environmental, and developments policies

Actions and outcomes received so far:

- Health systems post filled
- Recruitment of an epidemiologist
- A short-term staff on malaria issues
- A HIV/AIDS “3 By 5”Coordinator
- Increased resource mobilization (Global Fund, European Commission)

Honorable Leslie Ramsammy, Minister of Health of Guyana thanked WHO and PAHO for this focus on Guyana, for the opportunity to discuss with the partners, to inform and update everyone on what is happening in Guyana. Guyana has a PRSP. A decade ago, 1% of the national expenditure (US\$7 per capita) was devoted to health. Today almost 10% of the national budget is allocated to the health sector. 45% of the national budget today goes to health, education, water and housing. In 1992, about 94%

of the total income of Guyana had to be used for debt services. Guyana had to embrace the IMF structural adjustment programme with certain macro economic goals at the expense of the social sectors. The result was large cuts in the health sector budget and a decrease investment in the social sector. Since then, Guyana has made significant progress toward a more stable micro economic situation. The stock of debt has been reduced about 80% of GDP, still too high. The debt servicing has been reduced about 24% of total income, the GDP has tripled. Investments in health and other social sectors have increased.

Important public health programs are being developed. Guyana always had a reasonable successful immunization program. Immunization coverage now is over 90% overall. Still significant pockets of low coverage exist and our ability to sustain such a massive undertaking with an investment of about US\$54 per capita is very fragile. Partnerships with PAHO/WHO, UNICEF and GAVI had provided us with support. Infant mortality has improved in the last decade but infant mortality rates are still far higher than any country in the Caribbean except Haiti. IMCI has been introduced as a strategy, as well as a nutrition programme to increase breastfeeding for infants. Scaling up these programmes is a prerequisite for success. The Safe Motherhood Programme has been successful but maternal mortality is still far higher than any of the Caribbean countries.

The comprehensive HIV/AIDS programme, response, prevention, PMTCT, treatment and care programmes are all in place. In 2001, Guyana took the bold step of manufacturing its own anti-retroviral drugs. All services are free. Before 2001, our only partners to fight against AIDS were UNAIDS, PAHO/WHO and UNICEF. Today, new partners include the Global Fund, the US PEPFAR Programme, the World Bank, CIDA, the European Union, and DFID. The estimated cost for implementing a comprehensive HIV/AIDS programme has been projected by CIDA to be about \$20 million annually. Guyana is far from mobilizing this amount. Some of the partners work by themselves, doing projects instead of becoming a partner in a single comprehensive programme. Since early 2004, Guyana has been consolidating its HIV/AIDS response in accordance to the “Three Ones” model. In this regard, UNAIDS, the UK, France and the US co-hosted a high level meeting in London on 9 March 2005 entitled “Making the money work”. One of the concrete outcome of the meeting was the move forward in the immediate application of the Three Ones’ principles at country level. 15 countries, including Guyana, were identified to operationalize the Three Ones model by end 2005. UNAIDS will be the facilitator among the stakeholders.

In the early 1990s, Guyana recalled 90,000 cases of malaria per year. Now, the country counts 27,000 cases per year. A comprehensive malaria programme has been designed with a budget of about US\$5 million annually. But even with considerable assistance from PAHO/WHO, the Global fund, funds from USAIDS, Guyana was only able to mobilized about \$1.5 million for 2005. The prospect for 2006 is not any brighter at this time.

Specific health programmes have been planned to address other health burden, i.e. blindness. There is critical shortage of human resources. Significant investments are made in training and building capacity, but Guyana is deprived of its human resources, i.e. migration of nurses to developed countries.

The overall goal of health in Guyana is the same vision as 1978: Health for All as articulated in the Alma-Ata Declaration. In an admission of our failure to achieve HFA in 2000, we are now devising the MDGs. In a reaffirmation of the 1978 goals, we have now declared the MDGs by 2015 and in a sense we have extended the 2000 deadline for HFA. Guyana believes the MDGs are a commitment to address the deficiencies of the 1978 Declaration. We cannot address the health gaps without linking health and development.

In the development of its national development plan, Guyana has taken the MDGs into consideration. However, the implementation of this plan will only be effective if we are able to mobilize necessary financial and technical assistance. The PAHO/WHO country strategic programme is an important tool to assistance Guyana in its ambitious goal. PAHO/WHO is recognized today as the premier health organization providing technical assistance in Guyana. During the recent flood disaster, PAHO/WHO was a major partner with the MoH and took the important role of coordinating activities of other international agencies and advocate for assistance to avoid a health crisis in the country. Despite of the great magnitude of the disaster we avoided a major health catastrophe.

The MDGs are the first step toward a biggest goal: establishing the goal of equity. The time should soon come that it is not just the MDGs that inspire us but we would set a threshold for which no country would be allow to fall below. We should have a threshold life expectancy, IMRs and MMRs. Such goals would ensure true equity in the world, at least as far as social justice is concerned.

Dr Kerstin Leitner, moderator: challenges remain and we need to get additional resources, additional quality technical assistance. How do we do that?

Dr Marcus Bethel, Ministry of Health of the Bahamas: The critical question is the sustainability of the health programme in Guyana and the growth of the country as a whole. I would encourage the international, inter-governmental agencies to be sure Guyana continues to get the support needed while finding ways to growth the country economy. I am impressed by the steps made. I am pleased that you made such a quick recovery from the recent floods that you had. PAHO initiated a region-wide plea for health in Guyana. Bahamas was happy to contribute in a small way to that with many other countries in the Region. This is a kind of support we need from all of our friends and neighbors.

Dr John Junor, Ministry of Health of Jamaica: We all face the challenge of ensuring efficiency of our health systems. Development issues impact on health and the key question is around the economy of our countries. We have a debt burden of 60% that leaves very little for the entire expenditure in the country. The issue that need political

will because they impact on development. WTO for example: we are not allowed to subsidize our farmers although we know that significant subsidize are given to European and North American farmers. These are issues that the world has to face and until we do so inequities in health are going to remain.

X: Guyana is receiving a large amount of assistance but this could be problematic and challenging for the Ministry of Health. Could the Ministry address the problems that are accruing as a result of the magnitude and the multiplicity of donors and whether there is any initiative to harmonize donor commitments, financial reporting systems, and monitoring and evaluation approaches, because unless that happens, the large number of donors could become a burden for the implementation of programmes?

Minister of Health of Cuba: The participation of donors is very important in countries with serious economic problems such as Guyana. Also very important are the cooperation among all countries and the regional cooperation, like CARICOM which has a framework for cooperation in health. Within this CARICOM framework, Cuba is making important proposals to work in the Region, i.e. on AIDS. A multi-sectorial approach is important to address health problems. All sectors dealing with the population are concerned by public health problems, not exclusively the Ministry of Public Health.

Honorable Leslie Ramsammy, Minister of Health of Guyana: Certainly Guyana has questions of sustainability. Guyana would need to spend more than US\$54 per capita. In fact, the country is spending more than that as it is through central government spending, but it does not include funds received from PEPFAR, the Global Fund, PAHO/WHO technical assistance, etc. When we add these funds then the question of sustainability does arise. Donors' priorities may change. This is why our partnership with PAHO/WHO is important. Their priority cannot change from health and they are our partner for life. In order to avoid problems of sustainability, we always insisted that the programs come through, and be integrated within, the formal sectors.

Another issue around sustainability is the economy, as raised by Minister of Health Jamaica. For example, for countries like Guyana and Jamaica, sugar is an important part of our economy. The economy is very fragile, but we have a EU sugar protocol now that will cut the price of sugar in a country where sugar counts for more than 20% of the GDP. It is a major crisis for Guyana. Another theme is that we need to attract foreign investments in the country.

About cooperation among countries, Guyana would like to thank all the countries in the Caribbean and CARICOM that assisted during the recent floods. Cuba sent 43 Cuban doctors to support Guyana. Other partners were the US, Canada, the UK and other European countries. On HIV/AIDS, we have a thematic group that includes all the partners. We have common monitoring committee that follow the implementation of the national health plan. The Minister of Health chairs this committee and PAHO is the secretariat. The health sector has succeeded to bring everybody together although it is still a challenge. This is why UNAIDS has chosen Guyana for the "Three Ones". All the partners are part of a coordinating body chaired by the President himself. They meet

every month to share information and follow the implementation of the national development programme.

Dr Kerstin Leitner: Would any of the Donor agency representatives that are present want to say a word on harmonizing development agendas?

Brazil: Congratulations to PAHO for the excellent job in Guyana. Brazil supports PAHO for this new approach and all of us have to support PAHO in this mobilization effort to get new resources to guaranty the sustainability of this work. Congratulations to the Minister of Health for highlighting important issues not only in the health area but also about social and economic aspects. The President of Guyana and the leaders of CARICOM were in Brazil last month and they asked Brazil to support Guyana's MoH to perform the equivalence tests to the generic ARV that Guyana is producing. Brazil will support the improvement of quality control of Guyana ARV drugs this year.

Dr Kerstin Leitner: We have to highlight this tradition of Technical Cooperation among Countries in the American Region. Technical cooperation is not only North-South but also South-South. Through the Diplomatic Mission of Guyana, we have been also able to have a successful involvement, both from other countries of South America, particularly the neighboring countries, Suriname, Venezuela, Brazil. Guyana has increased its participation in the Organization of the Amazonian Treaty. There is a network on malaria and active participation in the border issues.

Honorable Leslie Ramsammy, Minister of Health of Guyana: We do have a Guyana-Brazil joint Health Commission and a technical cooperation through PAHO. This cooperation is currently expanding and during the floods response Brazil was one of the major participants.

Dr Kerstin Leitner: As a way of conclusion, we need to take stock, to define strategic directions, to shift emphasizes, to coordinate and to work very much at the national level. For all those who want to contribute, next year Guyana will celebrate 40th Anniversary of Independence.