

- **SED:** water quality; sanitation; solid waste management; disaster risk reduction, mitigation, and response; climate change; food security;

- occupational health and safety; and gender, cultural diversity, human rights and health promotion.



- **HSS:** leadership and governance; health workforce; health information systems at national and sub-national levels; primary health care strengthening, including the national Package of Publicly Guaranteed Health Services; medical products, vaccines, and technologies, including laboratory strengthening; and knowledge management and communication.

- **MCP:** UN and other development partnerships, including the formulation and implementation of the UN Development Assistance Framework; international cooperation in health, in line with the Paris Declaration and Accra Agenda for Action; intersectoral collaboration; and effective country presence.

PAHO/WHO's TC program for the 2012-13 biennium will continue work started in the previous biennium in these areas, with greater emphasis on the application of the Organization's cross cutting priorities of gender, cultural diversity, human rights, primary health care, health promotion and social protection; partnerships; support for the implementation of the Paris Declaration principles; the impact of climate change on health; technical cooperation among countries; knowledge management and communication, including supporting Guyana to share its successes and lessons learned; and resource mobilization.

### Our mission

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.

### Our values

PAHO's values are:

**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 and 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.



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**Pan American Health Organization**



Regional Office of the World Health Organization



### Who we are

The Pan American Health Organization (PAHO) is the oldest international public health agency, having been established in 1902 with the aim of improving the health and living standards of the people of the countries of the Americas. It serves as the specialized organization for health of the Inter-American System and as the Regional Office for the Americas of the World Health Organization (WHO), and enjoys international recognition as part of the United Nations (UN) system.

### Our vision

The Pan American Sanitary Bureau will 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.

## Our presence

Headquartered in Washington, D.C, PAHO/WHO cooperates technically with its 35 Member States in North America, Latin America, and the Caribbean, through 29 country offices and 5 scientific and technical Centres that deal with specific priority health issues to address the unfinished agenda, protect the achievements, and face new challenges in public health.

PAHO/WHO began collaborating with Guyana through the PAHO/WHO Zone 1 office located in Caracas, Venezuela even before the country became independent in 1966. However, the Guyana country office was established in 1967. Currently, it has a complement of 28 personnel, including the internationally-recruited PAHO/WHO

Representative, internationally-recruited technical advisors, national consultants, and administrative and support staff.

PAHO/WHO works with the Ministry of Health as the main counterpart, but also works with other national public sector, civil society, and private sector agencies, as well as international development agencies to address national health development priorities. The overall aim of the technical cooperation (TC) program is to strengthen health sector capacity to address these priorities and contribute to the achievement of the MDGs, reduction of health inequities, and the progressive realization of the right to the highest attainable standard of health.



## Our technical cooperation

PAHO/WHO collaborates with governments, UN agencies, civil society groups, and other partners to address major public health issues. PAHO/WHO supports, facilitates, and fosters dialogue and partnerships among the Ministry of Health (MOH) and development partners, civil society and other stakeholders in health. In addition to its core budget, financed by assessed contributions from its Member States, PAHO/WHO also seeks external funding to help implement programs and initiatives in response to priority health needs.

The PAHO Strategic Plan 2008-2012 has 16 Strategic Objectives that address the 8 Millennium Development Goals (MDGs) and are aligned with the 8 Areas of Action of the Health Agenda for the Americas 2008-2017:

- Strengthening the National Health Authority
- Tackling Health Determinants
- Increasing Social Protection and Access to Quality Health Services
- Diminishing Health Inequalities among Countries, and Inequities within them
- Reducing the Risk and Burden of Disease
- Strengthening the Management and Development of Health Workers
- Harnessing Knowledge, Science, and Technology
- Strengthening Health Security

### PAHO/WHO in Guyana

The TC program operates on a biennial (2-yearly) cycle, and is currently based on the PAHO/WHO Country Cooperation Strategy (CCS) for Guyana, 2010-2015. The CCS is a medium-term (4-6 year) framework developed with the participation of the Ministry of Health and other key stakeholders that identifies the key health and health-related challenges in Guyana, as well as PAHO/WHO's value-added in addressing them.



PAHO/WHO's TC program with Guyana for the biennium 2012-13 comprises 4 technical projects: Communicable and Non-communicable Diseases (CND); Family and Community Health (FCH); Social and Environmental Determinants of Health (SED); and Health Systems and Services (HSS). There is also a Management and Coordination project (MCP) that supports the technical projects and the country presence. Within each project, the main areas addressed include, but are not limited to:

- **CND:** malaria, dengue, and other vector-borne diseases; neglected infectious diseases, such as lymphatic filariasis, Chagas' disease, and Hansen's disease; the International Health Regulations (2005); HIV/AIDS; STI; tuberculosis; zoonoses; food safety, including food- and water-borne diseases; diabetes, hypertension, and cancer; non-communicable disease (NCD) risk factors, including nutrition, physical activity, and tobacco use; mental health; and road traffic injuries.
- **FCH:** maternal and child health, including emergency obstetric and neonatal care, and the expanded program of immunization; adolescent health; gender-based violence; and sexual and reproductive health.

