

PAHO/WHO GUYANA TECHNICAL COOPERATION

REPORT OF STAKEHOLDER SEMINAR

Regency Suites, Georgetown, Guyana
7 December 2012



Pan American Health Organization/
World Health Organization



Ministry of Health

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Prepared By: Roxanne Myers

Acknowledgements

PAHO/WHO Guyana wishes to thank all those whose efforts and participation resulted in the success of the Stakeholders' Seminar held on 7 December 2012.

We specially thank Mr. Leslie Cadogan, Permanent Secretary, Ministry of Health, for his opening remarks, and express our gratitude to Dr. Shamdeo Persaud, Chief Medical Officer, Mr. Trevor Thomas, Deputy Permanent Secretary, Ministry of Health, and Mr. Roubinder Rambarran, Head, Ministerial Secretariat, Ministry of Health, for their participation.

The seminar would not have been possible without the support of technical personnel in the Ministry of Health, especially Ms. Karen Yaw of the Planning Unit, and we thank CIDA-PAHO partnership and the project manager, Ms. Dionne Patz, for financial and technical support. Ms. Prithi Singh, Program Assistant in the PAHO/WHO Guyana country office, was the main organizer of the meeting, and we thank her, along with all the CO personnel who made presentations and provided administrative and logistical support. We also thank Ms. Roxanne Myers, Consultant for the mid-term review of the PAHO/WHO Guyana Country Cooperation Strategy, for her participation and for agreeing to be Rapporteur.

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ACRONYMS

BWPs	Biennial Work Plans
CIDA	Canadian International Development Agency
CCA	Common Country Assessment
CCS	Country Cooperation Strategy
CMO	Chief Medical Officer
CO	Country Office
DOTS	Directly Observed Treatment, Short-term
FMD	Foot and Mouth Disease
HRH	Human Resources for Health
GLDA	Guyana Livestock Development Authority
GNBS	Guyana National Bureau of Standards
GPHC	Georgetown Public Hospital Corporation
IDB	Inter-American Development Bank
IDCE	Institute of Distance and Continuing Education
IHR	International Health Regulations
IMAI	Integrated Management of Adolescent and Adult Illnesses
IMCI	Integrated Management of Childhood Illnesses
MDGs	Millennium Development Goals
MoLHSSS	Ministry of Labour, Human Services and Social Security
MoA	Ministry of Agriculture
MoAA	Ministry of Amerindian Affairs
MoE	Ministry of Education
MoH	Ministry of Health
MTR	Mid-term Review
MTSP	Medium-Term Strategy Plan
NAPS	National AIDS Programme Secretariat
NCDs	Non-communicable Diseases
NRSC	National Road Safety Council
NTP	National Tuberculosis Programme
PAHO/WHO	Pan American Health Organization/World Health Organization
PHC	Primary Health Care
PS	Permanent Secretary
PWR	Pan American Health Organization/World Health Organization Representative
PPGHS	Package of Publicly Guaranteed Health Services
RHA	Regional Health Authority
SP	Strategic Priority
TC	Technical Cooperation
UG	University of Guyana
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UWI	University of the West Indies
USAID	United States Agency for International Development

Table of Contents

1. Introduction.....	1
2. Methodology	3
3. Opening Remarks	3
4. Welcome and Background - Dr. D. Beverley Barnett, PAHO/WHO Representative	3
5. Draft National Health Strategy 2013-2020 - Ms. Karen Yaw, Ministry of Health.....	4
6. Presentation on Summary of Mid-term Review of the PAHO/WHO Guyana CCS 2010-2015 - Ms. Roxanne Myers, Consultant	6
7. Presentation on Biennial Work Plan 2010-2011 – Achievements, Lessons Learned and Challenges - Eng. Adrianus Vlugman, Technical Advisor, PAHO/WHO.....	9
8. Presentation on Biennial Work Plan 2012-2013 Project Summaries - Dr. Rosalinda Hernandez, Technical Advisor, PAHO/WHO	12
9. Presentation on Funding Overview and Resource Mobilisation for Biennial Work Plan Implementation - Ms. Prithi Singh and Mr. Brian Lewis, PAHO/WHO	12
10. Presentation on the CIDA-PAHO Project in Guyana - Ms. Dionne Patz, Project Manager, PAHO HQ .	13
11. Final Plenary on PAHO/WHO Country Cooperation Strategy in Guyana	14
Recommendations:	14
Questions and Responses:.....	14
Comments:	14
12. Seminar Closure.....	15
Annex – PAHO/WHO Stakeholder Seminar Agenda	16

1. Introduction

“... for the people of Guyana to be among the healthiest in the Caribbean and the Americas.”

Guyana Health Vision 2020

Health is a top national priority for Guyana, a small developing country. The Government of Guyana, cognizant of the importance of a healthy nation as expressed in the National Development Strategy, the Poverty Reduction Strategy II and the National Health Sector Strategy 2008-2012, has engaged international development partners in its health development efforts. PAHO/WHO has played a key role in enhancing the health of the people of Guyana over the past 45 years.

The PAHO/WHO Guyana Country Cooperation Strategy (CCS) 2010-2015 is the framework that guides the Organization's technical cooperation for the period indicated. Technical cooperation is provided by all levels of PAHO/WHO through the country office, and in partnership with other stakeholders in health, such as other UN agencies, bilateral partners, academic institutions, and civil society organizations.

The Guyana CCS 2010-2015 is made operational through three biennial workplans (BWPs), which result from an iterative process of defining the national priorities, establishing the need for technical cooperation in the priority areas, and clarifying what needs to be addressed by PAHO/WHO based on its added value. The current CCS, having reached the midway point, provides the opportunity for review to determine the extent to which the goals have been met and to determine whether activities or resources need to be re-programmed. Against this background, PAHO/WHO hosted a one-day stakeholder seminar on its technical cooperation program, 2010 to present, at the Regency Suites in Georgetown.

The objectives of the Stakeholder Seminar were to:

- a. Present the findings of the Mid-Term Review of the PAHO/WHO Guyana Country Cooperation Strategy (CCS) 2010-2015;
- b. Review the Biennial Workplans (BWPs) 2010-2011 and 2012-2013 for PAHO/WHO's technical cooperation (TC) with Guyana;
- c. Solicit comments and recommendations for strengthening PAHO/WHO's technical cooperation in and with Guyana for 2013 and the biennium 2014-2015, and
- d. Identify possible areas for collaboration between PAHO/WHO and other stakeholders in health.

Furthermore, PAHO/WHO anticipated that outcomes of the meeting would (1) improve understanding of the PAHO/WHO Country Cooperation Strategy, Biennial Workplans, and Technical Cooperation mechanisms, including funding sources, and (2) strengthen collaboration between PAHO/WHO and other stakeholders in health to support the implementation of national health policies, strategies, and plans.

The Ministry of Health remains the main counterpart for PAHO/WHO collaboration, but the Organization works with other public sector agencies and institutions, non-governmental organizations, academia, and the private sector, among others involved in health development. The seminar brought together a wide range of local and international stakeholders to engage on the issue. The Chief Medical Officer (CMO) attended the seminar and provided critical information in the plenary sessions. Thus, the main success of the meeting was the participation of a range of actors involved in improving the health of Guyana. Among 62 participants were representatives of Ministries, government agencies, non-governmental organizations, international organizations and staff of PAHO/WHO.

The following report is a summary of the presentations and plenary discussions, outcomes and recommendations on the future program and work and collaboration to implement health policies and plans. For further depth and information, readers are referred to the original presentations.

2. Methodology

The seminar was chaired by Ms. Angela Hoyte, Knowledge and Communication Focal Point in the PAHO/WHO Guyana CO. Following the opening remarks by Mr. Leslie Cadogan, Permanent Secretary of the Ministry of Health, Dr. Beverley Barnett, the Country Representative for PAHO/WHO, gave a presentation on the background of the Guyana Country Cooperation Strategy. The seminar featured seven other presenters followed by questions and plenary discussions (**see Annex – Stakeholder Seminar Agenda**).

3. Opening Remarks

In his brief remarks, Mr. Leslie Cadogan welcomed the initiative by PAHO/WHO to solicit feedback from stakeholders on the CCS and encouraged participants to be candid and forthright during the plenary. He highlighted that participant feedback would be incorporated in the Biennial Workplans, thereby contributing the expected outcomes of the seminar.

4. Welcome and Background - Dr. D. Beverley Barnett, PAHO/WHO Representative

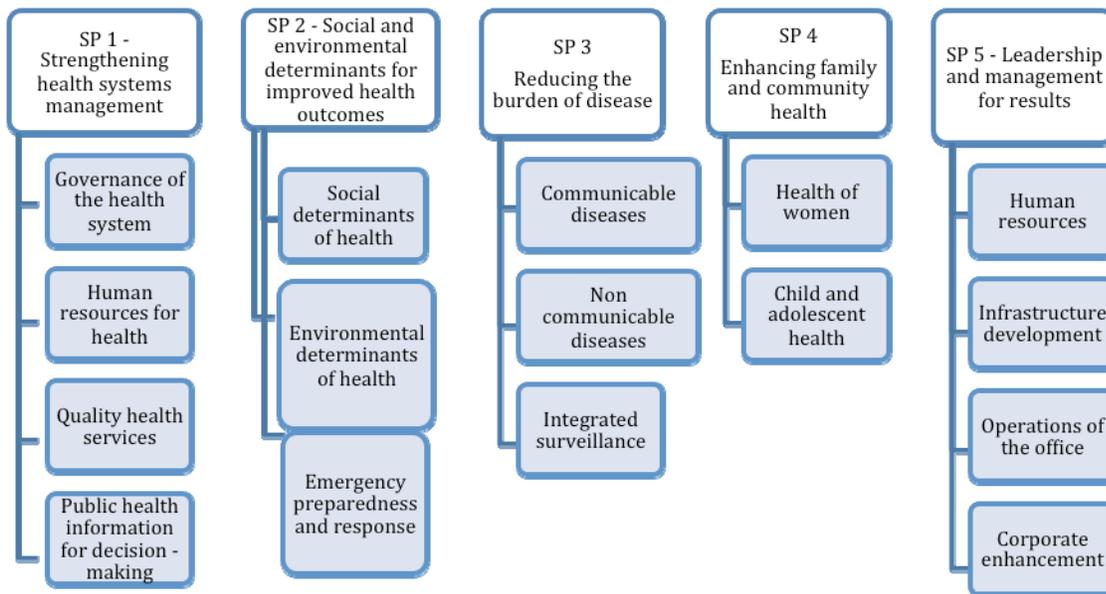
The PAHO/WHO Representative welcomed all participants and acknowledged the presence of senior public officials —Dr. Shamdeo, CMO, Mr. Trevor Thomas, Deputy Permanent Secretary in the Ministry of Health—and thanked P.S. Cadogan for his opening remarks. Dr. Barnett prefaced her presentation with emphasis on partnerships to address the health needs of a country. As such, PAHO/WHO is keen to engage stakeholders not only during implementation but to solicit feedback from the very start, during the planning phase.

Her overview of the PAHO/WHO planning process set the platform for a substantive discussion of the achievements of the TC program and suggestions for the BWP 2014-2015. The key points of the presentation titled “PAHO/WHO Guyana Country Cooperation Strategy 2010-2015 and Overview of the Planning Process” were:

- PAHO/WHO’s global and regional linkages highlighted that the Organization is “not a franchise” but operates within a global and regional organizational context with a clear set of values, program of work and budget.
- Allocation of funds to a country for health development is not proportionate to that member state’s assessed contribution to PAHO; rather it is based on the principles of equity and solidarity.
- As an international organization, PAHO/WHO works for results at several levels through strategic planning. Sub-regional and country cooperation strategies are developed in the framework of the WHO 11th General Program of Work 2006-2015 and Medium-Term Strategic Plan 2008-2013, and the PAHO Strategic Plan (SP) 2008-2012 (now extended to 2013). The MTSP and SP drive the Program Budget for each biennium. PAHO/WHO is also highly responsive to national priorities, and these also contribute to the formulation of PAHO office-specific results in the BWP.
- PAHO/WHO is obligated to achieving the regional and organization-wide expected results agreed to by member states, with the respective indicators, mobilizing resources towards these commitments.
- Results at the national, regional, and global levels can be amended if there are changes in the respective situations, with concurrence for the Organization’s Governing Bodies.

- In Guyana, the BWP and Program Budget (PB) are consistent with various frameworks including the National Health Sector Strategy, Health in the Americas (Guyana Chapter) and the Common Country Assessment of the United Nation Development Assistance Framework (CCA/UNDAF). The BWP indicates the results that are to be achieved along with authorized resources and indicators that provide the basis for monitoring and evaluation.
- The Guyana Country Cooperation Strategy outlines five strategic priorities and main focus areas, as outlined in Table 1 below. Accordingly, the Biennial Work Plans operationalize the five SP under five inter-related projects.

Table 1 – PAHO/WHO Guyana Country Cooperation Strategy (CCS) 2010-2015 and Main Focus Areas



5. Draft National Health Strategy 2013-2020 - Ms. Karen Yaw, Ministry of Health

The current National Health Sector Strategy 2008-2012 expires at the December 2012, hence a new strategy is imperative. Ms. Karen Yaw presented the process to develop a new National Health Strategy (NHS) “Health Vision 2020” and noted that the national health context has been impacted by the global financial crises and shifting epidemiological patterns. These factors required refocusing priorities and strengthened efforts to address non-communicable diseases. The planning process for developing the new NHS has been participatory, involving widespread national consultations involving other sectors and local experts, with PAHO/WHO’s technical cooperation and including a review of the Package of Publicly Guaranteed Health Services (PPGHS), also with PAHO/WHO’s TC. The strategy will be launched in April 2013.

In summary, the draft “Health Vision 2020” includes the following:

- An 8-year strategic plan that would attempt to consolidate current health achievements during the first phase, 2013 to 2015, and concentrate on policy reform and expansion of products and services during the second phase, 2016 to 2020.
- A mission statement that the “Ministry will create an enabling framework for the delivery of quality and responsive health services to improve the physical, mental, and social well being of the people in Guyana.”
- Four principles and values – human rights; respect and ethics; solidarity; and equity and social participation.
- Three overarching pillars—addressing the social determinants of health, universal health care, and strengthened focus on primary health care that is people-centered rather than disease-focused.
- Six building blocks, comprising service delivery, health workforce, information and surveillance, medical products, health financing, and governance and leadership.
- Seven priority service areas – health across the life cycle; non-communicable diseases and mental health; accidents, injuries, and violence; communicable diseases; healthy environments; nutrition and food security; and frontier, migrant, remote and vulnerable populations.
- The Package of Publicly Guaranteed Health Services (PPGHS), which will concentrate on prevention, treatment, rehabilitation and emergencies.
- Four outcomes that resulted from a regional consultation held to present an overview of the proposed vision and elicit feedback on health priorities for each Region. In addition, a number of strategies were proposed including: new supervisory model to support capacity development and strengthen health management; Regional Health Committees to facilitate the cross sectoral approach and community partnerships; remodeling health facilities in line with factors such as population, health needs, energy needs and availability; and a referral desk (facility) at Georgetown Public Hospital Corporation (GPHC).

Questions/ Comments	Responses
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1. What in practical terms does “de-emphasis on communicable diseases mean” as mentioned in the presentation?	The presenter explained that a word change is required, to reflect that the new strategy will maintain and expand current programs as needed for communicable diseases, but will also accelerate products and services for chronic non-communicable diseases.
2. Was any reference made to disaster risk management?	This is treated as an implicit cross-cutting issue.
Suggestions: <ul style="list-style-type: none"> • Resource mobilization should be a specific component of the “Health Vision 2020” to address areas of the strategy that will require strategic fundraising efforts. 	
<ul style="list-style-type: none"> • Global health should be clearly expressed in the new strategy to take account of the post-2015 development agenda in which health will be priority. This could give expression to how Guyana will contribute to the formulation of that global health agenda and how it will continue to play a role in the implementation of the global health agenda. 	

6. Presentation on Summary of Mid-term Review of the PAHO/WHO Guyana CCS 2010-2015 - Ms. Roxanne Myers, Consultant

The presenter explained that the mid-term review conducted during November to December 2012 was based on electronic dissemination of a PAHO/WHO-approved questionnaire to fifty-six (56) external stakeholders working on health development, of which 30 stakeholders (53.6%) responded. The information gathered from the questionnaire survey was complemented by a desk analysis of PAHO/WHO documents, and program reports and assessments.

Ms. Myers shared the findings of the MTR that included overall achievements; key results by strategic priority; planned actions not achieved to date; and implementation challenges and constraints. Further, an assessment of PAHO/WHO’s weaknesses and strengths, stakeholders’ perspectives on future health priorities, other areas that could be enhanced by PAHO/WHO’s TC, and recommendations for future programming were shared with Seminar participants. The overall achievements are listed below and Figure 2 shows diagram with selected achievements by Strategic Priority.

Overall Achievements of the CCS

- The CCS programmatic health response has been relevant, timely and coherent, as it addressed the national health priorities and the needs of the country.
- Health workers have new tools and available for governance, management, monitoring, and evaluation in the Primary Health Care system.
- New approaches and skills in health systems strengthening have been introduced to the health workers through in-country workshops, online training, and participation in global and regional meetings
- Broad-based collaboration with many counterparts in common areas of work has resulted in further decentralization of products and services.
- PAHO/WHO and counterparts were able to successfully build on successes or maintain gains from previous program of work areas in 2008-2010 e. g. immunization and communicable diseases.

Planned Action not Achieved by Strategic Priority

- SP 1 - Enhance the operations of the MoH HR Unit (to convert it into a planning unit)
- SP 2 - Support establishment of Poison Control Centre
Support implementation of national occupational safety and health (OSH) program
- SP 3- Support of the mapping of geohelminth infections in school-age children throughout the country

These four items were discussed and summary decisions are reflected in the matrix below.

Table 2 - Selected Achievements by Strategic Priority

<p>SP 1- Strengthening health systems governance, organisation and management</p>	<ul style="list-style-type: none"> • Strengthened capacity for nursing education • Strengthened MoH capacity in epidemiology, radiology, and rehabilitation • Participation of health workers in online training: “Leaders in International Health”, “Skills Enhancement for Public Health”, and “Renewal of Primary Health Care • Development of draft Health Human Resources Action Plan 2011-2016 • Implementation of the Virtual Health Library • Review of PPGHS in the framework of the new National Health Strategy, “Health Vision 2020” • Implementation of the Guyana Micronutrient Study (CFNI)
<p>SP 2 - Addressing the social and environmental determinants of health</p>	<ul style="list-style-type: none"> • Strengthened capacity of MoH and CSOs on the human rights-based approach, in collaboration with other UN system agencies • Implementation of collaborative project at St. Ignatius School to establish vegetable farm and enhance school feeding program • Developed water safety plans, conducted hospital vulnerability assessments and upgrade of waste incinerators • Development of food safety manual for street food vendors and strengthening of instructors’ capacity in collaboration with IDCE • Development of food inspection protocol and strengthened capacity of inspectors in the application of the protocol • Strengthened capacity of school canteen operators in food safety • Development of Health Sector Disaster Plans for Regions 1 & 4 • Development of national health sector disaster plan, its integration into the national disaster plan, and its testing, through simulation exercises with CDC
<p>SP 3 - Reducing the burden of diseases</p>	<ul style="list-style-type: none"> • National vaccination coverage of >90% has been maintained • Integrated national plan for prevention and control of neglected diseases and chagas and other vectors in accordance with IHR is being implemented • Establishment of HIV drug resistance monitoring, according to WHO guidelines (includes viral load and genotyping) • Quality improvement in radiological and radiotherapy services, prevention of blindness, drugs and technologies, and blood safety • Development of plan to keep Guyana free of Foot and Mouth Disease, without vaccination, with special focus on borders with Brazil and Venezuela • Strengthened capacity of primary and secondary school teachers in physical education and expanded “Well-ness” program, to include Region 9 • Inclusion of gender-based violence prevention as a priority in the draft National Health Strategy, Health Vision 2020 • Development of draft Guyana National Road Safety Council Plan of Action 2013-2020 • Implementation of an Integrated Strategic Plan for Neglected Infectious Diseases (NID) and assessment of the NID surveillance system performance
<p>SP 4 - Enhancing family and community health</p>	<ul style="list-style-type: none"> • Finalization and dissemination of the Maternal, Perinatal and Child Health Strategy 2011-2020 • Development of annual Expanded Program of Immunisation (EPI) • Strengthened capacity to implement program on Integrated Management of Adolescent and Adult Illnesses (IMAI) in Regions 4, 6, 8 and 9 • Strengthened school eco-clubs in Regions 3 and 4 and established school vegetable garden in Region 9 • Implementation of Water, Sanitation and Hygiene (WASH) projects in Region 4
<p>SP 5 - Leadership and management for result</p>	<ul style="list-style-type: none"> • Abolition and re-profiling of posts to improve alignment and address limited resources • Completion of infrastructure upgrades as resources permit, and to be compliant with UN Minimum Operating Security Standard (MOSS) • Observance of organizational rules, regulations, and procedures

Discussion	Actions Suggested
<p>1. Should PAHO keep the conversion of MoH HR unit in BWP 2012 -13 as an area of focus?</p> <p>The MoH currently has a personnel department. There have been internal discussions about a Strategic Information Department to serve the MoH beyond personnel needs. However, what is needed is the conversion of the Personnel Department into a Human Resources Department. This is beyond the parameters of the MoH, and would need to involve the Ministry of the Public Service.</p> <p>The “human resources for health” action plan is already in draft. In the next cycle support would be needed to do more in training doctors and nurses to become managers. MoH needs to new kinds of leaders and management capability for health. There would be need to develop new mechanisms, procedures, processes to strengthen management leaders at the central and regional centres.</p>	<ul style="list-style-type: none"> • PAHO/WHO could support the development of standard operating procedures and terms of reference for a HR Department in the MoH. • The HRH Action Plan needs to be finalized and made operational.
<p>2. Should the establishment of the Poison Control Centre remain in the BWP 2012-2013?</p> <p>There has been limited progress on this activity since the Pesticides and Toxic Chemicals (PTC) Control Board falls under the auspices of the Ministry of Agriculture. There should be establishment of two control centres (in Regions 4 and 6) as models, establishment of poison databank, and development of a complementary list of antidotes. It is expected that soon farmers and other individuals licensed to procure poisons will be required also stock antidotes. Work is ongoing to prevent easy access to poisons.</p>	<ul style="list-style-type: none"> • This action should be retained. MoH will work towards strengthening the collaboration among PAHO/WHO, the Ministry of Agriculture, and the PTC Control Board towards implementation of this action. • The other area of need is training and capacity building for completion of the database, in keeping with national regulations.
<p>3. Should PAHO/WHO support implementation of national occupational safety and health (OSH) program in the current BWP 2012-2013?</p> <p>The monitoring function for OSH falls under the purview of the Ministry of Labour; even though MoH has implemented some aspects.</p>	<ul style="list-style-type: none"> • PAHO/WHO should retain this activity in the BWP and seek further collaboration on OSH with the Ministry of Labour to implement this action.
<p>4. Should PAHO/WHO support the mapping of geohelminth infections in school-age children throughout the country?</p> <p>The activity is relevant and could be integrated with actions for lymphatic filariasis as a means of baseline information. The national geohelminth survey is a very expensive exercise; as such it has been started in selected regions under another project with IDB. An integrated approach to executing the mapping is desirable.</p>	<ul style="list-style-type: none"> • Activity should be kept and is still relevant. • One idea is to determine the funding gap that currently exists to complete the national survey and mobilise the resources through partnerships.

Invited Comments on the CCS MTR Findings

1. Discussion on constraints, challenges to implementation of BWP 2010-2011 and 2012-2013 and recommendations

'PAHO/WHO and MoH could benefit from less bureaucratic procedures'

The PWR explained that what a counterpart might deem as bureaucracy and sloth is in fact strengthening accountability mechanisms.

2. "Overburdened staff within the health system"

- More competent staff are not easy to retain in situations with limited resources.
- 270-280 doctors and other health professionals at the entry level will return to Guyana from Cuba. There is a need to prepare an index of skills that are required to make the health sector more efficient and guide young doctors into these areas, in particular where they're likely to benefit from specialized training to fill posts in public health management that are underserved.
- Strategic allocation of human resources to provide integrated services is critical.
- Realigning the organizational structure to accommodate a staff system with redefined roles is important.
- Consideration should be given to what actions are achievable within the given timeframe of the BWP
- IMAI frameworks need to be finalized and widely disseminated so that all MoH partners could coordinate actions to contribute to health outcomes without duplication and overlap.

3. Engage more stakeholders in programme implementation, not only consultations

Once PAHO/WHO is confident in the stakeholder capacity to implement, this is doable.

4. Validation of national health priorities and recommendations

National priorities were seen by the participants as consistent with national needs.

5. Other comments

In terms of recommendations, **the use of the information technology** is not sufficiently mentioned in the BWPs, in particular its value in expanding the reach of the Virtual Health Library to remote underserved areas.

6. In closing the discussion PWR cautioned that the draft WHO 12th General Program of Work, circulated to all WHO member states (MS), has been criticized as having too many priorities. Also, MS suggested that the results chain from output to outcomes to impact needs to be more coherent and that WHO should become more strategic. Sometimes inputs at this level do not resonate with country level needs, and the country-level inputs to global agenda needs to be informed by emerging as well as current priorities and negotiated among all member states. In concert with the global health agenda, its Strategic Plan 2014-2019 will guide PAHO.

7. Presentation on Biennial Work Plan 2010-2011 – Achievements, Lessons Learned and Challenges - Eng. Adrianus Vlugman, Technical Advisor, PAHO/WHO

Eng. Vlugman shared that the goal of the Biennial Work Plans is to improve the well-being of persons living in Guyana. The presenter shared the achievements of the five projects and noted challenges to implementation during the biennium 2010-2011. Selected achievements are presented in Table 7:1 below.

Table 3 - Projects 2010-2011 and selected achievements

Project s	Selected Achievements						
HSS	Completion of Strategic Plan for Rehabilitation 2010-2013 and nursing migration study	National participation in PAHO's Leaders In International Health Programme	Development of a draft National Health Research Agenda	Expansion of PAHO/WHO Knowledge Center at UG	Human Resource Capacity Building for midwives, medexes, nurses and PHC workers	TCC training for Persons with Disabilities	Radiology Department improved services resulting from new radiological equipment
CND	Completion of DOTS assessment	Enhanced capacity to detect MDR-TB	Smoke-free environs at UG and TTC	Strategic Plan for Neglected Infectious Diseases (NID)	Updated Standard Operation Procedures for H1N1	HIV Drug Resistance Monitoring Survey	Vision screening and road safety plans
SED	Strengthened Gender/Health Integration	Violence and Injury Prevention Committee	Collaboration among Guyana, Brazil and Venezuela in FMD				
FCH	95% coverage of pneumococcal valent 13 and rotavirus vaccines	Capacity strengthening in maternal and child health protocols	Maternal, Perinatal and Child Health Strategy 2011 -2020	Enhanced information from primary care level during pregnancy	Integration of Perinatal Information System into national surveillance system		

Regarding program challenges, pressure to execute voluntary contribution funding by stated deadlines and resource allocation/mobilization for critical CO personnel were identified.

Of importance are the **key lessons listed** below:

- PAHO/WHO technical cooperation at both the national and sub-national levels is critical
- The Global Fund projects need to work within national frameworks, not as parallel systems
- Working in partnerships with other international development agencies contributes to a more integrated, efficient, and effective approach to achieving the targets of the MDGs.

Questions/ Comments	Responses/Suggestions
<p>1. Are there any achievements in favour of the indigenous people of Guyana?</p>	<ul style="list-style-type: none"> • Work has been done at the St. Ignatius School in Region 9 • In collaboration with UNFPA, established a “Waiting Room” at the Amerindian Hostel to assist pregnant women from hinterland locations ease of access. • PAHO has collaborated with MoAA on the project “Healthy Practices” involving nutrition. • As PAHO/WHO’s technical program involves Regions 1, 7, 8 and 9, which have large concentrations of Amerindian populations, indigenous people will be prime beneficiaries. • Advocacy for data disaggregated by ethnicity, sex and other variables will help identify vulnerable populations in need of services. • MoH recognizes the need for services in Amerindian communities and more doctors (returned from Cuba) nurses and medexes are assigned to hinterland communities. • Amerindians benefited from dental auxiliary training and now serve in their Regions of origin.
<p>2. Could PAHO/WHO say what percentage of teachers is trained in Physical Education (PE)?</p>	<ul style="list-style-type: none"> • No, but the number of trained PE instructors is low. • Some schools have no PE teacher. There is more focus by parents and children on academics, even though physical activity could help students perform better academically. • Schools could play a major role in guiding children thru healthy lifestyles and reducing the risks of NCDs. • There are attempts in incorporate PE into the curricula of the Teacher’s Training College (TTC). • Despite the human resource shortcoming in PE, the MoE, in collaboration with partners in the MoH and Ministry of Culture, Youth and Sport has been promoting healthy lifestyles through sports programs – volleyball, tennis, football, swimming etc. in schools. • At the primary level the limited human resources are assigned across clusters to ensure that schools within each Region have some form of physical education on the curricula. • At the secondary level students are taking Physical Education examination at CXC and this includes both theory and practical exercises that are monitored by the CXC. • PE resources are growing slowly through MoE

	recruiting services of Cuban trained personnel. <ul style="list-style-type: none"> Physical education should also be incorporated into the tertiary curricula.
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8. Presentation on Biennial Work Plan 2012-2013 Project Summaries - Dr. Rosalinda Hernandez, Technical Advisor, PAHO/WHO

The presentation on BWP 2012-2013 provided an expanded view of the five projects being executed by PAHO/WHO. Overall, these projects will result in 198 products and services and 72 office specific results. Dr. Hernandez explained the goal and purpose of each project.

The presentation also highlighted the main achievements of the BWP to date, among them the development of draft tobacco control legislation and the draft national health strategy “Health Vision 2020”; finalization of the TB-WHO global report; review of the Package of Publicly Guaranteed Health Services; training for regional veterinary public health personnel in FBD surveillance; strengthening of information systems; and strengthening of services related to PHC, rehabilitation, radiology, radiotherapy, prevention of blindness, drugs and technologies, and blood safety. PAHO/WHO also contributed to the establishment of the HIV/Drug Resistance Monitoring Survey, the implementation of Vaccination Week in hinterland areas, and the development of an Action Plan for the Expanded Program of Immunization Plan for 2012.

9. Presentation on Funding Overview and Resource Mobilisation for Biennial Work Plan Implementation - Ms. Prithi Singh and Mr. Brian Lewis, PAHO/WHO

Ms. Singh presented an overview of the budget and funding available for 2010-2011 and 2012-2013. The first and second biennia had 24% and 28% funding gaps, respectively. The presentation revealed that funding sources for projects were the PAHO/WHO regular budget, other sources, and voluntary contributions. **Regular budget** is assessed contributions of member states; **other sources** are combined contributions from PAHO and WHO HQ and other entities; and **voluntary contributions** are garnered from direct negotiations between PAHO/WHO and donors. Overall, the budget for the current period is approximately US\$1.3M dollars less than in 2010-2011.

Mr. Lewis provided more detailed analysis on resource mobilization for the projects. In terms of funding source, the regular budget was down by more than 50% in 2012-2013 compared to 2010-2011. Voluntary contributions comprised the bulk of the funding in 2010-2011 and other sources have been the largest contribution so far in 2012-2013. Voluntary contributions came from partnerships with CIDA, PEPFAR, GAVI, RAVREDA and Gates Foundation. Mr. Lewis also explained that voluntary funds tend to be restricted to the interest of the donor and are time-bound. Consequently, these funds cannot be utilized for other health areas where there is a funding gap.

Comments	Responses
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1. PWR explained how timeliness of contributions affect regular budget that is the main source of funding for the infrastructure and administrative costs of country offices. PWR reiterated the limitation of funds earmarked for particular strategic objectives – they cannot be used in other areas with budget shortfalls. Therefore PAHO/WHO needs to attract more un-earmarked funds to address on the needs of the Guyana TC.

PWR invited further comments or suggestions on the BWP 2012-2013.

2. **Would priority be given to early identification programs? Did we hear enough about dental, hearing, and vision screenings?**

In the past year PAHO/WHO has supported dental and vision screenings and studies. The plans going forward will be informed by these studies. Unfortunately, there is no update on hearing screening; however we will follow-up on this.

3. **Gender-based violence (GBV) is mentioned in the BWP – does PAHO/WHO also take account of violence in schools or do any studies?**

The technical cooperation establishes the health agenda for PAHO/WHO’s cooperation. For a new item to be included the Ministry of Health--the primary interlocutor--would need to send a request letter. Generally this means PAHO/WHO has to replace a planned activity in order to accommodate the new request.

10. Presentation on the CIDA-PAHO Project in Guyana - Ms. Dionne Patz, Project Manager, PAHO HQ

Guyana is one of 11 countries in Latin America and the Caribbean to benefit from the CIDA-PAHO grant that supports the Muskoka Initiative. The overall objective of the CIDA-PAHO project is to fill the gaps that exist in national health programming with respect to neglected populations and geographic areas, using integrated approaches to health delivery. Ms. Patz’s presentation pointed out the alignment of this project with the PAHO/WHO Strategic Plan 2008-2013 and the CCS 2010-2015 and noted the ten objective results for Guyana. While CIDA agreed to earmark funds with donors, it remains cognizant of the need for flexibility in grant execution to ensure adequate support for national priorities.

The project is also aimed at institutional strengthening – that is, to improve the capacity of the PAHO to integrate gender and cultural diversity into its policies and plans, programming, monitoring, and reporting and improve results-based management, donor coordination, and risk management. CIDA also needs to better coordinate with other donors. In the first year, the project interventions were targeted in Regions 1, 4, 7, and 8, but now it has expanded to other Regions, focusing on vulnerable populations, in particular women, children, and indigenous groups.

The focus of the project in Guyana includes primary health care; maternal, child and adolescent health; human resources for health; essential medicines, pharmaceutical policies, and health technologies; integrated vector control; prevention of FMD; HIS; water, sanitation and hygiene practices; and surveillance and disaggregated data for NCDs.

In February 2013 countries will meet with CIDA to consider achievements, progress, and challenges to implementation, and prepare for a third year of funding to selected countries.

Comments
<p>PWR highlighted that the purpose of Ms. Patz' presentation was to demonstrate to stakeholders how voluntary contribution projects are compatible with country level priorities, including the National Health Strategy, the CCS, and other frameworks.</p> <p>Dr. Barnett encouraged Guyana to situate itself to benefit from further CIDA funding to cover emerging priorities. Efforts should be made to include NCDs in the CIDA agenda under thematic areas that deal with PHC and Integrated Service Delivery Networks to ensure that funding is available for these priorities in the third year, since CIDA will provide another round of resources for health.</p> <p>She also mentioned that CIDA sponsored the 'stakeholder seminar' under activities for institutional strengthening; as such it is imperative for the results of the meeting to be clear and concise.</p>

11. Final Plenary on PAHO/WHO Country Cooperation Strategy in Guyana

Recommendations:

- Globally, health care delivery is enhanced by information technologies, in particular as a response to limited health personnel or access to facilities and as such emphasis on e-health needs to be reflected in the strategies and BWPs.
- There should be continued monitoring and technical cooperation regarding radiotherapy services to ensure that there is strict application of guidelines. This, together with PAHO/WHO's ongoing support for the medical imaging project at the University of Guyana, would greatly assist full implementation of projects already underway.
- There should be stronger collaboration with PAHO/WHO and the MoAA to provide support for women and girls. There are anecdotes that Amerindian women living in mining areas are at high risk of contracting HIV/AIDS and there is growing incidence of teen pregnancies.

Questions and Responses:

Q: A lot of radioactive sources are entering Guyana and we have no mechanisms for monitoring and this potentially grave situation. Is there a budget for radiological emergency plan?

R: The National IHR Action plan already includes strengthening disease, chemical, and nuclear surveillance, detection, and response capabilities. The plan needs to move to implementation, with resource allocation or mobilization as needed.

Comments:

Throughout this meeting participants were offered a very good understanding of PAHO/WHO's work, obligations and the reason why technical officers also require that counterparts achieve and meet deadlines. This is a welcomed opportunity for us to decide on priorities and commit to achieving results in a timely manner.

In respect to information technology and knowledge management, training and planning meeting on tele-health, mobile health and utilization of social media is scheduled for 2013 in Guyana. The MoH is

encouraged to establish more widespread high-speed Internet access for staff, especially those in remote and hinterland areas. Internet access is a pre-requisite to the application and sustainability of e-health facilities.

12. Seminar Closure

The meeting Chair, Ms. Angela Hoyte, thanked all participants and presenters for their contributions and brought the meeting to a close. Dr. Barnett, who preceded the Chair as the final speaker, also expressed appreciation to the stakeholders for their active participation and deemed the deliberations extremely useful.

Annex – PAHO/WHO Stakeholder Seminar Agenda

AGENDA

PAHO/WHO's TECHNICAL COOPERATION WITH GUYANA STAKEHOLDER SEMINAR

7 December 2012
Regency Suites, Georgetown, Guyana

Objectives:

- To present the findings of the mid-term review of the PAHO/WHO Guyana Country Cooperation Strategy (CCS) 2010-2015
- To review the Biennial Workplans (BWPs) 2010-11 and 2012-13 for PAHO/WHO's technical cooperation (TC) with Guyana
- To solicit comments and recommendations for strengthening PAHO/WHO's technical cooperation in, and with Guyana for 2013 and the biennium 2014-15, and identify possible areas for collaboration between PAHO/WHO and other stakeholders in health

Time	Item	Presenter
	Chairperson	Ms. Angela Hoyte
8:30 am	Registration	
9:00 am	Welcome and Background	PWR Guyana
9:10 am	Remarks	Minister of Health
9:20 am	Summary of Draft National Health Strategy	
	2013-2020 "Health Vision 2020"	Ms. Karen Yaw
9:35 am	Comments and Questions	
9:45 am	Summary: Mid-Term Review of the	
	PAHO/WHO Guyana CCS 2010-15	Ms. Roxanne Myers

Time	Item	Presenter
10:15 am	Comments and Questions	
10:30 am	BREAK	
10:45 am	BWP 2010-11: Achievements, Challenges, Lessons Learned	Eng. Adrianus Vlugman, Snr. Adv, SDE
11:05 am	Comments and Questions	
11:15 am	BWP 2012-13 Project Summaries	Technical Officers
12:00 pm	Comments and Questions	
12:30 pm	LUNCH	
1:30 pm	Funding Overview BWPs 2010-201	Ms. Prithi Singh
1:45 pm	Comments and Questions	
2:00 pm	Resource Mobilization for BWP Implementation	Mr. Brian Lewis
2:20 pm	PAHO-CIDA Project in Guyana	Ms. Dionne Patz
2:40 pm	Comments and Questions	
3:00 pm	Plenary Discussion: Recommendations for PAHO/WHO's TC in 2013 and 2014-15 and Identification of Possible Areas for Collaboration	
3:30 pm	Closure	