

REPORT

CONSULTATION ON THE PAHO/WHO BIENNIAL WORK PLANS FOR GUYANA 2010-2011 AND 2012-2013

**Grand Coastal Inn, East Coast Demerara, Guyana
4 April 2011**



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INTRODUCTION

The Pan American Health Organization/World Health Organization (PAHO/WHO), in its technical cooperation (TC) with countries, puts great emphasis on working with its national counterparts and partners in planning, implementing, monitoring, and evaluating the TC program. The program is implemented through biennial work plans (BWPs), and the PAHO/WHO Country Office (CO) in Guyana, recognizing the considerable strategic value of stakeholder collaboration and shared decision-making, organized a consultation with key stakeholders to discuss the 2010-11 and 2012-13 BWPs. This report summarizes the process and outcome of the consultation.

EXPECTED RESULTS

The expected results of the consultation were:

- Enhanced knowledge of the PAHO/WHO planning process.
- Improved understanding of the PAHO/WHO Country Cooperation Strategy (CCS) and BWP.
- Discussion of achievements/lessons learnt for BWP 2010-11 with recommendations for adjustments.
- Recommendations for strengthening BWP 2012-13, which is currently in development.

Additionally, the event provided an opportunity for a direct exchange of information, sharing of experiences, and networking among participants, who were drawn from many sectors and agencies. This would not only identify opportunities for further collaboration, but areas in which resources could be mobilized or pooled.

ATTENDANCE

Eighty-six (86) persons participated in the consultation, with thirty-five (35) representing the Ministry of Health and other public sectors. The other fifty (50) represented civil society agencies, including non-governmental organizations (NGOs); international development agencies, including other UN agencies and agencies in bilateral agreements with Guyana; and PAHO/WHO Guyana CO personnel. *A list of participants is in Annex 1.*

SUMMARY

Mr. Brian Lewis, Administrative Officer in the PAHO/WHO Guyana CO, chaired the meeting; he greeted the participants and provided an outline of the meeting objectives.

Dr. Beverley Barnett, PAHO/WHO Representative (PWR) in Guyana, welcomed the participants, expressing her hope that the consultation would strengthen current partnerships and alliances, form new ones, and identify areas for greater cooperation. She emphasized PAHO/WHO's renewed focus on TC results – outcomes – rather than outputs, and stated that the achievements so far for 2010-11 were accomplished in collaboration with the Organization's main counterpart – the Ministry of Health (MOH) – other public sector agencies, and other development partners, national and international. The PWR also noted the importance of all partners working to contribute to the achievement of the goals in national development frameworks such as the National Health Sector Strategy 2008-2012, as envisaged in the Paris Declaration for strengthening aid effectiveness.

In his opening remarks, the Minister of Health of Guyana, the Honourable Dr. Leslie Ramsammy, noted that health should never be seen in isolation, but as a component of the social sector, and that all sectors and partners must work together to achieve defined national health goals. For Guyana, some of those goals include life expectancy of 70 year by 2012, 75 by 2015, and 80 by 2020; infant mortality rate of 16 per 1,000 live births by 2015, and maternal mortality ratio of 8 per 10,000 (80 per 100,000) live births by 2015. The Minister reminded the group that there are health-related targets in all the Millennium Development Goals (MDGs), not just in the “health” MDGs 4, 5, and 6, and noted that Guyana now spends approximately US\$95 per capita on health, a significant increase from 2000. Dr. Ramsammy indicated that all stakeholders needed to walk the road to health together, in unison.

A series of presentations were made, as noted below; each presentation was followed by questions, comments, and recommendations.

- *Overview of PAHO/WHO's Planning Process and the Guyana Country Cooperation Strategy (CCS) 2010-2015.* This presentation by the CO's Program Assistant, Ms. Prithi Singh, highlighted PAHO's vision, mission, values, core functions, and cross-cutting priorities; links

among the planning processes in PAHO and WHO, and among entities in the Organization, in the framework of the WHO Medium-Term Strategic Plan 2008-2013 and the PAHO Strategic Plan 2008-2012; the purpose, benefits, strategic priorities, and areas of focus of the Guyana CCS; and the Guyana BWP projects for 2010-2011. The technical projects are Health Systems and Services (HSS); Communicable and Noncommunicable Diseases (CND); Social and Environmental Determinants of Health (SED); and Family and Community Health (FCH), in addition to the “internal” Management and Coordination project.

- *Biennial Work Plan (BWP) 2010-2011*. This presentation summarized the BWP projects, their purpose, the main achievements in each project, lessons learnt, and challenges. Each project was presented by the responsible CO Technical Advisor.¹
- *Biennial Work Plan (BWP) 2012-2013*. This presentation summarized the BWP projects, their purpose, and areas to be addressed in each project. The project titles and areas of focus were the same as for the current biennium, emphasizing the fact that there was little change in the main national health priorities for PAHO/WHO’s TC, but the activities would build on previous successes, address challenges and gaps, and allow for the introduction of new strategies where needed.

Copies of the presentations are in Annex 2.

MAIN ISSUES

The main comments, issues, and recommendations arising from the presentations and discussions are summarized below.

BWP 2010-11

- For “hard-to-reach” groups, appropriate marketing strategies should be developed and implemented; the need for innovative strategies is recognized.
- Environmental health is a priority area, and there is concern about the relatively low funding allocated.

¹ HSS – Dr. Javier Uribe, Advisor, Health Systems and Services; CND – Dr. Rosalinda Hernández, Advisor, HIV/STI/TB; SED – Eng. Adrianus Vlugman, Senior Advisor, Environmental Health and Sustainable Development; and FCH – Ms. Karen Roberts, Consultant, Family and Community Health.

- PAHO/WHO should consider becoming more engaged in joint initiatives with other UN agencies, and take a more structured approach to partnering, as each partner brings different skills; there are funds available for countries from various sources in the area of social hygiene. However, it was noted that PAHO/WHO, as a UN agency, is very involved in collaboration with other UN agencies through the UN Development Assistance Framework (UNDAF), the UN Country Team, and UN Joint Teams in Guyana. There are some areas, e.g. mental health and noncommunicable diseases, where PAHO/WHO currently is the main UN agency providing support.
- Implementation of the Road Safety Plan should be a priority. It was noted that though the Plan has not yet been finalized, some aspects, especially related to information, education, and communication, have been implemented. There are plans for TC to strengthen the capacity of the Road Safety Council, hold regional workshops, develop regional and national databases on road traffic injuries; and try to mobilize resources from international development partners.
- There should be expansion of the Smoke-Free Environments initiative. It was noted that the MOH and schools have been declared smoke-free zones and legislation to expand this to public transportation is in process.
- The Ministry of Education has a School Improvement Plan, and agencies planning activities in schools should do so in the framework of that plan.
- The national coordination system should be strengthened to facilitate greater participation of stakeholders from the regional levels in planning, not just in implementation.
- Consideration should be given to developing an infection control plan.
- Implementation of the Water Safety Plan should be supported. WHO has guidelines for strengthening technical capacity, and other partners, such as the Red Cross, can be involved.
- Simulation exercises in disaster responsiveness and preparedness should be used to a greater extent than currently obtains.
- An Oral Health Survey (Decayed, Missing, and Filled Teeth, DMFT) is urgently needed – the last one was in the 1990s. It was noted that it might be possible to address this through the development of a technical cooperation among countries (TCC) project for submission to PAHO, since other countries in the Caribbean have conducted DMFT studies in the recent past.

- Food security is an important issue, and the Food and Agriculture Organization (FAO) is willing to collaborate with PAHO/WHO in this area. It was noted that the UN Development Assistance Framework (UNDAF) 2012-2016 for Guyana is currently being developed, and offers a basis for such collaboration.

BWP 2012-13

- Support for radiology and radiotherapy should be continued.
- More information on the Health Human Resources (HR) Action Plan and the HR Observatory is needed.
- Some regional plans for disaster risk reduction have been developed, and in addition to expanding planning to other regions, support should be provided for implementation of the existing ones.
- Leprosy (Hansen's disease) control should be included in activities to address Neglected Tropical Diseases (NTD). It was noted that the MOH is working to establish an integrated information system, and leprosy is included as one of the NTDs for TC.
- BWP budget lines for communicable and noncommunicable diseases should be separate. It was noted that this separation takes place at the level of the products and services planned to achieve results in the BWP projects.
- Every effort should be made to learn from other countries, e.g. Cuba, where students undergo annual physical diagnosis tests to determine their physical capacity, with subsequent efforts to improve any challenges identified. Increasing physical activities and sports at community level, with the provision of open spaces to facilitate this, is important.
- Civil society organizations have volunteers and other human resources that could play a role in improving national HR capacity.

CLOSING

In her closing remarks, the PWR noted that this was not the end of the consultation process, and that PAHO/WHO welcomed any additional feedback. Individual technical advisors in the CO would be consulting further with counterparts and partners to fine-tune products, services, and activities.

On his part, Minister Ramsammy stated that the MOH was addressing the issues raised, and expressed his appreciation for the holistic approach that the participants had taken in providing their comments. He noted that despite the pooling of all the resources from the Government of Guyana and partners, there would still be gaps, so choices would have to be made, driven by the priorities in the burden of disease.

PARTICIPANTS' EVALUATION

The majority of the participants found the consultation to be a success. The presentations were found to be very useful and relevant, and most participants were pleased with the efficiency of the experts/facilitators and their delivery. Particular mention was made of the special attention paid to similarities in the level of implementation and/or experiences.

The majority of the participants found the logistics to be excellent, but indicated that the time for interaction outside of the formal setting was limited.

CONCLUSION

Overall, the participants agreed with the achievements, lessons learned, and challenges presented for BWP 2010-11, and with the plans for PAHO/WHO's TC in 2012-13. There were areas suggested for greater emphasis in the former, and for addition to the latter. The Guyana CO will make every effort to respond to the recommendations, as it seeks to strengthen partnerships and alliances in support of its technical cooperation to support the achievement of national health development goals in Guyana.

Once finalized, the report of the consultation will be posted on the GUY CO website <http://new.paho.org/guy>, with the presentations made, and the PAHO Strategic Plan 2008-2012.

ACKNOWLEDGEMENTS

Appreciation is expressed for the work of all the members of the PAHO/WHO Guyana CO team who contributed to the success of the consultation, especially to Ms. Prithi Singh, the main organizer; all the technical advisors, including Dr. Zoila Fletcher Payton, Advisor, Epidemiology, and Dr. Nicolas Ceron, Advisor, Malaria Control who did not make presentations, but who contributed to the discussions; and the support personnel – Mr. Ryan Dos Santos, IT Systems Administrator; Ms. Angela Hoyte, Documentation Assistant; Ms. Vaulda Quamina-Griffith, Executive Secretary; Ms. Nathely Mars, Administrative Assistant; and Messrs. Samuel Williams and Lester Simon, Drivers.

ANNEXES

- Annex A: Presentation on Biennial Work Plan (BWP) Process and CCS
(BWP Planning and CCS final)
- Annex B: Biennial Work Plan 2010/2011 Presentation
(BWP 2010-2011 ALL PROG)
- Annex C: Presentation for Proposed Biennial Work Plan 2012/2013
(BWP 2012-2013 ALL PROG)
- Annex D: List of Participants