

**REPORT**

**“GUYANA DAY”**

**4 OCTOBER 2004**

**PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION**

**Washington, DC  
USA**

**November 2004  
Country Support Unit  
Office of the Director  
Pan American Health Organization  
Regional Office of the World Health Organization in the Americas**

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**INTRODUCTION**

The Pan American Health Organization/World Health Organization (PAHO/WHO) has accelerated its development of Country Cooperation Strategies, which define the work of the Organization with, and in, countries in the medium-term (4-6 years). In 2003, the Organization began the process of developing a Country Cooperation Strategy (CCS) for Guyana, one of PAHO's Key Countries<sup>1</sup> and a Heavily Indebted Poor Country (HIPC). The CCS would guide PAHO/WHO's work to address priority issues for national health development, given ongoing efforts of national counterparts and development partners, according to the Organization's comparative advantage.

The Country Support Unit (CSU) in the Office of the Director collaborated with other regional units, the PAHO/WHO Representation in Guyana, and the Embassy of Guyana in Washington, D.C. to plan "Guyana Day". The objectives were to launch and share information about the Guyana Country Cooperation Strategy (CCS) 2004-2007, and establish a group at regional level to support and facilitate the implementation of the CCS. The organizers chose the date to take advantage of the participation of the Minister of Health of Guyana, the Honourable Leslie Ramsammy, in the PAHO Directing Council, 27 September-1 October. The Minister agreed to remain in Washington for the event, and PAHO invited the participation of representatives of development agencies, financial institutions, and non-governmental organizations with offices in Washington, D.C, as well as staff of WHO and PAHO. The Director of PAHO, Dr. Mirta Roses Periago, had planned to participate, but had to undertake an urgent visit to Haiti, which had been hard hit by Tropical Storm Jeanne some days earlier. The Assistant Director, Dr. Carissa Etienne, participated on behalf of Dr. Roses, and in her own right as a member of the PAHO Executive Management Team.

Guyana Day was planned in two sessions – the morning, which would see the participation of the Minister, the PAHO/WHO Representative (PWR) in Guyana, invited guests, and PAHO personnel, and the afternoon, when the inaugural meeting of the Guyana Task Force (GTF) would take place. The GTF would comprise representatives of PAHO and WHO - technical and administrative units – and its objective would be to support and facilitate the implementation and follow-up of the CCS. The GTF would relate periodically to a wider support group of external partners, and to other internal groups working to develop policies that would impact Guyana.

This Aide Memoire summarizes the morning session, which included presentations, discussion, and a video on the national malaria program. The session identified national health priorities, highlighted the main functions and strategic directions of the CCS, and made recommendations to enhance partnerships in support of health development in Guyana. A well-received exposition on Guyana complemented the session and included posters and brochures showcasing national health issues and achievements, as well as pharmaceutical products made in Guyana. Information on Guyana Day is available in the PAHO internet and intranet.

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<sup>1</sup> Bolivia, Guyana, Haiti, Honduras, and Nicaragua.

Information on the afternoon session and subsequent meetings of the GTF can be obtained through Dr. Beverley Barnett, Country Program Analyst, Country Support Unit; telephone (202) 974-3454, e-mail [barnettb@paho.org](mailto:barnettb@paho.org).

## **SUMMARY**

### **Welcome - Assistant Director**

Dr. Carissa Etienne welcomed approximately 60 persons, among whom were His Excellency Bayney Karran, Ambassador of Guyana; the Minister of Health; Dr. Ranjisinghi Ramroop, Executive Chairman, New Guyana Pharmaceutical Corporation; Sir George Alleyne, Director Emeritus, PAHO; Mr. Paul Spencer, Adviser to the Assistant Secretary General, Organization of American States; Dr. Xavier Leus, WHO Representative at the World Bank; Dr. Cristina Nogueira, Department of Country Focus, WHO; Mr. Fitzgerald Yaw, of the Guyana-US Partnership; Mr. Winston Jordan and Mr. Clyde Roopchand, Budget Advisor and Chief Planning Officer, respectively, Ministry of Finance, Guyana; and many PAHO personnel.

The Assistant Director (AD) offered apologies on behalf of the Director. She noted that despite the devastating effects of the hurricane season in the Caribbean, the disasters had allowed the PAHO Member States and Secretariat to display the Organization's principles of equity and solidarity in their response. Dr. Etienne indicated that though Guyana had significant levels of poverty and unacceptable health indicators, the exposition and the Minister would demonstrate that it was also a place of exceptional beauty, abundant resources, and talented people. She highlighted two complementary tenets of PAHO's managerial strategy: country-focused cooperation and alliances and partnerships, emphasizing that, given the multiple determinants of health, PAHO welcomed collaboration with various agencies, institutions, and organizations in working with Guyana for national health development.

### **Remarks - Minister of Health, Guyana**

The Honourable Leslie Ramsammy, Minister of Health, shared some of Guyana's public health history, noting that in the 1960s the country's health indicators compared well with the rest of the Caribbean and the Commonwealth, but by the 1990s Guyana had some of the worst indicators in the subregion. In the 1980s, 66-86% of the population lived below the poverty line; approximately 20% of the Gross Domestic Product (GDP) went to pay public service salaries and 80% to service debt. Health became a victim of the country's poverty. In 1964, \$16 per capita was spent on health, one of the best indicators in the Caribbean, while in 1992, per capita expenditure on health was <\$7 and <1.5% of national budgetary expenditure was on health.

The Minister stated that the country took bold efforts to correct the situation in the 1990s and had made progress. Investment in health had increased to US\$51 per capita and maternal mortality had fallen from 40 per 100,000 to 11-13 per 100,000. He expressed gratitude that PAHO had chosen Guyana as a Key Country for its technical cooperation (TC) and noted that PAHO used to be relatively unknown in Guyana, appearing to run a parallel program – “another international organization running around doing its own thing”- even if that was not the intention. This has changed and PAHO's program is now integrated into Guyana's national health program. He

thanked the Organization for responding to national needs, and for its continuous presence. He felt that PAHO had taken his constructive criticism well and had become a model at country level.

### **Country Cooperation Strategy - PAHO/WHO Representative, Guyana**

Dr. Bernadette Theodore-Gandi, PWR, gave general information on the CCS process, noting that its guiding principles allowed PAHO/WHO to be more selective in TC priorities and work with development partners based on its comparative advantage. Guyana had benefited from a significant increase in bilateral aid over the past two years, and this, among other factors, had created an opportunity for the development of the CCS. She summarized the methodology and the critical development and health challenges that the process had identified. Among the health challenges were selected non-communicable diseases such as cardiovascular diseases, diabetes, and asthma; major communicable diseases such as HIV/AIDS, malaria, and tuberculosis; maternal and child health; reproductive health issues; mental disorders; unintentional and intentional injuries; and reduction of behavioural and environmental risks, including occupational health hazards.

Dr. Theodore-Gandi also summarized external assistance challenges, among them an imbalance in distribution of health development aid among the health challenges and low absorptive capacity for health development programs in the public sector. She stated the challenges for the PAHO/WHO country office, its vision, mission, and values, and the country functions and strategic directions that the CCS would emphasize. In closing, she summarized the skills that these functions would need, including epidemiology, social communication and advocacy, and program planning and management. The PWR emphasized that for successful implementation of the CCS, it would be necessary for all levels of the Organization to increase the mobilization and sharing of resources to support the TC program defined at the country level. Already the CCS was serving as a locus for the country office staff, who conduct their discussions “using the language of the CCS”.

The PWR’s PowerPoint presentation is available under “Guyana Day” in the PAHO internet and intranet.

### **Response - Minister of Health**

In his response to the PWR’s presentation, the Minister noted that the CCS was developed with the full participation of the Government of Guyana, through the Ministry of Health and he thanked PAHO for allowing the Ministry to “take ownership” of the program, as the country was no longer willing to be a bystander and have programs imposed on it.

The CCS fits very well with Guyana’s health program, and had been developed in the context of the country’s National Health Plan (NHP), 2003-2007. This plan took into consideration the National Development Strategy and the Poverty Reduction Strategy Paper (PRSP) for Guyana, in the context of international commitments such as the Millennium Development Goals (MDGs) and the Caribbean Cooperation in Health.

The CCS would therefore play a role in implementation of the NHP, which was important, since Guyana remains a HIPC and would not have sufficient resources on its own to implement the plan.

The Minister then summarized Guyana's health priorities:

- *Child health.* The Integrated Management of Childhood Illness (IMCI) remained important and PAHO should not de-emphasize work on immunization, since there was need to protect the gains in child and adolescent health.
- *Communicable diseases.* PAHO/WHO remained the leading partner in the fight against tuberculosis, malaria, dengue, and lymphatic filariasis and would also be a lead partner in the fight against HIV/AIDS. With regard to HIV/AIDS, The Minister noted that Guyana benefits from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank, and the US Emergency Fund, but PAHO/WHO's technical expertise must be an integral part of the effort. The Minister expressed satisfaction that someone had been identified for Guyana, through the WHO 3 By 5 HIV/AIDS initiative, to help in developing programs and in monitoring and evaluation.
- *Non-communicable diseases.* Diabetes, hypertension, cancer, and accidents were problematic and caused significant death and disability. PAHO/WHO had become a lead partner in addressing *mental disorders*, which were also important. A mental health plan developed using PAHO/WHO's expertise was now being finalized.
- *Rehabilitation services.* These were being expanded, and PAHO/WHO was playing a role.

The Minister listed the priority programs in Guyana as:

- ✓ Family Health – maternal & child health (MCH), expanded program on immunization (EPI), reproductive health, family planning, adolescent health (ADH), health of the elderly, and clinical services for acute respiratory illness (ARI) and acute diarrhoeal diseases (ADD)
- ✓ Communicable diseases
- ✓ HIV/AIDS and sexually transmitted infections (STI)
- ✓ Non-communicable diseases (NCDs), including mental health disorders (MH)
- ✓ Oral health (ORH)
- ✓ Occupational safety and health (OSH)
- ✓ Veterinary public health (VPH)

Minister Ramsammy noted that equity was the foundation of the National Health Plan, and poor persons needed equitable health services. There was also need to modernize the legal framework for the programs; improve their management, monitoring and evaluation; and mobilize resources. PAHO/WHO was working with Guyana to address these issues, and was the leading partner in both the Essential Public Health Functions (EPHF) and National Health Accounts (NHA) initiatives, both of which were important. The Ministry also wished to improve procurement, and technical and physical infrastructure.

The Ministry of Health was seeking to improve collaboration with other sectors, and was delighted at the evolution of partnerships in Guyana. A Theme Group on Health met quarterly to facilitate and monitor the implementation of the NHP, and PAHO/WHO was the Group's Secretariat. The Ministry recognized non-governmental organizations (NGOs) as partners, nationally and internationally, including Family Health International (FHI), Population Services International (PSI), and NGOs in the Guyanese diaspora. Efforts were being made to formalize interaction with such organizations in the USA, Canada, and the United Kingdom.

The Minister noted that in many countries it was difficult to get programs off the ground and PAHO/WHO should continue its TC in seeding and jumpstarting the programs, "handholding" until the country was able to sustain them. This was the best way for the Organization to ensure impact, for example, of EPI and health promotion. Minister Ramsammy stated that Guyana has an ongoing program with Health Promoting Schools, and now has a comprehensive program for HIV/AIDS, where 3-4 years ago, there was no program. At the start of the response to HIV/AIDS, only PAHO/WHO was there for Guyana, and now that there are many other partners, the Organization should not feel left out, since it had been part of the road to developing the comprehensive program. Guyana guarantees universal access to HIV/AIDS care and treatment and by the end of 2005: every woman in the reproductive health program will have access to prevention of mother-to-child transmission of HIV/AIDS (PMTCT); everyone will have access to voluntary counseling and treatment (VCT) and educational programs; and all persons living with HIV/AIDS will have access to care and support. PAHO/WHO was playing a significant part in this effort, and would continue to do so.

### **Plenary comments**

- The PRSP did not contain a good analysis of poverty and health and PRSP implementation is often not in line with the analysis done. There should be emphasis on Ministry of Health participation in the PRSP and its follow-up.
- Has PAHO/WHO's perception of its broker and coordination role among development partners been accepted by the Ministry of Health and other partners?
- The International Monetary Fund was not mentioned as a potential development partner.
- The Mississippi Chapter of the Guyana-US Partnership has professionals willing to assist with cardiac disease in children and male family planning in Guyana, among other issues.
- The Minister's personal courage in facilitating and supporting the manufacture of antiretroviral drugs in Guyana is to be commended, after a decision was taken that this was the only way to have them available locally.
- Given the Minister's characterization of PAHO/WHO as a lead partner in health development in Guyana, the country office vision should be modified to suggest improvement or strengthening of that role.
- Emphasis should be on the role of the Ministry in coordinating the development partners and the CCS must focus on how to help the Ministry with this role.
- Good data are needed to sustain programs – the CCS should emphasize this aspect, so that the Ministry of Health has good data to drive its presentations and requests to the Ministry of Finance.
- The gains must be protected.

## Responses to plenary comments

*The Minister of Health noted the following:*

- He has suggested 6 November 2005 as Malaria Day. This was the day in 1883 that a scientist discovered *P. falciparum*. In the appropriate forum, Guyana will introduce a resolution regarding Malaria Day in the Americas.
- Health was an integral part of the PRSP development - Ministries and communities were involved in its development. The President of the Republic of Guyana chairs a group monitoring the PRSP and there are annual PRSP reports.
- It would be a huge mistake for development agencies to pursue NGOs and omit the Government – this approach is not sustainable for national programs. NGOs may close their doors, but the Government cannot close its operations.
- The Guyana diaspora groups should work with the Government in their efforts to help Guyana. The Ministry of Health has protocols and guidelines to encourage collaboration. On their own, some NGO outreach actions will have no impact in the country and they need to assist in building capacity, working with the Ministry to address the health development agenda.
- He recognizes Dr. R. Ramroop, who responded to the request to produce ARVs, and approximately 500 persons are currently on this therapy.
- The Ministry is committed to meeting the target for MDG #5 (Improve maternal health) before 2015. Any doubts about the accuracy of data showing decreasing maternal mortality rates should also be applied to the information system in the 1990s which was not as accurate the current system, and which provided the baseline data.
- The health information system ultimately represents accountability to the people of Guyana and remains a priority for the country.
- Resource mobilization is important. The new PAHO Regional Program Budget Policy is an advance, but any system that results in a decrease in budgetary allocation for countries like Guyana will not work. This is not just about preserving the status quo, but increasing it.

*The PWR noted that:*

- The country office intends to work with the Ministry of Health to strengthen the Ministry's leadership in coordination.
- The suggested correction to the country office vision for the CCS will be made.
- Efforts will be made to have disaggregated, quality data analyzed and used for decision making. Mentoring of national counterparts would be an important strategy in this area.
- The CCS will be very useful in developing the country biennial program budget (BPB) to ensure consistency of actions in 2006-07.

*Other comments were as follows:*

- The wider support group for the CCS should involve representatives of international agencies, NGOs, and the Guyanese diaspora.

- Experience is that there is a large amount of goodwill, commitment, and resources among the Guyanese diaspora. Could there not be an attempt to assess what is available in the diaspora and analyze what could be harnessed and integrated into the implementation of the National Health Plan?
- PAHO/WHO's country presence is smallest in Guyana, of the five Key Countries. PAHO has been working with WHO Geneva to mobilize resources for Short Term Professionals in Epidemiology and to function as Program Officer with MCH skills. 3 By 5 resources will provide an HIV/AIDS Officer, and the Roll Back Malaria program supports a malariologist. These efforts have resulted in significant strengthening of the technical capacity of the office.
- PAHO/WHO can act as a broker for the convergence of goodwill and resources in NGOs and the Guyanese diaspora.
- There is need to mobilize the solidarity of other countries that are in a position to help Guyana, e.g. the Caribbean Community.

## CONCLUSION

Guyana Day was successful in indicating and promoting PAHO/WHO's main functions in Guyana for the period 2004-2007, in the context of the national health priorities emphasized by the Minister of Health. The Minister identified the Organization as the leading partner for technical cooperation in national health development, consistent with the enhanced role for PAHO in this arena that the CCS highlights.

The Guyana Day presentations and discussions sparked significant interest and produced several very useful suggestions for strengthening the contributions of NGOs and the Guyanese diaspora to national health development in the Republic of Guyana. Though no definite mechanisms for a wider group of external partners to support the implementation and follow-up of the CCS were identified during session, the level of interest augurs well for the involvement of such a group in the future.