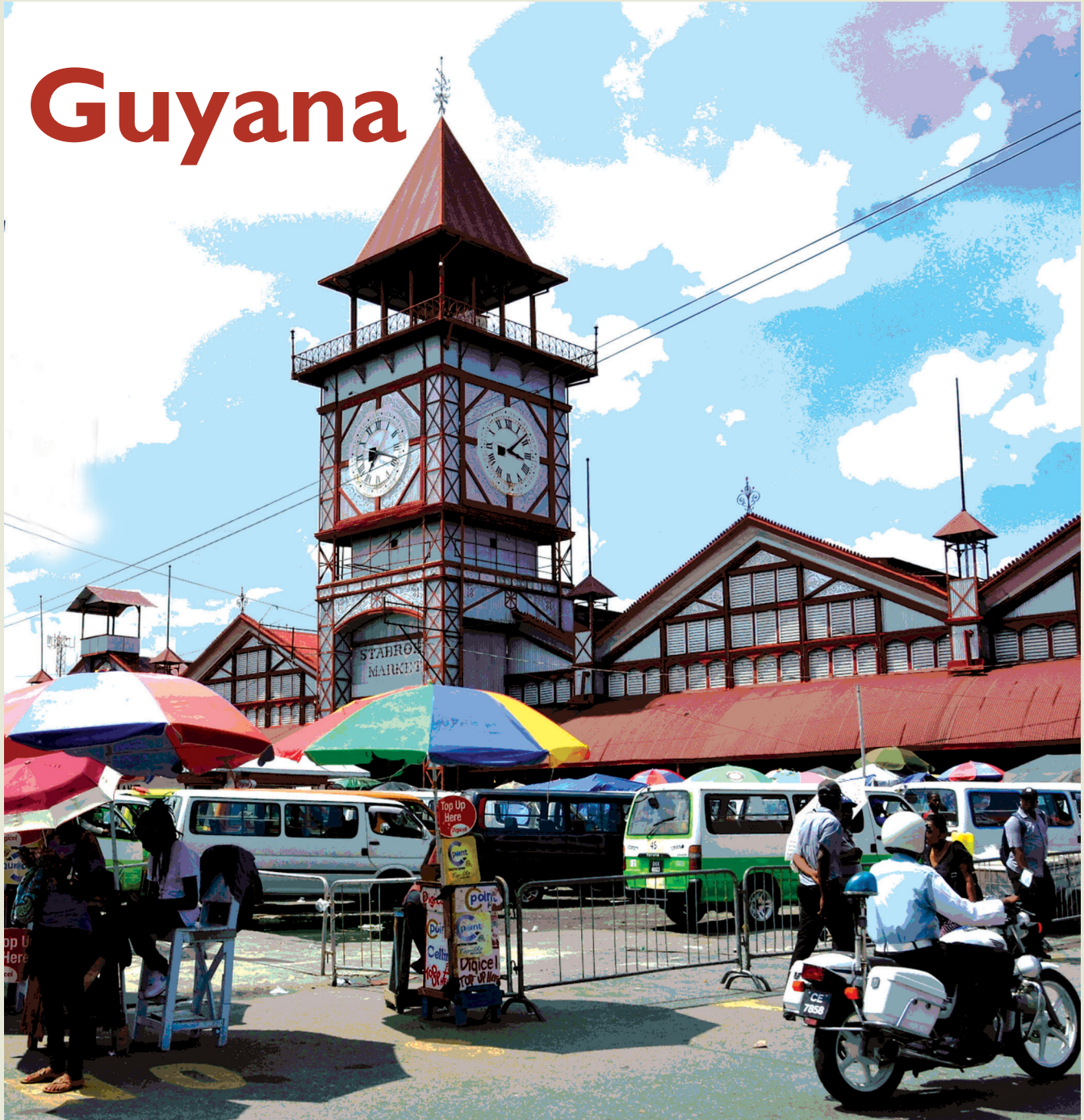


Guyana



Guyana is located on the northeastern coast of South America; it borders Venezuela to the west, Brazil to the south, and Suriname to the east. It is the only English-speaking country in South America. The country covers an area of approximately 215,000 km². Guyana obtained its independence from the United Kingdom in 1966, and has since been a member of the Commonwealth of Nations. The country is a republic governed under a Westminster system of government, with a president who is both the head of state and of government. Georgetown is the nation's capital. The country has 10 administrative regions, which, in turn, are divided into neighborhood democratic councils.

Guyana has a small and open economy, with a relatively limited domestic market, given its small population. Economic activity in the country increased by 2% in 2008 and by 3.6% in 2009. The per capita gross domestic product (GDP) was US\$ 1,911 in 2006 and US\$ 2,629 in 2009.

Sugar exports, primarily to the European Union, account for nearly 12% of GDP and more than 20% of the country's exports.

Life expectancy is 69 years for women and 63 years for men. With regard to the country's ethnic makeup, 43.5% of the population is of Indian origin, 30.2% of African descent, 9.2% Amerindian, and 16.7% mixed race.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Guyana is a party to international human rights treaties and has established constitutional commissions to address the rights of women, indigenous peoples, children, and ethnic groups. Amerindian women have the highest levels of poverty. The country's Amerindian Law of 2005 provides protection to indigenous peoples, and it has been instrumental in increasing from 6.4% to 14% these groups' control over the national territory.

Between 1993 and 2006, moderate poverty declined from 43.2% to 36.1% and extreme poverty from 28.7% to 18.6%. However, the proportion of total poverty remains high.

Between 1990 and 2009, the average years of schooling increased by approximately 3 years among women and 2 years among men.

Over the 2006–2010 period, improvements were made in basic water and sanitation services. The coastal populations have better access to drinking water than do people living in the interior. Guyana has developed a multisectoral nutrition and food security strategy.

THE ENVIRONMENT AND HUMAN SECURITY

Efforts to reduce air pollution due to deforestation and forest

Selected basic indicators, Guyana, 2006–2010.

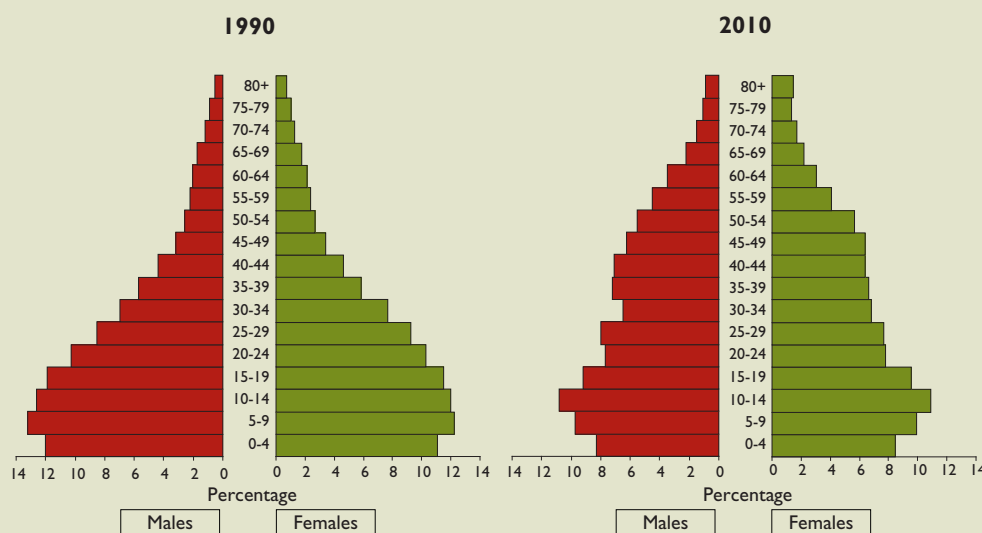
Indicator	Value
Population 2010 (thousands)	785.2
Poverty rate (%) (2006)	54.7
Literacy rate (%) (2009)	92.0
Years of schooling (2009)	9.3
Life expectancy at birth (years)	...
General mortality rate (per 1,000 population) (2010)	6.4
Infant mortality rate (per 1,000 live births) (2007)	20.3
Maternal mortality rate (per 100,000 live births) (2009)	92.2
Physicians per 1,000 population (2008)	0.5
Hospital beds per 1,000 population (2010)	2.3
DPT3 immunization coverage (%) (2010)	95.0
Births attended by trained personnel (%) (2009)	98.9

degradation have made good progress. Guyana is vulnerable to floods. Moreover, there are significant areas of mercury contamination in the northwestern part of the country.

The country's development strategy, which emphasizes low carbon emissions, has charted a new course for Guyana by focusing on the conservation of forest resources as a means to mitigate climate change. In exchange, Guyana receives carbon credits and allowances from global markets. In fact, Guyana is recognized as a global leader in the promotion of climate change mitigation.

Mortality due to traffic accidents declined from 171 deaths in 2006 to 125 in 2008.

Population structure, by age and sex, Guyana, 1990 and 2010.



“Health in All Policies” Approach

The places people live and work have a major impact on their health and social well-being. The ability of the Ministry of Health to integrate its work with that of other sectors—such as education, labor, and agriculture—is critical to improving the health of the population.

The “health in all policies” approach adopted by Guyana has been instrumental in calling attention to efficiently integrating health policy and programs into other sectors. Among the examples of this approach have been:

- *including strategies against HIV infection in the policies and programs of the tourism, education, and labor sectors*
- *implementing a health education and family life program in schools, with collaboration between the health and education sectors*
- *recognizing the health sector’s role in the country’s nutrition and food security strategy, which is headed up by the agricultural sector*
- *collaboration between the Ministry of Labor and the Ministry of Health to address occupational health problems*
- *cooperation between the Ministry of the Interior and the Ministry of Health to carry out suicide prevention programs*

HEALTH CONDITIONS AND TRENDS

Infant mortality declined between 2006 and 2010. Children under 1 account for 5.2% of all deaths, with the leading causes of death being respiratory infections and congenital malformations. Between 1991 and 2008, maternal mortality in the country decreased from 320 to 86 deaths per 100,000 live births, but it went back up to 92.2 deaths per 100,000 in 2009.

Immunization coverage levels approaching 98% are found among children under 1 year for tuberculosis, diphtheria, tetanus, whooping cough, and hepatitis B, and the levels for poliomyelitis and measles are around 97%. Ninety percent of newborns receive the tetanus vaccine. In 2010, the rotavirus vaccine was introduced into the country’s vaccination schedule, followed by the pneumococcal pneumonia vaccine in 2011, and plans were in place to begin administering the human papillomavirus (HPV) vaccine in girls 11 years of age by the end of that same year.

The prevalence of sexually-transmitted infections—which had risen between 2007 and 2009—declined in 2010. The increase had been partly attributable to improvements to the country’s surveillance system. The

prevalence of tuberculosis declined from 17.9 to 14.8 per 100,000 population between 2005 and 2008. Moreover, 30 cases of influenza A(H1N1) were detected between 2009 and 2010.

The prevalence of HIV in adults declined from 2.2% in 2004 to 1.1% in 2009. In addition, the proportion of deaths attributed to AIDS fell from 9.5% of all deaths in 2005 to 4.7% in 2008. This success is attributed to several interventions, such as the country’s annual weeklong HIV testing campaign. In addition, the percentage of HIV-infected pregnant women decreased from 43% to 41% of the total population living with the virus between 2005 and 2008. All pregnant women are offered antiretroviral therapy. Monitoring of drug resistance to antiretroviral drugs is now under way in Guyana.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The Ministry of Health exercises the steering role in health system policies, which are based on primary care. The health system is decentralized and includes primary, secondary, and tertiary care establishments distributed among all 10 administrative regions.

Responsibility for health services delivery is increasingly being delegated from the neighborhood democratic councils to the regional health authorities and the Georgetown Public Hospital Corporation, which are semiautonomous care suppliers with legislative authority.

The country has had an increase in enrollment in programs that prepare nurses, physician assistants (the Medex program), and other health professionals. Medical school scholarships have increased, and graduate-level medicine and nursing programs have opened.

The Ministry of Health is adopting models such as integrated management of childhood illness and integrated treatment of illness affecting adults and adolescents.

In 2010, a sex crimes law was enacted to strengthen gender-based violence prevention. Also in 2010, a disabilities law was enacted guaranteeing rights and freedoms and defining the responsibilities of various sectors, including health.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The country actively promotes technology and information initiatives. In addition, Guyana is in the process of

preparing a unified domestic health research agenda for the 2010–2015 period.

MAIN CHALLENGES AND PROSPECTS

Although poverty has decreased, the total poverty rate is still high: 55.1%, including extreme poverty of 19%. This persistent poverty presents a fundamental challenge that must be addressed in order to affect the aspects of health that are related to social determinants.

Limitations persist with the quality of water and sanitation, which are reflected in high rates of diarrheal diseases among children between 1 and 5 years—as high as 30.8% in some areas of the country.

In 2001, Guyana was certified as free of foot-and-mouth disease. However, because the disease continues to be present in at least one neighboring country, surveillance along all borders is crucial to maintaining the country's certification, which is vital to the expansion of the livestock industry. Measures and interventions currently under way to strengthen the country's basic capacity to implement the International Health Regulations (2005) will help facilitate this process.

Between 2006 and 2008, the leading causes of death among the 15 to 24 years age group were suicide (24%) and malignant neoplasms (4.6%). In 2006, the leading causes of death in the 25 to 44 years age group were AIDS (17%), suicides (13.6%), traffic accidents (11%), homicides (9.9%), and neoplasms (5.3%). Among the population under age 65, the leading cause of death was ischemic heart disease (17%), and among people over age 65 it was cerebrovascular disease (17.4%).

Between 2005 and 2008, the leading causes of morbidity were viral respiratory infections, malaria, hypertension, skin disorders, accidents and injuries, and diabetes.

Malaria remains a significant problem. It is endemic in the interior of Guyana. The number of dengue cases increased from 258 in 2006 to 1,468 in 2010. The country conducts surveillance to control larval and adult *Aedes aegypti*, which are prevalent along the coast as well as inland. Leishmaniasis is common, with 56 cases being reported between 2002 and 2007.

In 2008, chronic, noncommunicable diseases accounted for 60% of deaths. Of these, cancer was responsible for 20% and diabetes for 10%. Cervical cancer rates are higher among Amerindian women, which is

attributed to factors such as the early initiation of sexual relations, the prevalence of HPV (22.8%), and average fertility of 4.5 children per woman.

Mental disorders and the use of psychoactive substances are major public health challenges. In 2009, a new mental health policy was proposed. In the 2004–2006 period, suicide was the seventh leading cause of death overall, as well as the leading cause of death among those 15–24 years old and the third leading cause of death among those 25–44. The prevalence of suicide was 24 per 100,000 population, more than twice the world prevalence. A study of suicide risk factors is under way, and the results are expected soon for a retrospective suicide study that was begun in 2010.

In Guyana, there are regional differences in the causes of death that warrant research. Unmet demand for contraception services among the population in the 15 to 19 years age group approaches 35%.

There is a need to develop an integrated model of service delivery in order to carry out and expand the package of health services that have a public guarantee.

A majority of the country's physicians (57.5%) work in the private sector. The country has a dearth of highly skilled and trained human resources; consequently, foreigners fill approximately 90% of these jobs. The country has difficulty attracting and retaining trained staff due to low wages, difficult working conditions, and the absence of a comprehensive plan for human resources development. The lack of adequate compensation and incentives for jobs in the interior of the country results in a low number of professionals working there. Many nurses have emigrated from Guyana in search of better professional opportunities, higher quality of life, and better working conditions. Addressing this problem poses an enormous challenge for the country.

In general, the performance and results of the health system have been improving. The challenge now focuses on hiring and retaining sufficient numbers of trained health workers, and on ensuring the population has equitable access to comprehensive, good-quality health care services.

The country needs to strengthen its health information systems, determine the costs of health care services, and evaluate and follow up on those findings.

Among the main challenges facing the country are to improve maternal and child health and to adopt an integrated approach to controlling and preventing chronic, noncommunicable diseases, as well as HIV and other significant infectious diseases.