World Health Organization

Country Cooperation Strategy at a glance

Guyana

http:// www.who.int/countries/en/

WHO region	Americas
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2009)	23.3
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	97
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	63.9 (Male) 66.2 (Female) 68.5 (Both sexes)
Population (in thousands) total (2015)	767.1
% Population under 15 (2015)	28.8
% Population over 60 (2015)	8.3
Poverty headcount ratio at $1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	85
Gender Inequality Index rank (2014)	114
Human Development Index rank (2014)	124
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.25
Private expenditure on health as a percentage of total expenditure on health (2014)	40.55
General government expenditure on health as a percentage of total government expenditure (2014)	9.45
Physicians density (per 1000 population) (2010)	0.214
Nursing and midwifery personnel density (per 1000 population) (2010)	0.531
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	20.0 [13.2-30.5]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	32.4 [22.1-48.3]
Maternal mortality ratio (per 100 000 live births) (2015)	229 [184 - 301]
Births attended by skilled health personnel (%) (2014)	85.7
Public health and environment	
Population using improved drinking water sources (%) (2015)	98.2 (Urban) 98.3 (Rural) 98.3 (Total)
Population using improved sanitation facilities (%) (2015)	83.7 (Total) 82.0 (Rural) 87.9 (Urban)

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

There have been significant positive strides in health since the development of the last Country Cooperation Strategy in 2010. These include: increased life expectancy; reduction in maternal and child mortality; high levels of immunization coverage; greater awareness of environmental health issues; and improved water and sanitation facilities.

The country is in epidemiological transition. The non-communicable diseases are major causes of morbidity and mortality. In 2012, based on the Pan America Health Organization (PAHO) Mortality Data, non-communicable diseases accounted for the first five leading causes of death. Violence and injuries and intentional self-harm also contribute significantly to the mortality rate.

There is still a significant burden of communicable diseases. Human Immunodeficiency Virus, influenza and pneumonia were the sixth and ninth leading causes of death respectively in 2012. Data from the Ministry of Public Health (MoPH) show a reduction in the incidence of malaria and filaria in 2015; however, in 2015 the incidence of HIV was higher than in 2014 and tuberculosis incidence increased from 73/100.000 in 2014 to 75/100,000 in 2015.

There is a very successful immunization programme and trained health personnel attend nearly all births. A progress report on the MDGs in 2011 indicated that the following targets had been met: halving the proportion of people suffering from hunger; education, gender equality; reducing the under 5 mortality rate by two-thirds; combating HIV/AIDS, malaria and other diseases; environmental stability and water and sanitation. A Millennium Development Goal (MDG) Acceleration Framework (MAF) and a MAF Action Plan were developed with the focus on improving maternal health. Some key gaps and challenges include financing of the health sector; improving human resources; ensuring equitable coverage to hinterland communities; strengthening health governance; strengthening information systems; and improving access to medicines.

HEALTH POLICIES AND SYSTEMS

"Health Vision 2020" A National Health Strategy for Guyana 2013-2020 was developed through a wide-ranging consultative process with key stakeholders (government, civil society, private sector, local and international non-governmental organizations and development agencies including the Pan American Health Organization/World Health Organization). Its two pillars are Universal Health and Addressing the Social Determinants of Health. The document was endorsed at the highest level in the country. A mid-term review was conducted in 2015 and based on the findings an implementation plan was developed and costed.

Key health interventions have been the use of WHO's Service Availability and Readiness Assessment survey (SARA) and the Package of Essential Health Services to improve equitable distribution of services in the five levels of health care and identifying essential health care for the country. Guyana is a signatory to the Framework Convention on Tobacco Control. The National Tobacco Control Act was finalized in consultation with a wide range of stakeholders in preparation for tabling and passage in Parliament.

The country has made progress with the implementation of the International Health Regulations. A review done for the 68th World Health Assembly 2015 showed full compliance in areas such as legislation, policy, financing, human resources and zoonotic events. Some areas such as points of entry, the ability to manage chemical and radionuclide risks and laboratory capacities have not been achieved. The MoPH has requested an extension to have full implementation of the IHR by 2016; however, it is likely that this goal will be met at a later date.

COOPERATION FOR HEALTH

Guyana has benefitted from support from several donors; however, there are weak mechanisms for coordinating and harmonizing aid-flows into the country. Donors and other agencies at times work collaboratively to support health service delivery. There are several United Nations (UN) agencies and programmes resident in Guyana (UNDP, UNICEF, UNFPA, UNAIDS, FAO, and PAHO/WHO. There has been close collaboration and cooperation among the various UN agencies which has resulted in very successful joint activities with reduced duplication. The MAF and the UN Joint Programme on HIV/AIDS are the main examples of joint action in health. The United Nations Development Assistance Framework (UNDAF) was developed for the period 2012-2016. The UN Multi-Country Sustainable Development Framework for the Caribbean 2017-2021 has been developed and pillar 2 deals with Universal Access to quality health care services and systems improved. One of the main donors to health is the United States President's Emergency Plan for AIDS Relief (PEPFAR). The Global Fund for HIV/AIDS, Tuberculosis and Malaria also contributes significantly to the health sector. In 2014 donor expenditure in health was 7.18% of Total Expenditure on Health down from 40.7% in 2008. Guyana has made significant contributions to the global health agenda. Health Vision 2020 notes that the country has been a key player in bringing international attention to the development challenges faced by low-income countries seeking to respond to climate change concerns. The Country participates in international fora to address development cooperation. At the sub-regional level, Guyana participates in the Caribbean Cooperation in Health Initiative which is now in its fourth phase. The country has also served as President of the World Health Assembly, PAHO Directing Council and represented Latin America and the Caribbean at the Board of the Global Fund for AIDS, TB and Malaria. A specific recommendation of the National Health Plan is the consolidation of all funding sources into a National Health Fund; however, the Fund has not been established as yet. The Country Coordinating Mechanism (CCM) used with the Global Fund is seen as a model which can be applied to other projects.

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WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2020)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Strengthening health systems for universal health	Focus Area 1: Strengthened health systems capacity with emphasis on governance and stewardship Focus Area 2: Enhanced capacity to develop and implement strategies for health financing Focus Area 3: Scaled up repose to increase equitable access to quality, people centered and equitable, integrated service delivery
STRATEGIC PRIORITY 2: Achieving health and well-being throughout the life course	Focus Area 1: Strengthened health services for mothers, newborns and children Focus Area 2: Improved access to health interventions for adolescents and youth Focus Area 3: Increased access to health interventions for adults and the elderly
STRATEGIC PRIORITY 3: Promoting safe, resilient, healthy environments	Focus Area 1: Improved access to quality water and sanitation and health-related risks monitored and controlled Focus Area 2: Strengthened human and institutional capacity to address climate change, disaster preparedness and response Focus Area 3: Scaled up interventions for the promotion of health-supportive environments including control of air, soil and water pollution.
STRATEGIC PRIORITY 4: Reducing the burden of non-communicable diseases	Focus Area 1: Strengthened early detection and management of NCDs, risk factors, mental health, violence and injuries Focus Area 2: Improved surveillance and monitoring of NCDs, risk factors, mental health, violence and injuries Focus Area 3: Scaled up health promotion and interventions to address NCDs, risk factors, mental health, violence and injuries
STRATEGIC PRIORITY 5: Reducing the morbidity and mortality due to communicable diseases	Focus Area 1: Strengthened capacity for the integrated management and control of malaria, other vector-borne diseases and NIDs, towards the subsequent elimination of local transmission of some of these diseases Focus Area 2: Scaled up interventions to address HIV, other STIs and Tuberculosis Focus Area 3: Improved capacity to respond to new, emerging and re-emerging diseases and emergencies

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