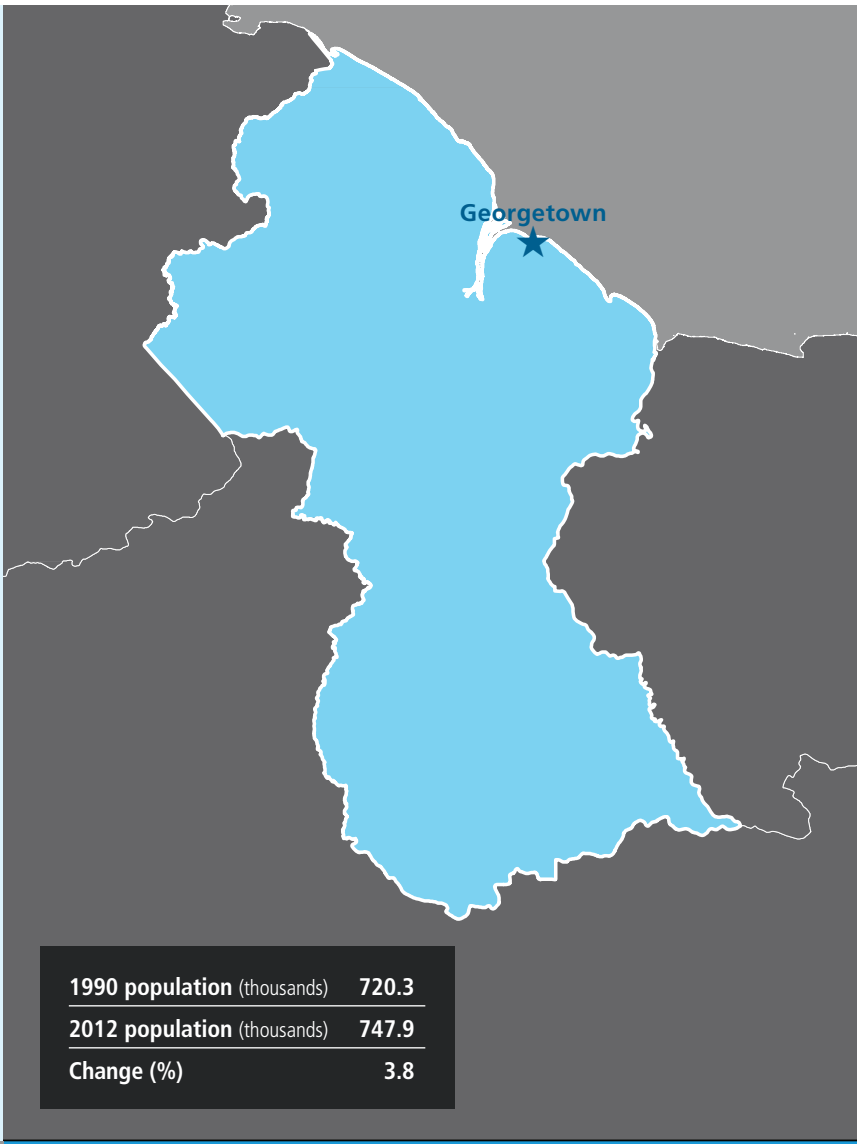
GUYANA

SELECTED BASIC INDICATORS

1990–2015

	1990 value	Value and year	Change (%)
Gross domestic product (US$ per capita)	...	3,724 (2015)	...
Human development index	0.541	0.636 (2013)	17.4
Mean years of schooling	6.8	6.4 (2014)	-5.7
Improved drinking-water source coverage (%)	79.0	98.0 (2015)	24.1
Improved sanitation coverage (%)	76.0	84.0 (2015)	10.5
Life expectancy at birth (years)	62.0	66.0 (2014)	6.5
Infant mortality (per 1,000 live births)	47.1	23.9 (2013)	-49.3
Maternal mortality (per 100,000 live births)	...	...	...
TB incidence (per 100,000 population)	90.0	71.3 (2013)	-20.7
TB mortality (per 100,000 population)	7.5	16.0 (2013)	113.3
Measles immunization coverage (%)	53.0	100.0 (2015)	88.7
Births attended by trained personnel (%)	...	99.7 (2015)	...



1990 population (thousands)	720.3
2012 population (thousands)	747.9
Change (%)	3.8

Guyana lies on the northeastern coast of South America and borders Suriname, Venezuela, and Brazil. It includes two distinct areas: the coastal area and the interior (or rural interior). It comprises an area of 215,000 km^2 and is divided administratively into 10 regions.

Although the official language is English, at least eight other languages and dialects are also spoken.

Between 2010 and 2015, its population grew by only 0.7%; at times, the country has even experienced negative growth. Its population is multi-ethnic: Indo-Guyanese (40% of the total population), Afro-Guyanese (26%), Amerindian (11%), and ethnically mixed (20%). The Chinese, Portuguese, and white populations together constitute less than 1% of the total population.

Guyana's population structure was expansive in 1990, but its population pyramid has become irregular, with certain age groups predominating as a result of various migrations. Life expectancy at birth was 66 years in 2014.

In 2015, per capita gross domestic product (GDP) was US$ 3,724. Agriculture, forestry, and the fishing and mining industries accounted for 28% of GDP.

SOCIAL DETERMINANTS OF HEALTH

The adult literacy rate was 85% in 2012 (82% among men, 87% among women). Education is free and compulsory between the ages of 5 and 16.

In 2015, the overall unemployment rate was 6.9%; this rate was higher among youth (25.1%). Some 18.3% of children between the ages of 5 and 17 performed some type of child labor.

In 2012, households with female heads of household were most common in urban areas, accounting for 44% of urban households.

The community of Amerindian ancestry lives mostly in the interior. It is the most vulnerable social group, with the country's highest poverty levels and lowest health indicators.

Approximately 7% of households cook with solid fuels, with this figure being particularly high in the interior (31%).

In 2014, 83% of households had improved drinking water sources and sanitation (90% in urban areas, 81% in rural areas, 88% in coastal areas, and 55% in the interior).

The 2012 census showed a positive net flow of people returning to the country's interior from abroad, along with a negative net flow of residents from the coastal area emigrating abroad.

As of mid-2016, with the discovery of new oil deposits, the World Bank classified Guyana as a medium-high-income country; the minimum wage in Guyana is US$ 3,000 per year.

The greatest impact of climate change has been the increased incidence of vector-borne, water-borne, and food-borne diseases.

HEALTH SITUATION AND THE HEALTH SYSTEM

There were 18 maternal deaths recorded in 2013: 1 at 18 years of age, 9 between the ages of 20 and 29, 3 between the ages of 30 and 34, and 5 over the age of 35. Ninety percent of births were attended by skilled personnel; however, only 74% of births in the interior took place in institutional settings, with the remainder occurring in the home. That year, 12% of deliveries were by cesarean section.

In 2014, the under-5 mortality rate was 23.9 deaths per 1,000 live births.

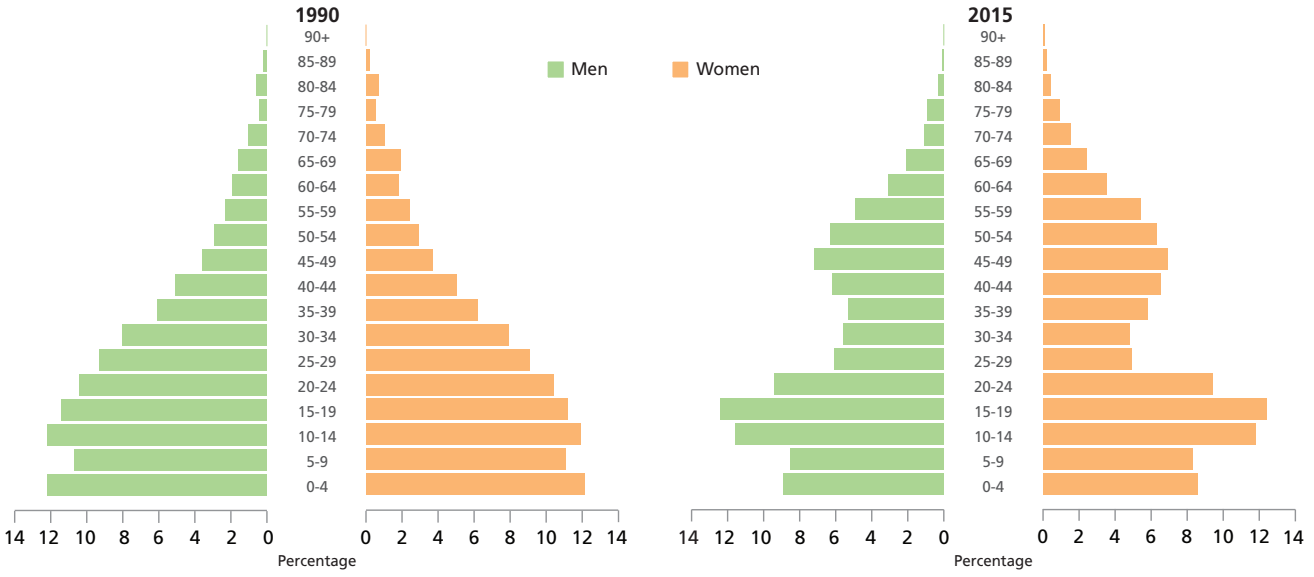
Mild to moderate malnutrition among children under 5 declined from the 2010 level of 5% to around 2% in 2011-2015.

In 2015, vaccination coverage for all antigens (BCG, pentavalent, oral polio vaccine, and inactivated polio vaccine) remained at 90% among children under 1, except when a new vaccine was incorporated in the schedule.

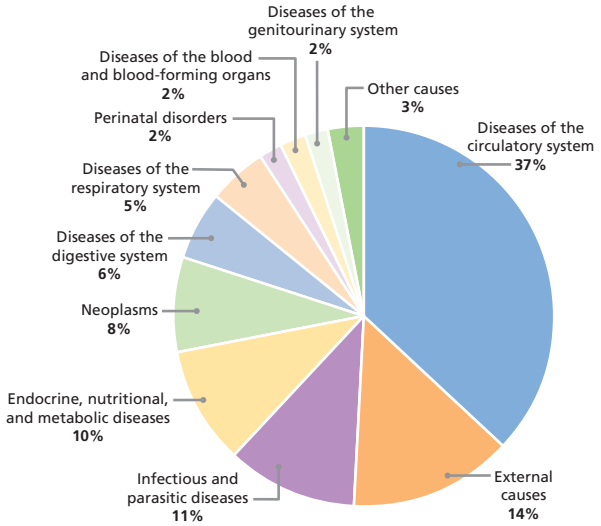
In 2012, 37% of deaths were due to diseases of the circulatory system, 14% to external causes, and 11% to infectious and parasitic diseases.

The leading specific causes of mortality in men were ischemic heart and cerebrovascular disease; for women, they were cerebrovascular disease, malignant neoplasms, and ischemic heart disease.

Distribution of the population by age and sex, Guyana, 1990 and 2015



Proportional mortality (% of all deaths, all ages, both sexes), 2012



Of the total population, 5.1% is aged 65 or over. This group accounts for 42.4% of deaths, with the leading causes being cerebrovascular disease, ischemic heart disease, diabetes mellitus, neoplasms, and hypertensive heart disease.

In 2014, 12,353 cases of malaria were reported, a dramatic reduction from the 30,542 recorded for 2013. Between 2010 and 2014, 150 cases of leishmaniasis and 19 cases of Chagas disease were reported. The chikungunya virus was detected for the first time in 2014, and in late 2014, there were over 5,000 suspected cases. Zika virus was detected in 2016.

In 2015, 508 cases of tuberculosis were detected. In 2015, 915 new cases of human immunodeficiency virus (HIV) infection were reported, with a TB/HIV coinfection rate of 20%.

No information is available on the national prevalence of hypertension, but surveillance of the disease indicated that 81,608 patients with hypertension were being seen in the public health system in 2014.

There were 6,518 cases of cancer reported between 2003 and 2012, with an average incidence of 86.7 cases per 100,000 population. The most common types were breast cancer, cervical and uterine cancer, and prostate cancer.

The adjusted suicide rate is estimated at 16.04 per 100,000 population. That is 1.5 times the world rate of 11.4, and three times the 5.2 rate of the middle- and low-income countries of the Region of the Americas. The rate in Guyana is four times higher in men than in women.

In 2015, the prevalence of underweight in children under age 5 was 8.5%, while the prevalence of stunting and wasting was 12% and 6.4%, respectively. These problems were more prevalent in the interior and in rural areas, among the poorest households, and among the children of mothers without formal education.

The Ministry of Public Health has centralized functions in technical aspects of health and operates administratively on a decentralized basis at the regional level. In the various administrative regions, the regional democratic councils control the health budget, while the Ministry of Public Health is responsible for the delivery of services.

Health care is organized through a five-level referral system. Level I includes 214 health posts; level II, 136 polyclinics and health centers; level III, 21 district or community facilities; level IV, 5 regional hospitals and diagnostic facilities; and level V, the Georgetown Public Hospital (GPHC).

There are quality gaps in the delivery of services, particularly in primary care. These problems are greater in the country's interior.

In 2014, the country had 13.3 physicians and 30.5 nurses and midwives per 10,000 population. In 2013, 2,069 nurses and nursing auxiliaries were certified to work in Guyana. In 2013, the country had 55 dentists for the entire population (6.9 per 100,000 population) and 57 dentistry offices.

Guyana's Human Resources Plan of Action 2011-2016 presents a comprehensive plan to address the country's challenges and deficiencies with regard to human resources in health.

Human resources training and development take place in two main settings. The University of Guyana offers degrees in medicine, nursing, pharmacy, medical technology, and radiography. The Division of Health Sciences Education of the Ministry of Public Health trains mid-level health workers and primary health care workers.

The various systems within the health sector are fragmented and lack intercommunication. Political, technical, and financial backing is needed to develop infrastructure, recruit skilled human resources, and support technological sustainability. In 2015, only 57.8% of information from health facilities reached national authorities; thus, underreporting of mortality and morbidity is high.

ACHIEVEMENTS, CHALLENGES, AND OUTLOOK

In 2013, the "Guyana Health Vision 2020" strategy was rolled out, outlining strategic objectives and interventions to address the disease burden in three categories: chronic diseases; accidents, injuries, and violence; and mental health.

This strategy has three goals: (1) to promote the well-being of the people of Guyana; (2) to reduce health inequalities; and (3) to improve the delivery of quality, evidence-based health services capable of addressing people's needs.

The main health problems that Guyana faces are noncommunicable diseases, mental disorders (suicide), HIV infection and tuberculosis, vector-borne diseases, and not enough trained health workers.

Malaria is a major concern in Guyana. Its transmission has always been linked to migration from the coast to the interior regions, where people move to participate in economic activities associated with the extractive industries (mining and wood).

In 2016, a number of entities were created to discuss and prioritize the country's health challenges and constraints in the context of inequities and multisectoral participation. The strategies, which are scheduled to sunset at different times, are designed to expand access to equitable, quality, comprehensive health services.

A further objective is to reorient health funding modalities to increase efficiency and public and multisector investment in areas related to health.

Administration and governance need to be improved to redefine the functions and structure of the Ministry of Public Health to effectively address health inequities.

Intersectoral collaboration also needs to be improved (through strategic partnerships), by formalizing the health commissions in the Government cabinet and creating interministerial technical groups that include the participation of the regional administrative level.

These various strategies will help dynamically transform Guyana's health system to achieve universal health and reduce inequalities.

ADDITIONAL POINTS

The country has the opportunity to achieve significant economic growth in the short term, due to the discovery of new oil deposits in mid-2016. This is expected to have a major short-term impact on the well-being of the country's population.

Guyana's police force has committed to reducing crime and violence and has outlined priorities in its Strategic Plan 2013-2017, which includes modernization of the force. The plan's operational priorities are to address the issues of drugs, domestic violence, juvenile delinquency, and human trafficking.

The Government of Guyana has legislation in place that could help combat drug trafficking and money laundering more effectively. In January 2015, a new strategic plan to combat drugs in the 2015-2020 period was implemented.

The Government is also making major efforts to fully comply with the minimum standards for the elimination of human trafficking, for which it launched an action plan in 2014.

In May 2010, the Government of Guyana presented its initial national version of the global low-carbon model: Guyana's Low Carbon Development Strategy. This strategy provides an innovative approach to ensuring low deforestation rates and encourages the creation of a resilient low-carbon economy that takes the effects of climate change into account.