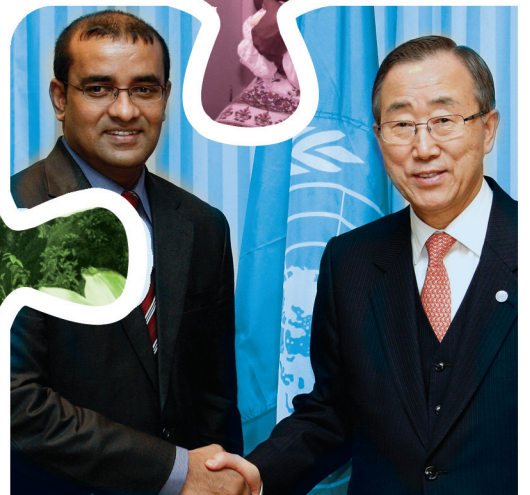
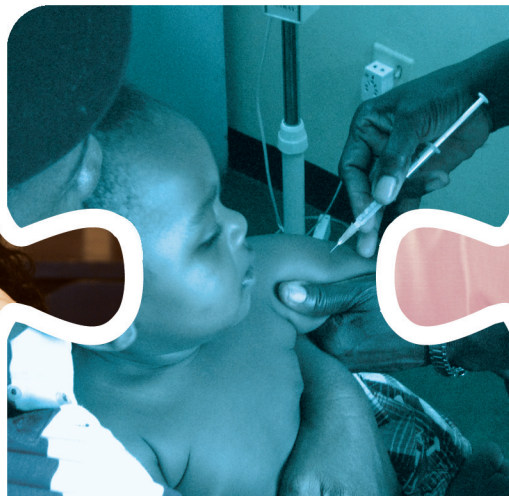




Millennium Development Goals

GUYANA

Progress Report 2011



*Millennium
Development
Goals*

GUYANA

Progress Report 2011



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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome	HBS	Household Budget Survey
BBSS	Biological and Behavioural Surveillance Survey	HCFCs	Hydrochlorofluorocarbons
BCC	Behavioural Change Campaign	HIES	Household Income and Expenditure Survey
BIT	Board of Industrial Training	HIPC	Heavily Indebted Poor Country
BOS	Bureau of Statistics	HIV	Human Immunodeficiency Virus
BNP	Basic Nutrition Programme	ICT	Information Communication Technology
CARICOM	Caribbean Community	ICT4D	Information Communication Technology
CBD	Convention on Biological Diversity	ICT	Information Communication Technology
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	ICT4D	Information Communication Technology for Development
CFCs	Chlorofluorocarbons	IDB	Inter-American Development Bank
CHPA	Central Housing Planning Authority	IDCE	Institute of Distance Continuing Education
COCA	Community Owned Conservation Area	IEC	Information, Education and Communication
CPCE	Cyril Potter College of Education	IMCI	Integrated Management of Childhood Illness
CRMA	Central Recruitment Manpower Agency	KAP	Knowledge, Attitude and Practice
CSME	Caribbean Single Market Economy	LCDS	Low Carbon Development Strategy
DAC	Development Assistance Committee	LLIN	Long Lasting Impregnated Nets
DOTS	Directly Observed Treatment Short course	LMIS	Labour Market Information System
E-HIPC	Enhanced Highly Indebted Poor Country (initiative)	MDG	Millennium Development Goal
EPA	Environmental Protection Agency	MDRI	Multilateral Debt Relief Initiative
EPI	Expanded Programme on Immunisation	MFN	Most Favoured Nation
EU	European Union	MLHSSS	Ministry of Labour, Human and Social Security Services
FSW	Female Sex Worker	MICS	Multiple Indicator Cluster Survey
GDP	Gross Domestic Product	MMR	Measles, Mumps and Rubella
GEML	Guyana Essential Medicines List	MMU	Material Management Unit
GOINVEST	Guyana Office for Investment	MOE	Ministry of Education
GWI	Guyana Water Incorporated	MOH	Ministry of Health
GYD	Guyana dollars	MoU	Memorandum of Understanding
		MSM	Men who have sex with men

NCD	National Commission on Disability
NCS	National Competitiveness Strategy
NER	Net Enrolment Ratio
NGO	Non-Governmental Organisation
NIS	National Insurance Scheme
NPV	Net Present Value
NTPYE	National Training Programme for Youth Entrepreneurship
ODA	Official Development Assistance
OECD	Organisation for Economic Cooperation and Development
PEPFAR	President's Emergency Plan For AIDS Relief
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PRS(P)	Poverty Reduction Strategy (Paper)
RDC	Regional Democratic Council
REDD	Rural Enterprise and Development Project
REDD+	Reducing Emissions from Deforestation and Forest Degradation
RPP	Readiness Preparation Proposal
SFP	School Feeding Programme
TB	Tuberculosis
UG	University of Guyana
UN	United Nations
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
VCT	Voluntary Counselling and Testing

Diagram Key

Actual Data Points



Represent actual values given by verified sources of Government data

Path to MDG






Calculated on the basis of initial position at earliest known year to the desired position given MDG target, by way of linear trend

Linearly Projected Value



Given the trend of actual data points, this line represents the linear trend towards the MDG target by 2015

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Foreword



In the year 2000, Guyana, along with 188 other countries, adopted the United Nations Millennium Declaration which captured and distilled previously agreed goals on international development in the form of eight concrete and measurable development objectives. These have become widely known as the Millennium Development Goals (MDGs). They address extreme poverty, hunger and disease, promote gender equality, education and environmental sustainability, target health care and include a commitment to building a global partnership for development.

This *Millennium Development Goals Progress Report 2011* is the third report produced by the Government of Guyana since the adoption of the Millennium Declaration in 2000. Reports which charted the country's progress towards attainment of the eight MDGs were completed in 2003 and 2007. Now, one decade and one year after the historical commitment to cut extreme poverty in half through the implementation of eight measurable and time-bound goals, Guyana completes this latest assessment of its performance against these crucial development objectives.

The main purpose of the *Report* is to assess the progress made thus far in the attainment of the MDGs in Guyana. It is issued at the four year marker before the targeted deadline of 2015, to take stock of the country's position at this critical juncture. This document reports not only on how successful the Government has been in moving towards the goals and their associated targets, but also identifies key priorities for action.

I am particularly pleased to note that Guyana's strong macroeconomic performance since the last status report has served as a solid foundation upon which the country's quest to meet the MDGs has been based. Against a background of global recession and regional uncertainty, our country recorded a fifth consecutive year of positive economic growth in 2010, a trend that has continued through the first half of 2011. By virtue of Guyana's prudent macroeconomic management, there has been increased fiscal space for spending in MDG-related social sectors.

Guyana's progress towards the attainment of the MDGs has been substantial. This *Report* indicates that Guyana has already met the targets for nutrition and child health, and is on track to achieve the goals relating to education, water and sanitation, and HIV/AIDS. However, it is important to note that some targets, such as those relating to maternal health, still require more effort in the years to come.

With four years to go to the targeted completion date of 2015, this *Report* should serve to reinvigorate our country's resolve to successfully meet the MDGs, which are critical elements of our own national development agenda. The *Report* provides a comprehensive set of information on our progress towards the MDGs, and is expected to inform policy and budgetary decisions, dialogue and advocacy at all levels. It is envisaged that this *Report* will be a key input into national decision making on socio-economic investments, public resource allocations and management.

The *MDG Progress Report 2011* has been compiled in collaboration with a wide group of stakeholders and is the result of an intense, broad consultative process based on efforts, resources and inputs from several Government Ministries and Agencies, with the invaluable support of the United Nations in Guyana. The *Report* provides succinct information on key development areas, the promulgation of which will hopefully enrich discussions on national planning and will conduce to concrete actions for the enhancement of living conditions for all Guyanese citizens.

I wish to thank all stakeholders for partnering with the Government in our national efforts to realise the Millennium Development Goals, and take the opportunity to exhort the international community to honour its global commitments as we look forward to increased and continuing support in consolidating the significant gains made thus far and in confronting the challenges that remain ahead.

A blue ink handwritten signature, consisting of several loops and a long horizontal stroke extending to the right.

Honourable Dr. Ashni K. Singh, M.P.
Minister of Finance
Republic of Guyana

Introduction

Background on Millennium Development Goals

In the year 2000 at the General Assembly of the United Nations, a consensus was reached that more needed to be done to assist impoverished nations. A global response was fashioned through the formulation of eight international development ideals which all nation signatories pledged to pursue and meet by the year 2015. These eight ideals, which became known as the Millennium Development Goals (MDGs), aim to improve human welfare through economic and social improvements.

The Millennium Development Goals are to:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability, and
- Develop a global partnership for development

Associated with each Millennium Development Goal are related targets and a series of measurable indicators¹ which provide a more precise framework for pursuit of and reporting on outcomes.

Objectives of Report

The *Guyana Millennium Development Goals (MDG) Progress Report 2011* is a key monitoring instrument to assess various socio-economic policies. The overall aim of the *Report* is to track and analyse the country's progress towards the achievement of the MDGs, but on a wider level, it serves as a report on national efforts to reduce poverty. The findings of the *Report* are expected to influence Government processes, decision-making and resource mobilisation and allocation efforts. Furthermore, the key findings are expected to be used as a means to both enlighten and heighten development discussions among all national stakeholders, including Guyana's development partners.

The specific objectives of this third *MDG Progress Report*, produced by the Government of Guyana, are to:

- Examine how the country has progressed on the goals, targets and indicators since the last progress report;
- Determine how much further progress is required from the country to meet the goals by 2015;
- Assess the likelihood of the MDG targets being met by the 2015 deadline;
- Review existing policies and strategies which contribute towards achievement of the goals;
- Identify the key challenges and bottlenecks impeding progress on the MDGs; and,
- Highlight for each of the goals, key areas and actions that Government has prioritised to accelerate progress towards achievement of the goals.

¹ See Annex 1 for a table containing the complete list of MDG targets and indicators

Methodology

In the wake of the dissolution of the Policy Coordination and Programme Management Unit (PCPMU) at the Office of the President, which coordinated the production of the two previous progress reports, the Ministry of Finance assumed responsibility for coordination and production of this report, and benefited from support by the UNDP.

The *MDG Progress Report 2011* is the outcome of a participatory approach utilised in compiling data on the progress Government has made towards achieving the MDGs by 2015. In the first stage of the process, a consultative forum was held with key Government stakeholders from the relevant agencies to explain the objectives of the report as well as their expected roles in contributing to the report through the provision of data and other relevant information.

Follow-up sessions were held with the agencies to retrieve requested data, clarify questions where necessary and to assist in the drafting of sector analyses. To supplement the support provided to agencies, a technical workshop was held, which provided more insight and training on techniques and approaches to produce the desired outcome for the report.

The *Report* relies on quantitative and qualitative data collected largely from routine information systems and national periodic surveys, sourced throughout the document. While the year 1990 serves as the standard global baseline for the assessment of progress towards achieving the MDGs, it has not been possible in all cases to source local data from this reference year. In the current Report, where data from 1990 are not available, the next available data points are utilised. Data collected are analysed using descriptive statistics such as percentages, average annual rates of change and deviations. For clarity and understanding, the *Report* uses standardised graphs which present data in the format of actual, desired and projected trends, where possible.

Additionally, the *Report* passed through rounds of technical and policy reviews at every stage of the process identified above.

Organisation of the Report

The *Report* is prefaced by an Executive Summary which presents the key findings of the MDG review. The Executive Summary is followed by a 'Status at a Glance' table which provides a quick reference point of Guyana's likelihood of achieving the MDGs by 2015, given the latest available data (in most cases, 2008/09) and country performance. The *Report* is thereafter organised into eight sections, highlighting both successes and key priorities in each of the Goals for the years to come.

Following the discussion on the Goals, the *Report* presents a section which identifies and discusses the major cross-cutting issues that impact upon attainment of the MDGs in Guyana. Without in-depth understanding of and bold actions in these areas, any sector-specific strategies to meet the MDGs will be at best insufficient to achieve the targets set by 2015.

Executive Summary

Since the signing of the Millennium Declaration in 2000, the Government of Guyana has shown strong political will which has translated into concrete policies to fight poverty and achieve the Millennium Development Goals. The strategies rolled out by the different sectors aim to achieve the Goals by 2015 and to improve the quality of life of the people of Guyana. This report presents an overview of how well the country has performed in reaching some of the Goals and provides an overview of the key priorities to be pursued to accelerate progress across the sectors. As the 2015 deadline is rapidly approaching, this Report intends to celebrate success and set clear priorities and policy options to be addressed to honour the global promise and national commitment to achieve the MDGs by 2015 for the benefit of all Guyanese.

The main findings of the MDG Progress Report 2011 are now summarised below, organised by each Millennium Development Goal:



GOAL 1 – ERADICATE EXTREME POVERTY AND HUNGER

Guyana has made very good progress towards eradicating extreme poverty and hunger. The country has met the target of halving the proportion of people who suffer from hunger, and has improved its performance in reducing poverty and increasing employment. More concretely:


★ **Success:** The proportion of the population living in extreme poverty has declined from 28.7 percent in 1993 to 18.6 percent in 2006.

☑ **Priority:** In order to meet the MDG target for poverty reduction, the extreme poverty rate must be reduced by a further 4 percentage points by 2015.

★ **Success:** The overall unemployment rate fell from 11.7 percent in 1992 to 10.7 percent in 2006. The female unemployment rate declined from 18.1 percent in 1992 to 13.9 percent in 2006, and the percentage of youths who constitute the employed labour force increased from 8.7 percent to 15.8 percent over the same time period. Achieving full and productive employment for all is an effective tool to improve living conditions and to eliminate extreme poverty. Government has focused on increasing the number of jobs available, and importantly, on empowering job-seekers to adequately fill the jobs created through training initiatives.

☑ **Priority:** The main priorities for the Government in its efforts to boost employment for vulnerable individuals are to improve the system of matching of jobs to available workers, reinforce linkages between education, training and the labour market, and to more effectively measure progress in job creation.


★ **Success:** Nutrition levels have improved. Malnutrition among children was 11.8 percent in 1997, and in 2008, data showed that 6 percent of under-five children in 2008 experienced mild to moderate malnutrition, and less than 1 percent suffered severe malnutrition. The pace of the decline in the proportion of the population suffering from hunger has resulted in early achievement of this MDG target, and has been accomplished by a range of programmes targeting the nutritional status of vulnerable groups. These include the Grow More Food campaign focused on improving food security, the Basic Nutrition Programme, the national School Feeding Programme and breast feeding support strategies.


 **Priority:** The key priorities in maintaining the progress made in nutrition lie in reaching the most vulnerable groups and in designing sustainable strategies.



GOAL 2 – ACHIEVE UNIVERSAL PRIMARY EDUCATION

Guyana has made excellent progress towards achieving universal primary education. The country is on track to meet the education target, ensuring that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling. More concretely:

 **Success:** The net primary school enrolment rate has consistently been above 95 percent since 2000 according to survey data and all indications are that access to education is virtually universal. The survival rate, or proportion of students entering Grade 1 who reach Grade 6 of primary schooling, has consistently been above 90 percent from 2006-2009. Government policies on primary education are focused on improving access for students in hinterland regions as well as improving the inclusiveness of education with regard to students with learning disabilities.


 **Priority:** In addition to access to and completion of primary schooling, Government is committed to the **improvement of the quality of education offered**. To this end, the Government has identified **two key priorities: improving the training and availability of qualified teachers and increasing the attendance rates of both students and teachers**.



GOAL 3 – PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Guyana has made very good progress towards promoting gender equality and the empowerment of women. The country met the target of eliminating gender disparity in primary and secondary education, and strives towards parity at the tertiary level. Employment of women is targeted for improvement and female political representation in Parliament has substantially increased. More concretely:

 **Success:** The targets of having gender parity in primary and secondary education have been achieved since boys and girls are equally represented at these levels. Moreover, at the University level, there are twice as many girls as there are boys enrolled.

 **Success:** The proportion of women employed in the non-agricultural sector has increased from 29 percent in 1991 to 33 percent in 2006, signalling the opening up of labour markets to women.

 **Success:** Female representation in Parliament has increased from twelve members (18.5 percent) in 1992 to twenty members (30.7 percent) in 2009. Women are well represented in public life generally and hold a variety of senior technical positions in the public service.

 **Priority:** To further promote the equality of women in all spheres of life, Government's priorities include ensuring the implementation of proactive legislation and various initiatives including micro-credit schemes and training programmes.



GOAL 4 – REDUCE CHILD MORTALITY

Guyana is making very good progress towards reducing child mortality. The country has already met the target of reducing the under-five mortality rate by two-thirds by 2015, and aims to further improve its record of reducing child mortality. More concretely:

★ **Success:** Both infant and child mortality have shown decreasing trends over the years. The under-five mortality rate in Guyana has declined from 120 per 1,000 live births in 1991 to 17 per 1,000 live births in 2008, resulting in early achievement of the MDG target. The decrease is due to successful implementation of nutrition and maternal and child care initiatives, including programmes for comprehensive child immunisation coverage, an integrated approach to child health and development and in HIV/AIDS, the Prevention of Mother-To-Child Transmission (PMTCT) programme.

★ **Success:** The above mentioned measures resulted in child immunisation coverage reaching above 90 percent for all major vaccinations and across the entire country. Moreover, the proportion of 1 year old children immunised against measles has increased from 89 percent in 1999 to 97 percent in 2009. Finally, HIV/AIDS deaths among children declined from 7.1 percent in 2001 to 1.9 percent in 2008, an accomplishment largely attributable to the Prevention of Mother-to-Child Transmission (PMTCT) programme.

☑ **Priority:** Key government priorities in this area include improving the quality of care of under-one children, especially at and around the time of birth, and improving the nutritional intake of both mothers and children.



GOAL 5 – IMPROVE MATERNAL HEALTH


Guyana has made good progress towards improving maternal health and has succeeded in reducing the number of maternal deaths and increasing the availability of skilled health personnel at births. Antenatal care coverage and contraceptive prevalence are on the rise. The country is currently assessed as having the potential to meet the MDG target of reducing the maternal mortality ratio by three-quarters, and has a mixed outlook on the target to achieve universal access to reproductive health. More concretely:

★ **Success:** Maternal mortality has been on a decreasing trend in recent years. The maternal mortality ratio declined from an adjusted baseline of 320 deaths per 100,000 live births in 1991 to 86 deaths per 100,000 live births in 2008. In general maternal health has improved, bolstered by almost universal antenatal care coverage, increased access to improved facilities and - a key indicator of success - that over 96 percent of births are now attended by skilled health personnel.

☑ **Priority:** The key priority in maternal health is the improvement of the quality of care offered by the maternal health care team, including nurses and obstetricians.

★ **Success:** Access to reproductive health has increased. The proportion of mothers to receive at least one session of antenatal care has increased from 92 percent in 2000 to 97.2 percent in 2009.


Contraceptive use was estimated to be 42.5 percent in 2009 and presents one area in which Government intends to redouble its efforts.


 **Priority:** Government has identified the following priority areas for further investment: increased availability of blood and fluids in all health centres, greater availability of specialist staff trained in obstetrics and gynaecology, wider geographic coverage of skilled medical staff and of medical evacuation, promoting better prenatal nutrition and strengthening the system of high-risk referrals.





GOAL 6 – COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES


Guyana records overall steady progress towards this sixth MDG Goal of combating HIV/AIDS, malaria and other diseases. The country shows signs of beginning to halt the spread of HIV/AIDS and is projected to meet the target of achieving universal access to treatment for HIV/AIDS for all those who need it. There is positive news for malaria control as well, with prevalence rates confirming that the country has succeeded in meeting the target of reducing the incidence of the disease. The prevalence of tuberculosis shows tentative signs of a decline, with reduced incidence over the 2008-2009 reporting period. More concretely:


 **Success:** The prevalence of HIV/AIDS in the population has decreased from 7.1 percent in 1995 to 1.1 percent in 2009, and access to antiretroviral drugs has more than quadrupled in five years, representing an increase from 18.4 percent in 2004 to 83.5 percent in 2009.


 **Success:** Government has been successful in its use of a multi-pronged approach to combatting HIV/AIDS. Work has been done to increase knowledge and awareness of the disease, promote and provide testing and the use of preventative measures, as well as to expand and ensure the availability of treatment. Together, these actions have resulted in the decline in HIV/AIDS prevalence and increased survival for those infected.

 **Priority:** Government will continue to focus on intensifying its activities to raise awareness, to increase prevention, to focus on high-risk groups and to improve treatment. A key priority in addressing all strategies, and particularly treatment, is that of ensuring the sustainability of the current programmes, currently primarily donor-funded.

 **Success:** The prevalence of malaria has decreased from 5,084 per 100,000 persons in 2005 to 1,541 per 100,000 persons in 2008. This improvement can be attributed to successes in prevention efforts as well as in the detection and treatment of contracted cases.

 **Priority:** The priorities include improving compliance with treatment as well as overcoming the logistical difficulties associated with detection, treatment and monitoring of interventions.


 **Success:** The tuberculosis death rate has reduced from 15.7 per 100,000 persons in 2004 to 11.1 per 100,000 in 2008. The prevalence of tuberculosis increased in Guyana from 38.7 per 100,000 persons in 1995 to 82 per 100,000 persons in 2009. This trend may be partially explained by a genuine increase in transmission but also reflects the success of the country's programmes in improving detection.


 **Priority:** The main issues to be addressed in the fight against tuberculosis are co-infection with HIV/AIDS, patients defaulting on treatment, and the need to improve data collection and analysis.




GOAL 7 – ENSURE ENVIRONMENTAL SUSTAINABILITY


Guyana has recorded multiple successes in the national quest to ensure environmental sustainability. The country has satisfied the target of integrating the principles of sustainable development into country policies and programmes and is committed to significantly reducing biodiversity loss. The MDG targets of halving the proportion of the population without access to safe drinking water and basic sanitation have been met, and there have been notable increases in the population's access to adequate housing. Government continues to pursue aggressive strategies to ensure that the entire nation benefits from access to safe water, improved sanitation and adequate and affordable housing. More concretely:


 **Success:** The target of integrating the principles of sustainable development into country policies and programmes has been achieved through the implementation of Guyana's Low Carbon Development Strategy. This bold environmental initiative outlines a sustainable development strategy, under which Guyana will deploy its forests to mitigate global climate change in return for payments from the world for the service its forests provide. These payments will then be used to support low-carbon economic investments.


 **Priority:** The first key to the success of the LCDS initiative lies in addressing the challenge of mobilising the international community to adequately value the services provided by forests.

 **Priority:** A key area of focus in the environmental sector is the improvement of knowledge of present biological systems.

 **Success:** Vast improvements in access to safe drinking water have been made, which place Guyana ahead of its MDG target. Survey data in 2006 found that 91 percent of households had access to safe drinking water compared to 83 percent in 2000, and an estimated 50 percent in 1991.

 **Priority:** The key priority in the provision of safe water is to expand access in the hinterland regions and in remote areas.

 **Success:** There have been substantial improvements in access to sanitation. Census results in 1991 showed a high level of sanitation coverage at 96.9 percent of households. Preliminary survey data from 2009 point to almost universal access to sanitation. This survey also suggests that 84 percent of households are using facilities which are categorised as improved.

 **Priority:** The key priorities for the Government in improving sanitation include increasing access to facilities in hinterland regions, maintaining existing facilities and promoting up to standard sanitary practices.

★ **Success:** Access to adequate and affordable shelter has been a priority of the Government which has a multi-pronged approach of facilitating property acquisition by low to moderate income groups, improving the living conditions of those occupying land in unplanned settlements, and providing appropriate care and re-integration services for homeless people. **Government has distributed approximately 82,000 house lots between 1993 and 2009, and continues to prioritise the expansion of access to housing to the lowest income groups.**



GOAL 8 – DEVELOP GLOBAL PARTNERSHIPS

This Millennium Development Goal is arguably the most critical element in the overall structure of the MDGs. Its overarching emphasis on developing global partnerships was born out of the recognition that for countries like Guyana to sustainably achieve the rest of the goals, an international environment which is conducive to their attainment must be sought and sustained.

Targets to be met under this goal reflect commitments made by member states to strengthen cooperation in the areas of trade, official development assistance, external debt, and access to medicines and technology.

Well-functioning trading and financial systems can yield enormous economic and developmental benefits for Guyana, which would support the achievement of the Goals. This section highlights that the creation of, and participation in, such trading and financial systems cannot be achieved by country efforts alone, but are also dependent on the negotiation and execution of successful global partnerships.


☑ **Priority:** The unique development challenges faced by Guyana are its **special needs as a small state**, its vulnerability to external shocks, its underdeveloped resource base and heightened exposure to global environmental challenges.


★ **Success:** **Official Development Assistance (ODA) has shown an overall increase in volume over the past five years. Total foreign assistance to Guyana at the end of 2009 was US\$173 million, which represents an increase of 19 percent from the 2004 level of US\$145 million.**


★ **Success:** **Guyana has moved from being a heavily indebted poor country to one that has achieved debt sustainability. Its debt profile has improved from having a stock of external debt worth approximately US\$2.1 billion in 1992 to half that amount, at US\$0.9 billion at the end of 2009. Debt service payments as a percentage of Government revenue have also declined from 59 percent (approximately US\$130.1 million in 1998) to 3.8 percent (approximately US\$17.7 million) in 2009. These improvements have expanded the fiscal space available to the Government to carry out social and other investments towards the MDGs.**

☑ **Priority:** The country remains at moderate risk of debt distress and is vulnerable to external shocks. In view of this, Government is very proactive in maintaining long-term debt sustainability.


★ **Success:** **A number of measures have been put in place to improve the population's access to essential drugs: namely, the updating of the official list of essential drugs and the strengthening of the pharmaceutical supply chain, including improvements in the management of the Government's drugs warehouse.**


 **Priority:** There are a number of areas earmarked for improvement, including the estimation and evaluation of drug needs, the storage and transportation of drugs and monitoring of usage at health facilities across the country.


 **Success: The benefits of new technologies, especially information and communication,** have become more widespread in Guyana. **Between 1990 and 2009, landline telephone access increased by over 630 percent, moving from 3 landlines per 100 population in 1990 to 19 landlines per 100 of the population in 2009. Incorporating the element of shared household access to a telephone line, approximately 86 percent of households had access to a landline telephone service in 2009. The use of cellular phones has rapidly increased as well, at an average annual growth rate of 54.7 percent since the introduction of this technology to the market in 2005. In 2009, there were 76 such subscriptions per 100 of the population.** The number of internet subscribers has increased over the years and bandwidth capacity in the country has recently had a major boost in the form of a new fibre-optic cable being commissioned.

 **Priority:** These technological advances have opened many opportunities for growth and underscore Government's role in effectively managing a growing sector, expanding affordable access to all groups and empowering the population to take advantage of the new services available.


Each chapter of this *Report* identifies the goal-specific priorities associated with progress towards the MDG targets. However, it is important to be cognisant of the cross-cutting issues which shape Guyana's unique development context and which impact upon achievement of the goals. The report therefore presents, after the discussion on the Goals, an overview of the key cross-cutting issues in the Guyanese context. These are: (1) the country's **geography**, (2) its **multiculturalism**, (3) **human resource constraints**, (4) **monitoring and evaluation** capabilities, (5) the bottom-line factor of the **costs** of meeting the MDGs, and (6) the implications of these factors for **innovative policy design and implementation**.


 **GEOGRAPHY** - Guyana's geographical make-up, with its attendant challenges of infrastructure development, has an impact on service delivery. Beyond the more developed coastal regions exists a sparsely distributed population in areas with difficult terrain and weaker transport infrastructure. These **limitations in accessing remote areas present a pervasive challenge in delivering public services** throughout Guyana. The relative complexity and costs of reaching outlying sections of the population are enormous.

 **MULTICULTURALISM** - The combination of various ethnic and religious backgrounds presents unique challenges and opportunities for national efforts towards the achievement of the MDGs, and broader national development. As a result of the **multicultural nature of Guyanese society**, it is necessary for country plans to be tailored to various groupings to ensure their impact. One example of this practice is the stratification of HIV/AIDS strategies which takes into consideration the religious and cultural backgrounds of the target population groups.

 **HUMAN CAPACITY CONSTRAINTS** - Progress towards the MDGs has been hindered by **capacity constraints which relate to both adequate numbers and skill levels in the health and education sectors**. The analysis of health and education related goals points to overall shortages of trained medical staff and teachers, a problem which has been exacerbated by aggressive recruiting of such personnel by developed countries, but is now being addressed by a focused agenda to recruit, train and retain personnel for these sectors.

 **MONITORING AND EVALUATION CAPACITY** - Current and previous progress reports have been limited by data availability and quality. Lack of adequate data can result in analysis being sometimes based more on assumptions and/or approximations. Monitoring and evaluation systems across the Government have improved but are in need of further strengthening. **Well-functioning and cost-effective monitoring and evaluation systems are critical to the successful design of policies and programmes, effective planning and evaluation of plans implemented.**





 **FINANCIAL GAPS** - Although this is not a challenge that only Guyana faces in its efforts to achieve the MDGs, **the lack of adequate and predictable financing has been and still is an important constraint in meeting the MDGs.** The flow of resources from developed to developing countries, including Guyana, has simply not been sufficient to support the achievement of the MDGs.























 **INNOVATION IN POLICY DESIGN AND IMPLEMENTATION** - The design of effective policies and programmes is a critical element in the Government planning cycle. Given the country's specific cross-cutting issues identified thus far it can be argued that **policy and programme design has to be as flexible as it is rigorous and as innovative as it is practical.**

It is useful to bear in mind these cross-cutting issues when reviewing progress towards the MDGs as well as future priorities and policy actions for acceleration of progress towards the Goals.

Guyana & the MDGs: Status at a Glance

The 'Status at a Glance' table below presents an assessment of the likelihood of Guyana meeting the Millennium Development Goals by 2015. The assessments of the targets being met by the country as 'likely', 'unlikely' or 'potentially' are based on the linear trend analysis which has been applied to data throughout the MDG Report. It therefore reflects the likelihood of the MDGs being met by 2015, given past performance and available data (which in this *Report* extends to 2008/09). The MDG Report discusses in more detail and contextualises country performance, as well as offers a look ahead to country plans to improve the outlook. These plans may change the current country trajectory which is summarised below, and must be considered in conjunction with this Status at a Glance presentation.

Key			
<i>Will target be met?</i>	Likely 	Potentially 	Unlikely 
			Not Assessed 

GOALS AND TARGETS	Will target be met?		
	2011	2007	2003
MDG 1: Eradicate extreme poverty and hunger			
Target 1A: Halve, between 1990 and 2015, the proportion of people living in extreme poverty			
Target 1B: Achieve full and productive employment and decent work for all, including women and young people			
Target 1C: Halve, between 1990 and 2015, the proportion of people suffering from hunger			
MDG 2: Achieve universal primary education			
Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling			
MDG 3: Promote gender equality and empower women			
Target 3A: Eliminate gender disparity in primary and secondary education preferably by 2005...			
...and to all levels of education no later than 2015			
MDG 4: Reduce child mortality			
Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate			
MDG 5: Improve maternal health			
Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio			

GOALS AND TARGETS	Will target be met?		
	2011	2007	2003
Target 5B: Achieve by 2015, universal access to reproductive health			
MDG 6: Combat HIV/AIDS, malaria and other diseases			
Target 6A: Have halted, by 2015, and begun to reverse the spread of HIV/AIDS			
Target 6B: Achieve by 2015, universal access to treatment for HIV/AIDS for all those who need it			
Target 6C: Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases			
MDG 7: Ensure environmental sustainability			
Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources			
Target 7B: Reduce biodiversity loss, achieving by 2010, a significant reduction in the rate of loss			
Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation			
Target 7D: By 2020, to have achieved a significant improvement in the lives of slum dwellers			
MDG 8: Develop a global partnership for development			
Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading system			
Target 8B: Address the special needs of the least developed countries, in relation to ODA			
Target 8C: Address the special needs of landlocked developing countries and small island developing States			
Target 8D: Deal comprehensively with the debt problems of developing countries			
Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries			
Target 8F: In cooperation with the private sector, make available the benefit of new technologies, especially information and communications			

Note: MDG 8 to develop global partnerships has not been assessed in country. Progress made towards these targets is largely dependent on developments in the international setting.



GOAL 1:

Eradicate extreme poverty and hunger

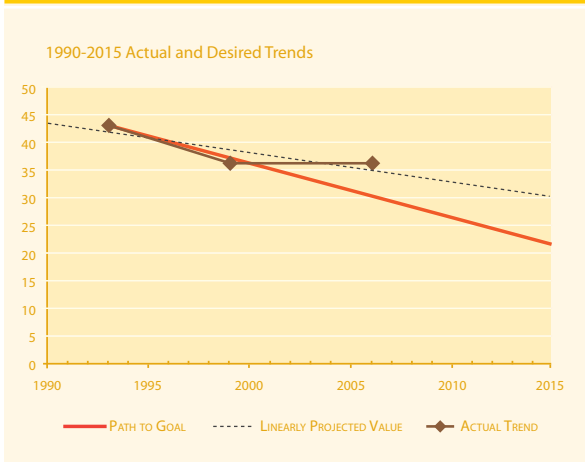
Guyana has made good progress towards eradicating extreme poverty and hunger. The country has met the target of halving the proportion of people who suffer from hunger, and has improved its performance in reducing poverty and increasing employment.

Government has consistently followed a development path which is aimed at reducing poverty and its related concerns through its implementation of pro-growth policies coupled with targeted pro-poor interventions. The generation of employment has been fundamental to promoting growth in the economy and lifting people out of poverty. There has been steady progress in job creation with an emphasis on assisting vulnerable populations to become part of the labour force. Government has ensured, through its nutrition interventions and food security initiatives, that the incidences of hunger and malnutrition have been addressed, resulting in a healthier and more productive population.

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is below the poverty line

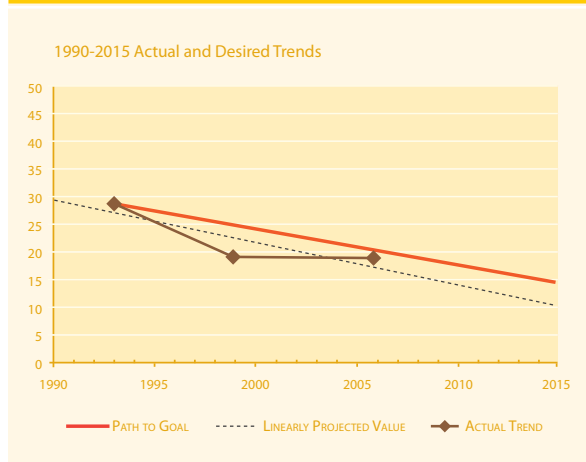
Performance Summary

Graph 1A.1
Proportion of population below the moderate poverty line



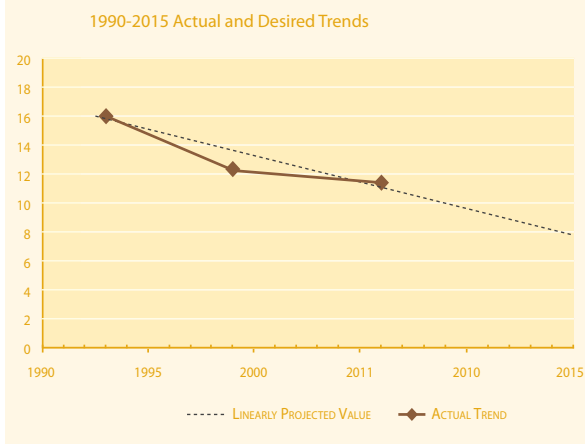
Source: Bureau of Statistics

Graph 1A.2
Proportion of population below the extreme poverty line



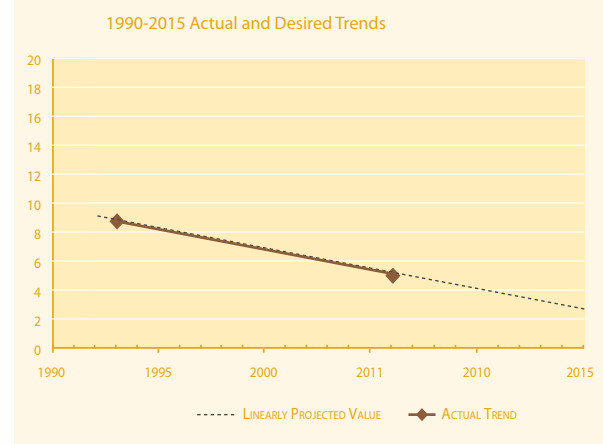
Source: Bureau of Statistics

Graph 1A.3
Moderate poverty gap index



Source: Bureau of Statistics

Graph 1A.4
Extreme poverty gap index



Source: Bureau of Statistics

“...extreme poverty declined from 28.7 percent to 18.6 percent...”

Guyana has established two poverty lines (measuring ‘moderate poverty’ and ‘extreme poverty’) following the standard methodology of specifying a ‘consumption bundle’ adequate to satisfy basic human needs and then estimating the costs of that specified consumption bundle.²

The proportions of persons living in moderate poverty³ fell from 43.2 percent in 1993 to 36.1 percent in 2006, and extreme poverty⁴ declined from 28.7 percent to 18.6 percent over the same time period (see Graphs 1A.1 and 1A.2). By these estimations, Government has succeeded in lifting approximately 35,818 persons out of ‘moderate’ poverty between 1993-2006, and 65,073 persons out of ‘extreme’ poverty over the same period. In order to meet the MDG target for the reduction of

extreme poverty, the poverty rate must be reduced by a further 4.5 percentage points by 2015 (see Graph 1A.2). Applying the same target of halving the proportion of the population in poverty to the moderate poverty rate, a further reduction of 14.5 percentage points by 2015 is required (see Graph 1A.1).

Poverty gap analysis which calculates the average extent to which individuals fall below the poverty line shows that the severity of poverty experienced has also been decreasing. Between 1993 and 2006, the poverty gaps contracted by 29 percentage points for the moderately poor and by 41.6 percent for those in extreme poverty (see Graphs 1A.3 and 1A.4).

While such poverty analysis is very useful in assessing the prevalence and depth of poverty in Guyana, it should be considered in the context of other well-being indicators. For example, improvements in access to health-care and education, increases in the proportion of people who own their own home, and increased access to water and sanitation, all have a positive impact on the welfare of the population, but are not captured by income and consumption based indicators. Progress in these areas is outlined in subsequent chapters of the report.

2 The food items were based on the ‘normative food basket’ (2400 calories per adult male) provided by the Caribbean Food and Nutrition Institute. This provides for exactly the same calorific intake as the food consumption bundles used in 1992/93 and 1999 poverty assessments. The allowance for non-food items used to construct the moderate poverty line was estimated by observing the share of total consumption devoted to food and non-food items of the poorest 40 percent of households.

3 Moderate poverty is defined as not having sufficient income to afford a specified bundle of basic food and non-food items. The consumption bundle, expressed as the national average household per capita expenditure per month on food and non-food items was quantified at G\$11,840 in 2006 and G\$3,960 in 1993.

4 Extreme poverty is defined as having insufficient income to afford even the food items in the bundle. This consumption bundle was quantified at G\$8,400 in 2006 and G\$2,930 in 1993.

Guyana's Poverty Profile

Regional Distribution

REGION	1993		2006	
	Percentage in poverty	Share of the population	Percentage in poverty	Share of the population
Urban	27.0	32.2	18.7	28.2
Rural Coastal	45.1	56.0	37.0	60.1
Rural Interior	78.6	11.8	73.5	11.7
Total	43.2	100	36.1	100
(1) Barima-Waini	78.9	3.5	80.1	3.2
(2) Pomeroon- Supenaam	55.0	6.7	51.9	6.3
(3) Essequibo Island - W. Demerara	45.8	10.9	40.1	14.1
(4) Demerara- Mahaica	32.0	39.8	24.6	42.4
(5) Mahaica- Berbice	56.4	7.5	42.6	6.1
(6) E. Berbice- Corentyne	37.2	17.0	28.5	15.8
(7) Cuyuni –Mazaruni	44.7	2.6	61.4	2.5
(8) Potaro- Siparuni	94.8	1.9	94.3	1.5
(9) Upper Takatu – Upper Essequibo	93.3	3.8	74.4	3.0
(10) Upper Demerara- Berbice	30.9	6.4	39.4	5.3
National	43.2	100	36.1	100

Source: World Bank and Guyana Bureau of Statistics using Household Budget Survey data 2006; 1993 HIES/LSMS Data

The poverty rate in urban areas for 2006, at 18.7 percent, is already below the national rate of 21.6 percent required to meet this MDG target and shows a considerable improvement from 1993 when the rate was 27 percent in urban areas. Rural coastal areas register a poverty rate slightly above the national average in 2006, at 37 percent, down from 45.1 percent in 1993. Progress has been more limited in the rural interior, where approximately three quarters of residents

are living in either moderate or extreme poverty (this represents a reduction from 78.6 percent in 1993 to 73.5 percent in 2006).

These trends are repeated when the poverty gap is regionally disaggregated. However, caution must be employed in interpreting the recorded regional disparities given the utilisation of one standard methodology across very different regions and circumstances. A more in-depth discussion of this limitation is found in the following section.

	Extreme poverty				Moderate poverty			
	National	Urban Coastal	Rural Coastal	Rural Interior	National	Urban Coastal	Rural Coastal	Rural Interior
Poverty Rate	18.6	7.3	17.1	54.0	36.1	18.7	37.0	73.5
Poverty Gap Index	5.2	1.5	4.3	18.7	11.5	4.6	10.8	31.8

Source: World Bank and Guyana Bureau of Statistics estimates using Household Budget Survey data 2006

Demographic differentiation

The most recent poverty assessment in 2006 highlighted that while there were no gender differentials related to poverty, younger age cohorts had a significantly higher poverty headcount than older ones. While 33.7 percent of young people aged 16-25 lived in poverty in 2006, only around 24 percent of people aged 41 and above were poor.

Further, at the national level, it was found that being male, older, educated and employed reduced the probability of being poor (controlling for other available factors). Individuals living in smaller households and households receiving remittances also had a lower probability of being poor.

The three major ethnic groups in the country, Afro-Guyanese, Indo-Guyanese and Mixed groups have similar poverty rates⁵ which are below the national average. Although a higher proportion of Amerindians is recorded below the poverty line than other ethnicities, this reflects to a large extent the geographical distribution of this group. This assumption is substantiated by the finding of similar poverty patterns across all ethnicities

located in the rural interior. Further, application of the standard poverty assessments across all groupings may not be appropriate. For example, using the same consumption basket to calculate poverty lines in urban and rural areas leads to a skewing of the results for rural areas. In hinterland regions the availability and price of commodities play a major role in determining consumption patterns. In consequence, poverty profiles for Amerindian ethnic groups which are concentrated in these areas are particularly prone to measurement errors. More detailed work and sensitivity analyses need to be undertaken to correctly map poverty patterns and thereby inform appropriate and effective poverty-reducing policies.

Policy Discussion

Government has followed a development path which has by necessity and design targeted the reduction of poverty in the country. The priority of the Government throughout the 1990s was to manage the prevailing unsustainable debt of the country which stifled the fiscal space for growth and pro-poor spending. Guyana's external debt stock was US\$2.1 billion in 1992. Guyana benefited tremendously from its performance under the HIPC Initiative and other programmes. Guyana's

⁵ In 2006, the poverty rates for these groupings are as follows: Afro-Guyanese (31.6 percent), Indo-Guyanese (30 percent) and the mixed population (33.7 percent). These represent improvements from 1993 poverty levels of: Afro-Guyanese (43 percent), Indo-Guyanese (33.7 percent) and the mixed population (44.7 percent).





external debt stock declined to US\$933 million at end 2009.

Under the HIPC Initiative, Guyana implemented its first Poverty Reduction Strategy (PRS) in 2001 which placed emphasis on policies and programmes designed to substantially reduce poverty. Its medium term strategy was organised around the need to improve the economic and regulatory environment to create economic opportunities, particularly for the poor, and to generate sustained growth; the need for good governance and participatory democracy at the community level; the construction and/or rehabilitation of complementing infrastructure to sustain growth; and improving the delivery and quality of social services.

Much emphasis has been placed on the first strategy under the PRS of improving the economic and regulatory environment to create economic opportunities. Government undertook a number of structural reforms aimed at improving the macroeconomic framework. These included strengthening supervision and fiduciary oversight of the banking and financial sectors, improvements in fiscal management and accountability, public service

management strengthening, and tax reforms.

Government has continuously and concurrently invested heavily into pro-poor expenditure. As set out in the PRS 2001, Government has worked assiduously to improve economic opportunities

“...focus on pro-growth policies with targeted pro-poor interventions.”

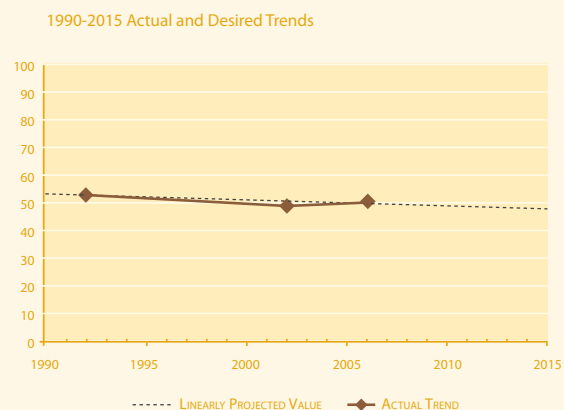
as well as housing, water and sanitation, electricity and telecommunications provisions. Consequent increases in access to social services are highlighted in the relevant chapters of this report.

Currently, the approach of the Government to poverty is two-fold – a focus on pro-growth policies with targeted pro-poor interventions. In relation to the former, the Low Carbon Development Strategy and the National Competitiveness Strategy underpin efforts at improving economic growth, and are discussed under Goals 7 and 8, respectively. The latter pro-poor interventions are ongoing in the health, education and social sectors, and are also detailed in subsequent chapters of the report.

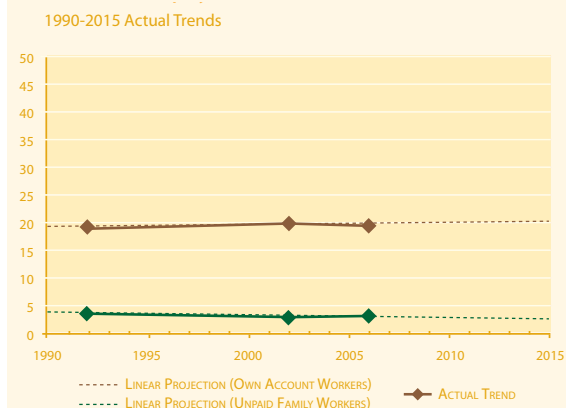
Target 1B: Achieve full and productive employment and decent work for all, including women and young people

Performance Summary

Graph 1B.1
Employment-to-population ratio



Graph 1B.2
Proportion of own-account and contributing family workers in total employment



Source: Bureau of Statistics: HIES (1992), Census (2002), HBS (2006)

Table 1B.1

LABOUR FORCE INDICATORS	1992	2002	2006
Working Age Population	467,173	475,219	460,481
Labour Force	282,964	266,167	263,467
Male	186,554	184,642	178,458
Female	96,410	81,525	85,009
Employed Labour Force	249,820	235,095	235,225
Male	170,861	165,917	162,076
Female	78,959	69,178	73,148
Unemployed Labour Force	33,144	31,072	28,242
Male	15,693	18,725	16,382
Female	17,451	12,347	11,860
Employed Youths (under 25 yrs)	21,800	17,218	37,125
Male	11,090	8,787	25,820
Female	10,710	8,431	11,305
Unemployment Rate	11.71	11.67	10.72
Male	8.41	10.14	9.18
Female	18.10	15.15	13.95
Participation Rate	61	56	57
Male	81	78	81
Female	39	34	35

Source: Bureau of Statistics: HIES (1992), Census (2002), HBS (2006)



Employment Trends

The employment to labour force ratio in Guyana, which measures the proportion of the country's labour force that is actively employed, was approximately 90 percent in 2006. The employment-to-population ratio, which measures the proportion of the country's working-age population that is employed, moved from 53.5 percent in 1992 to 51 percent in 2006 (see Graph 1B.1). While there is no optimal employment-to-population ratio, the typical range of this indicator is between 50-75 percent. The lower ratios recorded here suggest that a large share of the population is not involved directly in market-related activities and may be largely accounted for by women. The low employment ratios found for women can be partially explained by the greater likelihood that women may voluntarily stay at home and choose not to participate in the labour market, higher female attendance rates at the tertiary level in Guyana or that the informal work performed by women is not captured in the official statistics. These trends can serve to depress the overall estimate of the total employment-to-population ratios.

The deficiency of the employment-to-population ratio is that it does not give an indication of the nature or quality of employment undertaken in the economy. One indicator which can help to assess this is the proportion of own-account⁶ and contributing family workers⁷ in total employment. These two categories of employment are deemed to be "vulnerable" on the basis that these workers are less likely to have formal work arrangements, have access to benefits or social protection programmes and are more at risk to economic cycles. The proportion of own-account workers has remained relatively stable across the time period 1992 to 2006, at approxi-

mately 19 percent. The proportion of family workers declined from 4 percent in 1992 to 3.1 percent in 2006 (see Graph 1B.2). The total vulnerable employment rate⁸ reflects the trajectory of own account workers, remaining virtually unchanged from 22.7 percent in 1992 to 22.5 percent in 2006.⁹

Changes in workers' statuses over the years can provide insight into the changing nature of economic activity. Greater levels of economic development are associated with an expansion of the employee group and contractions of the groups of own-account workers and unpaid or contributing family workers, as a proportion of the total labour force. The contraction seen in the unpaid family workers group over the period under review suggests that some economic activity may be transitioning from the informal sector to the formal economy. It should be noted however that the proportions of females who are own-account and contributing family work-

"The unemployment rate fell from 11.7 percent in 1992 to 10.7 percent in 2006."

ers have increased over the years, moving from 12.8 percent in 1992 to 20.7 percent in 2006 for own-account workers and from 4 percent in 1992 to 5.2 percent in 2006 in the latter category.

The final indicator to be considered in this labour market analysis is that of persons who are actively seeking but failing to find employment. The unemployment rate fell from 11.7 percent in 1992 to 10.7 percent in 2006. However, tackling unemployment and underemployment remains a key priority for the Government. Targeted groups include women and youth, and Government has instituted a num-

6 Own-account workers are those who, working on their own account or with one or more partners, hold the type of jobs defined as 'self-employment' jobs i.e. jobs where the remuneration is directly dependent on the profits derived from the goods and services produced; and have not engaged on a continuous basis any employees to work for them. It should be noted, however, that "self-employment" in the Guyanese context also includes many stable and secure professional workers.

7 Contributing family workers are those who hold "self-employment" jobs as own-account workers in a market-oriented establishment operated by a related person living in the same household.

8 This is calculated as the sum of own-account workers and family workers, expressed as a proportion of total employment.

9 Some self-employed workers may be less protected, and so more vulnerable to shocks in the economy without the buffer of benefits or insurance in times of need. To respond to this section of the working population, the Ministry of Labour, Human Services and Social Security (MLHSS) operates old age and social assistance programmes. In addition, the National Insurance Scheme (NIS), which commenced in 1969 as a means of providing social security, has made allowances for the self-employed to be registered under the scheme.

ber of programmes to reduce unemployment rates in these areas. There have been improvements for both target groups. The unemployment rate for women has declined from 18 percent in 1992 to 14 percent in 2006 although levels have still been higher than those recorded for men for all years under review. The percentage of youths under 25 years of age who constitute the employed labour force increased from 8.7 percent in 1992 to 15.8 percent in 2006.

Policy Interventions

Government has adopted two main strategies for increasing employment in the economy: increasing the number of jobs available and empowering job-seekers to fill the jobs created. The former strategy is embedded in national development plans which seek to boost economic growth and thereby create jobs through investments and expansions in the economy. For example, GOINVEST has reported the creation of 11,091 new jobs through projects they

“...remedial and skills training programmes for target groups, such as women and youth.”

have facilitated from 2006-2008. The latter strategy of empowering job seekers to fill the jobs created has two critical elements: training the work-force to be adequately qualified for jobs offered and facilitating the finding and filling of vacancies by job-seekers.

Remedial and Supplementary Workforce Training

For persons who are inadequately qualified, the Government has a number of **remedial and skills training programmes for target groups, such as women and youth**. One example is the National Training Project for Youth Empowerment (NTPYE) initiative where youths who may have dropped out of school are trained in various skills to equip them for gainful employment. Youths who are part of the annual six-month training programme are placed

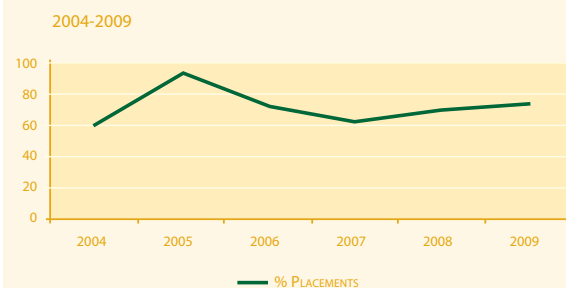
in enterprises to learn skills on a first hand basis with master craftsmen. Results show that after this period of apprenticeship some 60 - 65 percent of those trained have found jobs within four months. The scheme is growing in popularity, and in 2009 there were 2,156 registrants for the NTPYE, a 175 percent increase in registrations for approximately 73 different job categories offered.

One challenge being addressed in the BIT training scheme is that of post-training support. After being qualified in particular trades, newly trained artisans can find it difficult to enter self-employment because of financial constraints. Government is currently exploring options for sourcing start-up funds for successfully trained craftsmen and women. Such initiatives include an economic assistance grant to single parents who have been trained to enable them to buy tools needed for their trade. Additionally, legislative amendments have recently been made to grant tax relief for any financial institution which provides a financing facility for single parents.

The Government has also addressed the concerns of higher unemployment rates for women by tailoring programmes for their needs. For example, under the Single Parents Assistance Programme in 2009 which benefited primarily women, grants were given to assist single parents with day care expenses and skills training to make them more marketable.

Matching Workers to Jobs

Graph 1B.3
Proportion of CRMA registrants placed in jobs



Source: Ministry of Labour, Human Services and Social Security



The primary objective of the Central Recruitment Manpower Agency¹⁰ (CRMA) is to match job-seekers to vacancies, ensuring a more efficient allocation of workers across the system. There is great demand for the job placement system from job-seekers. In 2009, the number of job seekers registering with the service was 2,732, an increase of 17 percent from 2008 levels. On average, just over 2,000 persons access the CRMA system annually, and of these, proportions successfully placed in jobs range from 60-93 percent depending on the current demand and supply conditions (see Graph 1B.3).

Of note is the striking difference in the probability of being placed in a job if you are a female applicant. On average, males are almost twice as likely to be placed in a job as women are. This results from the much higher proportion of women who are seeking jobs, and moreover jobs for which they do not possess the relevant skills. Available jobs tend to be more suited to male applicants.

The major priorities for CRMA are boosting its publicity and improving its efficiency. In this regard,

“...more speedy and efficient matching of persons to jobs...”

Government has launched direct mail campaigns targeting both employers and job-seekers, has issued advertisements and established a presence at job fairs. There are currently CRMA operations in Regions 2, 4 and 6 with outreach activities in the other regions. Government is currently implementing software to improve its management of the CRMA system. It will include an online service which will allow web registrations and postings of vacancies.¹¹ The new software is expected to facilitate **more speedy and efficient matching of persons to jobs** in a system which is expected to expand its operations in the coming years.

Key Priorities

The main priorities for the Government in its efforts to boost employment include continued emphasis on job creation, as well as improving

¹⁰ Formerly the Labour Exchange, established in 1944

¹¹ This service is currently active on the MLHSS website, (2011)

“...need for greater collaboration between the labour and education/training sectors.”

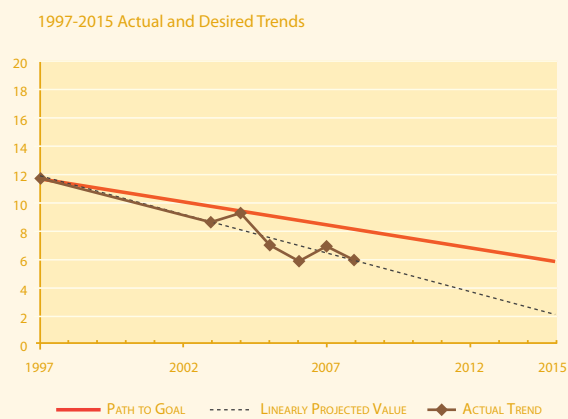
the system of matching jobs to available workers. Further, emerging trends in labour market analysis show that the vacancies appearing are increasingly not matched by educational qualifications. The level of unfilled vacancies recorded by MLHSSS in 2008 was 17 percent and in 2009, this increased to 19 percent of vacancies not being filled. As such there is greater focus on the need for greater collaboration between the labour and education/training sectors.

A key Government priority is to improve the collection of labour data. The absence of regular Labour Market Surveys impedes labour market analysis and the viable operation of the Labour Market Information System (LMIS) which is currently coordinated by MLHSSS depends heavily on regularly generated, up-to-date and accurate data. Census data is currently used to generate labour force indicators but this method is inadequate due to the decennial nature of the census data collection process. Government is therefore working towards the establishment of mechanisms for the comprehensive and regular collection of labour-related information.

Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Child Malnutrition – Guyana has met its child malnutrition target

Graph 1C.1
Prevalence of children under-five years of age suffering from malnutrition



Source: Ministry of Health



Malnourishment in children increases their risk of death, inhibits their physical and cognitive development and affects their health status later in life. Findings from the Micronutrient Study in 1997 indicated that 11.8 percent of under-five children exhibited levels of under-nourishment and stunting. More recent data are available for a six-year period, 2003-2008, and these point to improvements in child nutrition. The percentage of children under five years of age who suffer from moderate to mild malnutrition was 8.8 percent in 2003 and declined to 6 percent in 2008 (see Graph 1C.1). The prevalence of severe malnutrition in under-5 children is comparatively low, with a 0.4 percent prevalence rate in 2008. The

“The trends in moderate and severe malnutrition suggest that this MDG target has already been met.”

trends in moderate and severe malnutrition suggest that this MDG target has already been met.

Government has focused on two target groups of pregnant women and children from birth to infancy (0-5 years of age) to improve the nutritional status of under-five children in the population. It has done so through the recently concluded Basic Nutrition Program (BNP-1) and by its promotion of exclusive breast-feeding practices for babies up to six months of age.

Basic Nutrition Programme (BNP)

This programme targeted the reduction of malnutrition through interventions addressing micronutrient deficiencies and young children's feeding practices. The high levels of iron deficiency found among pregnant women and children¹² were addressed by the distribution of an iron supplement (Sprinkles) to these target groups. This intervention largely accounted for the decline in prevalence of anaemia among children attending intervention

12 The findings of the national 1997 Micronutrient Study revealed that 40 – 56 percent of all target groups (children, adolescents and adults) exhibited deficiency in haemoglobin levels, with the highest levels of iron deficiencies recorded for children (0-4 yrs: 47.9 percent; 5-14 yrs: 56.7 percent) and for pregnant women (52 percent).

health centres from 57 percent to 32 percent¹³. The successful 'Sprinkles' programme was rolled out to all 82 project health centres¹⁴, and the supplement is now nationally distributed.

Improving child feeding practices was targeted through training and education programmes for both health care workers and mothers, as well as through a food coupon scheme. Monthly coupons valued at G\$1,000 each were distributed for each child registered at a health centre across the country. These coupons were redeemed at identified

13 Report of the final evaluation of the GoG/IDB Basic Nutrition Program interventions at Batch 1 health centres, June 2006

14 Initially the project operated in 49 health centres in depressed areas. Its expansion encompassed a further 30 health centres.

Sprinkles Success

Under BNP-1 micronutrient sprinkles were used to tackle chronic anemia in children under-5 and in pregnant women and to address other areas of malnutrition among children. Clinics and hospitals across the country have traditionally offered a combination of iron tablets and folic acid to pregnant women in the country. However, this practice proved to be of limited effectiveness since levels of usage of this supplementation were low.

Under the Basic Nutrition Programme, iron supplementation was re-worked and presented in a different format. Pre-natal 'Sprinkles' as they are referred to, are a powdered micronutrient supplement to be added to meals during food preparation. The Sprinkles, which are locally produced, and prepared as separate formulations for children and for pregnant women, were freely distributed at all health centres for children between the age of 6 to 24 months as part of the transition from breast milk to regular food and for expectant mothers. Training sessions were provided on use of the Sprinkles through actual demonstrations and by well-presented videos illustrating their use. Factors contributing to greater usage were its form (being dissolved into food versus orally administered tablets) and palatability (the sprinkles are tasteless).



At the end of BNP-1, positive impacts were recorded for children 6-24 months. The distribution of Sprinkles resulted in an almost 40 percent reduction in anaemia in children who received Sprinkles for at least one year, compared to children who had not received the supplement. The prevalence of stunting in the intervention group was nearly 21.3 percent lower than in the control group.¹

1 The Impact Evaluation of the GoG/IDB Basic Nutrition Program, Integrated Report (Social Development Inc., 2009)

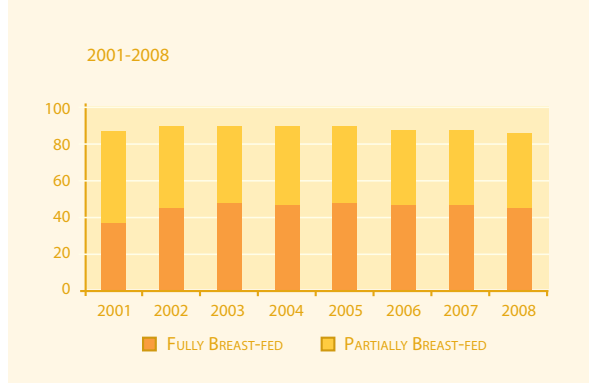


shops in close proximity to the health centre for food items used to prepare a nutritious porridge for infants. The scheme had a positive impact on complementary feeding – the coupons significantly reduced the prevalence of wasting by nearly 27 percent¹⁵ among children receiving coupons for more than six months, compared to children who had not received coupons.

Under the training and education component of the Basic Nutrition Programme, approximately 40 percent of the primary health care workers were trained in basic nutrition and improved communication skills. A national information, education and communication campaign was launched which promoted the use of Sprinkles, and better breast feeding and nutritional practices during pregnancy.

Breast-feeding

Graph 1C.2
Proportions of children who have been breast-fed



Source: Ministry of Health

Encouraging breast-feeding is a key strategy to improve child nutrition. Exclusive breast-feeding is linked to optimal nutritional, immunological and emotional benefits for the growth and development of infants. Overall the proportions of children who have been breast-fed in the first four-six months have consistently been above 80 percent (see Graph 1C.2). The difference between children who have been fully and partially breast-fed is expected to further widen in coming years,

with proportions of exclusively breast-fed children rising by 8 percentage points over the last seven years, and partially breast-fed numbers declining by 9 percentage points.

Strategies to promote exclusive breast-feeding are being implemented at several levels, ranging from community sensitisation to health worker training and national campaigns. The upgrading of hospitals into “baby-friendly” institutions in one initiative which will result in the wider adoption of recommended breast-feeding practices.

One of Government’s key priorities is to increase the number of children being exclusively breast-fed. In this regard, it is recognised that there is a discrepancy between the recommended practice and the reality of mothers being able to choose this practice. The recommended period for exclusive breast-feeding is six months whereas the legal provision for maternity leave is three months. A remedial approach has been to promote exclusive breast-feeding by training day-care providers to accept and correctly administer breast-milk for babies in their care.

General Nutrition Strategies

To address nutritional challenges in the general population, the Government has a strong nutrition education programme which works in tandem with other Government agencies to promote healthy lifestyles. The annual Nutrition Awareness Week, the hosting of which has been regionally rotated, aims to focus the population’s attention on desired nutritional goals and strategies for them to achieve these. This education campaign is conducted through community outreach activities, health fairs, tasting sessions in which alternative healthier food options are prepared and promoted, demonstrations, and public service announcements.

The Ministry of Health also has partnerships with other Ministries and benefits from their operations which have nutrition-related impacts. For example, Guyana’s Hinterland Community-Based School Feeding Programme (SFP), which is elaborated upon in Goal 2 on education, includes an objective

¹⁵ Report of the final evaluation of the GoG/IDB Basic Nutrition Program interventions at Batch 1 health centres, June 2006



of improving the nutritional status of school children in the regions of operation (1, 7, 8 and 9). An impact assessment¹⁶ of the school feeding project has found that control schools showed consistently higher levels of severely stunted children in all survey rounds. Children in treatment schools grew 0.8 cm more than children attending control schools. The project has also been successful in improving diet diversity and frequency of food consumption in the targeted rural and Amerindian communities.

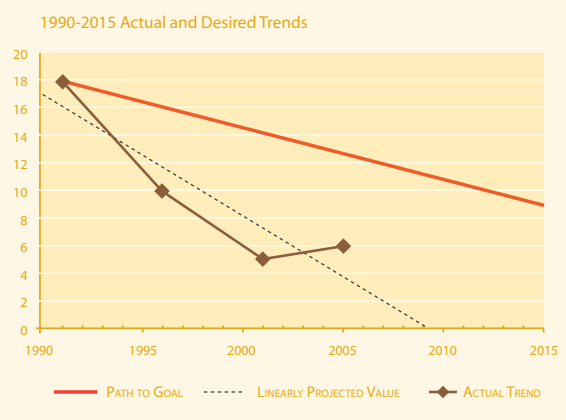
Key Priorities

The main priorities set in the drive to improve the nutritional status of the population include reaching the most vulnerable groups, changing cultural practices which may contradict good nutritional practices and designing interventions which are well adapted to varying local circumstances. The availability of trained nutrition specialists and the sustainability of nutrition improvement programmes are also key areas of focus.

¹⁶ Guyana's Hinterland community-based school feeding programme (Ministry of Education/World Bank): Survey Report and Impact Assessment 2007-2009 (April 2010 draft)

Undernourishment & Food Security – Guyana has met this target

Graph 1C.3
Proportion of population below minimum level of dietary energy consumption



Source: The State of Food Insecurity in the World Report 2009

The proportion of the population who are undernourished¹⁷ has steadily declined from averages of 18 percent in 1990-1992 to 5 percent in 2000-2002 with a slight increase to a level of 6 percent in 2004-2006 (see Graph 1C.3). This suggests that the target

¹⁷ Undernourishment exists when caloric intake is below the minimum dietary energy requirement (MDER) and affects labour productivity and earning capacity.

under review has already been met. Declines in the levels of undernourishment in the population are dependent on people having at all times physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life.

Achieving and maintaining such food security

“... Guyana is currently food-secure...”

have been recognised as priorities in Guyana and the wider Caribbean region. There are a number of regional programmes aimed at improving food security in the Caribbean: for example, the Caribbean Regional Food Security Project which seeks to increase availability and access to adequate quantities of safe, quality assured food products to food insecure and poor rural communities across the region. At the country-level, Guyana is currently food-secure and the Ministry of Agriculture has recently concluded the drafting of a Food and Nutrition Security Strategy 2010-2020 which outlines how the country can continue to provide availability of and access to food.

Several ongoing projects under the Ministry of Agriculture contribute positively to the maintenance of food security in Guyana. For example, the ‘Grow More Food’ campaign which was launched in 2008 seeks to encourage the entire population to cultivate crops and rear animals in a drive to make food continuously available at an affordable price to all households. This initiative was supported through interventions such as the distribution of seeds, planting materials and livestock, as well as other agricultural inputs such as implements and fertilisers.

Projects which seek to maintain Guyana’s food security as well as contribute to that of the region are centred on increasing local agricultural production. Efforts are being made to improve output in the areas of both traditional and non-traditional agriculture. The Agricultural Export Diversification Project (ADP) and the Agricultural Support Services

Project (ASSP) both aim to improve the efficiency and sustainability of agricultural production.

Government has paid special attention to ensuring that food security is achieved in rural and hinterland areas. Specifically targeting rural areas is the Rural Enterprise and Development Project (READ) which aims to ensure food security for poor households through training of farmers, linking farmers to markets and increasing efficiency of activities. In addition, a Rice and Bean Project, supported by the Spanish Government, was launched in December 2009 in the hinterland Rupununi district with the aim of ensuring sustainable production of these commodities in Amerindian communities.

Key Priorities

Government is committed to maintaining food security. In this regard, its key priorities include close monitoring and management of changing ecological conditions which are a significant factor affecting production and therefore consumption patterns, improving access to credit and insurance facilities in the agricultural sector, maintaining affordable prices and adequate access to all areas of the country, and identifying high-risk groups.



GOAL 2:

Achieve universal primary education

Guyana has made excellent progress towards achieving universal primary education. The country is on track to meet the education target, ensuring that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Government has long recognised the value of education in contributing to personal development as well as the country's economic growth. It has a longstanding commitment to the provision of free and compulsory education for its children from the pre-primary to secondary levels. Access to education is high at the primary level and national policy initiatives are in place to ensure that progress is maintained until every single child is able to complete a full course of primary schooling. Government's policy of universal secondary education serves to sharpen its focus on the performance of its primary education sub-sector and underscores its commitment to the comprehensive education of its young people.

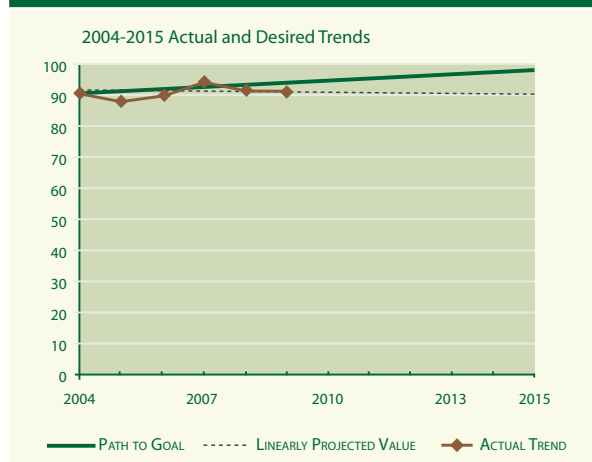
In addition to access to education, it is recognised that the quality of education determines educational outcomes and is therefore an equal Government priority.

Performance Summary

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Graph 2A.1

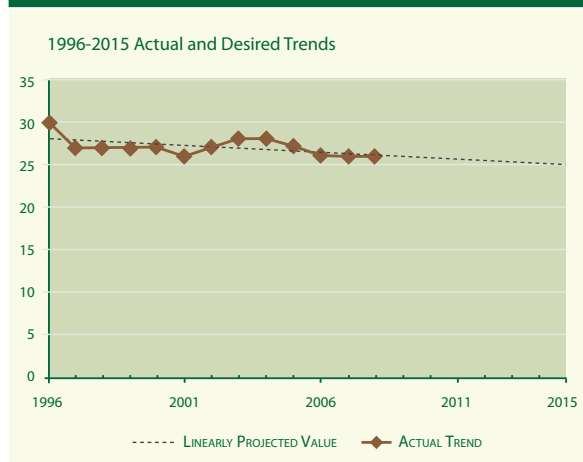
Proportion of pupils starting grade 1 who reach grade 6



Source: Ministry of Education

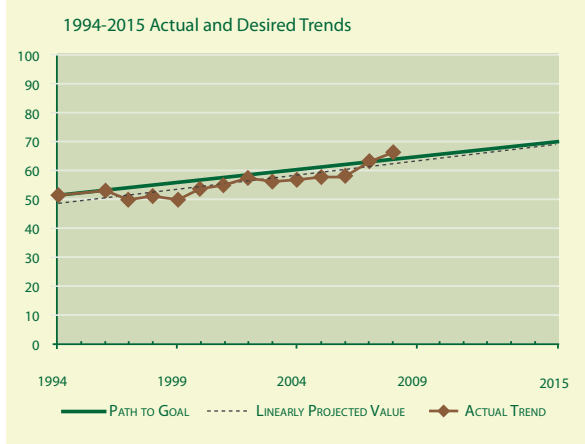
Graph 2A.2

Number of students per teacher in primary schooling



Source: Ministry of Education

Graph 2A.3
Percentage of primary school teachers with training



Source: Ministry of Education

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

For Guyana, meeting this target means achieving near universal access to primary education (measured using enrolment¹⁸ and survival rates¹⁹) and an improved quality of education (measured by student/teacher ratios, the proportion of teachers with appropriate training and student test results).

does not represent a genuine decline in enrolment since the majority of private schools, which number fifty-one to date, do not currently report enrolment data to Government. Further, net enrolment rates tend to under-estimate enrolment since some six year old children may still be in nursery, and some eleven year olds may be in secondary.

Despite the difficulties in capturing full data, surveys have suggested that the vast majority of children in Guyana are accessing primary education. For example, data from the Multiple Indicator Cluster Survey (MICS) records primary net enrolment of 97.7 percent in 2000 and 96.2 percent in 2006.

National survival rates have consistently been above 90 percent for the period 2006-2009. (see Graph 2A.1). At a regional level, Regions 8 and 9 recorded survival rates lower than the national average over the period 2008-2009. Meanwhile, survival rates have improved tremendously for Regions 1, 2, 7 and 10. These regions fell below 90 percent in 2004, and by 2009, had all increased survival rates to above 90 percent.

It is important to note that survival rates are limited to an assessment of how many students reach Grade 6 from the initial entry cohort 6 years

“Increased budgetary support for school-feeding programmes and the provision of free school uniforms have impacted positively on enrolment and attendance rates ...”

Some of the key indicators of access and quality which the Ministry of Education monitors are included in the graphs on the previous page.

Access to Primary Education

Net enrolment ratios recorded by the Ministry of Education have fallen in recent years from 95.4 percent in 2004 to 82 percent in 2009. However, this

earlier in Grade 1. The calculations therefore do not include those students who have repeated but do complete a full course of primary education, albeit not in the same year as the initial entry cohort. It necessarily follows that the number of students completing primary education is higher than the rates indicate.

Improving access to education in Amerindian communities has been a key focus in recent years. Increased budgetary support for school-feeding programmes and the provision of free school uniforms have impacted positively on enrolment and attendance rates in these regions. In addition to

¹⁸ As measured by Net Enrolment Ratio: the ratio of the number of children of official school age who are enrolled in primary school to the total population of children of official school age.

¹⁹ Survival rates measure how many students reach Grade 6 from the initial entry cohort in Grade 1.

improving hinterland access to primary education, a key Government priority is to improve the inclusiveness of education by facilitating greater access for children with special needs.

Quality of Primary Education

Student-to-teacher ratios and the proportions of teachers with appropriate training have been progressing broadly in line with targeted improvements. Student-to-teacher ratios have been relatively stable over the past few years, being maintained at a level of 26 students per teacher in 2007/08 and 2008/09 (see Graph 2A.2). The proportion of primary school teachers with training increased from 51.5 percent in 1994 to 67 percent in 2009/10 (see Graph 2A.3).

End-of-primary school examination results show that there is room for improvement in the four core subject areas of Mathematics, English, Social Studies and Science. To improve performance in Mathematics and English, Government has clear standards of literacy and numeracy which set out precisely what children should know and be able to do at each grade, resulting in improved school curricula. The Government also has two key remedial programmes to improve numeracy (Interactive Radio Instruction programme) and literacy (Fast

Track Literacy Programme), focusing on target groups such as poor performers in primary schools and out of school youths.

Two key Government priorities for improving the quality of educational outcomes are **improving the availability of trained teachers** and **increasing attendance rates** for both students and teachers.

Key Priorities (Access to Primary Education)

Data completeness

The majority of private schools do not yet provide enrolment data to the Ministry of Education. There are 51 registered private schools (although the actual number may be higher than this) and only 14 of these schools provided any data to the Ministry of Education in 2008. As the popularity of private schools increases, the result is a continually increasing under-estimation in Government enrolment data.

Government will resolve this issue through a new Education Bill which is currently being drafted and is expected to be laid in Parliament in the near future. This legislation is intended to enforce compulsory reporting of data from private schools to



Government. Meanwhile, the Ministry of Education has embarked on a parallel exercise - using current legislation - to encourage private schools to register and to develop a database to capture their enrolment data. So far, the Ministry has added 84 schools, with 3,590 primary students, to its database of private schools, and these figures are likely to increase as the exercise is completed.

Inclusiveness of Education

A survey²⁰ carried out in Regions 4, 6, 7 and 9 by the National Commission on Disability (NCD) in 2005 found that 15 percent of the 1,500 persons

“... special education module targeting teacher training for children with disabilities...”

with disabilities²¹ surveyed had never attended school, and the proportion increases to 42 percent of those under 16 years of age. To tackle this issue, a special education module targeting teacher training for children with disabilities was developed in 2007 and included as a compulsory part of the programme at Cyril Potter College of Education (CPCE). This module equips teachers to deal with the needs of children with learning difficulties at a basic level but there remains a critical need for more specialised training to be offered. One area where more specialised provision has been developed is in catering for deaf students: training in sign language has been provided to some teachers, and the schools in which these teachers work have committed to welcome students who are either completely deaf or suffer from partial hearing impairment. Work has also begun to train one group of teachers and parents to teach reading in Braille. Government intends to expand this project over the next few years.

20 http://www.statisticsguyana.gov.gy/pubs/Disability_Guyana.pdf

21 Using the WHO International Classification of Functioning, Health and Disability (ICF) definition of a disability as the outcome of the interaction between a person with an impairment and the environment and attitudinal barriers he/she may face.

Additional measures taken by the Ministry of Education to improve the inclusiveness of education include the appointment of a *Special Educational Needs* coordinator within the central Ministry, in charge of developing a national policy for students with special needs and of organising in-service training for teachers to help them to provide support to students with special needs.

(Quality of Primary Education)

Retaining sufficient trained teachers

Retaining sufficient numbers of trained teachers is a key Government priority. The education system has gradually been improving the proportions of trained teachers in service, moving from 51.5 percent in 1994 to 67 percent in 2009/10. According to Table 2A.1, improvements have been made across the majority of regions although the hinterland regions of 1, 8 and 9 still have proportions of trained teachers below the national average.

Table 2A.1 Regional Distribution of Trained Teachers

Region	Proportion of trained teachers	
	1994/95	2009/10
1	21	36
2	49	77
3	53	78
4	53	65
5	50	65
6	56	55
7	26	64
8	16	24
9	30	43
10	55	90
Georgetown	62	82
Total	51	67

Source: Ministry of Education

Teachers leave the system for a number of reasons but there is anecdotal evidence that higher salary options are a major reason for teachers moving to jobs in other sectors and/or to teaching jobs abroad. There have been consistent attempts in recent years to improve the salary and condi-



Success Makers

Government has supported the more innovative use of technology to deliver distance education in its efforts to mitigate the shortage of skilled teachers in some areas. Guyana has successfully used technology to support learning in schools. In a small pilot in 2006, 14 primary schools were outfitted with computer laboratories and a supportive software “Success Maker” was introduced to improve student achievement in Mathematics and English. Through this programme students are guided on the computer to learn and practice basic numeracy and literacy skills at precisely the level that they individually need, based on constant diagnosis by the computer. There was a 100% improvement in the language and mathematics results in 10 of these schools and improvement continues on a consistent basis. The programme is expected to be extended to reach 50 percent of primary schools by the end of the Ministry’s strategic plan period in 2013.



tions of service for teachers and negotiations are ongoing, but Guyana is simply not in a position to compete with international salary packages, and this is unlikely to change in the short term. Teacher emigration is therefore likely to remain a serious obstacle to Guyana improving the quality of education. Given the constraints to increasing teacher salaries sufficiently to reduce the number of teachers leaving the system, the main option open to Government is to increase the number of teachers trained. There is a clear target to increase the proportion of trained teachers in the system to 70 percent by 2013.

Achieving this target means increasing the intake in teacher education (at CPCE primarily) by over 50 percent in the first two years of the plan so that these professionals will complete their training by 2013. CPCE's intake for this academic year has increased by this proportion and hence the Ministry is on track to achieve this target. In addition to the Turkeyen campus, CPCE operates fourteen satellite centres across the country providing training programmes through a blend of distance and face-to-face modalities. However, preliminary assessments of the distance mode suggest that

“There is a clear target to increase the proportion of trained teacher in the system to 70 percent by 2013.”

for certain regions it may be more cost effective to train student-teachers centrally. The Ministry of Education is also working with CPCE and UG to explore the possibility of reducing the current two-year in-service Diploma in Education programme to a one-year programme as a strategy to attract more graduates to the profession.

The Ministry of Education has introduced several initiatives to improve teacher retention at the primary level. Government concluded a multi-year package for teachers for the period 2006-2010 ensuring that teachers derive more benefits during their tenure in the profession. Some of the non-salaried incentives in the package include duty free concessions for motor vehicle purchases by Principals, bonuses upon teachers earning Whitley Council leave and payment of secondary school examination fees for children of teachers. Moreover, greater opportunities for career development are being offered ranging from Masters degree

“...greater opportunities for career development are being offered...”

courses to the proposed introduction of continuous professional development programmes for all teachers in the system. In recognition of the teacher retention problem being more pronounced in hinterland regions, the Ministry has an initiative of Remote Area Incentives in which teachers are given allowance payments. Additionally, the Ministry is building teachers’ houses in each of the hinterland regions to encourage and facilitate teachers taking up and retaining posts in remote areas.

Attendance²²

The average student attendance rate at the primary level increased from 70 percent in 2003/04 to 76 percent in 2008/09 but with a number of students absent on any one day, learning is further hampered by the need for different students to catch up on different areas they have missed. Average student attendance rates mask significant regional disparity, ranging from 86 percent in Region 9 to 66 percent in Region 1 in 2008/09. Teacher atten-

²² Whilst the text here focuses on primary education, it should be noted that attendance is also a key challenge at the nursery and secondary levels, with average student attendance rates of 72 percent and 64 percent respectively in 2007-08.

dance data are collected at the regional level and small-scale studies carried out by the Ministry of Education have suggested that nationally these may be similar to those of students. Government

“Government has a clear goal to improve student attendance to 87 percent and teacher attendance to 90 percent as an overall rate by 2012...”

has a clear goal to improve student attendance to 87 percent and teacher attendance to 90 percent as an overall rate by 2012 through the implementation of targeted strategies. These strategies will take into account the local context to ensure they address the specific reasons behind low attendance in that region. For example, the wet season in some regions negatively impacts attendance because routes to school become impassable, and in other areas children may have family responsibilities which prevent regular school attendance. The Ministry of Education is giving consideration to allowing some flexibility to the school term in certain regions to take cognisance of weather and production patterns which may affect attendance.





Good Practice: School Feeding Programmes Tapping into Local Products

School Feeding Programmes are an innovative example of Government efforts to tackle attendance rates, while also targeting the objectives of increasing student attentiveness and improving child nutrition. There are three different programmes operating across the country, targeting children in primary schools. A fruit beverage and biscuit snack programme has been introduced, serving 80 percent of Guyana's nursery and primary schools. Hot meals are provided in around 45 percent of schools in the four hinterland regions (1, 7, 8 and 9) and in Region 9, peanut butter and cassava bread snacks are offered in schools not benefiting from hot meals. A World Bank evaluation of the hot meals programme in Regions 1, 7, 8 and 9 showed that the programme had increased average attendance by 4.3 percent between 2007 and 2009, that it had increased students' attention and class participation, and that levels of severely stunted children were consistently lower in schools with the programme. An evaluation of the peanut butter and cassava bread programme supports these conclusions, clearly showing a marked increase in attendance and concentration among the student population. Some implementation difficulties have been encountered. In particular, the difficult terrain and high transport costs in more remote regions has meant that some of the programmes have only been implemented on a sporadic basis. This issue has been addressed by using local produce wherever possible: the peanut butter and cassava bread offered in Region 9 are locally produced, resulting in more consistent provision and also benefiting local people by providing a source of employment.





GOAL 3:

Promote gender equality and empower women

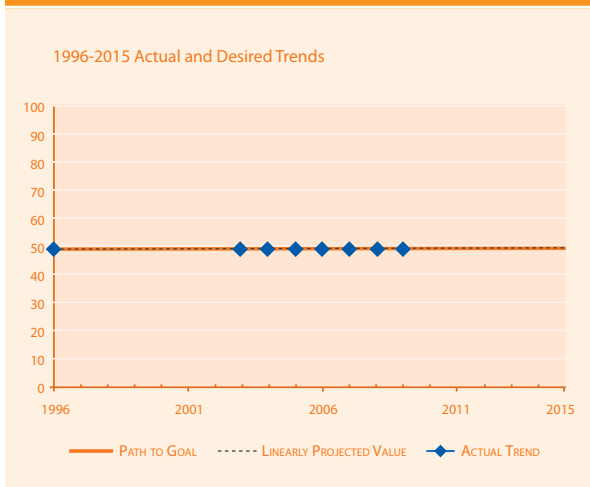
Guyana has made very good progress towards promoting gender equality and the empowerment of women. The country met the target of eliminating gender disparity in primary and secondary education, and strives towards parity at the tertiary level. Employment of women is targeted for improvement and female political representation in Parliament has substantially increased.

Government remains committed to promoting the equality of women in all spheres. This is consistent with its obligations arising out of the national Constitution, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) as well as other human rights instruments and standards. Women's rights are protected through a number of legislative and administrative measures and their involvement in the economic and political spheres advanced through pro-active Government policies and programmes.

Performance Summary

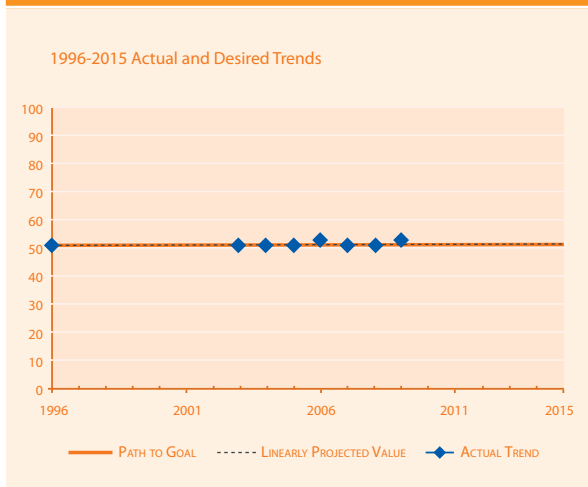
Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Graph 3A.1
Percentage of enrolments in primary education accounted for by girls



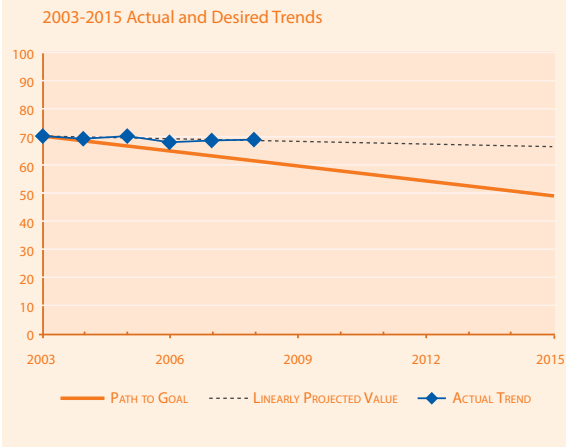
Source: Ministry of Education

Graph 3A.2
Percentage of enrolments in secondary education accounted for by girls



Source: Ministry of Education

Graph 3A.3
Percentage of enrolments in tertiary education
accounted for by girls



Source: Ministry of Education

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Government is committed to the provision of equal opportunity for all in the area of education. The Constitution in its article 149F (2) states that “every woman is entitled to equal access with men to academic and vocational training”. This commitment to equality on paper is reflected in reality by virtue of there being no gender disparity at the primary and secondary levels of education in Guyana. Furthermore, there is no notable variation

“...no gender disparity at the primary and secondary levels of education in Guyana.”

from this equality when the data is disaggregated by different background variables (wealth, ethnicity or mother’s education level).²³

Moreover, at the tertiary level,²⁴ there are more than twice as many girls as boys enrolled. One

²³ MICS survey, 2006

²⁴ Tertiary education in Guyana comprises the University of Guyana and the Cyril Potter College of Education

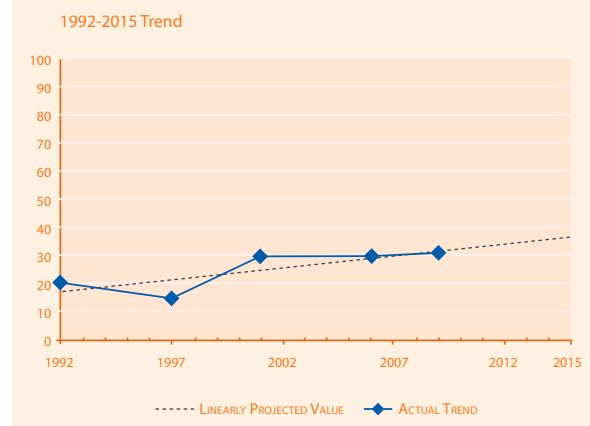


possible explanation is the high female enrolment rate for teacher training at CPCE. This may result from the trend of greater numbers of girls’ entries for secondary school-leaving examinations. Evidence suggests that more girls are meeting the entry requirements for university and are taking advantage of the opportunity.

Programmes for encouraging greater numbers of males at the secondary level to complete school and qualify themselves academically for progression to the tertiary level are being explored. The Secondary Competency Certificate Programme was piloted at the secondary level to increase male performance at the secondary level. This offers an alternative pathway through a modularised career education programme which targets the development of technical competencies, potentially more attractive to male students.

Gender issues in politics and public life

Graph 3A.4
Proportion of seats held by women in national parliament



Source: National Parliament



Female representation in Parliament increased from 12 members (18.5 percent) in 1992 to 20 (31.4 percent) in 2009 (see Graph 3A.4). Government's role was instrumental in achieving this result through its 2001 legislation requiring political parties to include one third women candidates in their lists. The consequential sharp rise in female representation in Parliament has meant that Guyana is ranked 24th out of 186 countries²⁵ for highest proportions of women in the lower house of parliament. Additionally, in 2009 a new system of local Government elections was enacted. This will utilise a hybrid Proportional Representation-First Past the Post electoral system which will allow for greater participation of female candidates at the local levels.

More broadly, gender issues affecting women are dealt with by the Women's Affairs Bureau in MLHSS. Additionally, in 2009, the Women and Gender Equality Commission was established with the responsibility of ensuring that women and girls are not discriminated against in any sector of society. The need for adequate representation of issues affecting men has recently been formally recognised and the Cabinet has approved the establishment of a Men's Affairs Bureau.

Women are well represented in public life generally, although there is room for increased represen-

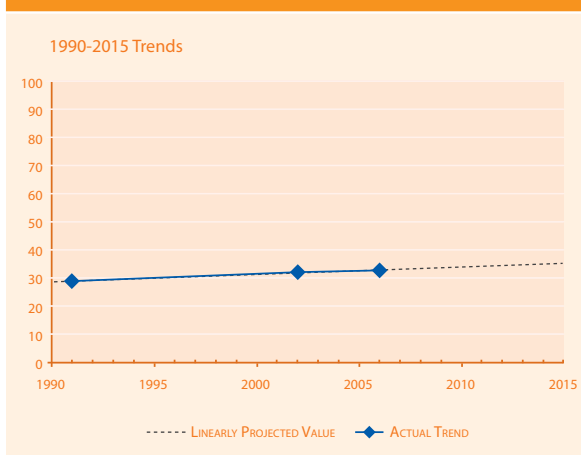
tation in senior roles and on management boards and service commissions. The lower levels of the public service are composed of a much higher percentage of women than men. However, a number of

"..Guyana is ranked 24th out of 186 countries for highest proportions of women in the lower house of parliament."

women are now acceding to a variety of senior technical positions in the public service.

Gender issues in employment

Graph 3A.5
Share of women in wage employment in the non-agricultural sector



Source: Census 1990, 2002; HBS 2006

25 Inter-Parliamentary Union statistics, March 2010

“...more women are in a position to secure for themselves better income, economic security and well-being.”

Government has put in place legislative measures to ensure that women are not discriminated against in the workplace and that they have equal opportunity to professional and economic benefits associated with work.

The share of women in wage employment in the non-agricultural sector has increased from 29 percent in 1991 to 33 percent in 2006 (see Graph 3A.5). This positive trend suggests that labour markets are becoming more open to women in industry and service sectors, and that more women are in a position to secure for themselves better income, economic security and well-being. This development should, however, be viewed in the context of possible under-reporting of the employment share of the agricultural sector, as well as a need to consider other variables which impact on women entering and benefiting from the formal labour force.

There are many factors which affect the ability of women to enter into the work force, including marital status, care of children and dependent relatives, geographic location, and type of work offered. Low participation rates for women may both reflect and reinforce the persistence of traditional gender roles within the Guyanese society and family.

The Government has responded to the challenge of raising female participation rates in the labour force by ensuring equal access to education and training as well as through the provision of incentives and support systems to facilitate the entry of women into the workforce. Two such programmes are highlighted below.

Training Programmes

A number of training programmes are aimed at building the capacity of women to improve their participation at all levels of employment. The Guyana Women's Leadership Institute and the Board of Industrial Training both offer ongoing training programmes and the International Development Bank/Institute for Distance and Continuing

Education (IDB/IDCE) Skills Training Project for women (2002) offers training programmes periodically. There are also micro-credit initiatives which specifically target women to encourage female entrepreneurship, and in 2010 a 'Women of Worth' scheme was established to help single mothers start businesses, providing them with the necessary start-up soft loans which do not require any collateral.

Single Parents Initiative

According to 2002 census information, the majority of single-parent households are headed by women. Therefore, whilst programmes targeting single parents are offered regardless of gender, such initiatives will necessarily have a positive impact on women.

It can be particularly difficult for single parents to enter employment and fulfil their earning potential. Two Government initiatives aim to ameliorate this situation. The Single Parent Training Programme which began in March 2009 provides training in selected 'child-friendly' professions, such as cosmetology, catering, information technology, office procedures, childcare and care for the elderly. This has benefited 374 single parents to date.

Gender and violence

Domestic and sexual violence have been identified as persistent and pervasive problems in Guyanese society which disproportionately affect women. The Government has used legislative and policy measures to tackle these issues.

The Domestic Violence Act was enacted in 1996 and has received fresh impetus from the recently formed Domestic Violence Policy Unit. The unit launched a national Policy on Domestic Violence in June 2008 and is currently finalising the implementation plan. To address sexual violence, Government published a Consultation Paper 'Stamp It Out' in 2007 containing proposals for strengthening protection against sexual violence and reforming the law on sexual offences. This paper has paved the



way for the Sexual Offences Act passed in 2010. The Act strengthens the existing legislative framework for dealing with sexual violence by: (i) introducing sterner penalties for offences; (ii) establishing a Family Court; (iii) introducing mandatory counselling for victims and perpetrators; and (iv) instituting an integrated approach (discussed later) to handling the problem across sectors and stakeholders.

Government is also working towards simplifying the legal process from the perspective of the victim, and has made Gazetted Probation and Social Welfare Officers available for this crucial task. Training for Probation and Social Welfare Officers

Counteracting these factors will be a long-term process. Enhancing the education and economic status of women has a positive impact on attitudes towards gender-based violence. The MICS Report²⁷ found that one in every five women (18 percent) believed that a husband/partner is justified in beating his wife/partner. This belief is more than twice as common in the interior compared to coastal regions. It is also more prevalent among less educated women and those from poorer households.

Government initiatives in recent years have improved reporting to some extent. For example, MLHSSS has a number of education and awareness

“Domestic and sexual violence have been identified as persistent and pervasive problems in Guyanese society which disproportionately affect women.”

has also been improved and 34 out of 63 are now certified as being competent in assisting persons in cases of sexual violence. Additionally, Government works collaboratively with ‘Help and Shelter’²⁶ on issues of domestic violence, and finances the operation of the shelter for victims of domestic violence.

In light of the above, Government has identified two key priority areas to be addressed in tackling both domestic and sexual violence:

- Under-reporting of cases of violence
- Burden of case resolution on victims of violence

Under-reporting of cases of violence

The exact extent of domestic and sexual violence is difficult to determine and there is anecdotal evidence of significant under-reporting. Reluctance to report domestic and sexual violence stems from many factors; elements of economic dependence, shame, cultural and religious pressures and emotional difficulties all contribute to the obstruction of justice in this regard.

²⁶ Help & Shelter is an organisation dedicated to the assistance of victims of abuse.

initiatives on domestic and sexual violence. These are widely disseminated including at schools, on television and on the radio, and are delivered across all ten administrative regions. The Ministry has also expanded its Legal Aid Services. Previously legal aid was accessible only in Georgetown thereby discouraging widespread use of the system. The service has now been expanded to five regions and a new hotline for reporting of abuse has been established, although use of this service has been limited so far. Implementation of measures in the 2010 Sexual Offences Act for reducing the burden of case resolution on victims of violence (see below) and the full implementation of the Domestic Violence Policy are likely to increase the number of cases reported.

Burden of case resolution on victims of violence

The judicial process time-frame has not always been predictable. Victims can be deterred from both initiating and completing the process because

²⁷ Multiple Indicator Cluster Survey Summary Report 2006

“adopting an integrated multi-stakeholder approach to case resolution.”

of the number of steps required and the length of time for a case to be concluded.

Efforts are being made to simplify the procedures by adopting an integrated multi-stakeholder approach to case resolution. This vision, encompassed in the Sexual Offences Act (2010), sets out the importance of having hospitals establish domestic violence response areas in which victims can receive assistance from all stakeholders (e.g. medical, law enforcement) in one location. The planned establishment of a family court will also help to facilitate quick resolution of cases of domestic violence.



GOAL 4:

Reduce child mortality

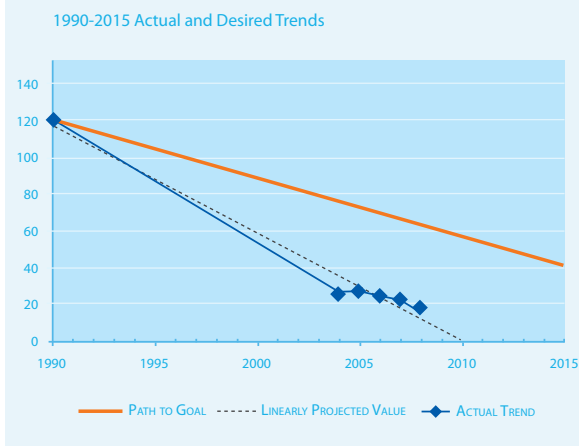
Guyana is making very good progress towards reducing child mortality. The country has already met the target of reducing the under-five mortality rate by two-thirds by 2015, and aims to further improve its record of reducing child mortality.

Government recognises the intrinsic link between health and development, and is committed to protecting and promoting the health of all its citizens, including the very young and vulnerable. It has implemented a number of policies and programmes aimed at improving child health, most recently through the National Health Sector Strategy 2008-2012, and the successes of these are reflected in a clear downward trend in child mortality.

Performance Summary

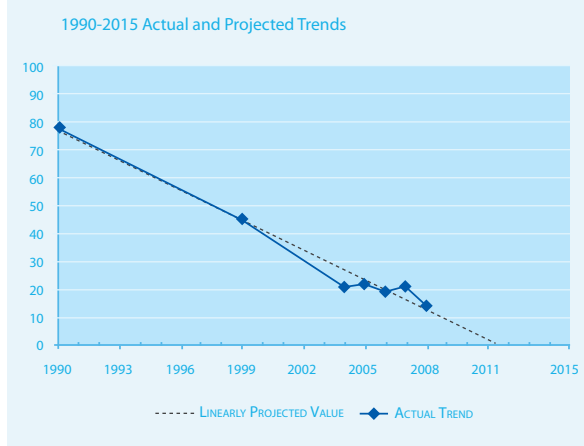
Target 4: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Graph 4A.1
Under-five mortality rate per 1,000 live births



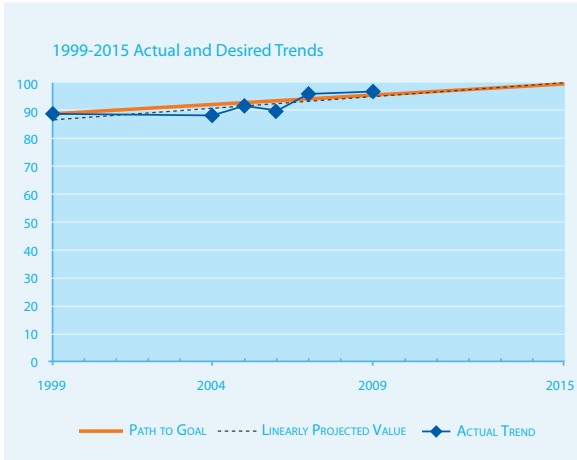
Source: Ministry of Health

Graph 4A.2
Infant mortality rate per 1,000 live births



Source: Ministry of Health

Graph 4A.3
Proportion of 1-year old children immunised against measles



Source: Ministry of Health

Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

The under-five or 'child' mortality rate²⁸ declined from 120 per 1,000 live births in 1991 to 17 per 1,000 live births in 2008 (see Graph 4A.1). The infant mortality rate displays a similar trend with a decline from 78 per 1,000 live births in 1991 to 14 per 1,000 live births in 2008 (see Graph 4A.2).

²⁸ The child mortality rate is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates.

"...major success stories in the areas of immunisation, nutrition, and HIV/AIDS."

There are some major success stories in the areas of immunisation, nutrition, and HIV/AIDS. Immunisation coverage of the child population has been consistently above 90 percent for all major vaccinations and across the entire country. Graph 4A.3 shows that the proportion of 1 year old children immunised against measles has increased from 89 percent in 1999 to 97 percent in 2009. Slow foetal growth which accounted for 7 percent of under-five deaths in 2007, no longer features as a leading cause of death in 2008, reflecting the successes of the Safe Motherhood Initiative and the Basic Nutrition Programme. HIV/AIDS deaths among children declined from 7.1 percent in 2001 to 1.9 percent in 2008, an accomplishment largely attributable to the Prevention of Mother-to-Child Transmission Programme (PMCTP). In addition, an integrated approach to child health and development was adopted in Guyana in 2001 and has positively impacted diagnosis and treatment of childhood illnesses.





A Success Story – EPI Programme in Guyana

There has been significant success in protecting the Guyanese public from vaccine preventable diseases. This has been achieved through Guyana's Expanded Programme on Immunisation (EPI), an aggressive vaccination programme which provides free of charge vaccines to all children under one year of age.

Vaccination coverage has been maintained at over 90 percent for children under one year of age over the last five years. Vaccinations are provided, and active surveillance maintained for poliomyelitis, measles, mumps, rubella and tetanus including neonatal and adult, diphtheria, whooping cough, tuberculosis and yellow fever.

The EPI Programme has also successfully reduced regional disparities in immunisation coverage. For example, in 2004, the range for MMR immunisation coverage for 1-year olds across regions was 60 to 100 percent, with 5 out of 10 regions above 90 percent. In 2008, the range for MMR immunisation coverage was 84 to 100 percent, with 9 out of 10 regions above 90 percent. This significant achievement, given the logistical difficulties of reaching remote areas of the country, was made possible through collaboration of the central Ministry, community and district workers, NGOs and village captains in mop up and outreach activities. The Ministry of Health transports vaccines by plane directly to remote areas of the country. Community and district workers then travel via motorcycle and pedal cycle to ensure that the communities are serviced every quarter.

The success of the EPI Program is largely attributable to the massive social campaigning conducted to raise awareness of vaccinations as a healthy choice, coupled with localised interventions and implementation through decentralised primary health care providers and frequent outreaches to isolated areas.

Prevention of Mother to Child Transmission of HIV (PMTCT)

Before the year 2000, approximately 38 percent of all babies born to HIV positive mothers were also HIV positive. In 2009, 8.8 percent of babies born to HIV positive mothers were HIV positive themselves. More effective testing enables quicker treatment, and a key driver of this rapid reduction in mother to child transmission has been an enormous expansion of the number of sites that offer HIV testing to pregnant mothers. In 2001 eleven sites in two regions offered this service; by 2009, 157 antenatal sites across all ten regions offered both testing and counselling for HIV, and mobile outreach services operate in remote areas. Uptake of HIV testing and counselling for pregnant women was 95.5 percent in 2008.

Building on these initiatives, a newly implemented policy on HIV testing means that opt-out rapid testing is now being used at labour and delivery sites, where the vast majority of deliveries occur. HIV rapid testing is also conducted as part of the routine antenatal clinic blood screening process and children are being screened before six months, to ensure that the appropriate anti-retroviral treatment is given early. These measures are expected to further reduce child mortality resulting from HIV/AIDS.



Childhood Illnesses

An integrated approach to child health and development (Integrated Management of Childhood Illness – IMCI) has been adopted in Guyana since 2001 and this has resulted in reduction of the problems associated with respiratory illnesses, worm infestations and under-nutrition. This initiative has been used particularly in the hinterland communities and has been very effective, resulting in more timely and accurate diagnosis and treatment of childhood illnesses.

The long standing challenge in reducing deaths from childhood illnesses has been that parents and care-givers are not always able to tell the difference between the symptoms of a relatively harmless childhood illness and one which is potentially life-threatening. Shortages of skilled human resources at a particular level (e.g. health visitor capacity) remain an issue in every region, although it is particularly severe in hinterland regions, and so an innovative approach is required. The IMCI program addresses this issue effectively.

Communities are taught to recognise the danger signs of illness and to bring the child promptly to the hospitals and health centres for care. In the coming years, the community-based aspect of the IMCI strategy will be expanded, further educating communities about the symptoms of diseases and when to visit a health care provider. This is expected to improve management of common childhood illnesses, including some of the leading causes of child mortality, such as bacterial sepsis, acute respiratory infection and intestinal infectious diseases. On-going training and on-the-job supervision need to be reinforced in the hard-to-access hinterland areas where climatic conditions and difficult terrain lead to complications in trying to reach the vulnerable populations.

However, the more progress that is made the more difficult it becomes to further reduce child mortality, and it becomes all the more important to be strategic in approach and relentless in endeavour. Analysis of the most prevalent causes

of under-five deaths highlights the key challenges faced. The table below shows the leading causes of child mortality in 2008, the most recent year for which data are available, and includes a comparison to 2007 for causes listed.

Table 4A.1 Leading causes of child mortality 2007-2008

Ranking in 2008	Cause of death	Under-5 Mortality Rate		Percentage of total number of deaths	
		2008	2007	2008	2007
1	Respiratory disorders specific to the perinatal period	4.6	5.8	26.8	26.1
2	Congenital malformations	1.5	2.4	8.8	11.0
3	Bacterial sepsis (bloodstream infection) of newborn	1.1	1.5	6.1	6.5
4	Intestinal infectious diseases	1.1	1.1	6.1	5.0
5	Acute respiratory infections	0.7	1.0	4.2	4.6
6	Nutritional Deficiencies & Nutritional Anaemia	0.7	0.6	3.8	2.7
	Other	7.6	9.9	44.1	44.2
Total		17.3	22.4	100%	100%

Source: Ministry of Health. (N.B. Percentages do not sum exactly to 100 percent due to rounding)



In Guyana, child mortality results from a relatively wide range of causes, as is evident from the fact that only just over half of under-five deaths are captured by the six leading causes. It is important to note however that in 2008, 81 percent of under-five deaths occurred in the first year of life, and the majority (68 percent) of these deaths occurred within the first few weeks of life.

Key Priorities

The leading causes of under-five deaths strongly indicate that the most important challenge is a need to improve the **quality of care** of under-one children, especially at and around the time of birth. In addition, the prevalence of nutritional deficiencies and anaemia in under-five children indicates a need to improve the **nutritional intake** of both mother and child.

In 2008, Government commenced a major initiative to reduce the child and maternal mortality rates more rapidly, a key part of which was aimed at improving quality of care. The Obstetric Emergency training (Advances in Labour Risk and Management 'ALARM') programme has been introduced, and so far 316 health workers, including doctors and nurses across all regions, have been trained. A new quality-assurance improvement programme for Mother and Child Health and HIV sites ('Health-Qual') was also introduced. This programme tracks seven indicators of child health over a six-month period, and has now been initiated at ten sites.

In addition, the Expert Maternal Mortality Review Committee, established in 2007 to review maternal and child deaths, has made a number of recommendations to improve the quality of care and to introduce increased accountability into the

“...improving the quality of care is a key focus of the National Health Sector Strategy.”

Quality of care

Quality of care at and around the time of birth is closely linked to the most common cause of child mortality in Guyana (respiratory disorders at the time of birth) but improved quality of care at this time would also be expected to reduce deaths from other causes to some extent. As a result, improving the quality of care is a key focus of the National Health Sector Strategy.

Guyana has made considerable progress in this area; in particular, an excellent record of ensuring the presence of skilled staff (such as midwives) at births has been achieved. Now that this basic level of care is near universal, more must be done to ensure that specialist obstetric and neonatal care is available at and around the time of birth. In particular, this would make it possible to eliminate a large proportion of deaths from respiratory disorders at the time of birth, bacterial sepsis of the newborn and obstetric complications. Specialist obstetric and neonatal care will also provide better management of congenital malformations.

system. These recommendations include increasing the availability of doctors holding obstetric positions, instituting standards of care for all hospitals, instituting disciplinary action for negligent medical practitioners, ensuring essential utilities and facilities at all hospitals, making use of partographs and improving training in delivery techniques and management of high-risk pregnancies.



These recommendations are being implemented and there is room for optimism that these measures will improve the quality of care, and consequently the child mortality rate will continue to decline.

Nutrition²⁹

One way to tackle problems that develop before the child is born is usually to improve the health of the mother. For example, nutritional Sprinkles given to pregnant women serve the dual purpose of improving maternal health and also child health, and are an effective way of reducing child deaths associated with malnutrition and slow foetal growth. This dietary supplement is available free of charge to all pregnant women in Guyana. Such initiatives are then followed up with programmes to ensure that good nutrition continues after the child is born.



in low-income areas. In addition, efforts to expand access to safe drinking water contribute to child health, particularly in preventing intestinal disease. A number of indicators of child health, such as height and weight, are also monitored on a regular basis in order to detect early warning signs so that action can be taken expeditiously. These programmes will all continue in coming years.

“...addressing gaps in current coverage, engaging local communities and developing strategic partnerships with all stakeholders.”

In particular, exclusive breastfeeding is encouraged for the first six months, with complementary feeding of approved foods from then on. The upgrading of hospitals into “baby-friendly” institutions is a critical strategy being used to improve nutritional outcomes from the time of birth. This programme, which started in 2000, entails the assessment of hospitals based on ten key prerequisites for accreditation as “baby-friendly” Institutions. These criteria focus on breast-feeding routines, attitudes and knowledge. In 2010, the Ministry of Health has initiated new and amended policies to ensure the integration of the Ten Steps into the standard operating procedures and quality assurance for maternity facilities in all hospitals.

Other initiatives taken by the Basic Nutrition Programme included the distribution of Sprinkles for children, cash coupons to purchase basic nutritional food and de-worming tablets, targeting women

Way Forward

A 5-year Child Health Strategy 2011-2015 is being developed to guide the sector’s policies, planning and prioritisation in its aim to meet the goal of improving child health and the target of reducing child mortality rates. The Plan will largely be informed by the recently concluded national Needs Assessment of Emergency Obstetric and Newborn Care (EmONC).

Some of the key objectives of the new strategy for 2011-2015 include enhancing the quality of services throughout the health system to improve child health outcomes, strengthening human resources for child health and management, and strengthening strategic information systems. Further, the strategy underlines the importance of addressing gaps in current coverage, engaging local communities and developing strategic partnerships with all stakeholders.

²⁹ A more in-depth discussion of nutritional initiatives being undertaken by the Government is provided under Goal 1.



GOAL 5:

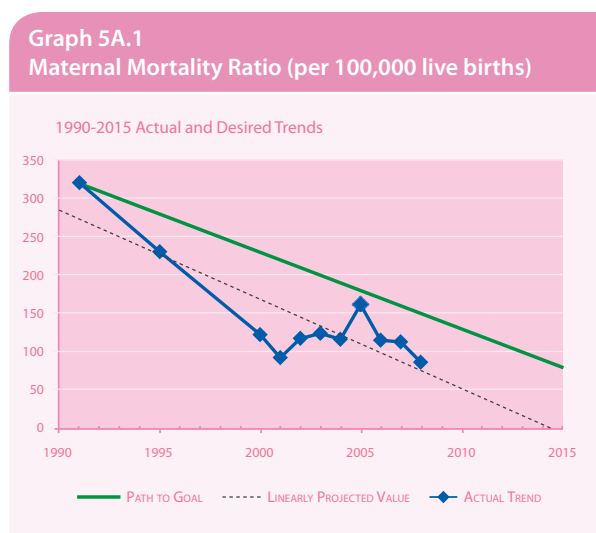
Improve maternal health

Guyana has made good progress towards improving maternal health and has succeeded in reducing the number of maternal deaths and increasing the availability of skilled health personnel at births. Antenatal care coverage and contraceptive prevalence are on the rise. The country is currently assessed as having the potential³⁰ to meet the MDG target of reducing the maternal mortality ratio by three-quarters, and has a mixed outlook on the target to achieve universal access to reproductive health.

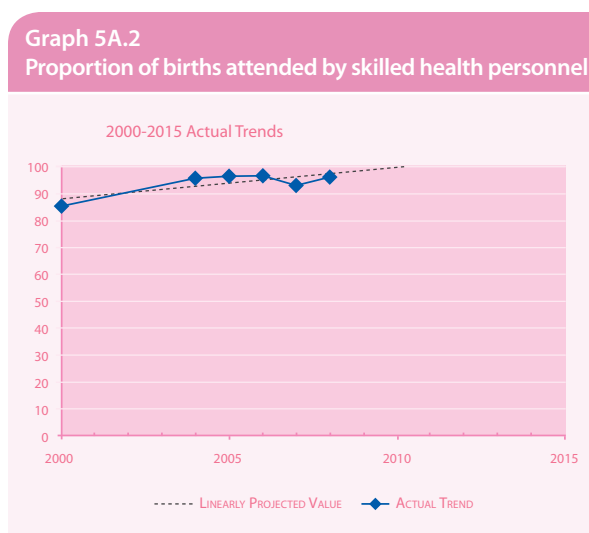
Government places a high priority on ensuring the health and safety of the nation's mothers. This goal focuses both on women having access to reproductive health services, and on reducing the risk of maternal death.³¹ These targets coincide with sustained Government efforts to provide premium care for women from their pre-conception to post-delivery phases.

Performance Summary

Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio



Source: Ministry of Health



Source: Ministry of Health

³⁰ This assessment is based on recent developments which have seen a spike in the number of maternal deaths in 2010.

³¹ A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to – or aggravated by – the pregnancy or its management, but not from accidental or incidental causes. (International Classification of Diseases, ICD-10, Vol 2: 134)

Estimating Maternal Health

The state of a nation's maternal health is assessed to a large extent by the number of maternal deaths. This number is expressed as a proportion of the number of live births, and is used to calculate the maternal mortality ratio (MMR) which is an estimate of the risk associated with each pregnancy.

Generating a correct estimate of obstetric risk, the risk of death once a woman has become pregnant is therefore conditional on the accuracy of data on maternal deaths. A lack of reliable and accurate data has been a significant challenge for developing countries, including Guyana.

As part of ongoing efforts to enhance the estimates of maternal mortality, an inter-agency body comprising WHO, UNICEF, UNFPA and the World Bank, periodically revises global maternal mortality ratios. The most recent publication³² from this group in September 2010 estimates that in 2008, Guyana's maternal mortality ratio was 270 per 100,000 live births. This calculation was derived from a model based on assumptions and proxies of country data despite the availability of national statistics on same. As a result, the model generates findings that are inconsistent with analysis of country data. Indeed, the inter-agency report states that the range of uncertainty on Guyana's MMR estimate spans from a lower estimate of 180 to an upper estimate of 410. It should also be noted that in the 2005 report produced by the same body, Guyana's MMR was estimated at 470 per 100,000 live births in 2005. This figure was revised to 190 per 100,000 births in 2005 in the latest 2010 inter-agency report.

32 Trends in Maternal Mortality: 1990 to 2008, Estimates Developed by WHO, UNICEF, UNFPA

Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Estimates from the Ministry of Health suggest that the maternal mortality ratio has declined from 320 per 100,000 live births³³ in 1991 to 86 deaths per 100,000 live births in 2008 (see Graph 5A.1). The proportion of births attended by skilled health personnel increased from 85.6 percent in 2000 to 96 percent in 2008 and has contributed to the decline

33 It is important to note that both globally and locally, maternal mortality figures have been historically severely under-reported. Data correction analysis suggests that the original maternal mortality ratio in 1991 of 140 was under-estimated by a factor of 2.3. The health sector has endorsed use of the adjusted baseline figure of 320, and developed priorities under the National Health Sector Strategy 2008-2012 to reach the consequent MDG target of 80 per 100,000 live births by 2015.

"...haemorrhage continues to be the major cause of maternal death..."

in maternal mortality in Guyana (see Graph 5A.2). For the country to improve its performance in this Millennium Development Goal the existing causes of maternal mortality must be examined, and strategies to eliminate the occurrence of preventable deaths conceptualised.

There were thirteen recorded maternal deaths in 2008. The main causes are shown in Table 5A.1, as well as a comparison with cases in 2007.



Table 5A.1 Leading Causes of Maternal Mortality 2007-2008

Ranking in 2008	Cause of death	Maternal Mortality Ratio		% of total number of maternal deaths	
		2008	2007	2008	2007
1	Severe or excessive bleeding following delivery (haemorrhage/hypovolemic shock)	40	60	50.0	52.9
2	Infection	20	—	16.7	—
3	Respiratory complications (acute respiratory distress/ pulmonary thrombo-embolism)	13	13	16.7	11.8
4	Severe anaemia	7	26	8.3	23.5
5	Retained products of conception	7	7	8.3	5.9
Total		86	113	100%	

Source: Ministry of Health Statistics.

Overwhelmingly, haemorrhage continues to be the major cause of maternal death, accounting for half of all maternal fatalities in 2008. Effective prevention and management of haemorrhage and other obstetric emergencies, such as caesarean operations require a number of inputs which are not present in several regions. These include specialised health-care providers such as obstetricians and nurses trained in obstetrics, and operating room staff such as anaesthetists and surgeons; operating rooms for surgeries; and availability of blood and fluids (especially rare groups such as O Negative).

“...training of health-care workers on how to deal with obstetric emergencies...”

Some of the steps being taken to address the challenges associated with the prevention and management of post partum haemorrhage (PPH) are already underway. These include enhanced training for midwives, training of health-care workers on how to deal with obstetric emergencies (through the

Safe Motherhood Initiative

Over the last five years the Government has intensified its actions to ensure that pregnancy is safer. One success story has been the implementation of the “Safe Motherhood Initiative” at all levels of health care. This initiative is based on five pillars: (1) pre-conceptual care (care before pregnancy through paying attention to nutritional status, HIV, and immunisations of boys and girls), (2) antenatal or prenatal care; (3) clean and safe delivery, (4) management of high risk pregnancy and (5) postnatal care.

These core elements have been incorporated into all the health training programmes: for example, for medex, midwives and community health workers. A Family Health Curriculum which emphasises this initiative has been developed for higher levels of education, e.g. medical schools.

Under the Safe Motherhood Initiative, early registration of pregnant women at clinics is encouraged, so that expectant mothers may benefit from attention and information given by health personnel who are well trained in recommended standards of maternal care.

ALARM programme), ensuring the wide dissemination and use of protocols for obstetric emergencies, and undertaking an assessment³⁴ of the readiness of hospitals across Guyana to meet the needs of emergency obstetric care.

The main priorities for improving maternal health are ensuring a high quality of care and availability of specialist medical staff, geographic coverage, availability of blood and fluids and adequate nutrition.

Key Priorities

Quality of care and availability of specialist medical staff

The key input required to further reduce maternal mortality (resulting from haemorrhage

³⁴ The National Emergency Obstetric Care Assessment was completed in 2011 for 51 birthing facilities. This will further assess the level of care, equipment, and supplies in order to know what is required to improve facilities further by 2015.

in particular) has been identified as the increased availability of fully qualified staff in obstetrics. This would improve supervision and management of the different stages of labour as well as timely and ensure competent responses to emergency situations, such as when surgery is required. Guyana has an excellent record of ensuring that skilled staff such as midwives are present at births, however, it has been more challenging to increase the number of doctors with specialisation in obstetrics. This is a long-term challenge. It is not feasible at this time to place expert obstetricians in every community in Guyana where the cross-cutting issues of human resources constraints and remote locations are pertinent.

Government is nonetheless keen to make progress in the short term. To this end, the Ministry of Health is rapidly providing a training programme to ensure that health workers are properly trained to deal with haemorrhage. In 2008, Government initiated emergency obstetric care training (the

“...it has been more challenging to increase the number of doctors with specialisation in obstetrics.”





“...limited specialist human resources and facilities continue to serve relatively large geographic areas with difficult terrain.”

Advances in Labour and Risk Management (ALARM programme) which has so far trained 316 health workers including doctors and nurses across all regions. This mandatory training has the potential to significantly reduce the number of maternal deaths caused by haemorrhage. However, training of health workers needs to be focused on local staff as well as complemented by innovative and effective retention strategies to keep such workers in the public health care system.

Moreover, a program has been initiated to build capacity for essential surgical services at the primary health care level. This program seeks to strengthen national and district level health systems to improve access to emergency care, anaesthesia and surgical care. These crucial objectives will be achieved largely by building up the surgical and anaesthetic workforce and the operational capacity through partnerships with overseas-based post-graduate programmes.

Geographic coverage

Government is multiplying efforts to increase the geographic coverage of health-care services and is currently working to ensure that comprehensive obstetric care is available at all Mother and Child Health facilities in Guyana and that caesarean section capacity is developed at all regional hospitals. However, limited specialist human resources and facilities continue to serve relatively large geographic areas with difficult terrain. This necessarily means that there will be cases where it takes longer than is desirable to reach people requiring urgent health care.

Two main efforts to redress this problem are being undertaken in the short-term: improving the system of high-risk referrals and providing a medical evacuation service. In the long-term, Government's program of developing essential surgical care as part of primary health care will go a long way to reducing the problem.

High-Risk Referrals

Sound antenatal care is a prerequisite for the identification of high-risk cases for referral. Those pregnancies which are anticipated to be more complicated than normal deliveries can be flagged and referred to the institutions best equipped to offer the requisite care. It is advisable that each pregnant woman be seen by a qualified doctor to make the final assessment of risk but this has not been possible in every region given the limited number of doctors available in the system. The result is that the number of referrals tends to be higher than optimum, placing a strain on an already weak core of referral hospitals.

Medical Evacuation

Given the challenges faced in identification of high-risk cases as well as the very real possibility that a normal pregnancy expected to be unproblematic can develop quite quickly into a high-risk case, the option of medical evacuation from outlying areas is offered. Although this 24-hour service is available in all regions to transport patients requiring emergency care to a suitable site for treatment, significant logistical challenges remain in reaching emergency cases in a timely manner. For example, it can be impossible to evacuate people from remote regions at night time as airstrips in the interior can often be unlit.

Where it is possible to medically evacuate high-risk cases and this is done successfully, the intervention results in the reduction of maternal deaths. It is however a very costly intervention and so the acquisition of greater numbers of specialist staff and functional operating theatres across the country is critical. Another initiative which may begin to address the problem is the development of essential surgical care (discussed above) at the primary health level.

Availability of blood and fluids

Availability of blood (especially rare groups such as O Negative) can mean life or death for many mothers. Some remote areas are not sufficiently equipped with blood and fluids or facilities for blood transfusion. Government has a clear target to make blood and fluids available in all regional hospitals (covering approximately 80 percent of births) by the end of 2010 and in all delivery sites in Guyana by 2012. The major challenges encountered in meeting this target relate to adequate collection of blood, appropriate storage and proper transportation.

The National Blood Bank has increased its level of collection by 156 percent between 2000 and 2009 and aims to improve this performance as well as to establish a cadre of regular and reliable donors through innovative drives. In response to storage problems, the Ministry of Health will be providing special blood refrigerators to all hospitals by the end of 2011. This will place each hospital in the advantageous position of being able to maintain an essential stock of blood products for emergency use, upon completion of the exercise. Furthermore, the Ministry is presently conducting training on the rational use of blood and blood products for health care providers across the country.

Nutrition

Successful interventions aimed at improving nutrition among pregnant women include a de-worm-

ing programme and multivitamin supplementation (using antenatal Sprinkles³⁵ and/or iron and folic acid tablets). Additionally, anaemia screening during the initial stage of pregnancy along with consistent monitoring and early and appropriate treatment with iron replacement therapy can significantly reduce the chance of maternal fatality. All pregnant women are now screened on admission to any Mother and Child Health facility, and this screening captures over 98 percent of pregnant women in Guyana. However, additional efforts are needed to fast track test results so that required interventions can be made expeditiously.

Target 5B: Achieve, by 2015, universal access to reproductive health

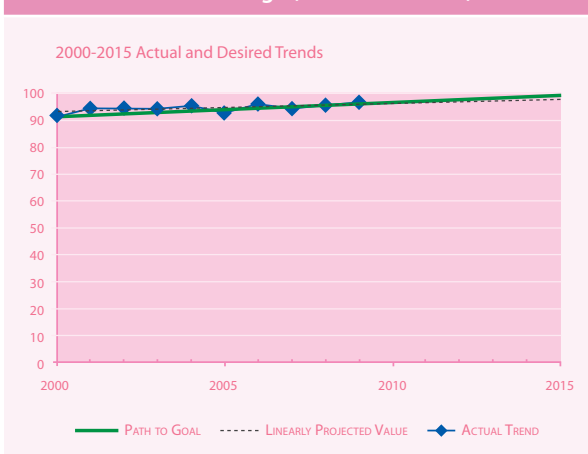
Ministry of Health data indicate that the proportion of women accessing reproductive health-care is high and increasing. The percentage of mothers who receive at least one session of antenatal care has increased from 92 percent in 2000 to 97.2 percent in 2009 (see Graph 5B.1). Graph 5B.2 which tracks the contraceptive prevalence rate³⁶ shows that contraceptive use has increased from 34.6 percent in 2005 to 42.5 percent in 2009.³⁷

35 For a more detailed discussion of the Sprinkles programme, see Goal 1, Target C.

36 The contraceptive prevalence rate is the percentage of women who are practising, or whose sexual partners are practising, any form of contraception.

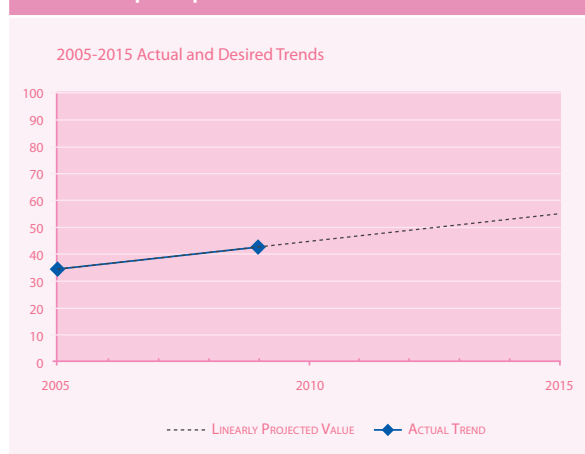
37 Preliminary Demographic Health Survey results (2009)

Graph 5B.1
Antenatal care coverage (at least one visit)



Source: Ministry of Health

Graph 5B.2
Contraceptive prevalence rate



Source: Ministry of Health

“...proportion of women accessing reproductive health-care is high and increasing.”

Antenatal Care

Antenatal care is available at different levels of the health care system in Guyana and a very high coverage has been achieved in recent years. Standards of care (for example, the number of times a pregnant woman visits the clinic, blood pressure measurement and interpretations and monitoring of weight gain during pregnancy) have been developed and are reinforced at the primary health level. Obstetric equipment (foetal dopplers, tape measures, gestograms and prenatal charts) have been provided at the primary health care level to ensure that health workers maintain the standards of care.

Equity of antenatal care access in the hinterland regions remains a challenge. Mobile outreach activities and specialist clinics have commenced in outlying areas in the attempt to improve antenatal care.

Contraceptive use

Safe contraception is promoted and female contraceptives, including the contraceptive pill, are available free of charge in all clinics in Guyana. Government's strategy to increase the use of contraceptives is three-fold: 1) ensuring commodity security; 2) training health workers to give reproductive health advice and to administer certain methods of contraception; and 3) providing reproductive health education and counselling.

To ensure commodity security, a new stock forecasting system has been implemented which has reduced the risk of contraceptive stocks running out. Reproductive health training and education have also been improved. The *2007 Family Health Programme Policy and Procedure Manual* places emphasis on the family, including the supportive role of men in family planning, on safe sex, on voluntary counselling and on testing for HIV.

The Ministry of Health distributed 10,000 Family Planning brochures to inform the public about available contraceptive methods in 2008 and 2009.

These initiatives will be continued in coming years and the Ministry of Health will be placing greater emphasis on providing family-planning advice. Reproductive health will also be enhanced with a full Women's Health Programme, introducing services for pre-conception (among other things, encouraging women to find out their HIV and nutrition status), safer motherhood, and early detection of breast and cervical cancer.

“...emphasis on the family, including the supportive role of men in family planning...”





GOAL 6:

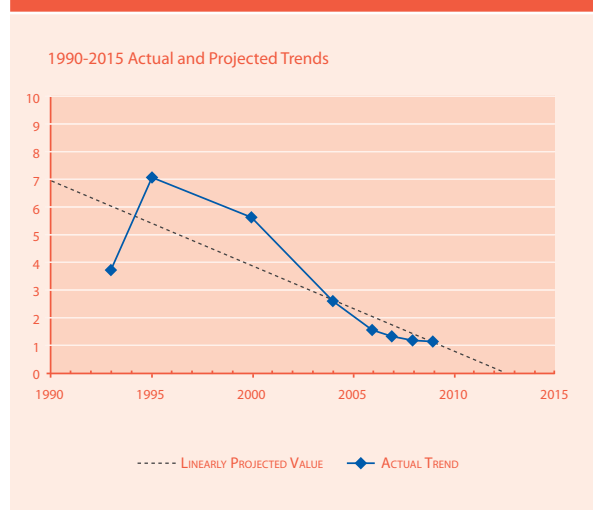
Combat HIV/AIDS, malaria and other diseases

Guyana records overall steady progress towards this sixth MDG Goal of combating HIV/AIDS, malaria and other diseases. The country shows signs of beginning to halt the spread of HIV/AIDS and is projected to meet the target of achieving universal access to treatment for HIV/AIDS for all those who need it. There is positive news for malaria control as well, with prevalence rates confirming that the country has succeeded in meeting the target of reducing the incidence of the disease. The prevalence of tuberculosis shows tentative signs of a decline, with reduced incidence over the reporting period.

Combating the major communicable diseases of HIV/AIDS, malaria and tuberculosis is a major priority of the Government, and is reflected in the National Health Strategy 2008-2012. The Strategy places emphasis on prevention efforts and treatment, care and support services being fully integrated into the health services delivery system. Targets identified for each of the diseases are aligned with the required trajectory towards fulfilment of the Millennium Development Goal under review.

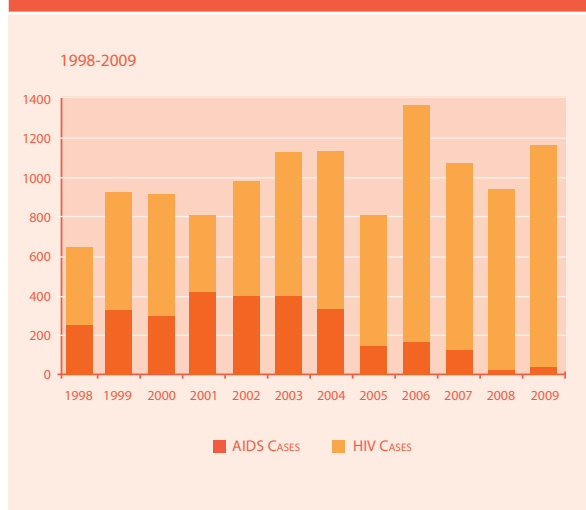
Performance Summary

Graph 6A.1
HIV prevalence rates



Source: Ministry of Health

Graph 6A.2
Reported cases of HIV and AIDS



Source: Ministry of Health



“...improvements made in detection of cases through the aggressive strategies to promote testing in the population.”

Target 6A: Have halted, by 2015, and begun to reverse the spread of HIV/AIDS

HIV prevalence among the general population has been progressively decreasing since 2004, with an estimated prevalence of 1.1 percent for 2009 (see Graph 6A.1). In addition to the downward trend in HIV prevalence, the number of actual cases of HIV reported has almost tripled³⁸ in the last decade (see Graph 6A.2). The co-existence of these trends can be explained by improvements made in detection of cases through the aggressive strategies to promote testing in the population. Encouragingly, the number of new AIDS cases reported has declined by 90 percent from a peak of 435 in 2001 to 43 in 2009 (see Graph 6A.2). This may be related to the increases in HIV cases reported since in addition to substantial improvements in the treatment of HIV/AIDS, earlier detection and treatment reduces the risk of progression to AIDS and of transmission to other persons.

The decline in the HIV prevalence rates can be attributed to the strategies of raising **awareness, prevention, focusing on the high-risk groups** which have much higher prevalence rates and **improvements in treatment**³⁹.

Awareness

The Biological and Behavioural Surveillance Survey (BBSS) 2005 found that only 39.5 percent of young men and women aged 15-24 both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission. The most recent BBSS (2009) revealed only a modest improvement of this indicator, now recorded at 45.5 percent in 2009. While better performances were recorded for specific questions about HIV⁴⁰ in 2009, it appears that comprehensive

awareness and knowledge of the phenomenon need to be improved.

Awareness of HIV and AIDS has been targeted by a series of interventions, ranging from advertisements to social marketing strategies to roadshows and several other innovative campaigns. One measure of the success of awareness campaigns has been that the Voluntary Counselling and Testing (VCT) Programme, now present at 71 sites in all administrative regions, has seen the number of persons seeking their services more than quadruple over the last five years, attracting 85,554 persons in 2009.

The challenge with raising awareness is that persons who now have the requisite knowledge may face barriers in getting tested, adopting preventative measures or seeking treatment. These barriers result from cultural as well as societal and individual constraints. Awareness strategies are



38 The annual figures may reflect double-counting, owing to persons choosing to self-test more than once.

39 Discussed under Target 6B

40 For out-of-school youths (15-24 yrs), 71.1 percent had good knowledge of HIV prevention methods and for in-school youths (15-19 yrs) 62 percent had such knowledge.



undertaken against a backdrop of an ethnically diverse population which has differing attitudes towards the issue. Stigma and discrimination are still very prevalent in the society. Government has begun to put in place measures to have institutions recognise the phenomenon and to deal with it in an equitable manner. For example, the National Workplace Policy on HIV and AIDS launched in March 2009 targets the building of institutional capacity to address issues of stigma, discrimination, disclosure, medical confidentiality and conflict resolution, among others. Recognising that

“...stigmatisation and discrimination are complex and multi-dimensional issues...”

stigmatisation and discrimination are complex and multi-dimensional issues, Government has forged partnerships with the private sector and with faith-based organisations to design and implement remedial initiatives.

Prevention

A key strategy in the prevention and control of the spread of HIV has been the ‘Prevention of Mother-to-Child Transmission’ (PMTCT) programme which began in 2001. The programme has grown from 11 sites in 2 regions in 2001 to 157 facilities across all regions in 2009. At the start of the programme, 69 percent of babies received ARV medication and in 2008, the proportion receiving the necessary treatment increased to 98 percent. This has had a significant impact on transmission rates which have been reduced from 16 percent in 2005 to 8.8 percent in 2009, representing 8 babies.

Sexual intercourse is the main means of transmission of HIV, so increasing the use of condoms is a key component of the prevention strategy. Although awareness of this preventative measure appears to be high (the BBSS 2009 reports that 90.5 percent of respondents correctly identified that condom usage reduces HIV transmission), actual condom usage is low. According to the DHS Survey 2009, only 62.7 percent of women and men aged

Promoting Condom Use through Social Marketing: The “Put It On” Campaign

The Ministry of Health launched a national campaign in 2009 to promote correct and consistent use of condoms. The campaign’s premise is that condoms are the only affordable preventative measure for HIV in sexually active persons. The major goal is to help guide a shift in perceptions about condoms and their usage through innovative measures. The “Put It On” campaign aims to popularise the use of condoms, debunk myths associated with condom use and improve the accessibility of condoms.

The campaign utilised social marketing techniques to promote its message by adapting commercial practices to generate popular interest and appeal. For example, the catchy title of the campaign was taken from the lyrics of the winning HIV/AIDS calypso song in a competition run earlier that year. The campaign utilised many forms of edutainment, staging street performances and road-shows in communities with songs, drama, condom demonstrations and distribution of free condoms.

Preliminary evaluation of the impact of the campaign indicates that it was successful in increasing short-term demand for condoms. Condom retailers in proximity to the sites of the road-shows reported increases of up to 300 percent in sales of condoms. A monitoring and evaluation framework has been designed to assess possible long-term impacts.



15-49 who have had more than one sexual partner in the past 12 months reported the use of a condom during their last sexual intercourse.

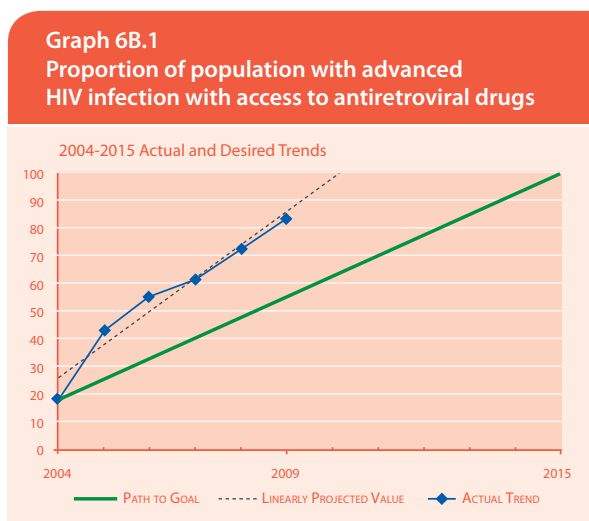
Guyana launched a Behavioural Change Communication (BCC) campaign in 2005. A number of strategies were employed in the campaign, ranging from dissemination of information, education and communication (IEC) materials to posters, television and radio advertisements aimed at promoting correct and consistent condom use.

Focus on high-risk groups

Although the epidemic in Guyana is considered to be generalised, sub-populations of high-risk individuals are known to have higher HIV prevalence: for example, female sex workers, men who have sex with men, security guards and prisoners.

To tackle high-risk groups, mapping of these populations was undertaken in 2008. This resulted in a better understanding of the dynamics of these groups which assisted in the development of specific strategies to raise awareness of HIV and AIDS. Training sessions, often conducted by members of these groups themselves, have raised awareness of the disease and of preventative measures, and have contributed to the declines in prevalence registered both in the sub-populations and by extension, in the general population.

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it



Source: Ministry of Health

Government has simultaneously expanded its facilities for treating HIV/AIDS patients and improved the availability of treatment. The universal treatment and care programme was initiated in 2001 at one facility and by 2008 had expanded to 16 centres across 5 regions. The percentage of the population with advanced HIV/AIDS infections who have access to antiretroviral (ARV) drugs has steadily increased over the years, moving from 18.4 percent in 2004 to 83.5 percent in 2009 (see Graph 6B.1). The positive effects of such expansion in treatment are reflected in the decline of AIDS-related deaths from 9.5 percent in 2002 to 4.7 percent in 2008. To maintain these successes, and achieve the target of universal access to treatment, the outstanding proportion of the population in need of treatment must be reached.

“Government has simultaneously expanded its facilities for treating HIV/AIDS patients and improved the availability of treatment.”

The gap in provision of treatment results in part from individuals not seeking treatment because they are unaware of their status, or who choose not to identify themselves as needing treatment. Others identify their HIV status, but cannot take the required course of medication while others begin treatment but do not adhere to it. Different strategies are required to target these groups.

The first challenge of locating persons who are in need of treatment but may be unaware of their status is tackled by the aggressive strategies of encouraging both testing of the general population as well as the known high-risk groups. Once that hurdle is crossed, the second challenge becomes that of encouraging persons with acknowledged HIV positive status to seek treatment. Despite improvements, this continues to be a challenge, given the persistence of stigma and discrimination in the society as well as the internal struggles which new patients must go through. Once patients are in the treatment programme, a different set of difficulties arises. Poor adherence to ARV treatment

“...availability and sustainability of funding for treatment.”

and lack of adequate follow-up create complications in providing treatment. Interrupted treatment, and longer exposure to initial treatment can make the introduction of second line medication a necessity. In 2008, 6.8 percent of all patients on treatment accounted for second line therapy, representing nearly double the percentage in 2006. Although expansion of second line treatment is a positive indicator of an HIV/AIDS treatment programme that is working, the cost for each additional patient to the Government is three times the cost incurred for first line therapy. Introducing third line therapy, not currently offered in Guyana, would be more effective than the current regimes but even more costly, and raises bigger questions about the availability and sustainability of funding for treatment.

Key Priorities

Human Resources

The recruitment and retention of skilled personnel continues to be a constraint in the successful implementation of the National HIV/AIDS programme. A large number of health workers has been recruited under donor financed projects and are therefore limited to the specific intervention. Moreover, this situation flags the issue of major financial challenges when donor funded projects have ended.

Financing Gap

The current National HIV/AIDS Strategy 2007-2011 has not been satisfactorily costed and therefore a realistic estimation of the sub-sector's financial requirements is missing. The battle against HIV/AIDS, which initially started with funding from the central Government, has been largely supported by external funding. It is estimated that in 2009 approximately 45.6 percent of spending in the HIV/AIDS sub-sector was from donor resources.⁴¹

41 National AIDS Spending Assessment 2009



Donors have provided sound financial support and this raises concerns about the long-term sustainability of the services provided, and in particular, the costly ARV treatment programmes.

Target 6C: Have halted, by 2015, and begun to reverse the incidence of malaria and other major diseases

Graph 6C.1
Prevalence of Malaria (per 100,000 persons)



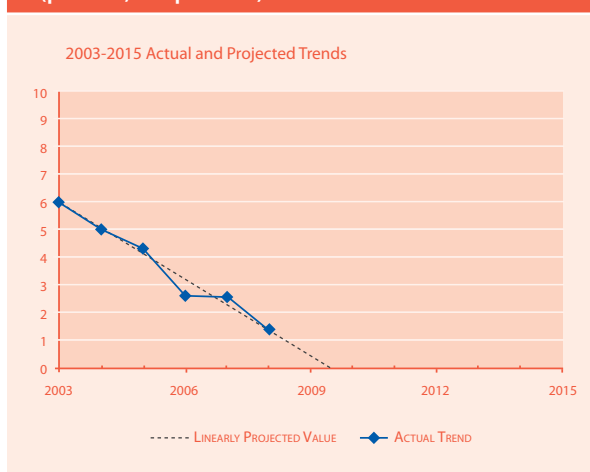
Source: Ministry of Health

Malaria

Considerable progress has been made in tackling malaria. The prevalence of malaria in Guyana has decreased from 5,097 per 100,000 persons in 2005 to 1,510 per 100,000 persons in 2008 (see Graph



Graph 6C.2
Death rates associated with Malaria
(per 100,000 persons)



Source: Ministry of Health

6C.1). The reduction in the number of cases in Guyana over the last few years and the associated reductions in almost every region are shown in the reported numbers in the table below.

The improving trend of a decline in the number of cases of malaria across the nation can be attributed to successes in prevention efforts as well as in detection and treatment of confirmed cases.

Table 6C.1
Malaria cases by region in which infection occurred
2005-2008

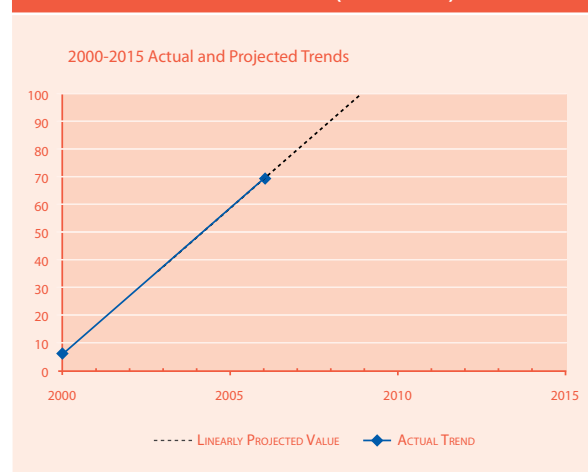
Region	2005	2006	2007	2008
1	11,530	4,728	2,040	2,194
2	493	416	308	394
3	471	62	182	249
4&5	4	17	19	13
6	10	13	5	6
7	8,870	5,515	5,169	5,190
8	7,889	6,452	2,144	2,210
9	7,109	3,247	1,067	692
10	2,608	614	680	826
Foreign Imported	n/a	n/a	43	41
Total	38,984	21,064	11,657	11,815

Source: Ministry of Health Vector Control

Prevention

The use of prevention measures has increased dramatically in all high-risk areas of malaria incidence. Most notably, the proportion of people who have

Graph 6C.3
Proportion of children under 5 sleeping under
insecticide-treated bednets (MICS Data)



Source: Ministry of Health

been issued with a Long Lasting Impregnated Net (LLIN) has increased from around 13 percent in 2000 to nearly 78.4 percent in 2007, including all pregnant women and children under 2 years of age, miners and loggers who were issued with LLINs through the Ministries of Amerindian Affairs, Local Government and Health. Since 2005, anyone living in a high risk area (Regions 1, 7, 8, 9 and parts of Regions 2 and 10) can get an LLIN free of charge.

Detection and Treatment

Malaria control activities were rapidly scaled up between 2003 and 2007 with the expansion of the programme for early detection and prompt treatment into all high-risk localities and regions including Regions 1, 7, 8, 9 and parts of Regions 2, 3 and 10. This expansion, together with increased community involvement in malaria programmes, and improved collection and processing of malaria data using the new Malaria Information System, has resulted in many more new cases being recorded in the period 2003 – 2005. As a result of improved detection, case rates increased to around 18 percent of all suspects in 2005 from 11.5 percent in 2000. Since then, significant decreases have been observed and currently around 6.5 percent of all smears done are reported positive.

This expansion of the geographical reach of the Malaria programme is being bolstered by continual increases in the number of health workers trained to detect and treat malaria cases. The use

of new and improved drug combinations since 2005 has also had a positive effect on the treatment of malaria cases (ACTs - a new malaria drug

particularly within mining and logging communities) will give increased emphasis to treatment and the importance of compliance and follow up checks to ensure treatment has been effective.

“...expansion of the programme for early detection and prompt treatment into all high-risk localities and regions...”

Co-artem®). The death rate associated with malaria has declined from 6 per 100,000 persons in 2003 to 1.4 per 100,000 persons in 2008 (see Graph 6C.2).

Key Priorities

Compliance with treatment

There has been, in some cases, a tendency to share treatment with sick partners, to hold back treatment in case of future illness, to reject treatment or to fail to return for further treatment. There is limited data on the prevalence of non-compliance or the reasons for it, but anecdotal evidence suggests that the difficulty and cost (including income foregone due to time off work) of reaching treatment facilities is in some cases a factor. Going forward, information, education and communication programmes (par-

Logistics

Miners and loggers are located in isolated areas, in riverain and mountainous terrain, and frequently relocate from one place to another. This makes it particularly difficult and costly to reach these communities for prevention measures, detection and treatment. These twin factors present a key challenge to further tackling malaria in Guyana. In addition to the ongoing process of decentralisation⁴², Government will continue to work on more innovative solutions through increased community involvement. For example, there is an initiative with organised mining and logging operations in malarious regions, which are now actively involved in malaria programmes. Selected individuals from the relevant organisations have been trained in the detection and treatment of malaria, and MoUs have been signed in which organisations commit to testing for malaria and providing appropriate treatment.

⁴² Prior to 2006, malaria workers reported to the central ministry. Following regional decentralisation, workers now report to the Regional Health Authorities.

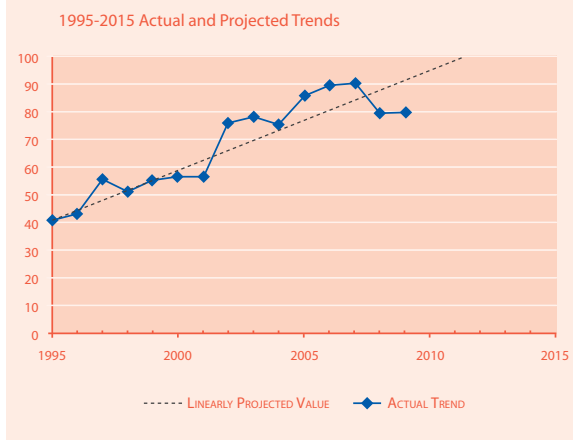
Good Practice: Mobilising communities to tackle malaria

Communities (especially in Regions 1, 7, 8 and 9) now have active malaria control councils and school committees and vibrant advocacy groups ensure that community actions are timely and effective in keeping malaria out of their villages. These groups assist the community health workers in conducting mass blood surveys and in the distribution of information, education and communication (IEC), as well as working to improve environmental sanitation. The significant decline in cases of malaria, from 38,984 cases in 2005 to 11,815 cases in 2008, is a clear indication of the success of Guyana's prevention programmes, and each of these initiatives will continue in coming years. Going forward, there will be expansions in community involvement to improve treatment as well as prevention, in particular targeting logging and mining organisations and communities, schools, NGOs and faith-based organisations in all high-risk areas of malaria incidence.



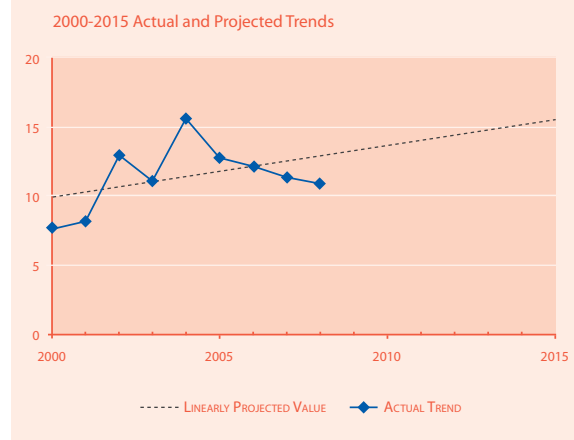
Tuberculosis

Graph 6C.4
Prevalence of tuberculosis (per 100,000 persons)



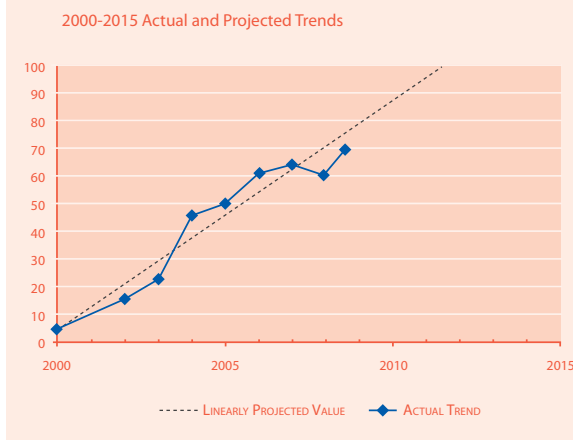
Source: Ministry of Health

Graph 6C.5
Tuberculosis death rates (per 100,000 persons)



Source: Ministry of Health

Graph 6C.6
Proportion of TB cases detected and cured under Directly Observed Treatment Short course



Source: Ministry of Health

The prevalence of tuberculosis reported in Guyana increased from 41 per 100,000 persons in 1995 to 80 per 100,000 persons in 2009, representing an increase of 113 percent in incidence over this period (see Graph 6C.4). New or increased financial assistance or expansions in the geographical coverage of TB services have been associated with a considerable jump in the TB incidence rate. Hence it is a very positive signal that in 2009 TB incidence decreased by approximately 10 percentage points since its peak in 2007, the year in which diagnostic services became available in all regions of Guyana.

The TB death rate has gradually reduced in recent years, from 15.5 per 100,000 persons in 2004 to 10.9 per 100,000 persons in 2008 (see Graph 6C.5), but it remains relatively high for a disease which is both preventable and curable, and this is something which the Government is committed to tackling.

In 2003, the Directly Observed Treatment Short

“...major improvements in the success rates of the DOTS programme.”

course (DOTS) programme was implemented in Region 4 alone. Between 2003 and 2007, the programme has expanded and there has been at least one specialised facility in each region since 2007. This expansion has allowed for development of screening and diagnostic capacity throughout Guyana. There have also been major improvements in the success rates of the DOTS programme. The proportion of tuberculosis patients cured under DOTS increased from 5 percent in 2000 to 70 percent in 2009 (see Graph 6C.6). The national centre for TB in Georgetown has also been strengthened, and clinical training for doctors in both the public and private sector has improved across the country. These steps have had a clear positive impact on Guyana's capacity to treat and detect the disease.

Key Priorities

Co-infection with HIV/AIDS

Over the past six years the proportion of new TB cases tested for HIV has consistently increased from 70 percent in 2005 to 91 percent in 2010, and between 20 percent and 25 percent of new TB cases occur in people infected with HIV/AIDS. The HIV epidemic continues to fuel the TB epidemic locally, with approximately 70 percent of deaths from TB occurring in TB-HIV co-infected patients. HIV and AIDS sufferers are particularly susceptible both to infection with TB and death from TB due to the reduced immunity caused by the HIV or AIDS.

Collaboration between TB and HIV programmes has been in place since 2006 and the 12 WHO recommended activities for tackling co-infection have now all been implemented in Region 4. These activities will be rolled out across the country, and are expected to be implemented in all regions by mid-2011. Additionally, Government efforts to improve in-patient care (especially at national and regional hospitals) should decrease the number of TB deaths among people with HIV/AIDS.

Patients defaulting on treatment

The ability to cure TB cases is being hampered in some cases by people 'defaulting' on their treatment programme. This is sometimes due to a lack of treatment 'enablers' such as food (medication must be taken with a meal to be effective) and transport (to attend the clinic). In other cases it is a result of psychological issues or substance abuse. Anecdotal evidence suggests that a strong element of defaulting exists in the logging and mining communities.

Government aims to reduce the rate of default for those being treated for TB. One strategy is to provide defaulters with support to encourage and enable effective treatment. This is currently being piloted on a limited scale. For example, patients may be given a hot meal with medication at clinics. Initial signs are that this has been very successful where implemented and such practices will be scaled up in coming years. A dedicated medical

outreach team for TB screening and treatment is slated for introduction and will enable more frequent regional visits.

Improving data collection and analysis

Frequent movement and change of address, along with the difficulties in tracking patients in the interior, and those who are homeless make it difficult to document the outcomes in every TB case.

Additional efforts will be made to improve the access to and the use of data. Through changes to patient charts and reporting forms, more information will be systematically collected. There will also be improvements in the use of electronic data systems in the main Chest Clinic in Georgetown. Further, improvements to the monitoring and evaluation unit will enhance capacity to analyse the data and to incorporate it into decision-making processes.





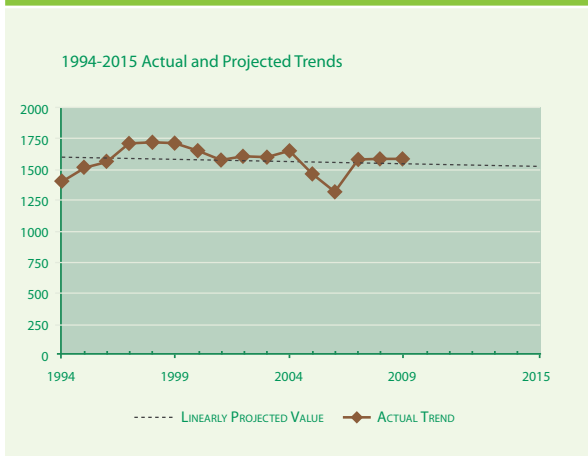
GOAL 7:

Ensure environmental sustainability

Guyana has recorded multiple successes in the national quest to ensure environmental sustainability. The country has satisfied the target of integrating the principles of sustainable development into country policies and programmes and is committed to significantly reducing biodiversity loss. The MDG targets of halving the proportion of the population without access to safe drinking water and basic sanitation have been met, and there have been notable increases in the population's access to adequate housing. Government continues to pursue aggressive strategies to ensure that the entire nation benefits from access to safe water, improved sanitation and adequate and affordable housing.

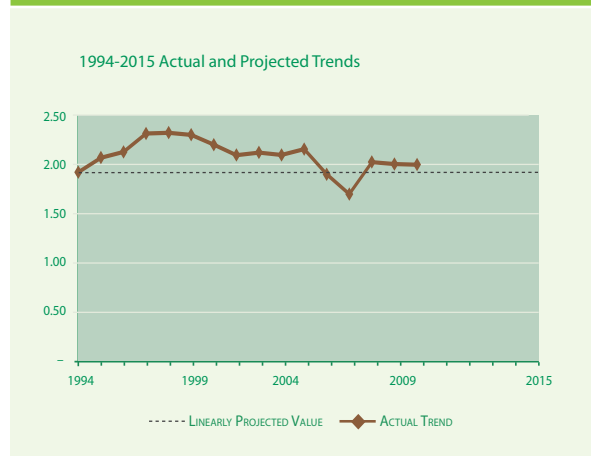
Performance Summary

Graph 7A.1
CO₂ emissions (Gg)



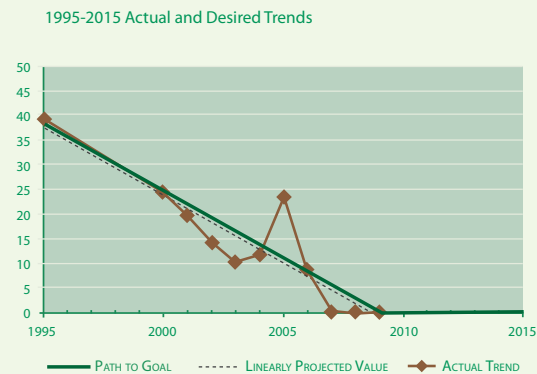
Source: Guyana Energy Authority

Graph 7A.2
CO₂ emissions per capita



Source: Guyana Energy Authority

Graph 7A.3
Consumption of CFCs (metric tons)



Source: Guyana Hydrometeorological Office

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Guyana's environmental ethos is enshrined in the Constitution, through a pledge to conserve and improve the environment. Since then, the Government of Guyana has pursued this commitment to environmental sustainability through a series of policy, legislative, and institutional changes. These include the Iwokrama Act (1996), the Environmental Protection Act (1996), the National Environmental Action Plan (1997 and 2001-2005), the National Strategy for the Conservation and Sustainable Use of Guyana's Biodiversity (1997), the National Biodiversity Strategy (1988) and Action Plan (NBAP; 2000), National Forest Policy (1997), National Forestry Action Plan (1989) and most recently, the Low Carbon Development Strategy (LCDS, 2009).

Iwokrama

Guyana has traditionally been in the forefront of sustainable development efforts. In 1989, the country dedicated the Iwokrama Forest to the Commonwealth for the purpose of global research and to further its efforts to conserve forests and biodiversity. The Iwokrama Forest represents 1.7 percent of Guyana's land mass, covering almost one million acres (371,000 hectares) of lush, lowland tropical forest.

The Iwokrama International Centre (IIC) was established in 1996 with the mandate to test the proposition that conservation, environmental balance and sustainable economic activity can be mutually reinforcing. It has become a living laboratory for sustainable tropical forest management and research into global warming.

The IIC, in close collaboration with the Government of Guyana, the Commonwealth and other international partners, is currently developing a new approach to enable countries with rainforests to earn significant income from eco-system services and creative conservation practice.





In June 2009, President Bharrat Jagdeo launched Guyana's Low Carbon Development Strategy (LCDS), which has been widely regarded as a model for other forested low-income countries. President Jagdeo's unwavering commitment to environmen-

tal sustainability and his leadership in this field were recently recognised when he received the 'Champions of the Earth' award from the United Nations Environment Programme in 2010.

Guyana's Low Carbon Development Strategy

The LCDS outlines a sustainable development path for Guyana, under which Guyana will deploy its forests to mitigate global climate change in return for payments from the world for the service the forests provide. These payments will be used to stimulate economic growth, and will enable Guyana's economy to grow along a low carbon development trajectory. With the successful implementation of the LCDS, Guyana can avoid cumulative forest-based emissions of 1.5 gigatons of carbon dioxide equivalent (which includes other greenhouse gases) by 2020 that would have been produced by an otherwise economically rational development path.

"Guyana will deploy its forests to mitigate global climate change in return for payments from the world for the service the forests provide."

The draft LCDS was the subject of a four month multi-stakeholder national consultation and extensive outreach sessions, and since its official launch the strategy has attracted participation through consultation from over 222 communities in Guyana. This collaborative approach has strengthened both the strategy and support for the strategy within Guyana.

Guyana is now making rapid progress on the implementation of the strategy:

Norway has committed to providing Guyana with financial support of up to US\$250 million by 2015 for results achieved in limiting emissions from deforestation and forest degradation. On November 9th, 2009, the Governments of Guyana and Norway signed a Memorandum of Understanding to this effect;

Recognition and support for avoided deforestation have been strengthened, to a large extent thanks to Guyana's leadership. The Copenhagen Accord which was developed at the end of the UNFCCC Conference highlighted the importance of support for Reducing Emissions from Deforestation and Forest Degradation (REDD+);

Technical support to build institutional capacity and establish institutions for the implementation of the Strategy is being secured through international and local partnerships;

Low-carbon policies and programmes are starting to be integrated into Guyana's industrial sectors (such as mining and forestry) in line with the





LCDS requirements. For example, the Guyana Forestry Commission has established a REDD Secretariat to build REDD+ capacity in Guyana and is working closely with the World Bank's Forest Carbon Partnership Facility on Guyana's REDD+ Readiness Preparation Proposal (RPP). Guyana was the first country in the world to receive approval of its RPP; and,

Investment projects in low carbon infrastructure have begun. For example, the Amaila Falls Hydropower project in Region 8 will provide clean energy, contributing to a reduction in carbon emissions. This project, expected to come on stream by 2015, will generate more than 150 megawatts of power. This will significantly reduce the costs of energy, production and business which will in turn provide greater employment opportunities. There is also a programme being started to expand bio-energy opportunities in Guyana largely through institutional and capacity development, technology transfers and small scale demonstrations.

Going forward, the three key areas for investment in implementing a low carbon economy are:

1. Investment in low carbon economic infrastructure, including hydropower to reduce reliance on non-renewable energy sources; road development to improve access to non-forested land; and upgrading sea defences to protect against future sea level rise.
2. Investment and employment in low carbon economic sectors, including fruit and vegetable production, aquaculture and sustainable forestry and wood processing.
3. Investment in communities and human capital, thereby ensuring that indigenous communities and other citizens have improved access to health, education, renewable energy, clean water and employment, without threatening the sustainability of forest resources.

“Imports and consumption of CFCs have decreased steadily from 39.1 metric tons in 1995 to zero in 2008, resulting in Guyana’s early achievement of this Montreal target.”

Reducing consumption of ozone depleting substances

In 1993, Guyana became a party to the Montreal Protocol; a landmark international agreement designed to protect the ozone layer. Under this convention, Guyana made a commitment to phase out the production and consumption of chlorofluorocarbons (CFCs) by January 1, 2010.

Since then, Guyana implemented a comprehensive programme to achieve this target: enforcement and compliance were strengthened, equipment was purchased, and training was provided for refrigeration and air conditioning technicians. The success of this programme is evident: Imports and consumption⁴³ of CFCs have decreased steadily from

39.1 metric tons in 1995 to zero in 2008, resulting in Guyana's early achievement of this Montreal target.

Guyana is currently addressing the second Montreal target of phasing out the production and consumption of hydro chlorofluorocarbons (HCFCs). In this regard, Government has committed to a number of intermediate targets, the first being a freeze on HCFC importation in 2013 (at the average of 2009 and 2010 levels), which will lead to the complete phasing out of HCFC importation and consumption by 2030. This is a particularly demanding target given the preponderance of this gas in the refrigeration and air conditioning sector. Government has begun to prepare a country programme, which will become operational in 2011, to enable Guyana to achieve this target.

⁴³ Since Guyana neither produces nor exports CFCs, consumption = imports in Guyana



Forest Cover

With tropical rainforests covering approximately 85%⁴⁴ of the country's land, Guyana ranks among the most forested countries in the world. Its forests contain a wealth of biodiversity and provide valuable ecosystem services, both at the local level - such as flood control, the provision of non-timber products, maintenance of water quality and prevention of soil erosion - and at the global level - such as carbon sequestration, regulation of climate systems, and biodiversity conservation.

Biodiversity

A country study on biological diversity in 1992⁴⁵ tabulated the number of species recorded for each broad taxonomic group. This concluded that Guyana was home to more than 5,700 species of plants, and more than 2,200 animal species. Guyana's forests constitute a part of the Amazon Basin, which is replete with biological diversity including several unique species and 144 recorded endangered wildlife species.

Guyana's extraordinary biodiversity presents a

“Guyana’s forests constitute a part of the Amazon Basin, which is replete with biological diversity including several unique species and 144 recorded endangered wildlife species.”

Guyana has had relatively low historical rates of deforestation of 0.02 percent to 0.06 percent over the past 20 years. Guyana's national context indicates that if incentives are not directed to controlling deforestation and degradation, both of these rates and their associated emissions are expected to significantly increase. The Government of Guyana believes that Government agencies in active collaboration with Amerindian people and other stakeholders including local communities and non-governmental agencies can protect and maintain the forests in an effort to reduce global carbon emissions and at the same time attract resources for the country to grow and develop. The implementation of a REDD + strategy is viewed as an avenue through which this can be achieved. The resources garnered through this initiative would in turn be used to develop low emission economic activities, thus reducing poverty, improving social services (health, education) deliveries, promoting sustainable development and achieving the Millennium Development Goals (MDG).

⁴⁴ The total forested area of Guyana is 18.39 million hectares, or approximately 85% of the total land area. (Source: GFC 2011). This information was obtained from a comprehensive assessment of forest area change over the period 1900-2010. This assessment forms part of the requirement for the establishment of a national Monitoring Reporting & Verification System (MRVS).

unique opportunity for the country to capitalise on eco-tourism. Government has worked assiduously to develop the local tourist industry, and to promote this abroad. Guyana is rapidly gaining a reputation for offering one of the best birding locations in the world, and seeks to improve its nature-based tourism services in all areas

Establishing areas to be protected and pre-

⁴⁵ Source: Guyana/UNEP Country Study of Biological Diversity (Draft) 1992. National Strategy for the Conservation and Sustainable Use of Guyana's Biodiversity



served is one step towards achieving long-term conservation of nature. Work is progressing towards the finalisation of legislation for national pro-

National Protected Areas	Area (hectares)	Percentage of country
Kaieteur National Park	62,700	0.29
Iwokrama	371,000	1.73
Total	433,700	2.02

Source: Environmental Protection Agency

tected areas. Currently, there are two established Protected Areas in Guyana: Kaieteur National Park and Iwokrama, which account for 2.02 percent of the land area of the country.

The Government of Guyana has also identified the Shell Beach Study Area and the Kanuku Mountains Study Area as priority areas for protection. Konashen, which is a Community Owned Conservation Area (COCA), is owned and managed by the people of Konashen. This area is not currently part of the National Protected Areas System, but benefits from a management plan which places strong emphasis on conservation and protection. The protection of these sites will represent considerable progress towards Guyana's aim to protect 10 percent of its land area, in line with its commitment under the Convention on Biological Diversity (CBD) of 1994.

Proposed National Protected Areas	Area (hectares)	Percentage of country
Shell Beach Study Area (Region 1)	144,400	0.67
Kanuku Mountains Study Area (Region 9)	611,000	2.84
Konashen Community Owned Conservation Area (Region 9)	625,000	2.91
Total area of proposed sites	1,380,400	6.42

Source: Environmental Protection Agency

Guyana's biodiversity is further protected through:

- legislation governing both national and international trade in wildlife species;⁴⁶
- the National Forests Plan, which supports the sustainable use of trees and management of biodiversity within the forestry sector; and,
- the Guyana Forestry Commission Code of Practice for Timber Harvesting in Guyana, which promotes the use of reduced impact logging, and the setting aside of a minimum area of 4.5 percent of productive forest lands for all holders of Timber Sales Agreements and Wood Cutting Leases.

Key Priorities

Call to the international community to adequately value and support the services provided by forests

Much deforestation across the world occurs because individuals, communities and countries pursue legitimate economic activities which have an adverse impact on forests – such as selling timber or creating jobs in agriculture. The world

⁴⁶ Species Protection Regulations (SPR) 1999 creates a national framework setting out mechanisms governing the international trade in all species of wildlife in Guyana. Wildlife Management and Conservation (WMC) Regulations creates a national framework and sets out mechanisms governing the national trade in all species of wildlife in Guyana, including the domestic trade of bush meat. Guyana is also a signatory to the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), which restricts international trade in endangered species.



economy values these sorts of economic activities. By contrast, it does not adequately value most of the services that forests provide when trees are kept alive, including the storage of carbon. Raising international awareness of the economic value of standing forests and creating adequate, predictable, performance-based incentives to pay for forest climate services will therefore require an unprecedented partnership between the developed world and countries such as ours.

Climate Change Financing

The LCDS is a truly national strategy, developed and owned by all stakeholders, including foreign partners. However, ensuring the adequacy of the resource envelope will be critical to preserving stakeholder involvement, support and compliance with the LCDS and to ensuring that national and international momentum is maintained on



Fund (GRIF) represents an effort to create an innovative climate finance mechanism which balances national sovereignty and investment priorities

“Raising international awareness of the economic value of standing forests and creating adequate, predictable, performance-based incentives to pay for forest climate services will therefore require an unprecedented partnership between the developed world and countries such as ours.”

the importance of combating climate change with forestry.

In addition to mobilising and securing the funding needed, the challenge is to ensure timely disbursement of the funds. This issue was recently internationally flagged as a major concern for small states. These actors are calling for fast-start financing for adaptation agreed in Copenhagen.⁴⁷

Even where resources may be mobilised, efforts are further constrained by the absence of an international financing mechanism through which forest-based finances can be coordinated and disbursed. Pending the creation of such an international mechanism, the Guyana REDD+ Investment

while ensuring that REDD+ funds adhere to partner entities’ financial, environmental and social safeguards. This mechanism is the first of its kind, currently being implemented on a bilateral basis between Guyana and Norway. The GRIF experience will produce important lessons learned for similar international efforts and represents a potential platform upon which a globally relevant model can be developed.

Strengthening knowledge and institutional capacity

To further improve knowledge of and information on Guyana’s biodiversity, Government has commenced an ‘Enabling Activity Project’ which will make progress in this area. Specifically the project

⁴⁷ Marlborough House Small States Consensus’, Commonwealth Secretariat Small States Biennial Conference (July 2010)

will:

- Undertake a comprehensive capacity building needs assessment for defining country specific priorities;
- Support the consultation process to complete the Second and Third National Reports to the Convention on Biological Diversity (CBD); and,
- Establish a country-driven Biodiversity Clearing House Mechanism to provide easier access to information related to biodiversity.

Institutional strengthening is a critical aspect of the implementation of the LCDS. Institutions such as the Guyana Forestry Commission, the Environmental Protection Agency and the Guyana Geology and Mines Commission need to develop greater monitoring, measurement and enforcement capabilities. Adequate levels of human and financial resources are required to carry out the planned programme of activities. It is anticipated that these challenges may be addressed through financial flows for forest-related payments from developed countries.

Monitoring compliance

Guyana has in place a solid and comprehensive framework to protect its environment, for example, legislation protecting endangered species from

trade, and regulations preventing, over-harvesting and illegal logging. Government has recognised the importance of ensuring that the behaviour of individuals is regulated by its policies, and so has placed great emphasis on improving its systems of monitoring and ensuring compliance.

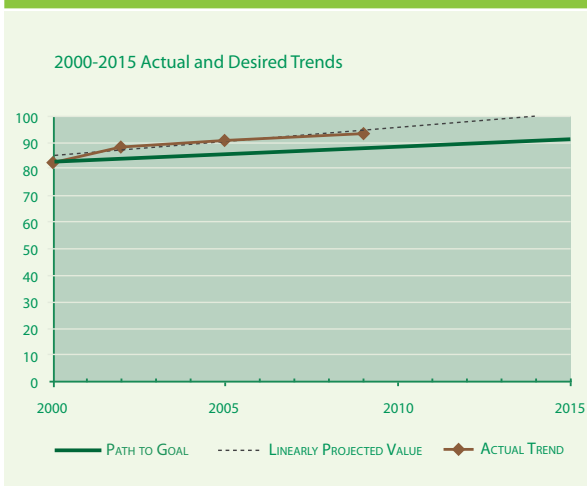
The LCDS will increase both the incentive and the means to conserve Guyana's tropical forests in their current pristine state. This requires a performance based mechanism to measure and monitor deforestation and forest degradation, which in turn requires a Monitoring Reporting & Verification System (MRVS) to be developed and implemented. Guyana is in the process of establishing a comprehensive, national MRVS to monitor report and verify forest carbon emissions resulting from deforestation and forest degradation in Guyana. In addition, once the environmental monitoring framework is improved through the LCDS, it is likely to become less costly to improve monitoring in other areas of environmental regulation.

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Government has been instrumental in increasing access to safe drinking water in Guyana. It recognises that the provision of clean and safe water to

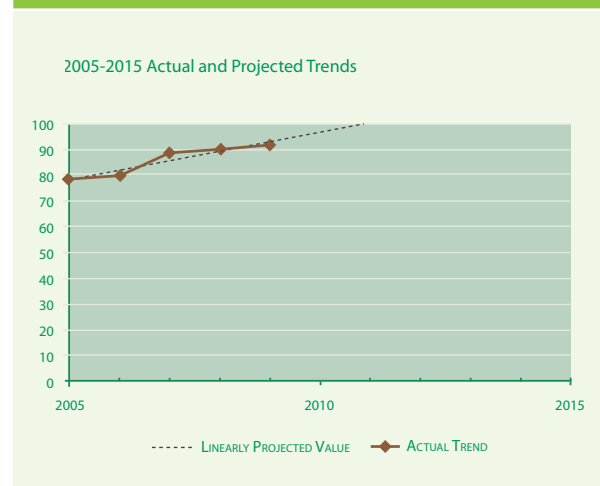
Performance Summary

Graph 7C.1
Proportion of households with access to safe drinking water



Sources: 2002 Census, MICS 2000, 2006, DHS 2009

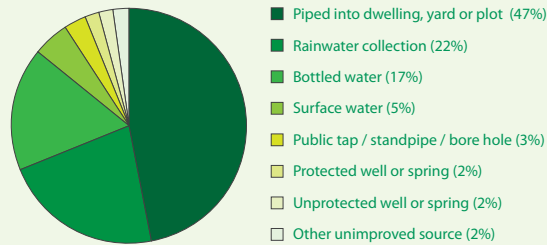
Graph 7C.2
Proportion of households with access to piped water



Source: Guyana Water Incorporated



Graph 7C.3
Distribution of household members by main source of drinking water, 2006



Source : MICS 2006

the population is an important factor in reducing the incidence of diseases and in improving health and human welfare.

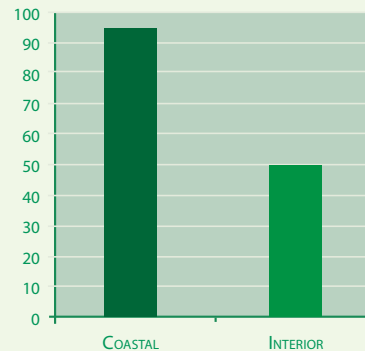
There are many sources of safe drinking water, including piped water, public taps or standpipes, boreholes, protected wells, protected springs, bottled water and rainwater collection. Both administrative data which captures access to piped water, and survey data which captures the entire range of sources, suggest that Guyana has achieved the MDG target of halving the proportion of people without sustainable access to safe drinking water.

Water

According to census data, in 2002 approximately 88.8⁴⁸ percent of households in Guyana had access to safe drinking water. Census data is supplemented by survey data which suggests that Guyana has achieved even higher access to safe water in recent years. In 2000, MICS survey data indicated that access was 83 percent, and by 2006 the country was closer to universal coverage with 91 percent of households reported to have access to safe drinking water. Most recently, preliminary DHS (2009) data suggests that 94.1 percent of households use an improved source

⁴⁸ This estimate is higher than the 74.2% quoted in the MDG 2007 Report as this did not include rainwater collection.

Graph 7C.4
Percentage of household population with access to an improved drinking water source, 2006



Source : MICS 2006

of drinking water (see Graph 7C.1).

With piped water being the most common primary source of drinking water (see Figure 7C.3), the massive expansion of coverage by Guyana Water Incorporated (GWI) has contributed greatly to the progress made in access to safe water. The proportion of households with access to piped water increased from an estimated 79 percent in 2005 to 92 percent in 2009⁴⁹ (see Graph 7A.2) This GWI cov-

⁴⁹ Note that 92 percent of households equates to less than 92 percent of the population since this figure includes a higher proportion of households in coastal areas than in interior areas, and coastal households are typically smaller than those in the interior areas. Also, household estimates include commercial connections and exclude common hinterland access.



erage data reflects access to its network of piped water to individual properties or plots for which charges are received and therefore does not capture access to other sources of safe water or hinterland communities which are provided with piped water free of charge. This means that the actual proportion of households with access to safe drinking water is likely to be higher than 92 percent⁵⁰.

These indicators show very high levels of coverage although this may not be uniform across the country. The 2002 Census highlighted that the supply of safe drinking water is a major concern in the hinterland regions, 1, 7, 8 and 9. For example, more than one-third in Region 7, a little over half in Regions 1 and 9 and nearly three-quarters of households in Region 8 reported drinking water supply from unimproved sources such as unprotected dug wells and springs, and ponds/rivers or streams. Four years later, MICS Survey data suggested that important regional differences remained with only 52 percent of the population in the interior areas accessing improved water sources as opposed to 96 percent in coastal areas as of 2006 (see Figure 7C.4). The situation has

“...indicators show very high levels of coverage although this may not be uniform across the country.”

now improved according to preliminary DHS 2009 results which indicate that 74 percent of households in interior regions now use an improved source of drinking water. This expansion in hinterland access to safe drinking water has resulted from major capital interventions in these areas, which include photovoltaic pumping stations, hand-pumps and boreholes.

Key Priorities

Access to safe water in remote areas

Water is provided completely free of charge in

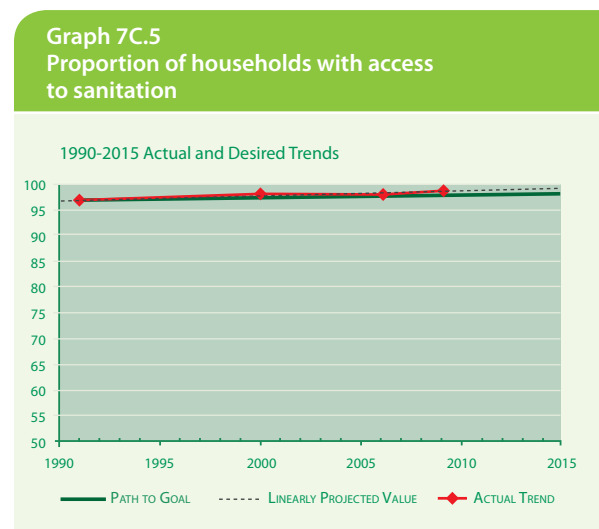
⁵⁰ Including estimated coverage for hinterland communities in 2009 gives a proportion of 99 percent of households with access to safe water.

the hinterland, benefiting over 65,000 residents. However, the high costs of getting equipment to such areas and the sparsely distributed populations make the per capita cost of further increasing coverage very high. The initial investment required for the provision of water to a hinterland community of 500 people has an average per capita cost of approximately G\$19,000. The smaller the community, and the more remote the region, the higher the cost becomes.

Access to water is given high priority in Guyana and an aggressive programme is proposed to develop water infrastructure in the hinterland and thereby to increase access to safe water. The specific approach taken will vary depending on the size and the location of the community to be served. In larger communities (small towns), it is proposed that commercial type treatment units be procured and installed. For smaller communities, GWI proposes to develop new boreholes and to provide services using appropriate technologies like clay-pot filtration, bio-sand filter, hand pumps, wind mills, solar powered pumping units and other low maintenance and environmentally friendly methods. However, a funding gap remains at present and it will require significant Government investment to see this expansion into fruition.

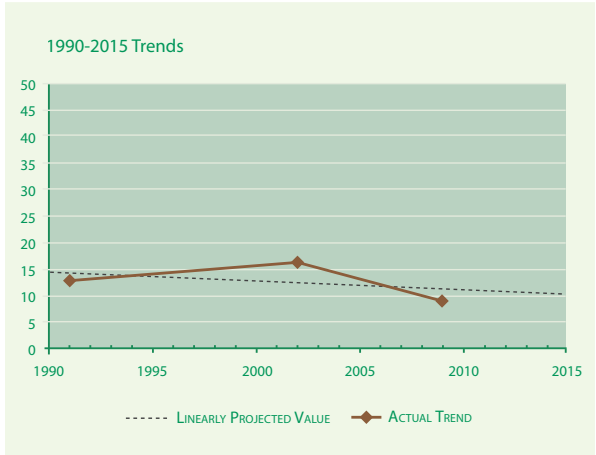
Target 7C: Halve, by 2015, the proportion of people without sustainable access to basic sanitation

Performance Summary



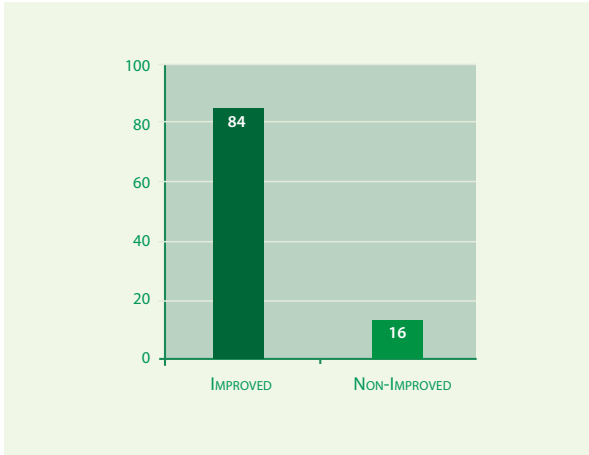
Source: Census 1990 and 2002; MICS 2006; DHS 2009

Graph 7C.6
Proportion of households using shared sanitation facilities



Source: Census 1990 and 2002; DHS 2009

Graph 7C.7
Proportion of households using improved sanitation facilities



Source: (Preliminary) DHS 2009

Sanitation

Government has achieved the MDG target of improving access to basic sanitation. Expansions in access to basic sanitation will have a direct impact on a number of other MDG goals and to overall economic and social development. There are linkages between poor sanitation and poverty, and the use of improved sanitation facilities has a positive impact in reducing the burden of disease, thereby contributing to progress in reducing child mortality and improving maternal health.

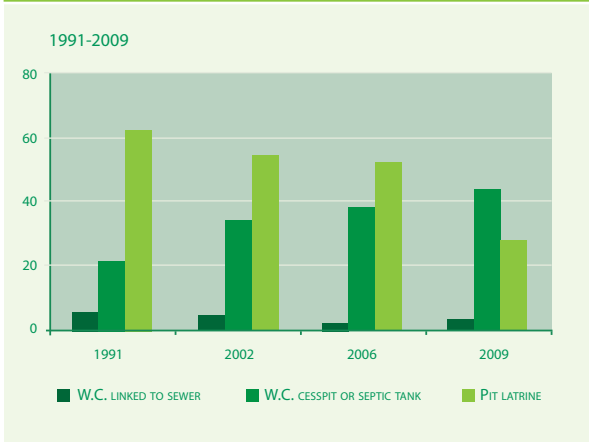
In 1991, census results showed that 96.9 percent of households had access to sanitation and, most recently, preliminary DHS (2009) data points to an improvement to almost universal access at 99 percent (see Graph 7C.5). Measures of the population using **improved** sanitation facilities⁵¹ are problematic since this data has not been systematically captured in previous surveys. The most recent, and preliminary, survey results for use of improved sanitation facilities in Guyana show that 84 percent of households are using toilet or latrine facilities which are categorised as improved. This is close to the prevailing regional average for use of improved

sanitation facilities.⁵² The two major types of non-improved sanitation facilities in Guyana, according to DHS 2009, are facilities which are shared⁵³ with other households and pit latrines without slab/open pit. There have been decreases in the level of sharing with the proportion of households using shared sanitation facilities declining from 16.4 percent in 2002 to 9.1 percent in 2009 (see Graph 7C.6).

52 In the Latin America and Caribbean region, the proportion of the population using improved sanitation facilities increased from 81 percent in 1990 to 86 percent in 2008. (Progress on Sanitation and Drinking Water – 2010 Update, World Health Organisation and UNICEF, 2010)

53 Unimproved facilities include public or shared facilities of an otherwise acceptable standard.

Graph 7C.8
Households by type of sanitation facility



Source: Census 1991, 2002, MICS 2006, DHS 2009

51 Improved sanitation facilities ensure hygienic separation of human excreta from human contact. They include the following facilities: flush/pour flush to: piped sewer systems, septic tanks or pit latrines; ventilated improved pit latrines and pit latrines with slabs, and composting toilets. (Progress on Sanitation and Drinking Water – 2010 Update, World Health Organisation and UNICEF, 2010)

There have been clear trends in the types of sanitation facilities used by households over the years. Use of WCs linked to sewers has remained relatively stable owing to the confined nature of the service provided in Georgetown. The popularity of WC cesspits or septic tanks has more than doubled between 1991 and 2009 and the proportion of households using pit latrines has reduced by one-third over the same period (see Figure 7C.8).

Key Priorities

Availability of Sanitation Facilities

The expansion in household access to sanitation can be accounted for by a number of factors, including Government expansion of its housing schemes,⁵⁴ stricter monitoring and enforcement of building codes and the posting of environmental health officers to Neighbourhood Democratic Councils. Higher income levels of the population and the increased availability of private waste disposal facilities have also contributed to the move towards complete coverage in the country.

It has been more challenging to expand access in hinterland areas. Fifteen percent of households in the hinterland regions did not have access to sanitation facilities in 2002, but this improved to

⁵⁴ Discussed further under Target 7D.



an estimated seven percent in 2009. The increased availability in hinterland areas can be attributed to Government's support for the construction of new facilities as well as sensitisation campaigns about the use of improved sanitation facilities. Challenges which remain are the migratory nature of communities in some areas, the logistical difficulties of setting up sanitation facilities and the consequent additional cost factors of operating and maintaining such facilities.

Maintaining Facilities

A key priority has been to maintain the sewerage system which serves the central Georgetown areas. The system, which was constructed between 1924 and 1929, is in need of rehabilitation and expansion. Poor performance of this system can pose major risks for public health, especially during times of flooding.

Government, in collaboration with development partners, has supported the maintenance of these facilities and has recently completed rehabilitation work on the Tucville station which serves the majority of the city's population. Further rehabilitation work is ongoing at several sewer pumping stations. Additionally, in 2010 the Sewerage Masterplan for Georgetown and Linden was updated. A computerised model of the existing sewer system was developed as a management tool to better assess and evaluate intervention needs.

Sensitising the Public/Behavioural Change

Access to improved sanitary facilities is a necessary but not sufficient condition of achieving good sanitation. In many instances blockages of the sewage system have occurred as a result of poor sanitary practices. Such misuse of facilities limits the potential health gains and wider benefits associated with sanitation improvements. In response to this challenge the Government has launched many public awareness campaigns on the correct usage of sanitary facilities.



Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

The word ‘slums’, commonly refers to densely populated urban areas characterised by sub-standard housing and squalor. Fortunately, this is not a challenge which Guyana faces. Nonetheless, the Government of Guyana is committed to ensuring that every citizen has access to adequate and affordable shelter. This means:

- facilitating property acquisition (land and house) by low/moderate income groups;
- providing appropriate care and re-integration services for homeless people; and,
- improving the living conditions of those occupying land in unplanned (squatter) settlements.

Facilitating property acquisition (land and house) by low/moderate income groups

Government has made a number of interventions in recent years to facilitate property acquisition by low income groups through several housing schemes. A concerted effort has been made to divest land at moderate cost to low/moderate income groups and approximately 82,000 allocations were made in the period 1993 – 2009. Another major com-

“..Government of Guyana is committed to ensuring that every citizen has access to adequate and affordable shelter.”

ponent of the scheme has been the provision of infrastructure to relevant sites, such as water, electricity, roads and drainage. A third key component has been facilitating access to finance. Since legislation was enacted in 2000 which provides for mortgage finance institutions to grant mortgages at lower interest rates over longer repayment periods, mortgage finance has gradually become more affordable (low income households can now borrow G\$2 million to construct a two-bedroom house and repay G\$13,757 per month at 5.5 percent interest⁵⁵ over twenty years) and more accessible (with five institutions now offering affordable loans to low income individuals compared to two in 2000).

Providing appropriate care and reintegration services for homeless people

Government funds a night shelter in Georgetown, which provides accommodation, three meals a day, basic medical care and toiletries to people living on the streets in and around the capital city. Whilst very important, this service provides short term care and is not able to tackle the issues of social exclusion and the inability to re-integrate into society. For this reason, Government will be establishing a residential facility to accommodate 300 homeless people, which will focus specifically on rehabilitation and re-integration.

Improving the living conditions of those occupying land in unplanned (squatter) settlements

Government has taken considerable steps to improve the position of those who by virtue of dire circumstances have been forced to seek shelter by

⁵⁵ Interest rate repayments for mortgages have since been reduced even further. The New Building Society (NBS) announced in 2011 that, for example, the rate for mortgages up to G\$3 million has been reduced to 4.25 percent per annum.

occupying unplanned settlements. Whilst trying to support people in this situation so far as possible, Government also acknowledges that there are specific sites on which unplanned settlement cannot be tolerated. Government has therefore taken a dual approach to managing unplanned settlements. The Central Housing and Planning Authority (CHPA) began by assessing all informal settlements in the country (totalling 165). The majority of these areas (74 percent) were targeted for supportive interventions, and others were identified as zero tolerance areas. Monitoring and enforcement of zero tolerance areas is being increased, while in those areas targeted for supportive intervention, regularisation activities are being advanced to guarantee security of tenure for the occupants and to improve their living conditions.

Key Priorities

Expanding access to property for the lowest income groups

Government's main priority is to expand access to property for the lowest income groups. Under the Second Low Income Housing Scheme, Government is initiating two pilot programmes to further expand

"...main priority is to expand access to property for the lowest income groups."

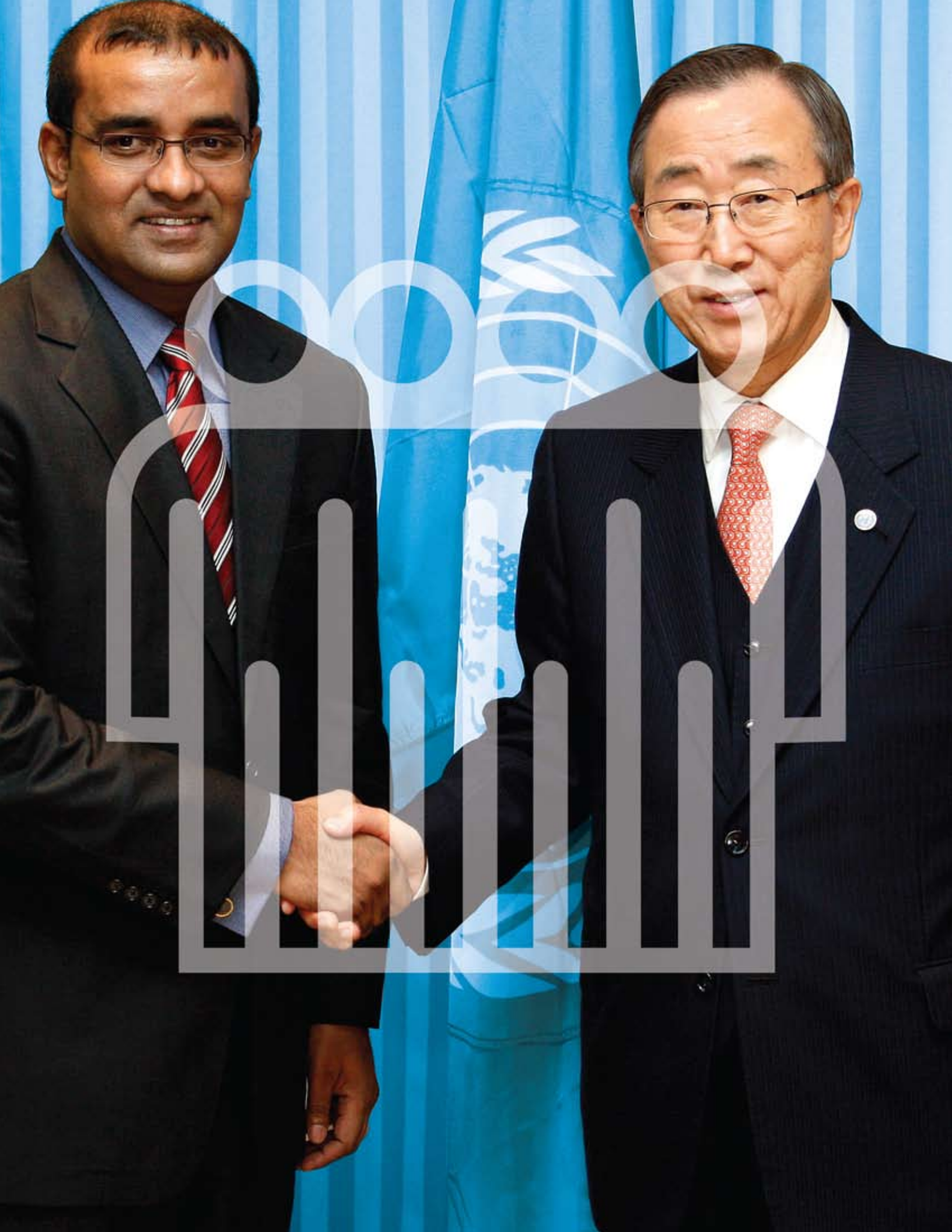
access to property, specifically targeting those in the lowest income brackets:

1. *The Core House Pilot* will be a heavily subsidised programme which will allocate land with a very basic accommodation unit with plumbing and electricity connections already constructed. These will be built in such a way as to lend themselves to incremental expansion. It is anticipated that the unit will come at a cost to Government of G\$1 million but those accessing the scheme will be charged just 10 percent of this cost, as well as G\$58,000 or G\$92,000 for the land.
2. *The Home Improvement Pilot* will offer grants of up to G\$200,000 for necessary home improvements (such as constructing walls or stairs), which would otherwise be unaffordable to the household. To be eligible, the household income must be less than G\$60,000 per month and the household must provide the labour for the works themselves.

Housing Developments

Much investment has been made into the rehabilitation and upgrading of established housing areas. Under the Second Low Income Settlement Programme, road and water distribution networks have contributed to the infrastructural development of several housing areas.

Government has provided a number of supporting services for beneficiaries under housing schemes. A key goal is to ensure that the process of home ownership is made more efficient and accessible. In this regard, Government has organised a 'One Stop Shop Outreach' which facilitates on-the-spot house lot allocations to be made by making available the processing of applications, conducting of interviews, and allocation of housing in one place. This form of outreach was revived in 2009, and since then has benefited more than 12,000 persons in seven regions. Additionally, Government has introduced online applications for house lots, a service that has been accessed by approximately 238 persons since its introduction in 2009. Development plans, building policies, codes and guidelines have also been made available on the internet for public use.



GOAL 8:

Develop a global partnership for development

This final Millennium Development Goal is arguably the most critical element in the overall structure of the MDGs. Its overarching emphasis on developing global partnerships was born out of the recognition that for countries like Guyana to achieve the rest of the goals, an international environment which is conducive to their attainment must be sought and sustained.

Targets to be met under this goal reflect commitments made by member states to strengthen cooperation in the areas of trade, official development assistance, external debt, and access to medicines and technology.

Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Well-functioning trading and financial systems can yield enormous economic and developmental benefits for Guyana, which would aid in the achievement of the preceding goals. The creation of, and participation in, such trading and financial systems cannot be achieved by the best of Guyana's efforts alone, but are also dependent on the negotiation and execution of successful global partnerships.

Guyana and the international trading system

International trade is an important generator of economic growth, development and consequently the achievement of MDGs. However, for Guyana to effectively harness the power of trade, and maximise its potential benefits, the international trading system in which it operates needs to be open, rule-based, predictable and equitable as recognised in the target under review.

To date, these criteria for an equitable international trading system have not been fully met and, as a result, Guyana's gains from trade have not been fully realised. There are a number of critical and complex constraints which Guyana faces in the international trade arena, which need to be urgently addressed. These include lack of reform of the imbalances in the prevailing multilateral trading system which affects Guyana and other developing countries, the impact of the growing trend towards bilateral and regional trading arrangements, limitations of the country's ability to deepen trade integration and inadequate technical capacity for effective participation in the multilateral trading system.

Lack of reform of imbalances in the prevailing trading system

The multilateral trading system is immensely complex, seeking to reconcile multiple competing interests and desired outcomes. With the advent of globalisation and its principal agent, trade liberalisation, it became increasingly apparent that the prevailing multilateral trading system did not succeed in equitably representing and facilitating the interests of developing countries. Developing countries tend to have weaker capacity, power and influence than developed nations. They depend in large part on diplomatic relations with the developed world, and do not stand on equal ground when challenging existing trade rules which are to their detriment. The Doha Ministerial Conference in 2001 sought to redress the imbalances in the trading system, with the Doha Declaration pledging to enable developing countries to “secure a share in the growth of world trade commensurate with the needs of their economic development”, echoing the words of the Agreement which established the World Trade Organisation in 1995. To date, however, there has been no successful resolution of the Doha Round.

“Developing countries tend to have weaker capacity, global power and influence than developed nations.”

Guyana supports a successful conclusion of the Doha Development Round and is concerned about the protracted impasse in resolution especially given the consequent deadlock on substantive market access issues. Failure to conclude the Doha Development Round would undermine the development gains already secured by Guyana and other small and vulnerable economies. It would also severely impair our strategic interests in securing an outcome supportive of our pursuit of sustainable development, and reform of the multilateral trading system that places development at its core.

Impact of growing trend towards bilateral and regional trading arrangements

The delay in concluding the Doha Development Round continues to spur the trend towards bilateral and regional trade arrangements. While on the one hand, it is argued that these arrangements are increasingly coalescing towards the multilateral liberalisation intended by the Doha Development Agenda, on the other hand the “predictable and non-discriminatory” objectives of the multilateral trading system are distorted.

One recent and controversial example within this context in the Caribbean has been the finalisation of the Economic Partnership Agreement (EPA), a regional trade agreement signed between the European Union (EU) and Cariforum⁵⁶ members in October 2008. The EPA replaces previous preferential and non-reciprocal trading arrangements between the EU and the Caribbean, and establishes, among other areas of cooperation, a reciprocal free trade area for goods and services between these parties.

The major concern about the EPA, as espoused by Guyana during its negotiation, is the basic proposition that reciprocal trade agreements between unequal parties are inherently biased, and require considered and considerable effort to reach an equitable, just and mutually acceptable consensus. Further, the Caribbean states did not negotiate the EPA under the umbrella of the stronger ACP grouping, but engaged with the EU on their own, with a corresponding reduction in bargaining power. A clear illustration of the disparities in bargaining power between the Caribbean and other ACP states is the fact that to date, the Caribbean region remains the only country grouping to have finalised a comprehensive EPA with the EU. The process in African nations has been delayed as a result of negotiation impasses surrounding the same issues faced in the Caribbean. The Caribbean, however, capitulated to EU pressure against a background of the alleged non-flexibility of deadlines for EPA conclusion.

Critics of the EPA point to the very process of nego-

⁵⁶ Caribbean Forum (Cariforum) members comprise Caricom states and the Dominican Republic.



tiations as the first shortcoming of the trade agreement. It is argued that there was inadequate public education and consultation, which was exacerbated by the lack of a politically accountable regional institution to negotiate on the region's behalf. Guyana's reservations regarding the EPA, were supported at the highest political level in the country, and secured the inclusion of a clause in the agreement stipulating a five-yearly review of the EPA, as well as a clause which asserts the supremacy of the Revised Treaty of Chaguaramas in the event of a conflict with the EPA. Guyana has since committed to its legal obligations under the EPA, but remains skeptical of the potential benefits of the agreement.

There were several points of contention for Guyana in the EU-Cariforum EPA, including the inadequacy of the development dimension of the EPA, the addition of 'Singapore issues' in the agreement⁵⁷, implications of the MFN provision, the impact of tariff liberalisation on Government tax revenue⁵⁸, and therefore social expenditure, and lack of reform of restrictive rules of origin and other non-tariff barriers which continue to constrain access to foreign markets.

Implementation of the EU-Cariforum EPA has progressed unevenly between the EU and Cariforum members, as well as among the latter. The EU appears

to have gone further in finalising and formalising EPA-related arrangements than the Caribbean has, and within the Caribbean, although there has been the establishment of an EPA Implementation Unit at Caricom, national units have been established in only three territories. One critical danger of any delay in EPA implementation is that growing pub-

"...several points of contention for Guyana in the EU-Cariforum EPA..."

lic skepticism and regional apathy may undermine any possibility of practical benefits for the region. In Guyana, a national unit was established in mid-2008 and among its activities so far has coordinated a series of public awareness sessions on the EPA, conducted training for customs implementation staff and drafted the EPA Tariff Schedule in 2008/09. This schedule was finalised in 2010 and implementation commenced in 2011.

The Caribbean region is currently embarking on new trade negotiations with Canada, aimed at replacing the 1986 CARIBCAN non-reciprocal agreement with a Caribbean-Canada Free Trade Agreement. Trading trends which have seen Canada and the United States pursuing free trade agreements with other territories, and the Caribbean itself concluding the EU-Cariforum EPA have resulted in restricted negotiating room for the Caribbean in future trade negotiations, as well as reduced policy space for its internal efforts towards political and economic integration.

57 Stakeholders' Consensus Statement (Guyana EPA Consultations, 5 September 2008)

58 The Economic Partnership Agreement: Towards a New Era for Caribbean Trade Report estimates that the associated tariff reductions under the EPA will result in the loss of 6 percent of indirect tax revenue, equivalent to 1 percent of GDP, and recognises that compensating for this loss in revenue in the Guyanese largely informal and agrarian economy is not a straight-forward exercise. (Caribbean Policy Research Institute, 2010)

Each subsequent trade agreement undertaken by Guyana will alter the degree of preference for existing suppliers, thereby introducing an additional layer of complexity. Critically, this also means that Guyanese market access will come to depend more on the power of a Government with limited resources to open up markets than on its competitiveness.

Guyana's ability to deepen trade integration

Despite the lack of resolution at the multilateral level, as well as significant country-specific setbacks, for example the dissolution of the Sugar Protocol, Guyana has aimed to deepen its global trade integration. There is strong reliance on trade in Guyana – the trade to GDP ratio⁵⁹ increased from 114 percent in 2006 to 123 percent in 2008, reflecting continued deepening of integration into the world economy. It is noted that the trade to GDP ratio exhibited a downturn to 110 percent in 2009. This contraction may well reflect both higher import prices for fuel and food as well as the dampening of global demand for exports arising from the financial and economic crisis, and merits close attention. It serves as a reminder that Guyana remains a 'price-taker' and its trade performance is shaped by global developments. Consequently, Government has sought to balance its increase in international trade with appropriate risk diversification. There has been a successful movement away from Guyana's traditional dependence on the primary commodity of sugar towards a broader portfolio of goods and services, strengthening the country's trade performance against global price fluctuations for one specific commodity.

International trade alone cannot generate economic growth and development in the absence of complementary domestic trade policies and robust economic infrastructure. There have been some major developments in terms of actions to strengthen and modernise the trade and business infrastructure in Guyana. Boosting the country's competitiveness will lead to improvements in

export competitiveness and domestic entrepreneurship. Initiatives being undertaken encompass legislation⁶⁰ aimed at increasing competition

"..Government has sought to balance its increase in international trade with appropriate risk diversification."

and reducing anti-competitive practices, the implementation of the National Competitiveness Strategy and tax and customs reforms.

Technical capacity for effective participation in the multilateral trading system

Guyana's small technical bureaucracy is an understandable reflection of its modest population size and available resources. The country faces challenges in expanding its technical capacity, including that which is necessary for effective participation in the multilateral trading system. The volume and complexity of trade policy work entailed by a single negotiation are considerable, much less coping with the burden of the entire gamut of bilateral, regional and multilateral trade negotiations.

A strong cadre of trade policy professionals, aided by the requisite supporting materials, for example, accurate, timely and comprehensive collection of trade statistics, is the bare minimum required for Guyana to ably analyse and pursue its agenda and needs locally, regionally and internationally.

The lack of national technical capacity has been underscored by two recent developments. As noted earlier, the length of the negotiations on the Doha Round – almost one decade at the time of writing – has meant that Guyana must be able to exert the necessary analytical flexibility in responding to trade conditions that will have changed the

⁵⁹ This ratio is a measure of trade openness, and is calculated by the sum of exports and imports divided by the gross domestic product. (Rebased GDP used for calculations).

⁶⁰ The Competition and Fair Trading Act (2006) provided for the establishment of the Competition and Consumer Affairs Commission. This Commission, tasked with maintaining and encouraging competition, prohibiting anti-competitive business conduct, and promoting the welfare of customers, cooperates with the Community Competition Commission, established by CARICOM in January 2008, as well as with competition authorities of other CARICOM member countries.

country's interests and outlooks over this period. Further, the stagnation at the multilateral level has placed more importance on bilateral and regional trading linkages. This has also resulted in the need for recalculations of interests and alignments, and highlights the need for increased technical capacity.

The Government of Guyana welcomes the efforts of the international community to further support Guyana in improving its capacity in trade both at the institutional and productive levels. Guyana is committed to actively engaging with global partners to help make Aid for Trade work for development. It is crucial that Aid for Trade resources are provided in addition to existing aid programmes and remain flexible enough to fit into the needs of recipient countries. Capacity constraints of small developing countries have to be taken into consideration when designing such programmes.

The Government views Aid for Trade not merely as a mechanism of compensation for short term costs associated with trade liberalisation but rather as a critical tool in facilitating the adjustment and smooth integration of small developing countries in the global economy over the longer term. There is, however, an important and immediate need for assistance to avoid or minimise potential economic dislocations, associated with limited supply-side capacities to adjust rapidly and beneficially to policy-induced changes, arising from multilateral trade liberalisation. In the case of Guyana, a loss of trade preferences coupled with pressures of an increasingly competitive multilateral trading environment would definitely, in the short to medium term, not only impact severely on the capacity of the public sector to respond but also on the private sector to adjust to new market demands.

Targeted support would be needed at the enterprise and producer levels to enhance export-production capabilities and competitiveness in commodities, manufactures and service sectors with strong potential, including through diversification into alternative exports, as well as to facilitate entry into new markets.

Guyana and the international financial system

Similar to the desired multilateral trading system, a strong, stable and well-functioning financial system can foster economic growth and development, and consequently contribute to the attainment of the Millennium Development Goals. In this vein, Guyana has given priority to its national financial sector reforms, has thus far achieved a positive record for its efforts, and is continually making improvements to country systems.

Guyana has cautiously liberalised its financial systems and deepened integration at the regional and global levels. Its cautious stance has been vindicated

“Guyana has cautiously liberalised its financial systems and deepened integration at the regional and global levels.”

by recent regional and international developments which highlighted that while integration offers great opportunities for advancements, it brings with it the potential for disaster. Regionally, the collapse of the Caribbean insurance giant, Colonial Life Insurance (CLICO) and internationally, the global financial crisis and its consequences, provide examples of Guyana's vulnerability to external shocks to the financial system. For this reason, Guyana is equally committed to the improvement and protection of its national financial systems and to the regional and global reform of the overarching financial architecture within which the country operates.

Guyana and the national financial system

In the financial sector, the principal policy objective has been the facilitation of a strong, stable, well-regulated and well-managed financial system. Progress in this regard is reflected in the country trends in key indicators of financial soundness



“Guyana is equally committed to the improvement and protection of its national financial systems and to the regional and global reform of the overarching financial architecture within which the country operates.”

(see Table 8A.1). For the period 2006-2009, capital adequacy ratios were consistently well above the regulatory minimum of eight percent, and there was average liquidity in the system of thirty percent. Earnings and profitability in the financial sector have remained stable, with returns on assets and equity being virtually unchanged from 2008 to 2009. Asset quality has continually improved over the 2006 to 2009 period, with the proportion of non-performing loans to performing loans falling from 11.83 percent to 8.4 percent.

Guyana has undertaken a number of financial sector reforms which have contributed to its sound macro-prudential standing. Important among these are several pieces of new legislation which will improve the structure and efficiency of the country’s regulatory framework. These include the Insurance Supplementary Provisions Act 2009, the Money Transfer (Licensing) Act 2009 and the New Building Society (Amendment) Bill 2010 which aim to extend the regulatory perimeter and consolidate supervision of bank and non-bank financial institutions by the Central Bank. The Credit Reporting Act 2010 provides the framework for a credit reporting industry in Guyana, and the Anti-Money Laundering and Countering the Finance of Terrorism Act 2009 is intended to provide a structure and tools to root out

illegal financing activities. In addition, Government has introduced and incorporated risk-based supervision of the financial sector; improved the collection, transparency and dissemination of financial sector information; and formulated a crisis management framework. Work is continuing in all areas to enhance the strength and integrity of the country’s financial sector.

Guyana and the regional financial system

For Guyana, regional integration of its financial systems can increase economic gains and provide a measure of buffering against external shocks. However, for the potential benefits of such financial integration to be realised, a regional framework for effective management has to be put in place. Financial institutions which are unregulated, or inappropriately regulated, will capitalise on an open regional space and use opportunities for ‘regulatory arbitrage’ which refers to the practice of seeking, finding and utilising different regulatory regimes to minimise costs. Colonial Life Insurance (CLICO) is one example of a regional financial institution which engaged in regulatory arbitrage to the detriment of all countries and clients involved when the company collapsed.

Table 8A.1: Key Indicators of Financial Soundness 2006-2009

Measurements of financial soundness	Indicators	2006	2007	2008	2009
Capital Adequacy	Regulatory capital to risk-weighted assets	15.7%	14.39%	15.4%	17.96%
	Regulatory Tier 1 capital to risk-weighted assets	15.5%	14.32%	15.2%	18.0%
Asset quality	Non-performing loans to total gross loans	11.83%	10.3%	9.64%	8.4%
Earnings and Profitability	Return on assets	2.11%	2.28%	2.4%	2.65%
	Return on equity	24.89%	26.51%	27.1%	27.78%
Liquidity	Liquid assets to total assets	32.29%	25.9%	29.1%	30.5%

Source: Bank of Guyana (Licensed Deposit Financial Institutions)





Further, regional and global developments which Caribbean countries have also had to contend with include the pace of financial conglomeration and the trans-nationalisation of financial services marketing as well as the fact that financial products have increased in volume and complexity over the years without a corresponding enhancement in regulatory capabilities. In the Caribbean, additional constraints are faced because of inadequate collection, analysis and sharing of information. Moreover, and more broadly, there is no comprehensive and cohesive regional framework to guide a joint approach to financial policy formulation, management, regulation, supervision and response to crises.

Thus far, the Caribbean region has responded to the challenges of financial integration in a piecemeal and reactive manner. It has become clear in the region that knee-jerk monetary responses are inadequate. The Caribbean Centre for Money and Finance (CCMF) research mandate has now been expanded to include financial sector policy, and a Financial Risk Assessment project is ongoing to produce regional financial soundness indicators and to develop regionally appropriate methodologies for monitoring financial stability.

The Caricom Liliendaal Declaration on the Financial Sector of July 2009 was issued in recognition of the need to effect appropriate and comprehensive reform of regional financial sector policy and the regional financial architecture. The Declaration articulated commitments to strengthen national and regional regulatory and supervisory systems, to enhance supervision by regional regulatory organisations, to establish a College of Regulators and to improve and harmonise standards. It also made reference to the anticipated role of the draft Caricom Financial Services Agreement which would create a single financial space with common legislation, regulations, administrative procedures and practices, towards ensuring the coherence, coordination and harmonisation of the regional financial system.

Guyana and the global financial system

Integration of financial systems at the global level amplifies the problems encountered at the regional level – inadequate surveillance of risk and lack of harmonisation of responses to systemic risk, lack of a global framework for managing the financial system, and inadequate levels of funding for liquidity support or external adjustment. Although the global financial crisis has been weathered fairly well in Guyana, it highlighted the major potential financial and non-financial risks posed to a small and vulnerable economy. The direct and indirect impacts on development through a number of transmission channels illustrate Guyana's exposure to the negative consequences of financial crises which have not in any way been of its making.

The global nature of the crisis makes the case for a comparable level of global monitoring and supervision. The risks of negative cross-country spillovers and their potential macroeconomic effects need to be closely monitored, assessed and controlled. One external method of assessment of a country's financial sector is conducted by the IMF through its Financial Sector Assessment Programme (FSAP). Guyana welcomed and participated in the FSAP assessment, which has been used as a basis for strengthening country systems. However, such financial sector assessments have not been applied evenly and consistently in all countries. Some of the countries which did not participate in an FSAP pre-global financial crisis were those of systemic importance. There is an urgent need for universal submission to rigorous, independent and external assessment by all national financial systems, particularly those of global systemic consequence, in order to minimise the risk of recurrence of worldwide financial crises.

Given the consensus that the global financial architecture is in need of reform, the next set of questions to be tackled relate to the manner in which such reform ought to take place. Calls for a "new" Bretton Woods agreement to stabilise and manage international finance have been made but

“Guyana will undoubtedly be affected by the requirements and regulations of a newly-forged global financial system, and as such should be intimately and equitably involved in the reform process.”

so far responsibility for global macro-prudential management has fallen to the IMF. Guyana will undoubtedly be affected by the requirements and regulations of a newly-forged global financial system, and as such should be intimately and equitably involved in the reform process. Reform of IMF governance structures is therefore as critical as the institution’s attempted redesigning of the global financial architecture. Moreover, in light of developing countries’ lack of adequate voice (especially those of the small Caribbean-state variety) in the global negotiating arena, Government is committed to renewed and more innovative attempts at securing the meaningful involvement of all stakeholders.

Target 8B: Address the special needs of the least developed countries, incl. tariff and quota-free access for LDC exports; enhanced debt relief for HIPC countries, cancellation of debt; more generous ODA for countries committed to poverty reduction.

The discussion under this target will focus on the imperative to address the special needs of the least developed countries, including tariff free and quota free access for LDC exports, and the promise to provide more generous ODA for countries committed to poverty reduction.

The international community has long recognised that developing countries require support to fully take advantage of the multilateral trading system. Trade preferences have existed in the international trading system since the Generalised

System of Preferences was adopted in New Delhi in 1968. Since then various formulations have been proposed, adopted and modified but the general principle that LDC countries have special needs and should be granted duty-free and quota-free (DFQF) access to developed country markets has persisted. This was pledged in the Millennium Declaration as indicated in the target under review, and has been reiterated in several forms, including the Hong Kong Ministerial Declaration in 2005 which stated that duty-free and quota-free market access should be provided by developed countries and developing countries (who are in a position to do so) for all products originating from all LDCs by 2008. Guyana supports the initiatives at the multilateral and regional levels to assist LDCs, including the provision of DFQF access.

There has been uneven progress towards global implementation of this commitment, and a common criticism has been that even where this system is in place, its effectiveness is stymied by restrictive practices and rules of origin. In addition, exporting countries face considerable supply-side constraints which limit their ability to take advantage of increased market opportunities.

Practical supply-side constraints can be illustrated by reference to the challenges faced by Government in the promotion and expansion of non-traditional exports. The overall aim is to provide high-quality exportable products in the desired quantities and this is complicated by hurdles at each stage of the supply chain. Farmers need to be equipped with the necessary skills to make informed decisions about what to produce, in what quantities and at what cost. In addition to

business management techniques, handling and packing of produce at the farms requires skills and training. Transportation and storage conditions are further links in the supply chain which could be improved. On the buyer's end of the supply chain, exports have to contend with non-tariff barriers to trade in both regional and extra-regional markets.

The ultimate developmental impact of DFQF market access is dependent on the current export portfolio of LDCs as well as their supporting trade infrastructure, the extent to which and condi-

tions under which developed countries offer such access, and the trading relationships among the entire set of countries which are offered DFQF access. Preferential trading arrangements are also risky since they may lock developing countries into particular production patterns, limit diversification and restrict movement into value-added industries. Guyana's experience in the sugar sector illustrates some of the consequences of preferential arrangements and the implications of preference erosion for developing countries.

Guyana and the Sugar Protocol

THE SUGAR PROTOCOL

Guyana's society and economy have been critically shaped by sugar, from the time of its colonial introduction in the 1630s to present-day struggles to reform the industry following the unilateral revocation of the Sugar Protocol by the European Union (EU).

The Sugar Protocol refers to the agreement between the European Union and sugar-exporting African, Caribbean and Pacific (ACP) group of countries under which the EU guarantees to buy fixed quantities of cane sugar from the ACP at preferential prices⁶¹. The Sugar Protocol replaced the similarly intentioned Commonwealth Sugar Agreement in 1975, was incorporated into the Lomé Conventions up to 2000, and had as its last legal home the Cotonou Partnership Agreement (CPA) which expired in 2007. It should be noted that the spirit and provisions of the Sugar Protocol have always existed independently of incorporation into various treaties of the day. The Sugar Protocol, enshrined in Protocol 3 of the CPA, states in Article 8(2) that "In the event of the Convention ceasing to be operative, the sugar-supplying States...and the Community shall adopt the appropriate institutional provisions to ensure the continued application of the provisions of this Protocol."

A key provision of the Sugar Protocol has been its stated duration – indefinite. Article 1(1) of Protocol 3 in the CPA states that the Community "...undertakes for an indefinite period to purchase and import, at guaranteed prices, specific quantities of cane sugar, raw or white, which originate in the ACP States and which these States undertake to deliver to it." Although Article 10 of the Protocol does provide for the renunciation of said agreement by either party subject to two years' notice, the third declaration in an Annex to Protocol 3 clarifies that "...Article 10 is included for the purposes of juridical security and does not represent for the Community any qualification or limitation of the principles enunciated in Article 1 of that Protocol." The obvious intent is that notwithstanding Article 10 of the Protocol, the Article 1(1) assurance of sale and purchase of sugar for an indefinite period will prevail.

61 It is posited that the Sugar Protocol was a commercial trade agreement, and provided for commercial obligations by both parties. When the Protocol was signed, the price for sugar on the world market was approximately 2.5 times that paid under the agreement. This was accepted and honoured by the ACP given the indefinite nature of the obligation and the possibility of sugar price trend reversal. ("After the EPA: Lessons to be learnt", Clive Thomas (May 2009))



IMPACT OF THE SUGAR PROTOCOL

The impact of the Sugar Protocol's preferential quota arrangements on Guyana has been tremendous. On the economic front, the double guarantee of an export market and price constancy reduced the instability of export earnings traditionally associated with basic commodities and resulted in the maintenance and expansion of the Guyanese sugar industry. The indefinite duration of the Sugar Protocol provided the requisite levels of price and market assurance and predictability which justified the continued existence of and attention to the sugar industry in Guyana.

Sugar has been an important mainstay of the Guyanese economy, which is heavily dependent on agriculture. Agriculture, fishing and forestry are collectively the greatest contributor to GDP in Guyana, and sugar has traditionally underpinned the sector, accounting for at least one-fifth of its share in GDP from 2006-2009. Sugar on its own has accounted for 7 percent of GDP in 2006-2007, and fell to 6 percent in 2008-2009⁶². Sugar has been one of the top four export earners from 2000-2009, holding the number two spot, after gold, for the majority of those years. There has been a notable decline in the viability of sugar as a key and consistent export earner for Guyana. Sugar accounted for 15 percent of export earnings in 2009, 8 percentage points down from earnings in 2000. There has been a consistent slide in the export earnings from sugar since 2006, reflecting price cuts implemented by the European Union which totalled 36% over a four-year period.

The impact of the sugar industry far transcends a base economic value – the industry has created thousands of jobs, resulted in massive infrastructural investments, associated industrial and small business developments, supported community services including housing, health, water supply, education and sports, provided rural stability, and preserved the environment for decades.⁶³

END OF THE SUGAR PROTOCOL

Reformation of the EU sugar regime came as a result of both its domestic efficiency concerns and external pressures in the form of international trade commitments. In 2005, the EU announced that intervention prices for sugar would be cut by 36 percent over a four-year period. As a result both domestic production and exports were reduced, and the EU in 2007 proclaimed their unilateral denunciation of the Sugar Protocol that had been in existence for 32 years. The end of the protocol officially came in 2009, signed away in the EU-Cariforum EPA.

The impact these developments have had on the Sugar Protocol countries has been uneven given the heterogeneous nature of the group. For Guyana, with its high production levels, high production costs and correspondingly high degree of dependency on the EU market, the end of the Sugar Protocol in 2009 has serious implications for the future of the sugar industry in Guyana.

The EU has been and continues to be the major destination export market for Guyana's sugar. In 2001, sugar exported to the EU from Guyana constituted 82 percent of the country's total sugar exports. This market dependence continued throughout the last decade, and in 2009, the EU absorbed 90 percent of Guyana's sugar exports. Further, sugar dominates Guyanese exports to

⁶² Note that these calculations have used the rebased GDP figures. Using pre-rebased (1988) prices, sugar accounted for approximately 15 percent of GDP in 2000.

⁶³ "The Sugar Protocol – Socio-economic aspects", Presentation by Dr. Ian McDonald, ACP Workshop on Sugar (Brussels, Belgium, October 4-6, 2004)

the EU as a whole. In 2001, sugar accounted for 63 percent of total goods exported to the EU, with sugar's share in total EU exports declining to a still significant 50 percent in 2009.

The loss of preferential pricing for Guyana's sugar exports to the EU represents a direct loss of revenue for the country. The average prices per tonne of sugar offered to Guyana by the EU were 20-50 percent higher than the corresponding non-EU market prices for sugar from 2001-2009. This amount, proxied by the difference between world market and EU prices times the export volume (up to the allocated quota as a maximum), is estimated to be 7.53 percent of GDP in 2004/05.⁶⁴

The opening up of the sugar market, and removal of preferences, also means that Guyana's sugar industry will have to compete globally with more sophisticated and cost-efficient sugar suppliers in different countries. It also means that all associated socio-economic benefits of the sugar industry are threatened.

POST-SUGAR PROTOCOL

The denunciation of the Sugar Protocol by the EU, in addition to the negative welfare and economic impacts on Guyana, also raises wider issues of international diplomacy, equity and justice. The unilateral revocation of the Protocol by the EU served to undermine the long-standing relationship of trust and trade between the parties.

Guyana has consistently made efforts to responsibly pursue growth in the sugar industry in tandem with sound diversification of risk. These efforts have resulted in the development of other industries and a decline in the relative weight of sugar in national accounts. In the sugar industry, the sugar sector adaptation strategy aims to enhance the profitability of sugar production through sales expansions and diversification of revenue streams. The critical bottlenecks facing the local industry are its sub-optimal production and performance which stem from severe asset depreciation requiring replacement or repair of important inputs, and poor management decisions aggravated by the continuous loss of staff and experience mainly due to migration and increasingly aggressive reactions from the unions. The Guyana Sugar Corporation Inc. (GuySuco) has prepared a Strategic Blueprint for 2009-2013 which contains a number of turnaround strategies aimed at creating a transformed industry with a competitive cost base, competitive products and enhanced output. Indeed, there are tentative signs of recovery in the sector as of 2011.

64 Busse, Matthias and Jerosch, Franziska, Reform of the EU Sugar Market (Intereconomics, March/April 2006)

Official Development Assistance (ODA)

The commitment made by developed countries to provide Official Development Assistance (ODA) to developing countries can be dated as far back as April 3, 1948 with the signing into law of the Economic Cooperation Act, the Marshall Plan, by U.S. President Truman which facilitated the European Recovery Programme. Later, in 1970, the United Nations General Assembly resolved that "Each economically advanced country would progressively increase its official development

assistance to the developing countries and would exert its best efforts to reach a minimum net amount of 0.7 percent of its gross national product at market prices by the middle of the Decade."⁶⁵ This specific and time-bound commitment to provide a minimum of 0.7 percent of GNP arose out of the 1969 'Partners in Development' Report by the Pearson Commission which recogn-

65 International Development Strategy for the Second United Nations Development Decade (Resolution No. 2626 (XXV), 24 October 1970.

ised that without this level of increased aid flows, most developing countries would fail to achieve self-sustaining growth by the end of the century. To date, this commitment, which has since been reiterated and endorsed at various international fora (including the Millennium Summit), has been met by very few developed countries.

The MDG Gap Task Force Report 2010 on MDG 8⁶⁶ states that only five donor countries⁶⁷ have so far met and exceeded the agreed UN target of 0.7 percent of GNI for ODA⁶⁸. The report further notes that if the commitment were met by all donors by 2015, this would result in raising over US\$300 billion per annum for development (in 2009 prices and exchange rates). Questions are also raised concerning the evenness of distribution of aid that is actually available: the report highlights that aid is increasingly concentrated in a limited number of countries, with the top ten aid recipients accounting for 38 percent of total country-allocable ODA in 2008.

An analysis of Guyana's experience with ODA is instructive in assessing the viability of its global partnerships in this regard. Guyana is pursuing the twin strategies of increasing ODA, as well as improving its effectiveness. Official Development Assistance (ODA) has shown an overall increase in volume over the past five years. Total foreign assistance⁶⁹ to Guyana at the end of 2009 was US\$173 million which represents an increase of nineteen percent from the 2004 level of US\$145 million. Grants to Guyana increased from US\$34 million in 2004 to US\$73 million in 2009, representing an increase from 23 percent to 43 percent in the grant to foreign assistance ratio.

There are a number of challenges faced in the management of aid, specifically in the **volume and mobilisation of aid, nature of aid** and the **overall management of aid**.

66 The Global Partnership for Development at a Critical Juncture' (MDG Gap Task Force Report, UNDP 2010)

67 Sweden, Norway, Luxembourg, Denmark, Netherlands

68 The report states that preliminary data show that total aid by DAC donors was equivalent to 0.31 percent of donor country GNI in 2009.

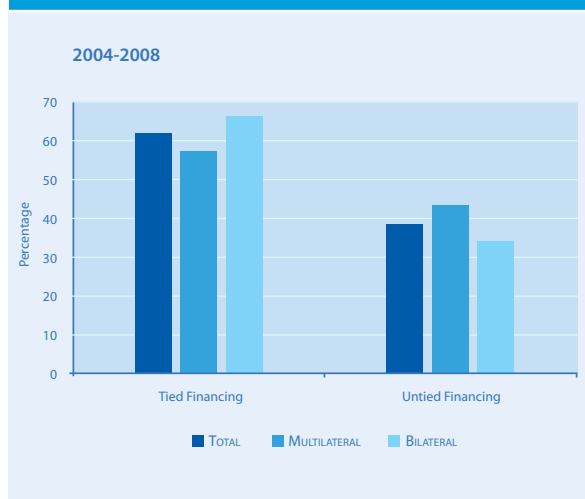
69 This includes both loans and grants.

Volume and Mobilisation of Aid

The trend analysis on aid inflows highlights that loan disbursements are increasing but at a decreasing rate. A major contributing factor to this trend is that the volume of concessional resources from traditional sources has considerably contracted. However, a considerable resource gap still exists in the drive to achieve the Millennium Development Goals, and more broadly, to successfully implement the Poverty Reduction Strategy. A major concern and challenge for the Government is that financing this fiscal deficit by less than concessional means may jeopardise its long-term debt sustainability.

The decrease in the volume of resources from traditional providers, the hardening of terms on which ODA is provided and other challenges in accessing aid have prompted the Government to seek new sources⁷⁰ of concessional and grant financing.

Graph 8B.1
Tying of External Financing



Source: Ministry of Finance

Nature of Aid

The tying of aid, which refers to the practice of donors and creditors restricting the procurement of goods and services to their respective countries, is a costly and inefficient practice. Data for the period 2004-2008 shows that Guyana still receives over 60 percent of its external financing⁷¹ in a tied format. The comparison between multilateral and

70 China and India are examples of new financing partners

71 The available data includes some non-concessional loans



“The predictability and consistency of aid disbursements have an impact on development initiatives as well as the Government’s ability to plan for future projects and programmes.”

bilateral agencies⁷² shows that the latter provide a higher proportion of tied financing: 66 percent versus 57 percent by multilaterals (see Graph 8B.1).

ODA received can be directed towards project assistance or programme/budgetary support. The preference of the Government is for programme support which has the advantages of using national systems, simpler procedures, being faster to disburse and increasing country ownership over resources. Programme grants almost doubled between 2004 and 2008. However, project loans from 2004-2008 amounted to G\$12 – 17 billion whereas programme loans received less than G\$4 billion over the same period.

Predictability of Aid

The predictability and consistency of aid disbursements have an impact on development initiatives as well as the Government’s ability to plan for future projects and programmes. For the period 2004-2008, 89.7 percent of committed grants were actually disbursed. A number of factors affect the likelihood of aid being disbursed as planned, including donor administrative, financial and procurement procedures. Although some traditional donors and creditors perform well with respect to predictability, others engage in persistent practices such as stringent requirements, bypassing of Government’s public financial management procedures and tied aid, factors which continue to delay disbursement of committed funds.

Key Priorities

Government aims to identify and receive aid of the highest quality at the lowest (transaction and other) costs. The Government has identified the strengthening of institutional arrangements as a key priority in achieving more effective management of aid and attracting development assistance.

In this vein, Government has carried out a number of reforms to its public financial management systems. The budget management process has been significantly strengthened by increasing the use and functionality of the Integrated Financial Management and Accounting System (IFMAS). Procurement systems have also been significantly strengthened. In 2009, work commenced on the development of a results-based monitoring and evaluation system, and measures to improve internal controls, in particular the strengthening of the Audit Office, are on stream.

A by-product of these reforms to public administration is that development partners will gain more confidence in Government systems, with the result that greater amounts of aid, and in particular programme aid, are likely to be attracted.

Target 8C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)

There are significant variations among developing countries, which have a great impact on the effectiveness of efforts towards economic development. An important sub-set of developing countries, of which Guyana is a member, is that of Small Island Developing States (SIDS). Though not technically an island in a strict geographical sense, Guyana exhibits the same characteristics of the group and so is categorised in the same manner. SIDS face special developmental needs, as a result of the unique challenges they face. These include small size, remoteness and insularity, vulnerability to external shocks, an underdeveloped resource base,

72 Comprising OECD/DAC donors only.

and heightened exposure to global environmental challenges.

As a result of these characteristics, SIDS require special attention from the international community which takes into account their particular economic, social and environmental markers. In this regard, a Programme of Action for Sustainable Development of Small Island Developing States was adopted in Barbados in 1994. It highlighted the special challenges and constraints that have resulted in major setbacks for the socioeconomic development of SIDS and articulated specific actions and measures to enable SIDS to achieve sustainable development. In 1999, the UN 22nd Special Session of the General Assembly recognised that SIDS are a special case for both environment and development because they are ecologically fragile and economically vulnerable. It noted that although there had been considerable efforts at implementing the Barbados Programme of Action, there was a need for those efforts to be further supplemented by effective support from the international community, including financial support, institutional strengthening and improved coordination, targeted capacity building and by the facilitation of the transfer of environmentally sound technologies.

In 2005, at the 10-year review of the Barbados Programme of Action, the Mauritius Strategy for the Further Implementation of the Programme of Action for Sustainable Development of Small Island Developing States (MSI) was adopted. This strategy, which identifies actions and strategies to be taken in 19 priority areas, was adopted by all members of the UN. It therefore represents a partnership and cooperation programme between SIDS and donors and contains obligations for all parties. Critically, the MSI was not a stand-alone framework – it was designed with the understanding that it would complement other existing frameworks such as the Millennium Development Goals.

In 2010, the Five Year Review of the Mauritius Strategy was completed with the aim of assessing

the progress made in addressing the vulnerabilities of SIDS. The Caribbean Regional Report for the 5-Year Review noted important areas of resilience and vulnerability in Guyana. Resilience was demonstrated by the country's strong performance in withstanding the food, fuel and global economic crises. Vulnerabilities which were exposed were the environmental risks of droughts and flooding, notably the extreme coastal flooding that occurred in 2005, and challenges relating to deforestation, water pollution and solid waste management.

Guyana continues to battle its vulnerabilities and has achieved a number of successes, notably the proposed reorientation of its economy along a low carbon development path. Additionally, the country has sought to overcome its natural obstacles by widening and diversifying its economic base, and investing heavily into its physical infrastructure in efforts to truly benefit from global opportunities. However, a number of challenges also remain. Articulated most recently at a 2010 Commonwealth SIDS Biennial Conference,⁷³ small states, including Guyana, continue to struggle against their lack of influence in global decision-

“...small states, including Guyana, continue to struggle against their lack of influence in global decision-making.”

making. This point, highlighted in the discussion of Target 8A, was taken further and the call made for the international community to find ways to recognise small states as a special category in decision-making pertaining to international finance and international trade, and to in general adopt a formal definition for small states.

⁷³ 'Marlborough House Small States Consensus', Commonwealth Secretariat Small States Biennial Conference, Marlborough House, July 2010

Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Overview

Guyana used to be one of the most severely indebted countries in the world with an external public debt which rose from US\$62 million at the end of 1965 to about US\$2.1 billion by end 1992. During the period 1987-91 external public debt averaged about 477% of GDP. However, by 2009, Guyana was able to cut its external debt stock by half to approximately US\$0.9 billion. This achievement occurred in spite of new borrowing to finance essential investments in the productive and social sectors, and is testament to the country's strong track record of implementing responsible policies.

Guyana's emerging debt problems in the late 1970s escalated by 1982 when the country started to default on its external debt obligations and subsequently began to accumulate arrears to creditors. By May 1985, so severe was the debt burden that the International Monetary Fund (IMF) suspended Guyana from accessing its resources – at that time, only the third country in the Fund's history to receive such treatment. Its sister lending institution, The World Bank, followed soon thereafter, in August 1986, when it declared Guyana ineligible to draw on its resources. The smaller regional institution, Caribbean Development Bank, adopted a similar posture. Guyana was thus cut-off from receiving loan financing from most of its traditional bilateral and multilateral creditors, with the Inter-American Development Bank being the principal exception.

To tackle its economic woes the then Government launched an Economic Recovery Program (ERP) in mid-1988 in an attempt to signal Guyana's intention to normalise its relationship with the international community.

Debt Management Strategy

Guyana sought to service its debt and clear arrears outstanding to its multilateral and bilat-

eral creditors. With the regularisation of the arrears to the IMF and other multilateral institutions, Guyana regained its rights to draw on their resources as well as benefit from the Paris Club debt write-offs and rescheduling of loans. Successive and successful negotiations with Paris Club members have resulted in favourable debt reduction over time.

Under the early flow reschedulings, Guyana's Paris Club creditors agreed to receive no principal repayments during the consolidation period, except for the interest on the rescheduled amounts or moratorium interest. However, debt relief of this kind proved costly. The first three reschedulings by the Paris Club, between 1989 and 1993, actually exacerbated the debt problem by adding interest arrears to the principal of the loan, thus causing an increase in the debt stock. Compounding this problem was the fact that as debts were rescheduled, the Government was obliged to resume payment of the interest on them. This put pressure on the slender foreign exchange resources, and curtailed critical investment and imports at a time when the economy was beginning to show signs of recovery.

Subsequent debt relief granted by the Paris Club, in particular a 67% debt stock reduction under "Naples" Terms in 1996, helped to reduce the overall debt stock by about US\$529 million. This and subsequent Paris Club debt relief operations contributed significantly to the overall reduction of Guyana's external debt.

HIPC and MDRI Debt Relief

By 1996, it was clear that the "traditional" debt relief measures which focused on bilateral and commercial debts were insufficient. As a result of strenuous lobbying by many countries, including Guyana, and Non-Governmental Organisations, multilateral creditors eventually agreed to treat comprehensively with the debts of the poorest countries. This was achieved through debt write-off and reschedulings under the Heavily Indebted Poor Countries (HIPC) initiatives and the Multilateral Debt Relief Initiative (MDRI).

Guyana's qualification for HIPC debt relief was not automatic since assistance under this initiative was initially based solely on the ratios: external debt-to-exports and debt service-to-exports. This meant that countries like Guyana, with very open economies and a strong export base were "border-line" cases and could not qualify.

In 1997, with the help and support of international development partners who recognised the country's strong policy framework and track record for implementation, Guyana became one of the first countries to qualify for HIPC, under the fiscal/openness criteria for countries with highly open economies and a heavy fiscal debt burden despite strong efforts in mobilising revenues. Accordingly, the most important debt sustainability indicator for Guyana, and the basis for its qualification under the HIPC initiatives, is the ratio of net present value of external debt-to-Government revenue.

However, Guyana faced several challenges during and after implementation of the HIPC initiatives. In particular, under the enhanced HIPC initiative, Guyana had to seek the support of its development partners in petitioning the Boards of the IMF and World Bank for the country to reach completion point.

Under the Multilateral Debt Relief initiative (MDRI) Guyana also found itself spearheading the fight, on behalf of HIPC countries in Latin America and the Caribbean, for the Inter-American Development Bank (IDB) to extend debt relief similar to that offered to African countries by the African Development Bank (AfDB).

Guyana was eventually successful in getting the IDB to provide additional debt relief. However, the IDB financed much of the debt relief from its concessional resources. This had the unintended consequence of reducing the volume and concessionality of new lending from this institution.

In the wake of the debt relief received by Guyana and other recipients, a continuing challenge has been to counter the position taken by some donor countries that such relief should be seen as additional resources to the beneficiary countries. This

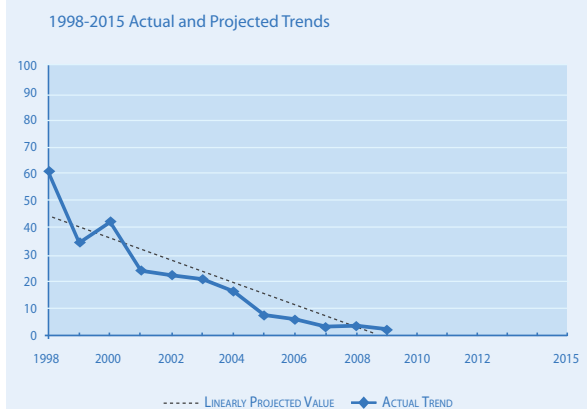
stance explains much of the difficulty experienced in obtaining new financing for development projects and programmes, and is partly the reason why many of the poor countries have gone off track in the attainment of the Millennium Development Goals.

Debt Sustainability

Since qualifying under the Heavily Indebted Poor Countries (HIPC) and Multilateral Debt Relief (MDRI) initiatives, Guyana's debt has reduced to sustainable levels. Guyana secured substantial debt relief thanks to the G-8 MDRI (in 2006), the related Inter-American Bank Initiative (in 2007) as well as bilateral debt cancellation agreements, which resulted in Guyana's stock of external debt falling from US\$1.6 billion in 1996 to about US\$933 million by end-2009. On the debt service front, actual debt service payments as a percentage of Government revenue declined from 59 percent (approximately US\$130.1 million) in 1998 to 3.8 percent (approximately US\$17.7 million in 2009 (see Graph 8D.1)

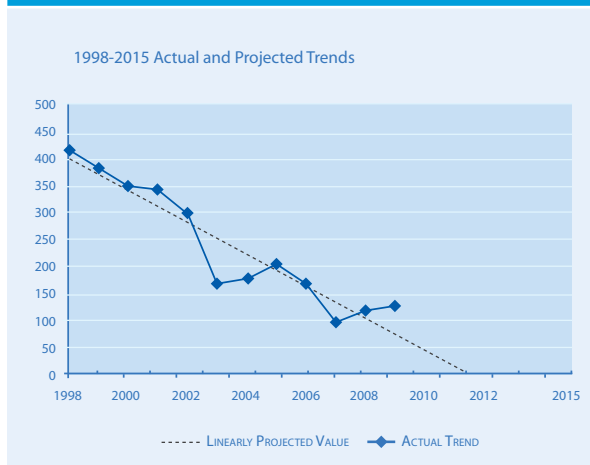
Over the period 1998 to 2009, Guyana's external debt in net present value (NPV) terms declined by more than 30 percent, and as a percentage of Government revenue decreased from 417 percent in 1998 to 126 percent in 2009 (see Graph 8D.2).

Graph 8D.1
External debt service as a percentage of revenue



Source: Ministry of Finance

Graph 8D.2
Net present value of external public debt to revenue



Source: Ministry of Finance

These ratios are well below the international debt sustainability benchmark of 250 percent.

Key Priorities

Guyana continues to be at moderate risk of debt distress and is vulnerable to external shocks. In order to maintain long-term debt sustainability, Guyana needs to access concessional financing and sustained economic growth and development.

Also, a requirement of the Paris Club agreements is that Guyana settles its debts with other bilateral and commercial creditors on terms comparable to those received from the Paris Club. However, a few of its non-Paris Club creditors have been unwilling to match the 90% debt reduction obtained on Cologne Terms from the Paris Club. As such, these debts have been accumulating arrears while the Government continues to engage these creditors at the diplomatic and other levels in search of a viable solution.

The country's focus now is to ensure that debt sustainability is maintained through prudent debt management and a new financing policy ensuring that all new loans are contracted on the most favourable terms and are properly managed. Also, Government continues to seek alternative sources of concessional financing that would allow the country to continue its quest towards attaining the MDGs in an environment of fiscal rectitude.

Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

It is estimated that in 2000, only 44 percent⁷⁴ of the population had regular access to essential drugs. A number of measures have since been implemented to improve the population's access to essential drugs. As a consequence, preliminary results from the Demographic Health Survey (2009) indicate that 66.8 percent of the population has access to the essential set of drugs needed for treatment of acute respiratory infections and diarrhoea in children.

Firstly, the Guyana National Medicines Policy (GNMP) 2007 has been formulated which aligns the interventions in the pharmaceutical sub-sector with the goals of the National Health Sector Strategy 2008-2012. The GNMP articulates the Government's approach towards policy implementation, legislation and regulation, human resource development, selection and rational drug use, procurement and supply management, financing and quality assurance of drugs and medicines.

Secondly, the Ministry of Health has updated its official list of essential drugs. The Guyana Essential Medicines List⁷⁵ (GEML) 2009-2010 presents medicines that meet the needs for Guyana's priority health conditions in agreement with the Package of Publicly Guaranteed Services. The list serves as a basis for the monitoring of availability and correct use of the medicines named, and facilitates national planning by signalling the health care system on procurement, storage, distribution and utilisation of all the essential medicines needed for ethical treatment. The Ministry of Health aims to provide all the medicines listed, free of cost, to all public health facilities.

The GNMP and the GEML, in conjunction with the Ministry of Health's Standard Treatment Guidelines (STG), provide the necessary framework for ensuring that safe, effective and quality drugs are provided in the health care system to be prescribed and used in a rational manner.

⁷⁴ The World Medicines Situation, WHO, Geneva 2004

⁷⁵ Formerly the Essential Drug List (EDL)



Some problems arise at the stage of estimating and evaluating drug needs in the system. The existing mechanism of compilation of quarterly Consumption Reports from health centres stands to benefit from improvements at that level with respect to record-keeping, forecasting and submission.

It should be noted that foreign funding for procurement of drugs, particularly for antiretroviral drugs, raises questions about long-term sustainability of drug provision for the country. Donor dependence in this, as in other areas, places the health and well-being of citizens in jeopardy.

The quality of the supply chain - storing, transporting and distributing drugs - is also critical. Government has focused much attention on strengthening the pharmaceutical supply chain and has improved the operations at the Materials Management Unit (MMU). The previous manual system was prone to inaccura-

“Government has focused much attention on strengthening the pharmaceutical supply chain...”

cies and provided limited visibility into inventory levels and product shelf-life, resulting in inefficiencies and product expiration. In 2007 a new warehouse management system was instituted at MMU, incorporating handheld and radio frequency technology in its operations. The benefits from the new system include a more efficient warehouse layout, better traceability and control of incoming products, enhanced inventory control and management, improved automated reporting and a clear audit trail for all transactions. Government is committed to improving the effectiveness of the management system, particularly at the regional level.

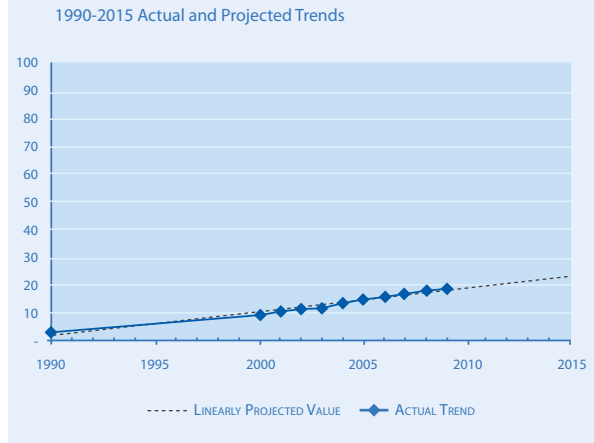
Storage of drugs has also been improved with state-of-the-art cold storage units available for use; however, transportation remains a problem given inadequate numbers of cold storage trucks for delivery and the limited infrastructure in outlying areas. At the end of the supply chain, the hospitals

and health centres will need to ensure adequate storage facilities for the drugs provided. A major challenge lies in the effective monitoring and evaluation of drug use at institutions, both by the health centres themselves as well as by monitoring done from the Ministry of Health.

Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

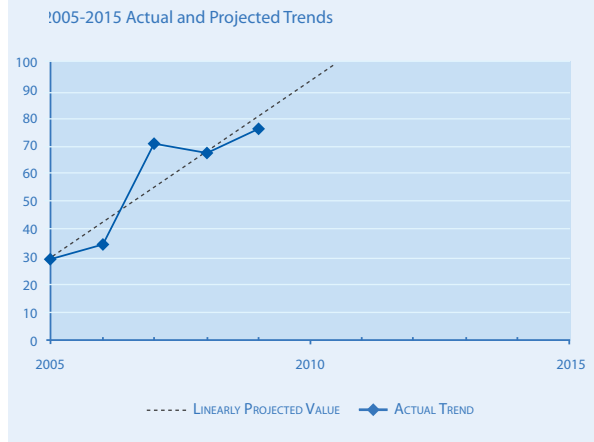
Performance Summary

Graph 8F.1
Telephone lines per 100 population



Source: Public Utilities Commission (PUC)

Graph 8F.2
Cellular subscribers per 100 population



Source: Public Utilities Commission (PUC)



The availability of new information and communication technologies can have a great impact on economic development through, for example, their facilitation of business and commerce, improved market and other information, enhanced opportunities for education and greater Government transparency.

Guyana has improved its performance in key indicators of an economy's information communication technology (ICT) sector. In 1990, an average of 3 per 100 population had a landline telephone service. This statistic improved to 19 per 100 population⁷⁶ in 2009, representing more than a 630 percent increase⁷⁷ in provision of landline telephone lines over the period (see Graph 8F.1). It should also be noted that this measure excludes the element of shared household access to a telephone line. Applying a household analysis of telephone access gives a different picture – an average of 86 percent of households had access to a landline telephone in 2009. While the annual rate of growth in the number of landlines has been approximately 4 percent, the cellular phone market has catapulted ahead with an average annual growth rate of 54.7 percent, asserting a subscriber presence of 76 per

⁷⁶ This is roughly on par with the global teledensity average of 17.8% in 2009 (ITU World Telecommunication/ICT Database in 'The World in 2009: ICT Facts and Figures', International Telecommunications Union 2009)

⁷⁷ In 1990, there were 20,000 landline subscriptions, and in 2009, there were 147,042 such subscriptions.

“..Government has been proactive in the liberalisation of the telecommunications sector.”

100 population in 2009⁷⁸ (see Graph 8F.2).

Government is committed to the expansion of the ICT sector in Guyana, realising the benefits it will bring to the economy and population if services are made available in an equitable and affordable manner. One area in which the Government has been proactive is in the liberalisation of the telecommunications sector. The provision of certain telephone services has been subject to a monopoly agreement since 1990 which came to an end in December 2010, with an option for renewal by the existing monopoly. There has been partial liberalisation of the sector thus far (the most notable development being the entry of a new mobile telephone provider which was responsible for the sharp spike in cellular phone subscriber ratios after this period (seen in Graph 8F.2) and this will continue with a view to eventually licensing and regulating persons to operate in all areas of telecommunications provision.

⁷⁸ In 2005, there were 227,865 cellular subscriptions, and in 2009, there were 601,533 such subscriptions.



Government, as well as the private sector, is also moving in the direction of providing increased internet capacity throughout the country. The major telecommunications company recently commissioned a new fibre-optic cable which is estimated to boost the current internet capacity of the country by approximately 3,000 times the current level. Government has cooperated with the private sector on this venture, and is currently working to set up its own fibre-optic cable.

This fibre-optic cable is being laid between Georgetown and Lethem and will be used to facilitate the purchase of bandwidth from neighbouring Brazil. The enhanced internet capacity which will be facilitated by the cable will be dedicated to the Government's pursuit of 'e-government', which entails the delivery of Government services and information to the public using electronic means. The benefits of e-government are increased speed, efficiency, transparency and accountability in both the performance of Government functions as well as the dissemination of information to the public.

Key Priorities

The key priorities for the provision of information and communication technology services in the country are:

Effective management of the sector

The telecommunications sector is currently governed by the Public Utilities Act 1999 and the Telecommunications Act 1990. A key Government priority is to address the dated nature of the legislation so as to ensure effective regulation and liberalisation of the sector.

A new Telecommunications Act will be tabled for enactment to replace the Telecommunications Act 1990. This is expected to establish the framework for fostering the growth and development and regulation of the national information infrastructure and will provide the main rules for activities in the sector. The Act will facilitate greater oversight of the sector, including authorisation and interconnection regulations. Also to be introduced is the E-Commerce Bill which will govern electronic transactions.

Generating enough capacity to serve Guyana's needs

A major constraint which has inhibited the growth of internet-based and dependent businesses and services in Guyana has been the limited bandwidth capacity available in the country. This situation has improved since the major telecommunications company launched a new fibre-optic cable which boosted capacity by approximately 3,000 times the former capability. This will also have implications on the cost of bandwidth, which was identified as a key constraint of Guyana's international competitiveness in the ICT industry.

Expanding access to ICT services

The logistical challenges faced in setting up the required infrastructure are considerable and account for the relatively slow penetration into outlying areas. The regional gaps in service provision have been narrowed by the increased usage of mobile telephones although coverage is not universal across the country.

Internet provision is currently available across the country, though it is limited in hinterland regions. The completion of the new fibre-optic cables is expected to facilitate wider coverage. Further, there is the planned establishment of a fibre-optic 'backbone' which will provide the necessary infrastructure to facilitate e-Government applications throughout the country's coast from Moleson Creek to Charity, with the possibility of onward extensions to remote locations in the future.

"ICT has the potential to be a major employment generator for the country."

Human Capacity Development

Concurrent with the investments into ICT infrastructure, human capacity needs to be developed so that people are empowered, through education and training, to take advantage of the new opportunities offered. ICT has the potential to be a major employment generator for the country. A number of call

centres are currently operating, and there are plans to expand this sector. Guyana's National Information, Communication and Technology Development Strategy 2006 (ICT4D Strategy) sets out a number of strategic actions to integrate ICT into the educa-

tion and training system. These include continuous ICT training for teachers at all levels and integrating ICT into curricula as well as promoting ICT-related courses and training sessions in communities.

DEVELOPING PARTNERSHIPS

National Working Group on Public-Private Partnerships and the MDGs

Guyana has benefited, since 2005, from the operation of the National Working Group (NWG) on Public-Private Partnerships and the MDGs. The NWG was a direct outcome of the first Caribbean Regional Initiative expressly geared at establishing a developmental partnership with the private sector in the pursuit of the Millennium Development Goals. Guyana responded to this call by supporting the spearheading of the NWG, which comprises representatives from the Government of Guyana, the private sector and civil society. It is noteworthy that Guyana's NWG is the only functioning body of its kind in the region.

It should be noted that in the NWG, the private sector names the Chairperson, the Government has one representative, and the remainder comprises civil society and business representatives. Noteworthy is that one of the private sector companies on the NWG, Denmor, received a UNDP regional award for furthering MDGs amongst its majority female employees.





MDGs:

Cross-cutting issues

Each chapter of this report identifies the goal-specific priorities associated with progress towards the MDG targets. It is imperative that one be cognisant of the atypical issues that confront the people in Guyana in order to appreciate the country's unique development context. These include: (1) the country's **geography**, (2) its **multiculturalism**, (3) **human resource constraints**, (4) **monitoring and evaluation** capabilities, (5) the bottom-line factor of the **costs** of meeting the MDGs, and (6) the implications of these factors for **innovative policy design and implementation**.

1. Geography

Guyana has a surface area of two hundred and fifteen thousand kilometres, with a landscape that ranges from a narrow, low-lying coastal belt approximately six feet below sea-level to heavily forested highlands comprising tropical woods and jungles, to hilly and clay regions, savannah lands in the south-west, and mountainous territory in the west reaching more than nine thousand feet above sea-level.

The country's vast and extremely diverse topography accommodates a relatively small population of approximately seven hundred and fifty thousand inhabitants. As such, Guyana has one of the lowest population densities in the world: about four persons for every square kilometre. Further, the country's inhabitants are not evenly located throughout the country. The bulk of the population resides along Guyana's narrow coastal strip, with small population pockets spread across the remainder of the country's highly variable topography.

“...limitations in accessing remote areas present a pervasive challenge in delivering public services throughout Guyana.”

Guyana's geographical make-up and settlement patterns, with its attendant challenges of infrastructure development, have a serious impact on service delivery. The heavily populated coastlands are protected by man-made concrete walls and earthen barriers which keep the ocean at bay and prevent floods. The cost of delivering infrastructure and services to people on the coast is therefore considerable given the

need for continual investment into maintaining and strengthening coastal defence as well as drainage and irrigation systems.

Beyond the more developed coastal regions exists a sparsely distributed population in areas with difficult terrain and weaker infrastructure of roads, water and energy supply. These limitations in accessing remote areas present a pervasive challenge in delivering public services throughout Guyana. The relative complexity and costs of reaching outlying sections of the population are enormous. The marginal cost of delivering services sharply increases the further one moves away from the capital city on the coast. For example, the difficulties associated with travel to and residences in remote rural areas are disincentives to the relocation of skilled personnel such as doctors and teachers. Incentive

“...multicultural nature of Guyanese society”

schemes which offer top-up payments for teachers in outlying areas, and housing, among other benefits, are currently used to compensate and motivate such service providers.

However, there are certain realities that cannot easily be redressed. For example, accessibility to specialists in every medical field in all areas of the country is not feasible and is unlikely to materialise in the short term. Optimum service delivery will therefore remain a challenge for some time but Guyana has been successful in mitigating the consequences, for example, through the utilisation of itinerant medical teams and innovative solutions using increased community involvement. This is illustrated in the health sector by malaria control programmes and, in the education sector, support to the school feeding initiative.⁷⁹

2. Multiculturalism

The diversity of Guyana’s landscape is matched by the diversity of its people. The population is constituted from the legacy of various ethnic groups which settled in Guyana over its history. It is known as the “land of six peoples” reflecting the heritage of settlement by Amerindians, Europeans (mainly Portuguese), Africans, Indians, Chinese and a growing mixed-race population. There are three major religious groupings in the country, Christianity, Hinduism and Islam. The combination of various ethnic and religious backgrounds presents unique challenges and opportunities for national efforts towards the achievement of the MDGs, and broader national development.

As a result of the multicultural nature of Guyanese society, it is necessary for country plans to be tailored to various groupings to ensure their impact. One example of this practice is the stratification of HIV/AIDS strategies which takes into consideration the religious and cultural backgrounds of the target population groups.

Another example of the importance of adapting plans to specific cultural sensibilities is the *food voucher programme* which was launched to improve the nutritional status of mothers and children. Under this programme, monthly coupons valued at G\$1,000 per child were redeemed for specified food items used to prepare a nutritious porridge for infants. Although the scheme had a positive impact on complementary feeding, it was found that Amerindian mothers would have preferred coupons which were redeemable for milk, barley powder, plantain flour and cornmeal, which are staples of the Amerindian diet. As a concrete response to this finding the Government has commissioned a study to understand complementary diets for Amerindian children in Regions 1, 7, 8 and 9, and is planning to launch a similar voucher programme aimed at the production of such foods in those regions.

⁷⁹ These are discussed in more detail under Goals 2 and 6.

3. Human capacity constraints

One fundamental asset every country needs to achieve the MDGs is the availability of skilled workers. In Guyana progress towards the MDGs has been hindered by capacity constraints which relate to both adequate numbers and skill levels in the health and education sectors. The analysis of health and

“...capacity constraints which relate to both adequate numbers and skill levels in the health and education sectors.”

education related goals points to overall shortages of trained medical staff and teachers, a problem which has been exacerbated by aggressive recruiting of such personnel by developed countries. The primary response in the sectors has been the training of greater numbers of medical staff and teachers, and this has been successful to some extent. However, expansion of and greater demands on health and education facilities and services have simultaneously occurred and therefore continue to put pressure on the personnel levels required. This demand is currently being addressed by a focused agenda to recruit, train and retain personnel for these sectors.

In response to the pull factors for human resources, Government has been innovative, designing and offering various non-financial incentive packages to skilled workers, particularly in remote areas. For example, teachers and doctors are entitled to a number of benefits, including duty-free allowances and options for professional advancement. The success of such initiatives can yield benefits of improved productivity, better health and education outcomes and increased recouping of Government investments into human resources.

4. Monitoring & Evaluation

Current and previous progress reports have been limited by data availability and quality. Lack of adequate data can result in analysis being sometimes based more on assumptions and/or approximations. Monitoring and evaluation systems across the Government have improved but are in need of further strengthening. Well-functioning, cost-effective monitoring and evaluation systems are

“Well-functioning, cost-effective monitoring and evaluation systems are critical to the successful design of policies and programmes, effective planning and evaluation of plans implemented.”

critical to the successful design of policies and programmes, effective planning and evaluation of plans implemented.

5. Financial gaps

Although this is not a challenge that only Guyana faces in its efforts to achieve the MDGs, the lack of adequate and predictable financing has been and still is an important constraint in meeting the MDGs, as the UN Secretary General Ban Ki-moon highlighted in the recent report on the MDGs. The flow of resources to developing countries, including Guyana, has simply not been sufficient to support the achievement of the MDGs. The historical commitment of developed nations to mobilise and provide official development assistance equal to 0.7 percent of their gross national product to developing countries has been met by only 5 countries. This broken promise seriously undermines Guyana's ability and efforts to meet the MDGs. The existing financial gap has been further exacerbated by the dwindling of concessional resources as a by-

“...the lack of adequate and predictable financing has been and still is an important constraint in meeting the MDGs,”

product of ongoing global uncertainty, and ODA budget cuts in the main donor capitals.

5. Innovation in Policy Design & Implementation

The design of effective policies and programmes is a critical element in the Government planning cycle. Given the country's specific cross-cutting issues identified thus far it is clear that policy and programme design has to be as flexible as it is rigorous and as innovative as it is practical. Examples from the health and education chapters demonstrate the challenges faced in achieving homogeneous and equitable service delivery across all regions in Guyana. Geographic and cultural factors in some cases can undermine achievement of MDG targets. However, these factors are increasingly taken into account in programme design and are highlighted in the relevant sections of the report.

Successful implementation of policies and programmes is dependent on comprehensive design, data and adequate supporting systems. Government has placed emphasis on strengthening such systems, but continues to face financial and human resource challenges in this regard. An important factor which has traditionally been overlooked in design and implementation of policies and programmes is the behaviour of actors who play a crucial implicit or explicit role in the success of the initiative.

For example, the Government has recognised the need for providing highly qualified teachers in an effort to improve educational outcomes. Training of teachers is conducted at a high cost to the Government, and teachers are deployed to schools,

with the implied expectation of teachers performing their duties. However, there is not a seamless link between provision of teachers to schools and actual teaching performed. As such, innovation in policy design and implementation are critical elements in ensuring that the desired outcomes are achieved.

“...policy and programme design has to be as flexible as it is rigorous and as innovative as it is practical.”

Annex 1: Official List of MDG Indicators

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below \$1 (PPP) per day ¹ 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below \$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

¹ For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO ² emissions, total, per capita and per \$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums ²
Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction – both nationally and internationally	<i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.</i> <u>Official development assistance (ODA)</u> 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing States as a proportion of their gross national incomes
Target 8.B: Address the special needs of the least developed countries Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	<u>Market access</u> 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity
Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)	<u>Debt sustainability</u> 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (<http://www.un.org/millennium/declaration/ares552e.htm>) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, <http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1>). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

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