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ERADICATE
EXTREME POVERTY
AND HUNGER

2

ACHIEVE UNIVERSAL
PRIMARY EDUCATION

3

PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN

4

REDUCE
CHILD MORTALITY

5

IMPROVE MATERNAL
HEALTH

6

COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES

7

ENSURE
ENVIRONMENTAL
SUSTAINABILITY

8

A GLOBAL
PARTNERSHIP FOR
DEVELOPMENT

Guyana

Millennium Development Goals
2007

This report summarises the progress that Guyana has made recently in implementing strategies and interventions towards the achievement of the Millennium Development Goals and follows the 2003 MDG Report for Guyana. The 2007 report was prepared by the Government of Guyana through a collaborative and iterative writing process, spearheaded by the Monitoring and Evaluation Unit within the Office of the President and involving technical officers from twelve government ministries and departments.

The Government acknowledges the contributions made by the donor community and civil society partners and also the critical support provided by the UNDP in facilitating the preparation and dissemination of the report.

All photos are provided courtesy of the Guyana Information Network Agency, with the exception of the photo on page 32 which was shared by UNDP and the front cover photo shared by Laura Gyte.

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National Flag of Guyana



Guyana: Coat of Arms



ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BEAMS	Basic Education Access & Management Systems
BNTF	Basic Needs Trust Fund
BPRS	Budget Preparation and Reporting Systems
BWIs	Bretton Woods Institutions
CDB	Caribbean Development Bank
CH&PA	Central Housing & Planning Authority
CSEC	Caribbean Secondary Education Certificate
DAC	Development Assistance Committee
ECE	Early Childhood Education
EFA-FTI	Education For All – Fast Track Initiative
EU	European Union
GBET	Guyana Basic Education Teacher Training Programme
GEAP	Guyana Education Access Project
GNI	Gross National Income
GWI	Guyana Water Incorporated
HIES	Household Income and Expenditure Survey
HIPC	Heavily Indebted Poor Country Initiative
HIV	Human Immuno Deficiency Virus
IFAD	International Fund for Agricultural Development
IDA	International Development Association
IDB	Inter-American Development Bank
IDCE	Institute of Distance & Continuing Education
LIS	Low Income Settlement
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MDRI	Multilateral Debt Relief Initiative
MICS	Multiple Indicators Cluster Survey
NARI	National Agricultural Research Institution
NDC	Neighbourhood Democratic Council
NDIB	National Drainage & Irrigation Board
NDS	National Development Strategy
NGMC	New Guyana Marketing Corporation
NHP	National Health Plan
NPV	Net Present Value
OB/SPS	Office of the Budget/State Planning Secretariat
OECD	Organisation for Economic Cooperation and Development
ODA	Official Development Assistance
PEMs	Public Expenditure Management Systems
PEPFAR	President's Emergency Fund for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
RDC	Regional Democratic Council
SWAPs	Sector Wide Approaches
SIMAP	Social Impact Amelioration Programme
STI	Sexually Transmitted Infections
UDP	Urban Development Programme

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FOREWORD



Guyana was one of 147 countries which in 2000, signed on to the Millennium Declaration, adopted by the UN General Assembly in that year. This Declaration affirmed the commitment of the signatories to peace and security, development and poverty eradication, human rights, the environment, democracy and governance. The countries resolved to measure progress in the area of development through eight Millennium Development Goals. Countries also committed to good governance, at the national and international levels, and to working to create an environment conducive to the elimination of poverty. The Declaration was re-affirmed in the World Summit of 2005 by the UN General Assembly.

Over the past five years, with the help of its development partners, the Government of Guyana has made significant strides in meeting its commitments to its citizens and the international community. A wide range of constitutional, regulatory and institutional reforms were implemented as a package of second generation reforms that specifically targeted strengthening governance and creating more responsive institutions. These reforms served to undergird the economic progress made in the last half of the 1990s and prepared the stage for economic progress in the new millennium. Despite these demonstrated efforts, recent reforms have not translated into growth. Unfavorable external developments in Guyana's export markets, two flood disasters during 2005 and 2006, internal political instability and a protracted and destabilizing crime wave all contributed to depressing the economy, slowing the pace of policy implementation and dampening the effectiveness of the reforms. These factors are reflected in this report on Guyana's progress towards achievement of the Millennium Development Goals.

Although beset by these formidable challenges, Guyana was able to maintain steady progress towards most of the Goals over the years, though the pace of progress may be insufficient to achieve some of the targets for 2015. In comparison to the 2003 Report, Guyana advanced significantly in its efforts to eradicate extreme hunger, combat HIV/Aids and achieve environmental sustainability. The lesson has been that targeted interventions are meeting their objectives but their effectiveness could be more in an environment of economic progress and civil stability, which allows the expectations and dreams of the people to be satisfied.

As this MDG Report goes to print, Guyana has embarked on the preparation of its second full Poverty Reduction Strategy Paper, its blueprint for achieving poverty eradication. The new Strategy will pick up where the MDG Report left off, identifying policy and program interventions to address the challenges raised and thereby accelerate the pace at which progress is made towards achieving the Goals by 2015. The process of preparation of the Poverty Reduction Strategy also fulfills the commitment to the UN, to enhance the contribution of the non-government actors, civil society and other partners in Guyana's development.

It is in a spirit of hope and optimism that the Government of Guyana presents this second MDG report to facilitate a national dialogue on Guyana's development agenda towards the prosperity of its people.

A handwritten signature in dark ink, which appears to read "S R Insanally". The signature is written in a cursive, flowing style.

*S R Insanally OR CCH MP
Minister of Foreign Affairs*

Table I – Millennium Development Goals, Targets and Indicators

Millennium Development Goals (MDGs)	
Goals and Targets	Indicators
Goal 1: Eradicate extreme poverty and hunger	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	<ol style="list-style-type: none"> 1. Proportion of population below \$1 per day (PPP-values) 2. Poverty gap ratio (incidence x depth of poverty) 3. Share of poorest quintile in national consumption
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	<ol style="list-style-type: none"> 4. Prevalence of underweight children (under-five years of age) 5. Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	<ol style="list-style-type: none"> 6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15-24 year olds
Goal 3: Promote gender equality and empower women	
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	<ol style="list-style-type: none"> 9. Ratio of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males - 15-24 year olds 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	<ol style="list-style-type: none"> 13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year old children immunised against measles
Goal 5: Improve maternal health	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	<ol style="list-style-type: none"> 16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 7: Halt by 2015, and begin to reverse, the spread of HIV/AIDS	<ol style="list-style-type: none"> 18. HIV prevalence among 15-24 year old pregnant women 19. Contraceptive prevalence rate 20. Number of children orphaned by HIV/AIDS
Target 8: Halt by 2015, and begin to reverse, the incidence of malaria and other major diseases	<ol style="list-style-type: none"> 21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)
Goal 7: Ensure environmental sustainability	
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	<ol style="list-style-type: none"> 25. Proportion of land area covered by forest 26. Land area protected to maintain biological diversity 27. GDP per unit of energy use (as proxy for energy efficiency) 28. Carbon dioxide emissions (per capita)(Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases)

Millennium Development Goals (MDGs)	
Goals and Targets	Indicators
<p>Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water</p>	<p>29. Proportion of population with sustainable access to an improved water source</p>
<p>Target 11: Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>30. Proportion of people with access to improved sanitation 31. Proportion of people with access to secure tenure (Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers)</p>
<p>Goal 8: Develop a Global Partnership for Development*</p>	
<p>Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p> <p>Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally</p>	<p><i>Some of the indicators listed below will be monitored separately for the Least Developed Countries (LDCs), Africa, landlocked countries and small island developing states.</i></p> <p>Official Development Assistance</p>
<p>Target 13: Address the Special Needs of the Least Developed Countries</p> <p>Includes: tariff and quota free access for LDC exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p>	<p>32. Net ODA as percentage of DAC donors' GNI [targets of 0.7% in total and 0.15% for LDCs] 33. Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 34. Proportion of ODA that is untied 35. Proportion of ODA for environment in small island developing states 36. Proportion of ODA for transport sector in land-locked countries</p>
<p>Target 14: Address the Special Needs of landlocked countries and small island developing states</p> <p>(through Barbados Programme and 22nd General Assembly provisions)</p>	<p>Market Access</p> <p>37. Proportion of exports (by value and excluding arms) admitted free of duties and quotas 38. Average tariffs and quotas on agricultural products and textiles and clothing 39. Domestic and export agricultural subsidies in OECD countries 40. Proportion of ODA provided to help build trade capacity</p>
<p>Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>Debt Sustainability</p> <p>41. Proportion of official bilateral HIPC debt cancelled 42. Debt service as a percentage of exports of goods and services 43. Proportion of ODA provided as debt relief 44. Number of countries reaching HIPC decision and completion points</p>
<p>Target 16: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth</p>	<p>45. Unemployment rate of 15-24 year olds</p>
<p>Target 17: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries</p>	<p>46. Proportion of population with access to affordable essential drugs on a sustainable basis</p>
<p>Target 18: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>47. Telephone lines per 1000 people 48. Personal computers per 1000 people</p>

EXECUTIVE SUMMARY

This 2007 Millennium Development Goals (MDG) Report is the second¹ to trace Guyana's progress towards achieving the MDGs as set down during the United Nations Millennium Summit in September 2000, to be implemented by 2015. The attainment of Guyana's MDGs is anchored in its Poverty Reduction Strategy (PRS): Guyana's Poverty Reduction Strategy Paper (PRSP), produced in 2001, outlines a comprehensive strategy to put Guyana on track to meet the MDGs.²

The primary objective of this report is to assess where Guyana stands in terms of achieving the eleven targets which come under the first seven MDGs.³ There is a list of indicators by which progress towards each target is measured⁴ according to baseline and most recent data as appropriate and available. Some of the indicators are the same as the global indicators, whilst others have been altered to suit local conditions. Ongoing initiatives towards achieving each target/goal and key issues are also discussed. The following summarises chapters 1-7, referring to each specific goal in turn:

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 1: Halve the proportion of people whose income is less than \$1/day

- Results from three indicators show a marked improvement from 1993-1999.

Target 2: Halve the proportion of people who suffer from hunger

- Results from one indicator show a marked improvement from 1995-2005.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 3: Ensure all children are able to complete a full course of primary schooling

- Results from five indicators show, on the whole, a slight improvement from 1996-2001/03.

N.B. Baseline data for some indicators is too recent to be of much value.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 4: Eliminate gender disparity in all levels of education

- Results are from three indicators: the first two show a very slight decline in the numbers of women enrolled in secondary and tertiary education from 1996-2003 and in waged employment from 1992-2001.
- The third indicator shows a large improvement in the number of seats held by women in the National Parliament from 1992-2006.

GOAL 4: REDUCE CHILD MORTALITY

Target 5: Reduce by two-thirds the under-five mortality rate

- Results are from three indicators: two show such different results (from two different sources), it is impossible to draw any valuable conclusions.⁵
- Results from the third indicator reveal a marked improvement - almost 100% of infants are receiving the MMR vaccination (against mumps, measles and rubella).

¹ The first Guyana MDG Report was issued in 2003.

² Refer to chapter on 'Challenges and Opportunities to achieve the MDGs' for more information.

³ Please note that there are a total of 8 goals and 18 targets in the official global MDG list.

⁴ Refer to the table I for the complete list of goals, targets and indicators.

⁵ It is expected that these discrepancies will be reconciled with the new Multiple Indicators Cluster Survey.

GOAL 5: IMPROVE MATERNAL HEALTH

Target 6: Reduce by three-quarters the maternal mortality ratio

- Results from two indicators show an improvement in the maternal mortality ratio from 1991-2006 and the number of skilled personnel attending births from 2000-2006.

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

Target 7: Halt and begin to reverse the spread of HIV/AIDS

- Results from two indicators provide no valuable conclusions due to a lack of baseline and recently available data.

NB. Additional relevant data shows a marked increase in the number of HIV/AIDS cases recorded in Guyana from 1987-2004.

Target 8a: Halt and begin to reverse the incidence of malaria

- Results from one indicator show a marked increase in the number of cases from 2000-2005.

Target 8b: Halt and begin to reverse the incidence of tuberculosis

- Results from two indicators: one shows a slight improvement concerning the mortality rate, the other shows a marked improvement in the number of cases detected and cured.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 9: Integrate principles of sustainable development into country policies & programmes and reverse the loss of environmental resources

- Results from four indicators: two have insufficient data to provide valuable results, the other two show a slight increase in fuel imports and CO₂ emitted.

Target 10: Halve proportion of people without sustainable access to safe water

- Results from one indicator show a marked improvement.

Target 11: Achieve significant improvement in lives of 100 million slum dwellers

- Results from two indicators: one shows a marked improvement in regards to sanitation, the other a slight decline in numbers with secure tenure.
- NB. Although targets for Goal 8 are not assessed there is a discussion of some relevant indicators.

OPPORTUNITIES AND CHALLENGES TO ACHIEVE THE MDGS

Benefits already achieved in the process of achieving MDGs:

- Less of the population suffering from hunger,
- Increased access to social services and benefits,
- A higher number of enrolments in primary schools and
- A general improvement in the status of women.

The following priority points should be remembered when contemplating the results of this MDG Guyana report:

- **The fundamental cross-cutting challenge in achieving economic progress** – economic growth has stagnated since 2000. With its widespread effect on household income, revenue generation and expenditure outlay, the economic decline slows achievements across all sectors.
- **The weakness of data systems and the nascent culture of M&E in Guyana** – as discussed throughout the report, there are a number of surveys underway⁶ from which results will be captured in the new PRSP in 2007.
- **The ongoing initiatives associated with each goal** – many have been fairly recently introduced, so some results will not yet be evident.

- Mainstreaming gender issues and
- Developing a National Strategy for achieving the MDGs in Guyana.

Guyana indeed faces daunting challenges to sustain progress made and reverse the off-track targets in order to meet all the MDGs by 2015. However, the Government of Guyana is benefiting from significant external support to implement new programmes and expand old ones to address these constraints and promote economic development in the near future. Some challenges are of a long-term nature and reliant on many external factors. Others, such as bettering the Monitoring and Evaluation (M&E) Unit, should occur in the shorter term. With better data availability and an improved M&E unit, ongoing and new initiatives will be more easily and accurately assessed in the near future.

CONCLUSIONS

Challenges to be faced to achieve MDGs are summarised as follows:

- Addressing impediments to economic growth,
- Addressing capacity building needs,
- Optimising the resource envelope,
- Improving monitoring and evaluation methods,
- Dealing with crime, security and exogenous shocks,

On the whole, Guyana has made reasonable progress towards achieving its MDGs. While the Goals that are on track are unchanged from the assessment in Guyana's MDG Report of 2003, improvements in specific targets have strengthened the likelihood that they will be achieved. The following summarises the likelihood of the MDG goals/targets being achieved by 2015:⁷

Goals	Targets	Likelihood of Achievement by 2015
Goal 1	Target 1: Eradicate Extreme Poverty	Potentially
Goal 1	Target 2: Eradicate Extreme Hunger	Probably
Goal 2	Universal Primary Education	Probably
Goal 3	Promoting gender Equality and Empowerment of Women	Probably
Goal 4	Reducing Child Mortality	Unlikely
Goal 5	Improving Maternal Health	Unlikely
Goal 6	Target 1: Combating HIV/AIDS	Potentially
Goal 6	Target 2: Combating Malaria and other major diseases	Unlikely
Goal 7	Ensuring Environmental Sustainability	Probably
Goal 8	Not assessed	

⁶ A Household Income and Expenditure Survey (HIES) was initiated in 2005, which will provide an update against the baseline HIES conducted in 1999. The new Multiple Indicator Cluster Survey (MICS) will also provide an update on the welfare of children and women that can be evaluated against the baseline MICS from 2000.

⁷ Refer also to Appendix 1: Guyana MDGs - Status at a Glance and Appendix 2: Current Capacity for Monitoring and Reporting MDG-progress

INTRODUCTION

“The Millennium Development Goals were adopted five years ago by all the world’s Governments as a blueprint for building a better world in the 21st century.”

Kofi Annan, 2005

This 2007 Millennium Development Goals (MDG) report is the second⁸ to trace Guyana’s progress towards achieving the MDGs as set down during the United Nations Millennium Summit in September 2000, to be implemented by 2015. The MDGs are drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations and signed by 147 heads of state and governments during the **UN Millennium Summit**.⁹

Notwithstanding the severity of the challenges posed by the MDGs, the Government of Guyana continues to press towards their achievement through the implementation of reforms and measures to sustain the stability of the macroeconomic framework, strengthen its institutional and regulatory systems and improve governance. The attainment of Guyana’s MDGs is anchored in its Poverty Reduction Strategy (PRS). Guyana’s Poverty Reduction Strategy Paper (PRSP), produced in 2001, outlines a comprehensive strategy to put Guyana on track to meet the MDGs.¹⁰ The PRSP was approved by the Joint Boards of the International Monetary Fund and the IDA and has as its main pillars:

- Broad-based job-generating economic growth;
- Environmental protection;
- Stronger institutions and better governance;
- Investment in human capital, with emphasis on basic education and primary health;

- Investment in physical capital, with emphasis on better and broader provision of safe water and sanitation services, farm-to-market roads, drainage and irrigation systems, and housing;
- Improved safety nets; and
- Special intervention programs to address regional pockets of poverty.

The implementation of the PRS (to help attain the MDGs) has already helped propel Guyana forward in the development arena. Since 1997 the Government has steadily increased social sector spending (from 15.2% of GDP in 1997 to 22% of GDP in 2005¹¹) and directed debt relief into the key areas of education, health, water, sanitation and housing. Increased allocations have facilitated the expansion of education and healthcare facilities and increased quantities of education materials and essential drugs. The Guyanese population is currently reaping the benefits of significantly improved access to social services.

The challenges facing Guyana in its quest to fulfil its MDGs are, however, significant. At the macro level, economic growth has stagnated over the past five years. Guyana faces formidable trials as a small, open developing economy both in the external context as well as domestically. Over the past ten years, commodity exports have accounted for around 27% of GDP in Guyana (77% of total exports),¹² exposing the economy to fluctuating commodity prices and the effects of eroding preferential arrangements for key exports. A new National Competitiveness Strategy

⁸ The first Guyana MDG Report was issued in 2003.

⁹ <http://www.undp.org/mdg/basics.shtml>

¹⁰ Refer to chapter ‘Challenges and Opportunities to achieve MDGs’ for more information on the PRSP.

¹¹ See Appendix 4 for Table on social spending.

¹² IMF, Ex Post Assessment Report for Guyana, 2006.

was launched in 2006 to promote business development. Such initiatives are being pursued within supportive environments that are qualified in this MDG Report as 'weak to improving' to 'strong'.

Natural disasters pose a constant threat to livelihoods, as evidenced by the devastating effects of the floods in 2005/06. The political and civil climate has often-times created instability and uncertainties that are a disincentive for capital investments. Recent spikes in crime and insecurity have also contributed to the migration of critical entrepreneurial and professional skills.

An additional difficulty to overcome is the lack of available data to correctly monitor progress towards the MDGs. This deficit has placed certain limitations on this report but significant progress is being made towards strengthening the monitoring and evaluation (M&E) system to improve data collection methods and thereby ensure a more effective assessment process in the future. This Report reflects a consolidation of recent efforts and highlights the challenges to be faced and overcome in the short-term and longer-term for Guyana to meet its development objectives for 2015 and beyond.

The following eight chapters address each of the eight MDGs in turn. The eleven targets, spanning Goals one through seven are measured with reference to available baseline and most recent data as applicable to the indicators. In each case the indicators are used to assess Guyana's achievements and/or shortcomings towards meeting the targets. The chapters then proceed to review the ongoing initiatives being implemented to ensure the achievement of the

targets. Chapter eight follows a somewhat different format as there is no effective system in place to track the relevant indicators to the targets. The chapter follows the headings given to the groups of indicators as shown in the MDG table I. The subsequent section on 'Challenges and Opportunities' points to critical obstacles Guyana needs to overcome to achieve the MDGs, and highlights recommendations and/or initiatives in place to address them. The final chapter presents the conclusions of the report.

A Note on Methodology

The consolidated efforts of multiple collaborators have combined to produce this report - assessing the progress Guyana has already made and highlighting the challenges to be overcome to enable Guyana to meet its (MDGs) for 2015 and beyond. This MDG report was prepared through three rounds of writing, under the leadership of the Monitoring and Evaluation Unit of the PRSP. The Unit prepared a first draft and a group of technical writers representing the relevant ministries and agencies, (identified in Appendix 3) worked to edit and produce the second draft and also agree on the qualitative assessment given to the goals and their supportive environments in Appendices 1 and 2. The technical writers verified the data gathered and updated the indicators, where possible. The Report also benefited from a quality review facilitated by UNDP. The second draft was then shared with the donor community and other collaborators in the sector ministries and civil society. Comments received were reviewed and incorporated accordingly by the M&E Unit to finalise the Report.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Overview

This first MDG comprises two targets aimed at halving poverty and hunger in Guyana. These targets are measured by four indicators as shown in the table below. Results from the Household Income and Expenditure Survey (HIES), currently underway, will help clarify issues requiring focus to achieve Target 1.

Table 1.1 – Targets 1 & 2

MDG INDICATORS	LOCALISED INDICATORS	BASELINE	LATEST AVAILABLE
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day			
1. Proportion of population living below US\$1 per day (PPP values)	Percentage of population below the national poverty line	43% (1993)	35% (1999)
2. Poverty Gap Ratio (incidence x depth of poverty)		16.2 (1993)	12.4 (1999)
3. Share of poorest quintile in national consumption	Percentage of population living in extreme poverty	29% (1993)	19% (1999)
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger			
4. Prevalence of underweight children under 5 years of age	Percentage of under 5 population with moderate to mild malnutrition	20.6%(1995)	7.0% (2005)
	Percentage of under 5 population with severe malnutrition	1.1% (1995)	0.6% (2005)
5. Proportion of population below minimum level of dietary energy consumption		n/a	n/a

Source: Bureau of Statistics and Ministry of Health.

Guyana defined the national poverty line in 1999 as the line below which persons are unable to meet both their food and non-food needs¹³ (since 1999, no poverty survey has been conducted). Persons living in extreme or critical poverty are those who cannot even afford sufficient food.

Target 1: Halve Poverty

Substantial progress was made in Guyana towards reducing poverty from 1993 to 1999. Absolute poverty

of the population, as measured by the expenditure approach,¹⁴ declined from 43% to 35% and the poverty gap, measuring the depth of poverty, diminished from 16.2% to 12.4%. This reduction closely correlates with the growth of the economy over the same period, at an annual average of 5%.¹⁵ Since 2000, however, the economy has stagnated and, although no recent poverty survey has been conducted, the growth-poverty relationship suggests that poverty has worsened.

¹³ Quantified as G\$ 7,639.00 per person per month or US\$1.50 per day using the nominal exchange rate or US\$2.50 per day based on the real effective exchange rate in 1999.

¹⁴ Guyana utilised the headcount methodology to measure poverty through a Household Income and Expenditure Survey in 1993 and then a Living Conditions Survey in 1999. These methodologies establish the poverty line as the expenditure required for a basket of basic food and non-food items. The numbers of persons who fall below this income level are thus identified as poor.

¹⁵ See Appendix 4 for Macro-economic & Financial Indicators table.

The devastating floods Guyana suffered in December 2005 - January 2006 adversely affected many livelihoods. Small business owners and subsistence farmers suffered particularly. A Household Income and Expenditure Survey (HIES) is currently underway: the report, expected in the first half of 2007, will provide the Government with information to make informed pronouncements on the current state of poverty and decide what measures need to be taken.

Target 2: Eradicate Hunger

Guyana is very well placed to target the eradication of hunger. According to recently available data (from 2005) there is a clear decline in the number of children under five suffering from malnutrition. In fact, when compared to the baseline data from 1995, Guyana has already met the target of halving the proportion of the population suffering from hunger.

Among the key reasons for malnutrition and the incidence of underweight cases are:

- (i) A poor economic situation at household level and
- (ii) Poor nutritional decisions and unbalanced dietary content.

While the economic situation at household level is yet to be ascertained, (awaiting the results from the HIES currently underway), the Government was able to make significant inroads in the fight against hunger through programmes directed at the nutrition of expectant mothers and children.

Ongoing Initiatives towards halving Poverty

Key initiatives being taken to improve the economic growth and reduce poverty are:

- (i) Improving the business environment to attract investments and
- (ii) Prioritising investments in the social and economic infrastructure.

Towards improving the business environment and attracting investment the Government has enacted an Investment Code, passed a Small Business Law Act and reformed the Guyana Land and Survey Department. In addition, land titling has improved considerably: clearing goods at the ports of entry does not take more than 3 working days. Initiating a business still takes 46 days, but this is faster than a number of regional partners.¹⁶ Guyana is also currently implementing a comprehensive reform of its tax system to make it more transparent and less cumbersome. A commercial court to expeditiously resolve business conflicts was established in July 2006. Furthermore, over G\$1.5 billion (US\$7.5 million) has been allocated to skill retraining in the labour force, to make Guyana more competitive in the ever-changing global markets.

The Government continues to implement prudent fiscal and monetary policies that have reduced inflation to single digits and stabilised the exchange rate.¹⁷ The Government is working with key stakeholders to ensure a more stable political framework: improving inclusive governance and reducing the spate of politically related violent crimes.

The Government's Investment Guide for 2006, 'Doing Business in Guyana', additionally identifies the following priorities:

- Improvements in the transport infrastructure,
- Enhancing the role of the Information and Communication Technology (ICT) and
- The implementation of the recently prepared National Competitiveness Strategy (NCS).

In response to the unprecedented floods of 2005/2006, the Government is establishing a Drainage Master Plan to reduce the economic and social impact of future disasters. New standards have been introduced in the road and housing construction sectors to protect infrastructure.

¹⁶ Doing Business in Guyana, 2006.

¹⁷ See Macro-economic Tables in Appendix 4.

Investments in health, education, housing, water, sanitation and poverty programmes have increased from a baseline of 15.2% in 1997 to 20.8% of GDP in 2001 and 22% in 2005. These increased allocations have improved access to basic social services over that period, although challenges remain in the hinterland regions.

Ongoing Initiatives towards halving Hunger

To combat hunger, the government is targeting schools and health clinics. There are two main school feeding initiatives to address short-term hunger and improve the performance in the class room:

- The Ministry of Education's 'Milk and Biscuit' programme (managed by the Ministry since 1997) and
- The programme of 'Hot Meals' for hinterland regions facilitated by the World Bank funded EFA-FTI.

While these programmes have undoubtedly benefited schools in hinterland and depressed communities, they face a number of financial, technical and logistical challenges inhibiting their coverage and sustainability.¹⁶ The IDB funded Basic Nutrition Programme is also targeting school nutrition and, in particular, the reduction of anaemia.

Implementation of the economic measures and policy initiatives above is expected to reinvigorate the economy. Sustained growth of 3.5% over the medium-term (2006–2011), is anticipated, thereby promoting the achievement of Goal 1. Nonetheless, the Government will soon develop a new Poverty Reduction Strategy (PRS) to cover the period 2007–2011. Strategies and interventions will then be developed with the PRS in mind to more specifically address the issues and constraints that may be found to hinder Guyana's achievement of the goals. The revised strategy will incorporate a full poverty diagnosis and evaluation of the impact of the PRS of 2001–2006 and a policy framework to serve as the basis for developing interventions over the medium-term.



¹⁶ Report of a Study on the School Feeding in Guyana, July 2005.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Overview

This second MDG goal is focussed on the one target of achieving universal primary education in Guyana by the year 2015. This target is measured by five indicators as shown in the table below:

Table 2.1 – Target 3

MDG INDICATORS	LOCALISED INDICATORS	BASELINE	LATEST AVAILABLE
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling			
6. Net enrolment ratio in primary education	Net Enrolment Rate:		
	Boys		95% (2002)
	Girls		93% (2002)
	Gross primary school enrolment	107% (2001)	100% (2003)
7. Proportion of pupils starting grade 1 who reach grade 5	Percentage of primary school entrants reaching Grade 5	83.5% (2001)	87% (2003)
	Drop-out rate (primary)	2% (1996)	4% (2002)
	Student/teacher ratio (primary), Student/trained teacher (primary)	30:1 (1996) 56:1 (1996)	27:1 (2003) 50:1 (2004)
	Percentage of trained teachers in primary schools.	53% (1996)	57% (2004)
8. Literacy rate of 15-24 year olds		n/a	n/a

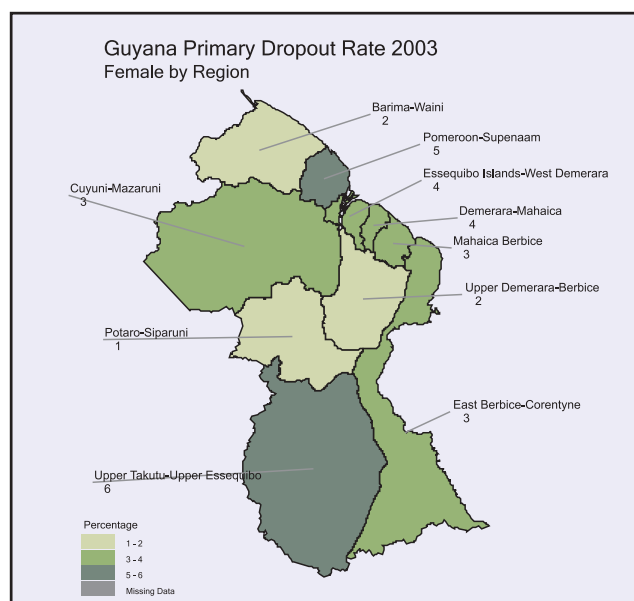
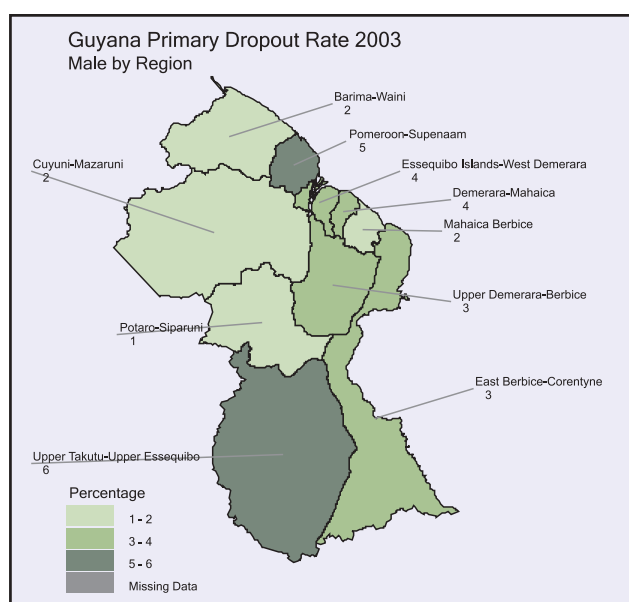
Source: Ministry of Education Planning Unit; Digest of Educational Statistics of Guyana, 1995/1996 & 2002/2003.

Target 3: Universal Primary Completion

Guyana is well on track to meet the target for this MDG. The net primary enrolment rate was 94% at the time of the 2002 Census when detailed population data was available. Rates of children repeating classes declined from 4% in 1996 to 1% in 2002, reflecting changes in the curriculum, targeted programmes for needy children and stronger parent-teacher associations. The proportion of students reaching Grade 5 increased by 4.2 percentage points between 2001 and 2003, while drop out rates increased slightly to 4% from 2% in 1996.

The ratio of students to teachers has improved since 1996, with a more pronounced improvement for students to trained teachers. As the population has not dramatically altered recently, this suggests a decline in class sizes. There are also more trained teachers in primary schools thanks to Government efforts to deliver a better quality education. While the national summary indicators for children repeating classes and drop-outs are similar for girls and boys, some disparities show up between the genders in the interior regions. Map 2.1 showing primary drop-out rates illustrates this disparity.

Map 2.1 Primary Dropout Rates By Region and Gender, 2003



Ongoing Initiatives towards achieving Universal Primary Completion

With the attainment of universal primary education, the focus of the Government is to sustain the record in primary education and ensure universal secondary education by 2009. Already, access to secondary education increased from 54.5% in 1991 to 65% in 2002.

The Ministry of Education's Strategic Plan covers the period 2003-2007 and identifies the following key priorities:

- (i) Improving the quality of education delivered, especially in literacy and numerical skills and
- (ii) Improving equity in the education sector by giving special attention to students previously unreachable, those without access to quality secondary education, and those in remote hinterland and riverain areas.

The MDG 2003 report recommended prioritising curriculum development, the training and motivation of teachers and improvements to physical facilities. These activities are mainly being supported by the BEAMS project and the Education for All - Fast Track Initiative (EFA-FTI).

At the primary level, the following initiatives from the Ministry's Strategic Plan were recently implemented:

- a) The development of literacy and numerical standards for nursery to Grade 2 primary,
- b) The development of a new methodology to improve the teaching of reading poised for national adoption by September 2006,
- c) The free distribution of textbooks and
- d) The launch of a new programme for special needs children.

Special training programmes will continue during the period 2005-2007 to orientate teachers in Early Childhood Education (ECE) and inform them of changes to the curriculum. The Ministry is also actively promoting the importance of the ECE especially to economically depressed areas.

The Government is targeting the hinterland regions, where poverty presents serious challenges to education, with special programmes: aimed, in part, at bringing 40% of all hinterland schools up to the national standard by 2007. In particular, the Government is:

- (i) Providing school uniforms for needy children,
- (ii) Building and renovating the education infrastructure and
- (iii) Implementing the EFA-FTI including: lunch programmes for students and providing incentives and training for teachers in hinterland regions to bring the trained teacher population up to 50% by 2010.

In pursuit of universal secondary education, the Government is:

- (i) Providing and/or subsidising textbooks and examination fees for the Caribbean Secondary Education Certification (CSEC),
- (ii) Expanding teacher training programmes,
- (iii) Providing scholarships to disadvantaged students especially those from hinterland communities,
- (iv) Increasing the level of commitment of students, parents and communities through more robust Parent Teacher Associations and
- (v) Focusing education spending on materials and supplies and the rehabilitation and extension of secondary schools to reduce overcrowding and increase enrolment and access.¹⁹

Although adult literacy data is unavailable, the problem is receiving national attention. A number of tertiary institutions now provide remedial classes in English and Mathematics, as well as a module on Entrepreneurship.



¹⁹ Spending in the education sector now represents more than 38% of total social spending in 2005, compared with 26% in 1997.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Overview

Promoting gender equality and the empowerment of women has been an important goal of the United Nations and is a concern shared by Guyana, especially since the Beijing Conference on women in 1995. The main target of this third MDG is the elimination of gender disparity in primary and secondary level education by 2005 and at all levels of education by 2015. Three indicators measure this target as shown in the table below.

Table 3.1 – Target 4

MDG INDICATORS	BASELINE	LATEST AVAILABLE
Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015		
9. Ratio of girls to boys in primary (P), secondary (S) and tertiary (T) education ²⁰	P: 0.96 (1996) S: 1.06 (1996) T: 1.22 (1996)	0.96 (2003) 1.02 (2003) 1.03 (2003)
10. Ratio of literate females to males of 15 – 24 year olds	n/a	n/a
11. Share of women in wage employment in the non-agricultural sector	38% (1992)	35% (2002)
12. Proportion of seats held by women in national parliament	18.5% (1992)	29% (2006)

Source: Education Digest of Guyana 1995/1996 & 2002/2003; Bureau of Statistics, Census Reports.

Target 4: Eliminate Gender Disparity in Education

According to indicator 9, the ratio of girls to boys in primary, secondary and tertiary education is close to equal in Guyana. However, the decline in the ratio from 1996 to 2003 for secondary and tertiary education suggests that there has been a decline in the representation of females at higher education levels. This may have implications for Indicator 10, although the gender equality represented at the primary and secondary levels can also weigh in favour of equivalent literacy levels across the genders. Data is, however, not available to verify this.

Indicators 11 and 12 go beyond education to track whether the gender balance has translated into equal opportunities in economic, social and political life for women. While the share of women earning a wage in the non-agricultural sector declined over the two census years, 1992 and 2002, there is now a stronger presence of women in key political positions.

Women in Economic Life

In recent years the increasing number of economically active women has contributed to a small rise in the total working population from 65% to 67%. Nevertheless, based on the Census of 2002, 66% of working aged women were classified as 'not engaged in any type of economic activity' as compared to 22% of working age males.²¹ Although males comprised a little more than half of the total population, they accounted for 49.7% of the working age population. Of that percentage only 5% performed home duties compared with females of working age, of whom more than 50% assumed home duties. Many women at home tend to engage in home production (dress making, raising poultry etc) which makes a significant contribution to household income. Remittances also play a crucial role particularly for women in household expenditure and labour market participation and unemployment, through the financing of micro-enterprise.

²⁰ Referring to enrolment at post secondary public institutions, including the University of Guyana.

²¹ As noted in the Census Report, this percentage may be misleading since many women who reported doing "home duties" were usually involved in some small activity, or tended a kitchen garden to supplement family income.

The rate of unemployment, unchanged since 1991, is also greater among females (15%) than males (10%). Many economically active females are employed in occupations where wages are relatively low.²² In terms of occupational classifications, women tend to be predominantly in community services, government work, commerce and manufacturing. However, it is important to note that there is an increasing number of women who fall within the “unwaged category” but are engaged in home based economic ventures such as hairdressing, catering and producing home made sweets, condiments, preserves and so on. These women’s economic contribution is not always captured in surveys. Some of the activities in which they are involved have benefited from small credit schemes and training provided by various institutions.

Considering the data above, it is interesting to note an emerging trend in Guyana whereby women are increasingly acceding to top executive management positions such as Directors of Banks and Corporations.

Women in Politics and Public life

It is noteworthy that Guyana was the first country in the Caribbean to elect a female president who served from 1998 to 1999. Through constitutional reform and the electoral system the number of women in Parliament has increased from 12 (18.5%) in 2000 to 20 (31%) after the 2001 elections and remained at 20 (29%) following the 2006 elections. There are now five female ministers in comparison to four in 2001-2005 and two in 1997-2001. The Deputy Speaker of the House is female and the position of Chancellor, the highest ranking in the Judiciary, was held by a woman from 2001 to 2005. One of the three Justices of Appeal is also female. At present, there are four female judges out of a total of nine. Female magistrates account for nine of the existing 17 magistrates.

Although, from 1998 until 2005, the number of female Permanent Secretaries increased from three to five, they are still largely under-represented. Males account for more than 64% of the Permanent Secretaries. A similar trend exists at the level of Deputy Permanent Secretary.

Women are highly represented in the National Commission for the Rights of the Child and the National Commission for Women but are disproportionately under-represented on Boards and commissions such as the Public Service Commission and the Police Service Commission. The bottom-heavy public service is composed of a much higher percentage of women (62.1%) than men (37.9%).

Ongoing Initiatives towards achieving Gender Equality and the Empowerment of Women

The MDG 2003 Report called for the mainstreaming of gender and a number of measures are underway towards this end, including:

- (a) Continuous engagement of the National Machinery (Women’s Affairs Bureau) in a number of activities aimed at advancing the status of women through networks including public agencies, NGOs and Women Affairs Committees in each region.
- (b) The functioning of the National Commission on Women and the Inter-Ministry Committee promoting equality in gender relations, and lobbying for the mainstreaming of gender in development planning at all levels.
- (c) Commitment to the Convention for the Elimination of all forms of Discrimination against Women (CEDAW) and the Inter-American Convention for the Prevention and Eradication of Violence Against Women and punishment for those who commit any violent act.

²² The Census Report makes the case for further analysis to compare the types of occupations undertaken by males and females. Such analysis would reveal whether females were in lower-paying and more insecure jobs than males.

- (d) The Guyana Leadership Institute established (as a post Beijing project) the primary objective of developing the personal and public leadership potential of women to enhance and increase their participation at all levels of decision making in society.
- (e) The National Resource and Documentation Centre for Gender and Development is geared to provide information and capacity support to improve the use of gender segregation data in analysis and decision making in the Ministries.
- (f) The continued operation of the Difficult Circumstances Unit (DCU) within the Ministry of Labour, Human Services and Social Security, provides assistance for women, such as seed money and similar small grants, to establish small economic ventures and micro-projects.



GOAL 4: REDUCE CHILD MORTALITY

Overview

This fourth MDG focuses on the singular target of improving the health of children under five years old, thereby reducing the number of child deaths in Guyana. Three indicators measure this target as shown in the table below:

Table 4.1 – Target 5

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate			
MDG INDICATORS	LOCALISED INDICATORS	BASELINE	LATEST AVAILABLE
13. Under-five mortality rate (per 1000 live births)	Under 5 mortality rate (number of under 5 deaths registered)	75 (1999) ^{Source 1}	64 (2004) ^{Source 1}
		26.5 (2000) ^{Source 2}	26 (2004) ^{Source 2}
14. Infant Mortality Rate (per 1000 live births) ²³		45 (1999)	47 (2004) ^{Source 1}
			20.7 (2004) ^{Source 2}
15. Proportion of 1 year old immunised against measles	Proportion of 1 year old immunised against MMR ²⁴	89% (2000)	95% (2006)

Source 1: Department of Reproductive Health and Research, WHO Data Indicators 2005.

Source 2: Ministry of Health, Statistical Department, 2005. All other indicators, Ministry of Health.

Target 5: Reduce the under-five Mortality rate

It could be that Guyana is well on its way to meeting, if not surpassing this target. However, there is a marked discrepancy between the two sources of the latest available data relating to indicators 13 and 14 (addressing the outcome of interventions and policies to improve child health). Data from The Ministry of Health suggests that Guyana has already met its child mortality targets, while the WHO data suggests there is still much to be done. It is presumed these discrepancies will be reconciled with the results of the new Multiple Indicators Cluster Survey (MICS).²⁵

With 95% of one year olds immunised in 2006, Guyana is well poised to eradicate childhood deaths from measles, mumps and rubella. The impressive results measured by indicator 15 confirm that the population has good access to the MMR vaccination and is utilising this access.

In Guyana, acute respiratory infections (pneumonia), diarrhoea and worm infestations are the major causes of death in children under five years. Available data shows that both the under-five mortality rate (U5MR) and the infant mortality rate (IMR) related to these illnesses are falling, making the child mortality target achievable. Given the 1999 baseline and assuming the higher rate of 47 (from Table 4.1) it is probable that the IMR will decline to 22 per 1000 live births by 2015, (still behind the two-third reduction target), while the U5MR is expected to decline to 25 by 2015 (closer to the two-third reduction target). The achievement of these targets for child mortality would require an improvement in the quality of programmes and their supportive policy environments.

It should be noted that, in general, the medical information system relating to child mortality has improved significantly and the data for IMR and U5MR today is more reliable than that available in 1990.²⁶

²³ The under-five mortality rate (U5MR) expresses the number of children dying between birth and five years per 1000 live births. The infant mortality rate (IMR) expresses the number of children dying prior to their first birthday per 1000 live births. Further, it should be kept in mind that a high IMR is a significant contributor to a high U5MR.

²⁴ Measles, Mumps and Rubella.

²⁵ The WHO data is drawn from the 2001 MICS while the MoH reports data from the data collection at the General Registrar Office.

²⁶ For example, the IMR and U5MR are estimated to be 78 and 120 respectively for 1990. Thus, the baseline values are under-reported. While some under-reporting is still evident, present data is more reliable.

Ongoing Initiatives towards Reducing Child Mortality

The National Health Plan (NHP), 2003-2007, is designed to address priority issues in the sector including mortality and disability, particularly among the poor and marginalised groups. In accordance with this objective the Ministry of Health has established the following targets:

- Increasing the immunisation rate from 91% in 2002 to 95% in 2006 and
- Increasing the number of hospitals able to provide emergency obstetric care to a total of five in 2007.²⁷

Health sector expenditure has steadily increased (from 1.7% in 1991 to about 9% in 2006) as a share of total Government expenditure with the aim of providing a healthcare service that is not only of a high quality but also accessible, especially to those in deep rural and hinterland areas. The Government will continue to increase budgetary allocations to the health sector to sustain progress. Although health expenditure has increased to about 5% of GDP in 2005, the Health expenditure to GDP ratio is still below the 7.5% average for the Latin American and Caribbean region.²⁸

Integrated Management of Childhood Illness

The Integrated Management of Childhood Illness (IMCI) Programme, implemented by the Health Ministry, is strategic in impacting positively on child health. The programme, which began in 2001, is a joint initiative of the World Health Organisation (WHO) and the United Nation Children's Education Fund (UNICEF). It targets the reduction of mortality associated with the major causes of childhood illness. The programme is taught at the primary healthcare level and provides training for health workers focusing on the child and how to recognise the danger signs of the most common illnesses: coughing or difficult breathing, diarrhoea, fever, malaria, malnutrition, anaemia, and other problems.

A preliminary evaluation of the programme revealed that the health workers are using the basic systematic approach of IMCI in the management of child health. This means earlier referral of the child to a higher level of care when necessary. The evaluation also showed that parents and guardians are bringing their children to the health facilities earlier when illness is present. This has had a positive impact on reducing the number of acute respiratory infections and acute cases of diarrhoea.

To ensure that the IMCI is successfully implemented in Guyana, the MoH has undertaken training for doctors, medexes, community health workers and facilitators. By May 2006, approximately 200 health workers, one IMCI course director, 5 senior IMCI facilitators and 17 junior facilitators had received training and, the IMCI course has been expanded to Region 9 and 10 to ensure full coverage of all the regions. Community level IMCI has also been introduced with PAHO support.

Other key interventions have targeted investments in human resources and physical infrastructure. Staffing of health centres and health posts in the hinterland areas (regions 1, 7, 8, and 9) is critical since the IMR and U5MR in these regions is higher than other regions. Guyana has recently filled some vacant posts in the hinterlands with Cuban physicians. The IDB's Basic Nutrition programme, commenced in 2005, provides a micro-nutrient supplement to a monthly average of 2,077 infants and 80,000 mothers over the year to reduce cases of anaemia.

Construction, refurbishment and the furnishing of regional hospitals, health centres and health posts across the country has been ongoing to upgrade the quality of healthcare infrastructure nation-wide. In 2004, there were 189 health posts, 109 health centres, 19 district hospitals and five regional hospitals in Guyana. Moreover, works have begun on two new regional hospitals in Linden and Lethem.

²⁷ There are currently four hospitals that are equipped to provide such care. However, three of these are located in the coastal regions where child health is of a higher standard than in the hinterland regions

²⁸ Report of the Caribbean Commission on Health and Development for the 26th Meeting of the CARICOM Heads of Government in St. Lucia. July 3-6, 2005.

GOAL 5: IMPROVE MATERNAL HEALTH

Overview

To achieve this fifth MDG, the main target is to reduce the maternal mortality ratio. This target is measured by two indicators as shown in the table below. It should be noted that the 1990 baseline data reveals significant under-reporting compared to the more current data, which is considered reliable.

Table 5.1 – Target 6

MDG INDICATORS	LOCALISED INDICATORS	BASELINE	LATEST AVAILABLE
Target 6: Reduce by 3/4 between 1990 and 2015 the maternal mortality ratio			
16. Maternal mortality ratio	Maternal mortality rate per 100 000 live births	140.1 (1991)	113.0 (2006)
17. Proportion of births attended by skilled personnel		85.6% (2000)	97.6 (2006)

Source: Ministry of Health, Statistical Department.

Target 6: Reduce, the Maternal Mortality ratio

Progress is being made in reducing maternal mortality in Guyana. Over the last 13 years, the MMR declined at an average annual rate of 1.3%. However, in order

to reach the MDG target in 2015, the maternal mortality rate (MMR) should be declining at an annual rate of 2.6%. Table 5.2 outlines the major causes of maternal deaths and thereby highlights the areas requiring particular attention.

Table 5.2 - Major Causes of Maternal Deaths for 2002 – 2004

NO.	MAJOR CAUSES OF MATERNAL DEATHS	PERCENTAGE
1.	Haemorrhage during pregnancy and childbirth	26%
2.	Abortion during pregnancy	16%
3.	Indirect obstetric causes	16%
4.	Toxaemia during pregnancy	9.8%
5.	Complications during labour/delivery	9.8%
6.	Complications predominantly related to the perineum	6.5%
7.	Other pregnancy related disorder	6.5%
8.	Other obstetric trauma	4.9%
9.	Gestational (pregnancy induced) oedema and proteinuria without hypertension	1.6%
10.	Placental disorder	1.6%

Source: Ministry of Health, Statistical Department, 2005.

Ongoing Initiatives towards improving Maternal Health

Accelerating the decline in mortality rates to meet the 2015 deadline presents a serious challenge to the Government. Some of the initiatives undertaken to tackle this problem follow the recommendations of the MDG 2003 report and include:

- (i) Continued implementation of the **Basic Nutrition Programme** (funded by the IDB) and in particular the distribution of *Sprinkles*²⁹ (a micro-nutrient powder) to target malnutrition among women and children and reduce the incidence of maternal haemorrhage and anaemia.
- (ii) Expansion of the **Reproductive Health Care Programme**³⁰ to provide training in gynaecology, to improve the safety of labour and delivery (in urban and rural areas) and counselling in family planning and contraceptive use.

- (iii) Focus on the **Prevention of Mother to Child Transmission (PMTCT)** of HIV/AIDS and other STI's through training programmes in all ten regions and counselling, care and treatment services being made available to infected women in at least one site in each region.³¹

A National Strategic Plan for the Reduction of Maternal and Neonatal Mortality has been developed by the Ministry with technical support from PAHO. The objectives of the Plan focus on ensuring more data-based standards and interventions, increasing access to quality care, and strengthening the management, monitoring and evaluation of programmes. The WHO/EU Strategic Partnership Agreement provides for funding of US\$1.5 million to promote the achievement of Safe Motherhood in Guyana over the next four years.



²⁹ During 2005, 80,000 *Sprinkles* were distributed to approximately 400 beneficiaries at various health centres. Based on the outcome of this pilot study, the sprinkles intervention will be implemented nation-wide. The programme is presently implemented in 23 out of the targeted 52 communities.

³⁰ This programme has been implemented through the Ministry's Maternal and Child Health Department in partnership with the Guyana Responsible Parenthood Association (GRPA) and the Guyana HIV/AIDS Reduction Programme (GHARP).

³¹ A benchmark of the Ministry is increasing the percentage of HIV+ pregnant women receiving counselling and preventative treatment from 86.2% in 2004 to 90% in 2007.

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

Overview

Guyana's health profile has been described in the National Health Plan (NHP) as that of a country going through early epidemiological transition: infectious diseases (such as malaria, respiratory infections, sexually transmitted diseases, HIV/AIDS and tuberculosis) dominate diseases, whilst the major causes of death are mostly non-communicable diseases (such as stroke and heart disease as well as accidents and injuries).

This sixth MDG focuses on reducing the incidences of these diseases. The Goal is assessed by two targets: one that addresses the spread of HIV/AIDS, measured by two indicators as shown in Table 6.1. The other target is split into two, part a) addresses malaria and is measured by two indicators, and part b) addresses tuberculosis and is measured by two indicators (as shown in table 6.3 and 6.5 respectively).

Table 6.1 - Target 7:

MDG INDICATORS	BASELINE	LATEST AVAILABLE
Target 7: Halt by 2015, and begin to reverse, the spread of HIV/AIDS		
18. HIV prevalence among 15-24 year old pregnant women	n/a	2.02% (2004)
19. Contraceptive prevalence rate	n/a	37% (2000)
20. Number of children orphaned by HIV/AIDS	n/a	n/a

Source: Ministry of Health.

Target 7: Halt the spread of HIV/AIDS

Guyana's first AIDS cases were reported in 1987 and by the end of 2006 a total of 9,296 HIV/AIDS cases were recorded. An estimated 81% of cases occurred in the 20-49 age group, in particular the 25-29 age range. UNAIDS estimates that some 12,000 persons are known to be living with HIV/AIDS, an estimated 2.4% of the population.³² HIV is the leading cause of death from an infectious agent, and was ranked as the third leading cause of all deaths in Guyana in 2004.

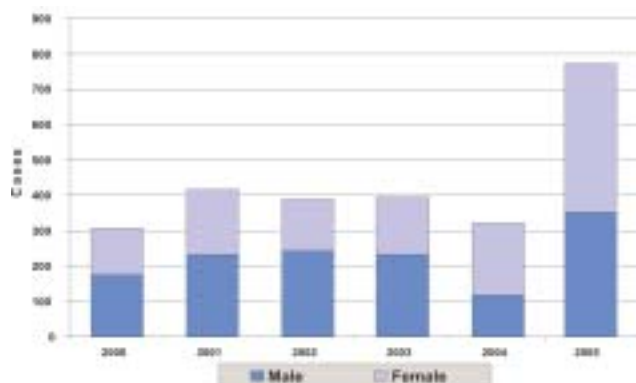
Indicator 18: HIV prevalence among 15-24 year old pregnant women.

The percentage of pregnant women testing positive for HIV in 2003 was 5.6%, and decreased to 2.6% in 2004.³³ According to the antenatal survey of 2004, the percentage of 15-24 year old pregnant women who are HIV positive is 2.02%. Pregnant women are currently being tested at ante-natal clinics and treated where necessary. This is expected to reduce child mortality, particularly in the case of repeat pregnancies. These interventions have also resulted in a pronounced increase in reported cases in 2005 as seen in Graph 6.1.

³² UNAIDS Report, 2005.

³³ Figures from USAID Family and Health Indicators Programme, conducted through collaboration between Ministry of Health and USAID.

Graph 6.1: Distribution of HIV Cases By Gender



Indicator 19: Contraceptive Prevalence Rate

Available data on contraceptive use was derived from the Multiple Indicators Cluster Survey conducted by the Bureau of Statistics in 2000 with the support of UNICEF. The data obtained indicates that among women 15-49 years old, married or in a union, 37% were using a contraceptive method (or their partner was). The pill proved the most common method, followed by condoms. 63% used no method and less than 1% used traditional methods such as abstinence, withdrawal, rhythm and others. 37% of women from the urban coastal regions and 38% from the rural coastal regions used contraceptives compared with 29% from the interior regions.

Women from the youngest age group were the least likely to use any contraceptive method. More current information is not available to signify trends, however, a new MICS for 2005 is being completed and an updated report on the indicators is expected in the first half of 2007.

Ongoing Initiatives to Combat HIV/AIDS

HIV/AIDS has been identified as one of five priority programmes (HIV/AIDS/STI) in the National Health Plan 2003-2007. A National Policy document on HIV/AIDS was laid down in Parliament in 1998. The Ministry of Health has overall responsibility for implementation of the strategic plans and programmes that have been developed and costed through a National AIDS Programme Secretariat. Technical help is provided

through one of four National Health Management Committees.

Ongoing initiatives include the:

- Reduction of mother to child transmission through the PMTCT programme by testing of all pregnant women and treating identified cases,
- Provision of maternal support to orphans and vulnerable children,
- Upgrading the main national laboratory and six regional laboratories to provide more specialised testing services, a blood screening programme, the upgrading of Treatment Protocols and associated staff training and
- Mobile treatment teams of technical personnel visiting four of the hinterland regions, 1, 7, 8 and 9 every two months to conduct clinics and offer ARV treatments.

A number of programmes addressing HIV prevention, treatment and care are supported through the US President's Emergency Fund for AIDS Relief (PEPFAR) and administered by USAID through in-country implementing partners. Initiatives include the launching of a public/private sector partnership Advisory Committee to help protect employees in the workplace through education and training and the funding of initiatives proposed by local and international NGOs.

The objectives of the Guyana Global Fund Project include:

- Promoting behaviour that decreases HIV Transmission,
- Reducing the stigma associated with HIV/AIDS,
- Increasing demand for and access to quality treatment,
- Establishing social and economic support services for those living with AIDS and

Table 6.2 - HIV/AIDS Cases in Guyana

Classification		2000	2001	2002	2003	2004	2005	2006
HIV	Male	348	174	301	339	368	285	380
	Female	300	226	268	368	408	379	410
	Unknown sex	0	9	39	55	61	30	23
	Total	648	409	608	762	837	694	813
AIDS	Male	175	232	243	232	117	79	56
	Female	132	185	146	163	204	64	43
	Unknown sex	0	18	26	22	27	6	2
	Total	307	435	415	417	348	149	111
HIV/AIDS	Year Total	955	844	1023	1179	1185	843	924
Cumulative total (All cases since 1987)	2326	3281	4125	5148	6327	7512	8355	9269

Data for 2006 is up to September of that year.
Source: Ministry of Health.

- Strengthening the surveillance, laboratory and management systems to ensure effective planning, management and evaluation.

Programmes undertaken include those aimed at providing information and education for the general public and the staff of health facilities, provision of retroviral drugs for free distribution and a home-based patient care programme.

There is now increased availability of information on HIV/AIDS through the media and the establishment of an official web page (www.hiv.gov.gy) in 2006. Furthermore, a World Bank grant funds initiatives offering support to orphans, the public sector and NGOs.

Target 8: Halt and begin to reverse incidences of Malaria and other Major Diseases

Malaria is not considered to be a major cause of death overall in Guyana but becomes a greater risk when combined with malnutrition or when repeated episodes are suffered. Additionally, as it contributes

to anaemia (a leading cause of death among children under five years of age),³⁴ it is listed in the National Priority Programme for Communicable Diseases.

The data measured by indicator 21 clearly demonstrates that cases of malaria have been increasing.³⁵ Generally, persons are infected in the interior locations and visit the coastal regions for treatment. The most likely reason for this rise in the number of cases is the increase in numbers of people involved in mining and logging activities and therefore based in remote areas where such activities occur. In some cases the areas are virtually impossible to reach, meaning patients do not have access to medication in time. Compliance with the treatment regimen cannot therefore be assured, resulting in interrupted or broken treatment.

Indicator 22 tracks the proportion of the at-risk population receiving treatment. Data on this indicator was not available. Many persons are dilatory in seeking a diagnosis, resulting in delayed treatment. In addition, many persons self diagnose and administer a variety of herbal treatments which are not necessarily effective in the long term.

³⁴ Guyana MICS Report, 2001.

³⁵ The very small increase in the number of samples collected over time is probably due to the fluctuating nature of the village populations. Any increase in available employment opportunities in activities such as mining or logging will result in a temporary decrease in the village population and fluctuating movement of persons in malaria endemic areas. The number of samples collected therefore varies by year.

Table 6.3 – Target 8a

MDG INDICATORS	LOCALISED INDICATORS	BASELINE	LATEST AVAILABLE
Target 8a: Halt by 2015, and begin to reverse, the incidence of malaria			
21. Prevalence and death rates associated with malaria	Prevalence of malaria as a % (based on the given number of cases from the samples examined)	11.5% (2000) (24,108 cases from 209,197 samples examined)	18.5% (2005) (38,984 cases from 210,429 samples examined)
	No. of deaths a year	n/a	22 (2005)
22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures.	n/a	n/a	n/a

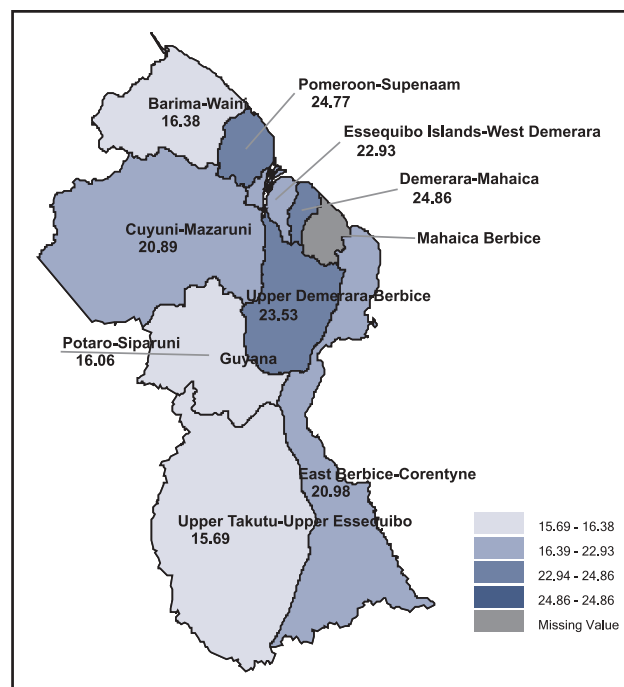
Source: Ministry of Health.

Malaria Prevalence by Region

One interior region suffered a resurgence in the incidence of malaria in the 1970s, which then spread to all ten regions.³⁶ Nonetheless, it is really only a public health threat in the interior regions where: populations are younger, predominantly of Amerindian ethnicity with large families and are generally considered to be vulnerable groups with higher levels of malnutrition and lower education. The health priorities for the interior are Malaria and Acute Respiratory Infections, differing from those on the coast.

Table 6.4 shows that 9% of the population is at a high risk of infection. This high risk group is located in the interior regions. Approximately 80% of the population is considered to be at a low level of risk.

Map 6.1 Malaria Prevalence by Region³⁷



³⁶ The disease had been eradicated during the 1940s, due to the efforts of an Italian parasitologist, Dr. Giglioli. Three species of malaria affecting humans are found in Guyana, *Plasmodium falciparum*, *P. vivax* and *P. malariae*. In addition to the primary vector, a secondary vector *Anopheles aquasales* is found along the coast but this species is incapable of continued transmission and is therefore not a threat.

³⁷ Percent of smears examined which were positive.

Table 6.4 - Percentage of Population at Malarial Risk by Region – 2005

Level of risk	Rural Population	% rural population at risk	Urban Population	% urban population at risk	% population at identified risk level
Low (< 10 cases per 1000 population)	Region 6 – 126,695 Region 3 – 103,061 Region 5 – 52,428	16.8 13.7 6.9	Region 4 – 310,320	41	78.8
Medium (>10 cases and < 50 cases per 1000 population)	Region 2 – 49,253	6.5	Region 10 – 41,112	5.4	12.0
High (50 cases per 1000 population and above)	Region 1 – 24,275 Region 7 – 17,597 Region 8 – 10,095 Region 9 – 19,387	3.2 2.3 1.3	0	0	9.2

Source: Ministry of Health

Ongoing Initiatives to Halt and Reverse the Incidence of Malaria

The government is implementing a number of public education measures targeted at the prevention, early detection and treatment of malaria including:

- i) Establishing Malaria Committees in schools,
- ii) Establishing Malaria Councils in villages, coordinated by trained Ministry of Health personnel and

- iii) Training initiatives in collaboration with PAHO.

Other measures include increasing the distribution of insecticide impregnated bed nets and expanding training programmes of local personnel in microscopy and treatment to facilitate early diagnosis and treatment. New national guidelines for treatment are also being implemented.

Table 6.5 – Target 8b

MDG INDICATORS	BASELINE (2000)	2002	2003	LATEST AVAILABLE (2004)
Target 8b: Have halted by 2015, and begun to reverse, the incidence of tuberculosis and other major diseases				
23. Death rate associated with tuberculosis	6.3%	9.3%	4.9%	5.8%
24. Proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment Short Courses)	5%	16%	23%	46%

Source: Ministry of Health.



Halting and reversing incidences of Tuberculosis

Tuberculosis has been included under the Communicable Diseases National Priority Programme as it is considered one of the leading causes of death in Guyana. The Tuberculosis programme has utilised the DOTS (Directly Observed Treatment Short Courses) programme of treatment for four years, with satisfactory results. Treatment Clinics exist at the main prison and in three regions, and laboratories equipped for sputum microscopy and other specialised techniques are located at three main hospitals.

At the end of 2005 there were 2,400 active tuberculosis cases. The prevalence rate, based on the 2002 population census figure of 771,223, is 0.3%. The increase in the number of cases recorded over the period is considered a direct result of improved case

detection through the DOTS programme. This, as well as the prevalence of HIV cases, has also contributed to the increase of death rates in 2004 from 2003.

The cure rate for registered patients on the DOTS programme remained at approximately 82% until 2002 but in 2003 the rate was affected by the increase in the default rate rise to 26%.

The tables and indicators point to a decrease in mortality but unreported cases and/or those detected post mortem are not captured. In 2005 there were 40 deaths attributed to tuberculosis, of which 36 or 90% were HIV related. This demonstrates that the (reported) increasing incidence of HIV/AIDS has also impacted on the increase in tuberculosis infections. There is a 20% rate of co-infection between HIV/AIDS and tuberculosis.

Table 6.6 - Tuberculosis Cases Cured under DOTS Programme

Year	Registered Cases	Cured	%
2000	34	28	82.3
2001	78	64	82.0
2002	98	81	82.6
2003	136	78	57.3
2004	709	398	56.1
2005	510	279	54.7

Source: Ministry of Health.

Ongoing Initiatives to Reduce and Reverse the Incidence of Tuberculosis

Initiatives currently underway include the:

- Expansion of clinics to three additional regions during 2006,
- Increasing the number of laboratories to six,
- Provision of clinics in the remaining four prisons and
- The expansion of the central Chest Clinic.

To meet the health needs of the communities where malaria and TB are more prevalent the Ministry has undertaken measures to ensure that basic medical supplies are readily available and that proper storage facilities are in place for these supplies. In some cases the Ministry intervenes to provide transportation to residents so that the health needs of those in isolated areas can be met.

Ongoing Initiatives to Reduce the Prevalence of Other Major Diseases

The National Health Plan identifies a number of priority programmes, grouped as follows:

- Family Health,
- Communicable Diseases,
- Non-communicable diseases,
- STI/HIV/AIDS and,
- Oral health and Environmental Health.

Of note is the ongoing work in the areas of Diabetes and Hypertension for which a Strategic Plan has been completed. A Cardiac Diagnostic Centre has been established at the main hospital and radiotherapy and chemotherapy are proposed at the Cancer Centre. The development of a Mental Health Strategy is expected to be completed shortly. Capacity building for mental healthcare at the primary healthcare level has started through the introduction of mental health competencies in the medex training curriculum.



Cutting the Ribbon for a PMTCT Facility in Region 5

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Overview

This seventh MDG of environmental sustainability is to be achieved through three targets and seven indicators as shown in the table below. These targets specifically highlight sustainable development policy and practices in land use and energy consumption, access to safe drinking water and improved living conditions for slum dwellers.

Table 7.1 – Targets 9-11

MDG INDICATORS	LOCALISED INDICATORS	BASELINE DATA	LATEST AVAILABLE
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources			
25. Proportion of land area covered by forest		76% of 164 000 km ² (16.45m hectares)	76% of 164,000 km ² (16.45m hectares)
26. Land area protected to maintain biological diversity			5,201 km ² (2006)
27. GDP per unit of energy use	Nominal GDP per unit of fuel imports	G\$10005 per kg oil equivalent (1994)	G\$12038 per kg oil equivalent (2005)
28. Carbon dioxide emissions (per capita)	Carbon dioxide emissions (per 1 000 pop)	1.65 Gg (1990)	2.3 Gg (2002)
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water			
29. Proportion of population with sustainable access to an improved water source	Percentage of population with access to safe drinking water	50.1% (1991)	74.2% (2002)
Target 11: Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers			
30. Proportion of people with access to improved sanitation	Proportion of dwellings owned, leased or rented.	31% (1991)	40.1% (2002)
31. Proportion of people with access to secure tenure		85.9% (1991)	79% (2002)

Source: Environmental Protection Agency, Guyana Forestry Commission, Guyana National Energy Authority.

The Government of Guyana is committed to the principle of sustainable development. This commitment is demonstrated in the priority given to environmental protection in the National Development Strategy as well as the Poverty Reduction Strategy. Also at the international level, Guyana has ratified a number of major international agreements on the

environment including the Convention on International Trade in Endangered Species of Wild Fauna and Flora (1977), the United Nations Framework on Climate Change Convention (1994), the Convention on Biological Diversity (1994), the United Nations Convention to Combat Desertification (1997) and the Kyoto Protocol (2003).

Target 9: Integrate Principles of Sustainable Development

Land Use

There is no specific land-use legislation in Guyana, however, there are a number of instruments that govern and regulate access to and use of land and associated resources by the state, municipalities, Amerindian communities, the forestry sector and the drainage and irrigation functionaries. The MDG indicators focus in particular on the preservation of biological diversity in forestry and identification of protected areas.

Guyana's National Forest Policy of 1997 states that – 'the conservation, protection, management and utilisation of the nation's forest resources...' is its main objective. 76% of Guyana, covering an area of 163,777 square kilometres is covered by tropical rainforest. The State Forest Area encompassed 13.6 million hectares and was increased by 4.6 million hectares in 1997.

The National Protected Areas System, currently being developed, is expected to provide a rule-based regulatory system for the two existing and future protected areas. The Kaieteur National Park is protected by The Kaieteur National Park Act of 1929 and covers an area of 224 square miles or 62,700 hectares. The other, Iwokrama Forest, has been governed by the Iwokrama International Centre for Rainforest Conservation and Development Act since 1997, and covers an area of 371,000 hectares.

Energy Consumption and CO₂ Emissions

Energy in Guyana is produced from imported fossil fuels, biomass from sugar and rice industries and small amounts of renewable energy such as hydro-electric and solar. *Bagasse* is used in the sugar industry and *rice husk* in the rice industry for the co-generation of heat and electricity, while *wood (firewood and charcoal)* is used in the residential sector for cooking purposes. The Guyana National Energy Authority reported that fuel consumption (proxied as fuel imports) increased from approximately 444,950kg oil equivalent in 1994 to

474,390kg oil equivalent in 2005. As Indicator 27 shows, this suggests that GDP per unit of energy consumed rose from G\$10005 per kg oil equivalent in 1994 to G\$12038 per kg oil equivalent in 2005 representing an improvement in energy efficiency.

Carbon dioxide emissions in Guyana are mainly produced from the combustion of biomass and fossil fuels in the energy sector. As indicator 28 shows, emission per capita increased by approximately 40% from the baseline year of 1990 to 2002.

Target 10: Access to Improved Water Source

The 2002 Census was utilised to provide information on access to basic social services by geographic area. Regarding localised indicator 29, analysis found that 74.2% of households in Guyana had access to safe drinking water in 2002, compared with 50.1% percent in 1991. The regional assessment found that the coastal regions recorded the largest margins of improvement compared with the interior regions. Hinterland regions (Regions 1,7,8,9) averaged 11% in 2002 compared with 8.5% in 1991. In 2004, 46.9% of the national population had access to treated water.

Target 11: Improve the Lives of Slum Dwellers

Improved sanitation is described in the PRSP as linkage to the sewer system or septic tank and cesspit. The proportion of the population with access to improved sanitation was on average 40.1% across Guyana in 2002. This represents an increase of 9% since 1991. Interior regions, however, fell well below the national average: 67% of households burnt their rubbish as the most expedient method of waste disposal, while just 22% of households benefited from a collection service.

The Census 2002 Report of Guyana describes land tenure as the legal and financial arrangements under which households occupy living quarters. Secure tenure in this MDG report is taken to include dwellings that are owned, rented or leased. Given this definition, indicator 31 shows a decline in secure tenure. In 2002, 2.3% of dwellings were squatted while 17.4% were occupied rent-free, representing an increase in both

areas since 1991 of 0.7% and 5.4% respectively. The significant increase in squatting and rent-free dwellings partly explains the decline in the proportion of population with secure tenure (as seen in table 7.1 above). Nonetheless, this indicator is likely to improve significantly over the medium term as the government's squatter regularisation programmes are completed.

Ongoing Initiatives towards achieving Environmental Sustainability

The task of mainstreaming environmental sustainability in all spheres of the public and private sectors falls within the purview of the Environmental Protection Agency (EPA), which coordinates with various sector agencies. The EPA has set out a number of actions in its Strategic Plan for 2006 - 2010 targeted towards achieving this objective:

- A National Biodiversity Action Plan II for 2007 - 2011 will be prepared that will succeed the current National Biodiversity Action Plan written in 1999,
- A BioSafety Clearing House will be developed and
- Documents such as the National Land Use Policy, the National Mangrove Action Plan and the Inter-Coastal Zone Management Plan will be drafted and implemented to help integrate sustainable development objectives into policies and projects.

Protection of Biological Diversity

The National Protected Areas System (NPAS) proposed will cover a number of protected areas. These will include the existing Iwokrama International Centre for Rainforest Conservation and Development and Kaieteur National Park along with Phase I additional sites:

- Kanuku Mountains,
- Mount Roraima,
- Orinduik Falls and

- Shell Beach.

The addition of the proposed sites will take the total land area protected to approximately 11,400 km² or 5.3% of Guyana's total land area. Local and international links concerning Protected Areas Management will be extended and a legal and regulatory framework defined.

Forest Policy

A new Forestry Act to add legal substance to the Forest Policy of 1997 is currently being drafted. The Guyana Forestry Commission has the mandate to regulate the forestry sector and manage the State Forest Area. The Commission is currently implementing a five year strategy, the National Forest Plan, to apply the prescriptions of the Forest Policy. The operations of the Commission are themselves under a new legal framework.

Energy Consumption and CO₂ Emissions

Guyana is currently developing its second National Communication to the United Nations Framework Convention on Climate Change. The consultancy and research needed to complete this report will cover the period from 1998 (the last available data collection period) to 2005 and is expected to be completed by 2008.

Provision of Safe Water

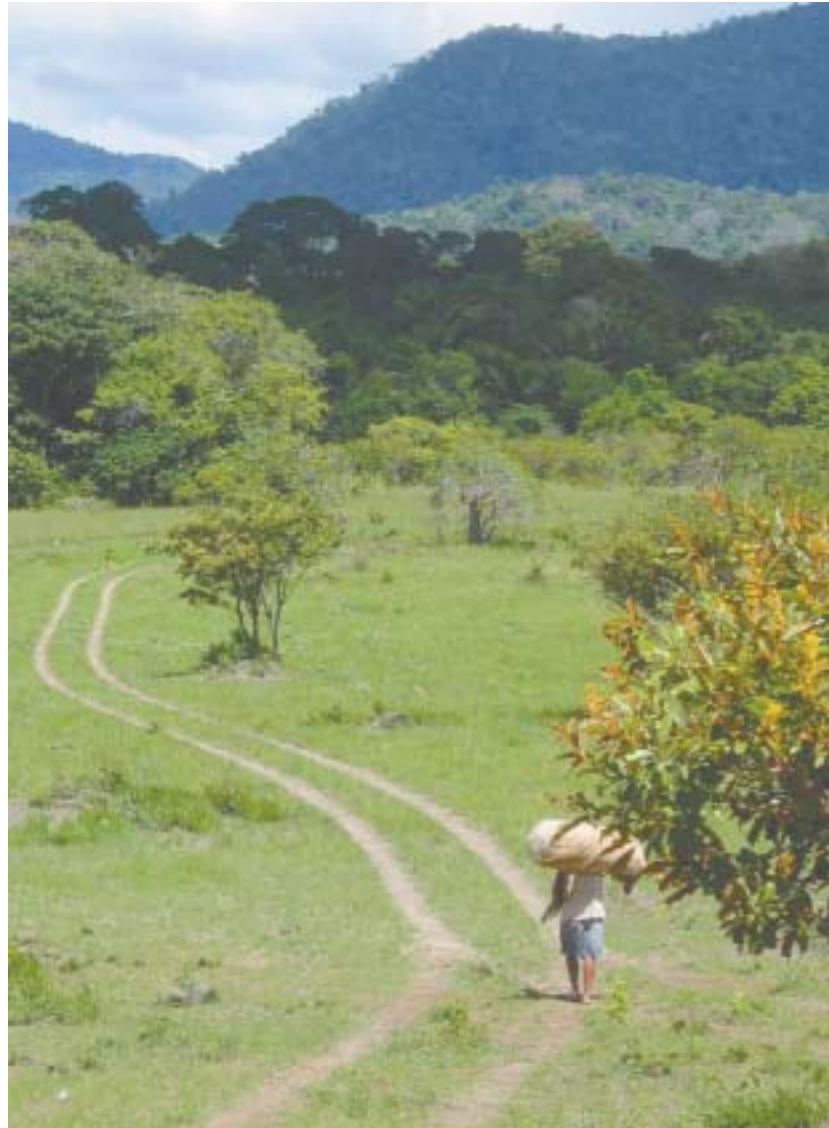
The Guyana Water Inc is implementing a ten year strategy for the water sector 2001 – 2011, to increase access to safe water for a targeted 90% of the population. A Hinterland Water Strategy, approved in 2004, describes the company's five year investment programme to improve the access of hinterland communities to safe water sources and sanitation. The Strategy is targeted at providing safe water to 80% of settlements in the hinterland. The strategy incorporates key actions to be taken to address the inequity of services to some of the poorest communities in Guyana.

Improved Security of Tenure

The Ministry of Housing and Water commenced the regularisation of 165 squatting areas in 2005. In 45% of the areas, approximately 75% of infrastructural work has been completed. Other initiatives target the processing of 5,000 titles/transports, the allocation of 2,500 house lots and the facilitation of construction for low income lot holders. These mechanisms will facilitate and encourage persons to occupy land, thereby paving the way for an increase in the number of households enjoying secure dwelling tenure.

In addition to Government's own efforts through the Central Housing and Planning Authority (CH&PA), infrastructural development on low income housing schemes is being supported through the IDB Low Income Settlement Programme (LISP) and the EU. The IDB project targets 11,517 lots for housing schemes and 6,000 lots for squatter settlements. The IDB funds civil works and institutional strengthening of the areas. EU funding covers civil works and community development targeting 3,000 lots for the housing schemes and 1,650 lots for the squatter settlements.

The major challenges in the regularisation of squatting areas are the unavailability of survey plans and the numerous family and boundary disputes that prevail within certain areas. Securing tenure is also a challenge for low-income applicants who cannot cover the up-front costs for the allotment. To address this, the mechanism involved when paying for the processing of the legal documents has been changed to accommodate low income families. A Beneficiary Selection Programme has also been implemented to increase accessibility for low income applicants.



GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Overview

This MDG is orientated around seven targets geared towards developing the financial system, dealing with debt problems, accelerating employment, improving access to essential drugs, improving communications and addressing the specific needs of a less developed country in terms of economics and geography. This goal differs somewhat to the previous seven in that the indicators are more difficult to measure, relying substantially on external forces such as the contribution of the OECD and the ODA.

Guyana has not yet developed country specific indicators to track the quality of its global partnerships. Nonetheless, the Debt Management Unit and the Ministry of Finance tracks quantitative economic and financial data relevant to this Goal. The Ministries of Trade and Foreign Affairs also monitor the quality of global partnerships within their respective mandates. The following headings correspond with those under which the indicators for Goal 8 are grouped.

Official Development Assistance

Since 2001, Guyana's PRSP has become the framework concerning donor support and the associated development agenda. Improved coordination has helped reduce duplication of donor projects and assisted in targeting resources more efficiently. Reforms in tax policy and administration, stricter expenditure controls and management, and improved fiduciary oversight may help in providing additional resources to fund the PRSP and contribute to the realisation of the MDGs. However, the additional revenue gleaned may not be adequate to allow Guyana to meet all of its MDGs.

Although net ODA from industrialised countries, as a percentage of GNI, still falls below the targeted level of 0.7%, Guyana has benefited substantially from debt relief at the bilateral, commercial and multilateral levels, thereby releasing critical resources for its development programme.

Guyana benefits increasingly from more untied or programme loans, although these need to be pursued within the context of a strategic financing framework. Guyana's main bilateral and multilateral donors are providing more of their resources as budgetary support, while IDA's assistance is delivered mainly in the form of grants and budget support. Such assistance has given Guyana the flexibility to plan and target its resources to high priority sectors in its fight against poverty.³⁸

Market Access

Guyana's main foreign exchange earner, sugar, enjoys quota and duty-free access to the European and US markets. However, recent agricultural reforms within the European Union will reduce preferential prices by 36% during the period 2006-2008 with serious implications for Guyana's external balances and poverty reduction programme. Although ACP countries have submitted Country Action Plans to reform their sugar sectors, resources in support of these reforms were determined *a priori*. Furthermore, delivery of such resources is back-loaded while beet farmers within the European Union are receiving immediate assistance.

The steep decline in sugar prices and back-loading of resources for reforms and adjustments in the context of little or no consultation with the ACP group, do not bode well for partnership between developing and developed countries in developing a sustainable framework for donor coordination and support. Nevertheless, it is expected that the share of exports to the EU will remain stable over the medium-term.

Debt Sustainability

Guyana became the fourth country to benefit from debt relief under the Highly Indebted Poor Countries Initiative (HIPC) in 1997 and subsequently qualified for the enhanced HIPC in November 2000. The combined relief from the original and enhanced HIPC initiatives reduced Guyana's outstanding debt in NPV terms by 54%.

³⁸ Programme assistance constituted close to 40% of total external assistance during the period 1994 – 2004. Source, Ministry of Finance, Multilateral Financial Institutions Division.

On the multilateral front, thanks to the G-8 Initiative, Guyana received debt relief amounting to US\$202 million in NPV terms in 2006. Other bilateral debt relief and debt buy-backs have resulted in the reduction of Guyana's external debt from US\$2.1 billion in 1992 (557% of GDP) to US\$1.6 billion (222% of GDP) in 1996 to about US\$800 million (100% of GDP) in 2006.

As a result, debt servicing has declined from US\$173 million or 24% of the exports goods and non-factor

services in 1996 to US\$110 million or 16% of the export of goods and non-factor services in 2005. The substantial decline in debt servicing has afforded Guyana the opportunity to divert increasingly more of its resources towards its poverty reduction agenda. The Government is implementing reforms with the Debt Relief International, the IDA and European Union to manage its debts in order to maintain debt sustainability.



CHALLENGES AND OPPORTUNITIES TO ACHIEVE THE MDGs IN GUYANA

For Guyana, like other developing countries, the MDGs provide both challenges and opportunities. In many cases it is difficult to benefit from the opportunities before some of the challenges have been met. Already Guyana is benefiting from achievements made towards achieving the MDGs including: a reduction of the population suffering from hunger, increasing access to social services and benefits, improved enrolments and completion of primary schools and the increased empowerment of women. Challenges to be faced include addressing impediments to economic growth, addressing capacity building needs and obstacles to resource absorption, optimising the resource envelope, improving monitoring and evaluation methods, dealing with crime and security and exogenous shocks, mainstreaming gender issues and developing a National Strategy for achieving the MDGs in Guyana.

The attainment of Guyana's MDGs is anchored in its Poverty Reduction Strategy (PRS). Guyana's Poverty Reduction Strategy Paper (PRSP), produced in 2001, outlines a comprehensive strategy aimed at setting Guyana on track to meet the MDGs. The Monitoring and Evaluation (M&E) Unit of the PRSP produces Annual Progress Reports on the implementation of the PRSP. The Unit closely tracks 25 core indicators, which are also MDG indicators under Goals 1 to 7.

The 2003 MDG Report proposed that the Government of Guyana needed US\$1 billion from the international development community to support the implementation of the PRS. Actual disbursement of financial resources to implement the PRSP since 2001 has suffered, partly due to shortfalls in donor pledges. This, in part, was attributable to delays in making the enhanced debt relief available to Guyana and lower write-off from Paris Club donors. Capacity constraints in implementing agreed policy reforms in Guyana also contributed to the delays. Since 2003, Guyana has received US\$202.5 million in debt relief, including through the Multilateral Debt Relief Initiative (MDRI) in 2006.

The Resource Envelope

Guyana requires additional external support outside the capacity of its current macro-economic programme to implement the Poverty Reduction Strategy (PRS). Recognising this, the 2001 PRS had identified a resource gap that was expected to be met through increased external assistance galvanised by the identified needs and framework of the strategy. Actual disbursements have not matched donor commitments.

Of the US\$990 million committed in both O-HIPC and E-HIPC in 1999 and 2001 respectively, only US\$262 million or 26% had been disbursed by the end of June 2006. This was, in part, attributable to delays in making the enhanced debt relief available to Guyana and lower write-off from Paris Club donors. More recently, however, Guyana has qualified for the additional relief of US\$251 from Multilateral Debt Relief Initiative (MDRI) resources through the World Bank and the IMF. These funds are to be directed towards the implementation of Guyana's poverty reduction strategy. Nevertheless, there is need to reform the financing strategy for development in order to locate new sources of financing to further decrease the resource gap.

Several initiatives are also underway to strengthen public expenditure management and overcome some of the bottlenecks in translating resources into outcomes for development and poverty reduction. The Integrated Financial Management Accounting System (IFMAS) was established in 2004 and modules are being developed to improve budgeting, inventories, control and reporting of government expenditure. Revised financial procurement and audit acts were passed in 2003 and 2004 and are poised to improve transparency and accountability. Programme budgeting has been implemented in key ministries allowing for improved alignment of the budget with policy priorities.

Addressing Impediments to Economic Growth

Economic growth, a necessary condition for poverty reduction, requires a stable and predictable macro-economic and institutional environment to support and encourage investment of private investors. Compared with the socialist development era of the 1980s, the government has, over the past 15 years, undertaken extensive and deep institutional, constitutional, structural and regulatory reforms to significantly transform the landscape for 'doing business' in Guyana. Notwithstanding, recent reports show these reforms have not yet translated into any real economic progress for a number of reasons as explained below.

Exogenous Shocks

Even the most comprehensive financial strategy cannot eliminate all risks. Guyana, with a small open commodity-based economy, is vulnerable to shifts in the market process and changes concerning arrangements for its primary exports. Unforeseeable and unpreventable external inputs can have huge impacts. Price hikes in 2004 have had a devastating ripple effect on the cost of living, external balances and the competitiveness of Guyana's products on the world market. Decreasing primary commodity prices have not provided the cushion needed to mitigate the impact of higher import prices. Guyana's primary export commodities of sugar, rice, bauxite and timber are not expected to see any appreciable increase in price over the medium term. Changes in the European Union sugar protocol will further complicate this problem.

In addition, Guyana's vulnerability to natural disasters was brought home in 2005 and 2006. In January 2005, unprecedented rainfall and accompanying flooding resulted in the displacement of 70,000 households, causing economic damage in excess of 57% of GDP that is projected to cost US\$200-300 million to repair. Measures to mitigate these risks, through negotiations with external partners and the reprioritisation of expenditure for flood prevention, are expected to reduce Guyana's vulnerability to future disasters. They

will, regardless, continue to challenge the poverty reduction objectives over the medium term.

Crime and Security

The deteriorating security situation continues to contribute to the migration of highly trained professionals and entrepreneurs whose skills and resources are needed to propel growth.³⁹ In addition, the simmering political unrest between the major political parties engenders instability and creates a climate of uncertainty, providing a disincentive to foreign investment and the retention of domestic capital. Efforts are underway to address these often complicated issues, including donor assisted programmes that target security. These reform efforts will need to be sustained through partnerships between government, civil society and the international community if they are to be successful in the long term.

Improving Systems for Monitoring and Evaluation (M&E)

The effectiveness of the Poverty Reduction Strategy (PRS) is limited by the dearth of data concerning the monitoring and evaluation of the outcomes of programmes and impact of projects on the poor. This limitation was recognised in the earlier stages of the strategy development and programmes have been put in place to address it. To this end the IDB is supporting the Government, since 2004, through a US\$3.5 million loan to strengthen the Bureau of Statistics and the statistical capacity of line ministries to generate and manage a social database to inform policy making. A Monitoring and Evaluation Unit, supported by the World Bank and UNDP, was also set up within the Office of the President (OP) in 2004 to build the institutional framework and capacity for national M&E.

The above reform efforts have begun to bear fruit as evidenced by:

- The new statistical offices in key ministries,

³⁹ There has been a 25% increase in robberies for the year 2006 to August, compared with 2005. The nature of these robberies has also shifted in favour of robberies involving the use of a firearm. Source - Ministry of Home Affairs.

- The generation of two Progress Reports on the PRSP and two Poverty Expenditure Tracking Reports,
- The recently signed contractual engagement of the US Census Bureau to directly support the Bureau of Statistics,
- The establishment of Community Based PRS Monitoring Committees in eight of the ten regions of Guyana and
- The strengthened network of M&E Focal points centrally linked to the OP M&E Unit.

Within the Ministry of Health, a new Health Information system and a Monitoring and Evaluation (M&E) system are being developed to enable networking of the clinics, laboratories and the HIV Secretariat. These initiatives are expected to increase awareness of the critical nature of M&E to official data based policy making and to provide substantive data regarding the consequent impact of government programmes and policies on targeted beneficiaries.

The Government is currently conducting a Household Income and Expenditure Survey (HIES) which is expected to produce first reports in the first half of 2007. An updated Multiple Indicators Cluster Survey (MICS) was also conducted in 2006 and its results are currently being processed. The HIES and MICS will provide updated data on the poverty reduction targets and indicators, which can then be used to better target and refine programmes for poverty eradication.

Addressing Capacity Building Needs

Migration of valuable human resources seriously threatens the capability of the public service to successfully implement and sustain reforms. The repercussions are most noticeable in the health and education sectors: the two sectors most critical to the achievement of the MDGs.

While teachers' salaries are higher than those of public servants with comparable qualifications, they are low in comparison with neighbouring CARICOM countries, other Commonwealth countries and the USA. Many

of these countries have a ready demand for trained, graduate teachers from Guyana, or, in other words, the better-qualified teachers. The growth of private education in Guyana, and indeed the general private sector, is also a source of competition for the services of trained, qualified teachers. Subsequently, there is a deficit of well-qualified, well-trained teachers.

A shortage of qualified healthcare workers is reflected in the many vacant posts within the health system and general shortage of key skills. Low doctor to patient ratios remain an unfortunate feature of the health service outside the capital city of Georgetown and particularly in the hinterland. There are only five doctors to cover Regions 1, 7, 8 and 9. The shortage of staff has affected the decentralisation of health services, particularly the more highly skilled specialists, dentists, health visitors, and nurses. The continued expansion of the services network to all ten administrative regions has resulted in staff being even more thinly distributed. Many primary care facilities share the same key staff and staff must often work outside of their certified skill area. Lower cadre staffs are often employed simply to maintain an institutional presence (nursing assistants, and health aides).

To address the capacity issues in these key sectors, the Government has intensified training efforts and will reconsider the implementation of non-pecuniary and other incentives to attract professionals, particularly to hinterland regions. In 2006 the intake of nurse students in nursing schools in Guyana doubled. Moreover, in 2006 there was an initiative put in place to favour people from the hinterland regions. Graduates from hinterland secondary schools will be able to enter the rural midwifery training programme and on completion will have the opportunity to advance to the medex training programme. It is anticipated that it will be easier to retain staff originating from the Interior than those from urban backgrounds.

Through an agreement with Cuba, Guyana has enrolled about 200 students in medical schools in Havana. The Government is concurrently reviewing the policy concerning the retirement age for teachers and is exploring the possibility of re-contracting retired teachers as a short-term measure.

The mobilisation of retired nurses to staff health centres to promote the Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS and other illnesses has had tremendous success but is threatened by issues of sustainability as these posts are externally supported. Improving midwifery skills in the hinterland regions, where maternal mortality rates are highest, will be strategic in upgrading maternal health in Guyana. Significant reductions in maternal and infant mortality will not be achieved unless the safety of labour and delivery are improved.

Mainstreaming Gender Issues

Notwithstanding the progress reflected in the education and political arenas, gender issues are only minimally integrated into policymaking. Negative stereotyping, prejudice and certain cultural practices in Guyana impede women's progress towards leadership positions. Continued domestic violence against women remains a critical issue.

Women tend to work in the traditional vocations such as education and nursing, leaving their male counterparts to occupy the more lucrative positions in the technical fields. While some initiatives are in place to encourage women to enter into the scientific and technical disciplines, more has to be done to give women more career opportunities and enable them to increase their earning capacity.

The challenge of mainstreaming gender requires continuous monitoring and advocacy. It is recognised that the process of education is a major factor in achieving the changes required and the necessary programmes are being introduced.

Towards a National Development Strategy for Achieving the MDGs in Guyana

Guyana is pursuing the MDGs within the framework articulated in the Poverty Reduction Strategy Paper (PRSP). The first strategy was developed in 2001 and is currently in its last review cycle. The completion of this Poverty Reduction Strategy (PRS) cycle (2001 – 2006) will pave the way for the development of a new PRS expected in 2007.

The new PRS will benefit from:

- An **updated poverty analysis** founded in the new Household Income and Expenditure Survey (HIES) and Multiple Indicator Cluster Survey (MICS) and
- A **revised macroeconomic framework** supported by the IMF under a new Poverty Reduction and Growth Facility.

These surveys will facilitate the updating of the MDG targets and indicators and allow for a deeper trend analysis of Guyana's achievements towards the targets. The results of the evaluation of the 2001 PRS, as well as the costing of the MDG targets, will be incorporated into the revised PRS. In the interim, the Monitoring and Evaluation (M&E) Unit is pursuing a number of initiatives to improve monitoring and evaluation of the MDGs and PRSP. Most notable is the introduction of a surveillance system for monitoring the outputs of government programme interventions and the implementation of a customised DevInfo software in Guyana for accessing and presenting information on the MDGs.

CONCLUSION

This Millennium Development Goal (MDG) Report reflects a consolidation of efforts from multiple collaborators (refer appendix 3). The report assesses the progress Guyana has made and highlights the challenges to be faced and overcome to enable Guyana to meet all its development goals for 2015 and beyond.

As the attainment of Guyana's MDGs is anchored in its Poverty Reduction Strategy (PRS), it is important to refer also to Guyana's Poverty Reduction Strategy Paper (PRSP) when assessing Guyana's progress towards achieving the MDGs. The most recent PRSP Progress Report, completed in 2005, shows that over the past five years Guyana has, on the whole, made 'modest progress' towards the achievement of its MDGs.

Conclusions of the first MDG Report for Guyana completed in 2003, need also to be kept in mind as a

basis for realistic comparison. The 2003 MDG Report for Guyana concluded that:

- Achieving Goals 2 (Universal Primary Education) and 3 (Promoting gender Equality and Empowerment of Women) was 'highly probable'.
- Achieving Goals 1 (Eradicating Extreme Poverty and Hunger) and 7 (Ensuring Environmental Sustainability) was 'potentially attainable' - due to weak but improving policy support conditions.
- Achieving Goals 4 (Reducing Child Mortality), 5 (Improving Maternal Health) and 6 (Combating HIV/AIDS, Malaria and other Diseases) was 'unlikely' - due to weak supporting policy conditions.

The results assessed from this 2007 MDG report (to be read in conjunction with appendices one and two) and the comparison with the results assessed in 2003 are as follows:

Goals	Targets	Likelihood of Achievement by 2015	
		2006	2003
Goal 1	Target 1: Eradicate Extreme Poverty	potentially	potentially
Goal 1	Target 2: Eradicate Extreme Hunger	probably	potentially
Goal 2	Universal Primary Education	probably	probably
Goal 3	Promoting gender Equality and Emp. of Women	probably	probably
Goal 4	Reducing Child Mortality	unlikely	unlikely
Goal 5	Improving Maternal Health	unlikely	unlikely
Goal 6	Target 1: Combating HIV/AIDS	potentially	unlikely
Goal 6	Target 2: Combating Malaria & other major diseases.	unlikely	unlikely
Goal 7	Ensuring Environmental Sustainability	probably	potentially
Goal 8	Not assessed		

While the Goals that are on track are unchanged from the assessment in Guyana's MDG Report of 2003, improvements in specific targets have strengthened the likelihood that they will be achieved.

The most significant progress, with respect to the available baselines as well as the MDG 2003 Report, has been made on targets that address hunger, primary education, provision of basic amenities particularly to low income households, and

empowerment of women. The assessments of these targets indicate that Guyana is on-track to meet them by 2015. The report on environmental sustainability has also been commendable. Economic activity in Guyana does not yet threaten the sustainability of environmental resources. At the same time progress is being made on establishing international standards and institutionalising environmental concerns in policy making, planning and management, including at the community level.

Results concerning poverty eradication and the achievement of the health related MDGs are not as positive. The economic stagnation in Guyana over the past five years is expected to have a negative impact on the goal of eradicating poverty and the reversal of this can only come through a turnaround in economic conditions nationally. The health related MDGs addressing maternal and child health and arresting the prevalence of malaria and other diseases were assessed as being off-track, a status that is unchanged from the 2003 MDG Report. There have been a number of significant interventions in the sector since 2003, however, many of these have been focused on addressing HIV/AIDs. As a result, the HIV/AIDs targets were assessed as likely to be achieved due to the improved supportive environment and targeted interventions, while the other health-related targets were assessed as unlikely to be achieved, at their current pace of progress.

The lack of data, weakness of data systems and the nascent culture of M&E in Guyana must be remembered when considering this report. The absence of a poverty survey in recent years has made it difficult to determine the current status of absolute and extreme poverty. As discussed throughout the report, there are a number of surveys underway⁴⁰ from which results will be captured in the new PRSP in 2007.

This MDG report was prepared, under the leadership of the Monitoring and Evaluation Unit of the PRSP incorporating information from the relevant ministries and agencies, (identified in Appendix 3). The Report benefited from a quality review facilitated by UNDP. A second draft was shared with the donor community and other collaborators in the sector ministries and civil society. Comments were reviewed and incorporated accordingly by the M&E Unit to finalise the Report.

⁴⁰ A Household Income and Expenditure Survey (HIES) was initiated in 2005, which will provide an update against the baseline HIES conducted in 1999. The new Multiple Indicator Cluster Survey (MICS) will also provide an update on the welfare of children and women that can be evaluated against the baseline MICS from 2000.

APPENDICES

APPENDIX 1: Guyana MDGs - Status at a Glance

GOALS/TARGETS	WILL THE GOAL/TARGET BE MET?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
ERADICATE POVERTY Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day								
ERADICATE HUNGER Halve, between 1990 and 2015, the proportion of people who suffer from hunger								
UNIVERSAL PRIMARY EDUCATION Achieve universal primary education by 2015								
GENDER EQUALITY Achieve equal access for boys and girls to primary and secondary schooling by 2005								
CHILD MORTALITY Reduce under-five mortality by two-thirds by 2015								
MATERNAL HEALTH Reduce maternal mortality ratio by three-quarters by 2015								
HIV/AIDS Halt and reverse the spread of HIV/AIDS by 2015								
MALARIA AND OTHER DISEASES Halt and reverse the prevalence of other diseases by 2015								
BASIC AMENITIES Halve the proportion of people without access to safe drinking water and improved sanitation								
ENVIRONMENTAL SUSTAINABILITY Reverse loss of environmental resources by 2015								

APPENDIX 2: Current Capacity for Monitoring & Reporting MDG-progress

Goal	Quantity & Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy-Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Poverty and Hunger															
Universal Primary															
Education Gender Equality															
Child Mortality															
Maternal Health															
HIV/AIDS															
Malaria Control															
Water and Sanitation															
Environmental Sustainability															

**APPENDIX 3: Guyana MDG Progress Report
Core Technical Writing and data collection Team**

GOAL	KEY AGENCIES	TECHNICAL OFFICER
1. Eradicate Extreme Poverty and Hunger	Bureau of Statistics	Mr. John Mensah Mr. Ian Maniford
2. Achieve Universal Primary Education	Ministry of Education	Ms. Evelyn Hamilton Ms. Nicole Warrinna-London Ms. Janice Clarke Ms. Janice Felix
3. Promote Gender Equality and Empower Women	Ministry of Labour and Human Services and Social Security	Ms Yvonne Stephenson Ms. Nalini Narine Ms. Hymawattie Lagan Ms. Carol Blenman
4. Reduce Child Mortality	Ministry of Health	Dr. Jennifer Woolford
5. Improve Maternal Health	Ministry of Health	Dr. Jennifer Woolford
6. Combat HIV, AIDS, Malaria and Other Diseases	Ministry of Health	Dr. Shanti Singh-Anthony Dr. Shamdat Persaud
7. Environmental Sustainability	EPA GEA Ministry of Housing and Water Guyana Water Inc Central Housing and Planning Authority Guyana Forestry Commission	Mr. Tim Laing; Ms Sharifa Razack Delroy O'Neal, Mr. Ramesh Lilwah Ms. Debra Montouth- Hollingsworth Mr. Altaf Gafoor Mr. Christopher Chan Ms. Leticia Ramjag Ms. Margo Boyce
8. Global Partnership for Development	Ministry of Foreign Trade and International Cooperation Debt Management Division, Ministry of Finance	Mr. John Isaacs Mr. Kevin Sears
Drafting, Coordination and Final Editing	M&E Unit, PRSP	Ms. Katherine Marshall Ms. Elsie Croal Ms. Fiona Etwaroo Ms. Penelope Parris Ms. Leta DeJonge

Appendix 4: Statistical Tables

Table A1. Guyana: Selected Macroeconomic and Financial Indicators

	1991-1995	1996-2000	2001	2002	2003	2004	2005	2006
(Percentage change)								
Production and prices								
Real GDP (factor cost)	6.3	3.8	2.3	1.1	-0.6	1.6	-2.8	4.2
Nominal GDP (market prices)	54.6	8.2	0.3	3.3	4.4	8.3	1.3	8.2
GDP deflator (factor cost)	14.5	5.1	1.5	3.7	5.4	4.3	4.2	3.8
Real GDP per capita	7.6	2.5	1.3	0.4	-1.2	1.2	-3.1	3.9
Real Effective Exchange Rate	n/a	1.5	-4.2	-9.5	-8.7	-4.2
(In percent of GDP)								
National accounts								
Investment	38.1	27.1	20.8	20.9	21.0	22.1	31.2	34.2
Private sector	22.2	11.5	8.0	8.3	6.5	5.7	6.7	7.0
Public sector	15.9	15.6	14.0	12.6	14.5	16.4	24.5	27.2
National saving	7.9	14.7	2.8	7.6	12.1	17.5	12.4	11.9
Private sector	6.8	6.5	3.7	0.8	6.8	7.4	5.1	2.4
Public sector	1.1	8.2	-1.1	6.8	5.3	10.1	7.3	9.5
External current account balance (excl. transfers)	-30.2	-15.2	-19.2	-15.2	-11.8	-9.5	-22.6	-26.5
Nonfinancial public sector								
Revenue	27.4	34.9	33.5	32.3	35.0	37.6	37.2	37.5
Expenditure	38.4	42.8	48.6	46.4	48.4	48.6	60.3	61.1
Current	29.7	27.4	34.6	33.7	33.9	32.2	35.8	33.9
Capital	8.7	15.5	14.0	12.6	14.5	16.4	24.5	27.2
Saving	-2.3	7.5	-1.4	-1.3	2.3	5.4	1.9	3.6
Overall balance (before grants)	-11.0	-8.0	-15.4	-13.9	-13.3	-11.0	-24.8	-24.9
Grants (including HIPC relief)	8.0	4.8	8.4	8.2	4.6	6.5	9.7	8.0
Overall balance (after grants)	-3.0	-3.2	-7.0	-5.8	-8.7	-4.4	-13.4	-13.6
(In millions of U.S. dollars, unless otherwise indicated; end of period)								
External sector								
Resource Balance (GNFS)	-62.3	-62.2	-90.8	-68.1	-59.0	-57.0	-218.0	-224.0
External Current Account Balance	-130.0	-96.8	-130.9	-110.0	-88.0	-75.0	-176.0	-218.0
Gross official reserves	219.1	296.8	285.1	279.8	271.2	254.6	275.9	260.7
Months of imports	4.5	4.6	4.3	4.2	4.4	3.2	3.0	3.2
(In percent, unless otherwise indicated)								
Debt ratios								
NPV of external debt-to-export ratio	408.8	198.9	115.7	139.2	70.9	66.6	80.3	91.9
NPV of external debt-to-revenue ratio	1420.8	611.0	353.9	376.1	209.5	194.9	217.1	234.1
NPV of external debt-to-GDP ratio	463.5	196.0	112.6	126.0	66.0	66.0	76.7	83.4
Debt-service ratios								
Exports of goods and nonfactor services	20.0	15.0	8.0	8.3	7.2	5.6	3.5	4.9
Cent. government revenue	69.2	46.2	24.0	23.6	20.6	16.9	9.4	13.1
Memorandum items:								
Nominal GDP (G\$ billion)	61.7	113.5	130.4	137.7	143.8	154.6	157.4	166.2
Guyana dollar/U.S. dollar (period average)	129.5	158.9	187.1	190.6	193.0	198.3	200.1	202.3
GDP per capita (US\$)	615.2	937.5	942.3	965.0	991.0	1041.	1031.0	1082.0

Sources: Ministry of Finance and PCPMU, Office of the President

Table A2. Guyana: Social Sector Spending

(Percent of GDP)	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
unless otherwise indicated										
Current	5.4	7.4	9.5	11.3	11.9	12.9	11.5	11.5	11.6	12.1
Personnel emoluments	4.2	3.8	5.6	5.5	5.7	6.2	6	5.8	6.0	6
Education	2.6	2.8	3.6	3.9	4	4.5	4.4	4.2	4.3	4.3
Health	1.6	1	2	1.6	1.7	1.7	1.6	1.6	1.7	1.7
Other	1.2	3.6	3.9	5.8	6.2	6.7	5.5	5.7	5.6	6.1
Education	0.2	1.4	1.5	1.6	2	2.3	2.4	2.7	2.7	2.8
Health	0.8	1.6	1.8	1.9	1.7	2.2	2.2	2.1	2	2.2
Poverty Alleviation 1/	0.2	0.6	0.6	2.3	2.5	2.2	0.9	0.9	0.9	1.1
Capital	8.3	6.4	6.1	7.1	7.3	5.6	5.6	5.6	7.3	7.5
Education	1.2	1.3	1.1	2.3	2.7	2.2	1.3	1.3	1.5	1.3
Health	0.4	0.1	0.3	0.2	0.1	0.2	0.8	0.6	0.6	0.7
Poverty Alleviation 1/	6.8	5.0	4.7	4.6	4.5	3.2	3.5	3.7	5.3	5.5
Housing and Water	1.5	1.6	1.5	1.9	1.6	1.6	3.2	2.8	3.0	3.3
Current	0.7	0.4	0.6	0.5	0.4	0.6	0.7	0.7	0.6	0.6
Personnel emoluments	0	0	0	0	0	0	0	0	0	0
Other	0.7	0.4	0.6	0.5	0.4	0.6	0.7	0.7	0.6	0.6
Capital	0.8	1.2	0.9	1.4	1.2	1	2.5	2.1	2.4	2.7
Public Service Reform 2/	0	0	0	0.3	0	0.8	1.1	0.1	0	0
Total Social Spending 3/	15.2	15.4	17.1	20.6	20.8	20.9	21.4	20.0	22.0	22.9
EHIPC CP Social Spending 4/	13.7	13.8	15.6	18.4	19.2	18.5	17.1	17.1	18.9	19.6
Total Current Spending	6.1	7.8	10.1	12.1	12.3	14.3	13.3	12.3	12.2	12.7
Total Capital Spending	9.1	7.6	7	8.5	8.5	6.6	8.1	7.7	9.8	10.2
Personnel emoluments/SS	27.6	24.7	32.7	26.7	27.4	29.7	28.0	29.0	27.3	26.2
Education	17.1	18.2	21.1	18.9	19.2	21.5	20.6	21.0	19.6	18.8
Health	10.5	6.5	11.7	7.8	8.2	8.1	7.5	8.0	7.7	7.4
Nominal GDP at market prices in billions of Guyana Dollars	106.7	108	120.7	130	133.4	137.8	143.8	154.6	157.9	170.8

Sources: Guyanese Authorities, IMF Publication (EBS/05/5)

1/ Includes SIMAP, BNTF, IFAD Rural Support Project and other poverty related programs

2/ Includes severance payments for civil service reform as well as safety net programs for Linmine workers in 2003

3/ Includes Housing and Water and Public Sector Reform

4/ This is the definition used in the context of the Enhanced HIPC Completion Point. It excludes housing and water and public sector reform

**BUREAU OF STATISTICS
REPUBLIC OF GUYANA
POPULATION AND HOUSING CENSUS - 2002
MARGINALITY (POVERTY STATUS) BY REGION**



Key:

- 1 - BARIMA/WAINI
- 2 - POMEROON/SUPERNAM
- 3 - ESSEQUIBO ISLANDS/WEST DEMERARA
- 4 - DEMERARA/MAHAICA
- 5 - MAHAICA/BERBICE
- 6 - EAST BERBICE/CORENTYNE
- 7 - CUYUNI/MAZARUNI
- 8 - POTARO/SIPARUNI
- 9 - UPPER TAKATU/UPPER ESSEQUIBO
- 10 - UPPER DEMERARA/BERBICE

Variables used:

- 1. Proportion of adults - who are illiterate.
- 2. Proportion of adults - working in the primary sector.
- 3. Proportion of children not attending school full-time.
- 4. Proportion of dwellings not having piped water.

Notes:

The index is weighted by the number of households in the enumeration area.
High marginality index value indicates high level of poverty.
The indices were computed using selected variables from the 2002 population census.

- 5. Proportion of dwellings that do not have a W.C. linked to sewer.
- 6. Proportion of dwellings that do not have electricity.
- 7. Proportion of dwellings that do not have garbage collection service, or do not use compost, or burying.
- 8. Overcrowding.

