



Canadian Society for International Health

A Canadian Voice for Global Health

La Société Canadienne de Santé Internationale

PUBLIC HEALTH STRENGTHENING IN GUYANA



The Canadian Society for International Health is the CEA (Canadian Executing Agency) for this joint Government of Guyana – Government of Canada program addressing HIV/AIDS/STIs/Tuberculosis and developing an electronic Health Information System in the nation of Guyana

FROM THE GROUND UP

PHSG Meets Success through Collaboration

Over the past five years, the governments of Canada and Guyana have demonstrated a collaborative and productive relationship. The Public Health Strengthening in Guyana (PHSG) Project is the first bilateral project between these governments that addresses public health challenges, including the emergence of HIV/AIDS and the resurgence of TB. The project's purpose is to strengthen the public health system by enhancing the capacity of the Government of Guyana to better deliver, manage, and monitor disease prevention and control programs in the areas of STIs, HIV/AIDS and TB, and to effectively plan, manage, and evaluate health care services. PHSG is funded by the Canadian International Development Agency and is being implemented by the Canadian Society for International Health in collaboration with the Guyana Ministry of Health.

PHSG is now in its fourth year, with many successes to its credit. The hallmarks of the project are all initiatives conceived and implemented from the ground-up, including:

- Developing and adapting STI and HIV/AIDS National Guidelines and fostering the adoption of management strategies in collaboration with implementing partners and other donors. Part of the overall strategy has included setting up STI centres managed by nurses



TB Consultant Dr. Earl Hershfield with Georgetown Chest Clinic Supervisor Nurse Niebert Tucker

with diagnosis provided on-site – a first in Guyana.

- Building capacity for TB best practices and diagnostics. The Project should serve as a model for the Caribbean region, due to the development of national guidelines for TB and the implementation of Directly Observed Treatment Short-course (DOTS) in four regions in the country. A TB electronic registry was created as part of the Health Information System initiative. The Guyana Chest Society was reactivated with the support of PHSG and the first two National TB Conferences were held. The Project set up TB laboratories in three regions, including one where TB cultures are done. The TB laboratory network is linked to CAREC, where confirmation and drug sensitivity tests are performed, and the first case of multi-drug resistant TB was diagnosed. Labs are also linked to the Canadian National microbiology lab, where second line drug resistance is determined. This work in TB was acknowledged in Guyana's Global Fund proposal and contributed to its success.

- Developing an adaptable and expandable electronic health information system (HIS) to collect, process and communicate disaggregated health data on Primary Health Care, STIs, HIV/AIDS, and TB, and to contribute to national health policy and planning.

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From the Ground Up

PHSG meets success through collaboration

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- Establishing a home and community-based training program for the care and support of HIV/AIDS and TB clients.
- Coordinating and contributing to several operational research studies.
- Building the capacity of educational institutions by designing and implementing an STIs, HIV, and TB core course at the University of Guyana, developing a student resource centre, and increasing research capacity for students.
- Building the capacity of professional organisations with over 60 continuing education sessions reaching over 500 health professionals.

With many achievements to date, members of the PHSG team are proud to report on the continuing success of their ongoing projects. The articles that follow are an in-depth look at the different dimensions of the Project, as well as an exploration of more recent events. We welcome feedback from the public and look forward to building our successes over the next year.

upcoming activities

- HIS Database piloting will be extended to Region 6 and 10
- Recruitment for the second CIDA clinical research intern is in progress
- Analysis of a study on access to healthcare for Female Sex Workers and Men who have Sex with Men will be finished in May
- A gender workshop is scheduled in June for University of Guyana Faculty members

Celebrating World TB Day 2006

On March 31st World TB Day was observed internationally. The aim of World TB Day is to mobilize support for the fight against TB; by mobilizing communities, raising awareness, encouraging governments and donors to invest in TB control, and calling for strengthened commitment, we can ensure that TB is placed prominently on the global agenda and eliminated by 2050.

As part of PHSG's activities, World TB Day was celebrated by highlighting the achievements of the National TB Program and encouraging the sharing of knowledge about this curable disease. It is estimated that 14% of Guyana's population (approx. 115 800 persons) is infected with the TB bacilli, of which some 2 900 are active cases (persons who are ill). The annual incidence of tuberculosis is approximately 81 per 100 000 inhabitants and the mortality rate is 3.25 per 100 000.

Guyana began implementing the Directly Observed Treatment Short-course (DOTS) strategy as a pilot project in 2002 in Georgetown and a few villages in regions 1 and 8. In 2003, the implementation of DOTS was extended to the Georgetown Prisons. From 2004, PHSG has facilitated the expansion of the DOTS program to regions 4 (East Coast and East Bank Demerara), 10, 6 and 3. Guyana now has a cadre of 17 DOTS outreach workers in four regions. These dedicated

women and men play an important role in controlling TB in Guyana.

PHSG has also worked closely with the National TB Program, Georgetown Public Hospital Corporation, New Amsterdam Hospital and Linden Hospital Complex to set up sputum microscopy laboratories at these facilities and, in the case of Georgetown Hospital, the capacity to do cultures to grow the TB bacillus. TB patients can now have their sputum checked for the TB bacillus in regions where they live. The ability to do cultures and link with external reference laboratories helps to determine the extent of drug resistance and also impacts on future treatment and guidelines. During 2006-2007, the National TB Program will further expand the DOTS program to Regions 2, 5, and the hinterland regions of Guyana.



DOT outreach worker Ms. Rosanne Downer on her way to visit a patient

The TB Component of PHSG has also been a success in increasing research into TB in Guyana. Recently a study on the effects of improved nutrition on TB outcomes was undertaken in collaboration with the Guyana Chest Society. Another study on factors that influence adherence to TB drug regimens was completed in February. Results from these studies are helping to improve the National TB Program and the way it delivers treatment and care.

Community and Home Care Development in Guyana

The Community and Home Care aspect of the PHSG project continues to thrive. During the first years of the project, National Guidelines were developed along with six training modules. A number of volunteers have been trained and the past year saw further developments through the Train the Trainer program.

A comprehensive Train the Trainer Retreat in October helped solidify the expertise of over 40 trainers. Knowledge acquired at the trainings is utilised on a daily basis, and to date trainers have held over 1300 sessions with colleagues, community members, and family members using the trainer modules.

In Year 3 the PHSG expanded the Train the Trainers program in collaboration with the International Labour Organization's "HIV at the Workplace" project. This resulted in the introduction of the Train the Trainer program to members of over 15 labour unions. Discussions were also held with the Ministry of Health Schools of Nursing, and educational programming and training of nursing tutors will be carried out in year 4.



National HBC inaugural workshop participants with Dr Anthony Head, HSDU, consultants F. Porter and J. Courville VON and CSIH staff

Furthermore, the Ministry of Health (MOH) for Guyana, through the Global Fund (GFATM), has embarked on a National Home-Based Care Program. PHSG has been instrumental in assisting the MOH in developing and implementing this strategy. The new HBC strategy involves program-based case management by nursing supervisors with the support of family members and volunteers for the delivery of care. The training of volunteers for this project was initiated in Year 3 and will continue into Year 4, as will the fleshing out of the HBC strategy and its supporting manuals and documents.

in focus

The Interns of PHSG

Behind the team of full time professional staff working in Guyana there is a group of interns that lend their expertise to the project. The interns come as part of the Youth Employment Strategy (YES) of the Government of Canada. In 2004/05, three interns were part of the PHSG team. Two of the interns were funded by Netcorps Canada International to participate in the development of the Health Information System and one intern was funded by CIDA to participate as a researcher focussing on STIs, HIV, and TB. The placements were organized by the International Health Young Professionals Placement Program of CSIH. While the interns are assigned to a particular aspect of the project based on their expertise, they are able to develop their skills in many different areas.

“Not only did I get to teach others valuable skills but I also learned how to communicate and work with others from a different culture, which I think is an extremely important skill to possess”

• Alam Khan, Netcorps Intern



CIDA intern Jody Boffa (left) and Netcorps intern Alam Khan (centre) work with PHSG staff member Dexter Andries at an education exhibit

KEY ACHIEVEMENTS

Alam Khan, Clinical Database Officer

Trained staff in health facilities on the computerised health information system (HIS), contributed to system administration, database development, graphic design, office administration, software testing, networking, and technical support.

Jody Boffa, Clinical Research Associate

Developed curriculum for a Research Methods course for nursing students at the University of Guyana, assisted students with a research project on the Prevention of Mother to Child Transmission of HIV in the depressed community of Sophia, and carried out a case control study on TB drug adherence.

Joseph Mayer, Clinical Database Officer

Contributed to HIS administration and computer networking, assisted with training of health facility staff, and facilitated

Health Information System Seeing Results

One of PHSG's five priorities is developing an electronic Health Information System (HIS), the first of its kind in Guyana. The HIS provides a mechanism for the ongoing monitoring of Guyana's public health system, thus allowing for faster responses to health needs and the avoidance of potential health crises. Additionally, it will be a key asset in providing ongoing evidence for future clinical and policy making decisions for both patient management and strategic planning and governance at the regional and national levels.



Local System Administrator A. Samaroo (left), HIS Consultant Dr. Fisher (centre), and Programmer G. Walters at work in the Georgetown Chest Clinic

Version 0.6 (out of 1.0) of the HIS is being piloted in three clinics in Georgetown and the Central Medical Laboratory. The latest version includes a TB registry, which meets WHO reporting requirements. Version 0.6 also includes modules for human resources, drug inventories, pregnancy clinics, and reporting. Over 90 database users have received training in database application and the software is currently being rolled out to New Amsterdam and Linden. Recently the Ministry of Health was networked with over 40 employees trained on databases, HTML, and networking.

Additionally, the HIS team has recently developed two new databases, one for the baseline survey on sexually transmitted infections and the other to log laboratory results.

The remaining activities for the development of the HIS centre around fine tuning the system. This includes clearing up bugs and making minor changes to the log book. The finished product is scheduled for release in autumn 2006. Staff training at all sites will continue in the interim.

Making an Impact on STIs and HIV

HIV, AIDS, and other sexually transmitted infections are among the top priorities being addressed by PHSG. Guyana is one of the only Caribbean/Latin American countries whose HIV/AIDS epidemic has spread beyond specific high risk groups into the general population. After Haiti, Guyana has the highest AIDS prevalence in the region. Epidemiologic studies indicate that history of a sexually transmitted infection (STI) is associated with an increased risk for HIV infection, and inflammation caused by STIs has been implicated as a cofactor for acquiring an HIV infection. Infrastructure limitations prevent an accurate appreciation of the STI burden in Guyana.

Given this information the PHSG, working with the Ministry of Health, has developed a number of initiatives to address HIV and STIs in Guyana. An STI baseline pathogens survey is underway to accurately determine the types and extent of STIs in Guyana. The study is now 80% complete. STI and HIV counselling workshops have been held for over 40 staff from six regions in Guyana. Clinic organisation and on-site mentoring for STIs and HIV is underway and mentoring and retraining of technologists is ongoing due to high staff turnover.

In February 2006 PHSG worked with the Pan-American Health Organisation (PAHO) to conduct a study on access to health care and treatment for HIV and STIs for high risk groups in Georgetown. The study recently concluded and analysis of the results will help to determine how best to approach high risk groups and ensure that programs are providing adequate and confidential services to these groups.

QUICK FACT

Guyana is one of only three countries in the Caribbean that has the facilities needed to handle TB cultures. Amongst these, Guyana has the largest workload. Due to the success of its TB program, Guyana is being used by CAREC as a model for other Caribbean countries.

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