AUDIT OFFICE OF GUYANA

PROMOTING GOOD GOVERNANCE, TRANSPARENCY
AND IMPROVED PUBLIC ACCOUNTABILITY

REPORT OF THE AUDITOR GENERAL

ON THE IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

A PERFORMANCE AUDIT

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In conducting Performance and Value-for-Money Audits, the Auditor General examines the extent to which a public entity is applying its resources and carrying out its activities economically, efficiently and effectively with due regard to ensuring effective internal management control.

This report has been prepared in accordance with Part V Section 24 (1) (b) of the Audit Act 2004. In conducting this Performance Audit, we followed the Code of Ethics and Standards and Guidelines for Performance Auditing of the International Organization of Supreme Audit Institutions (INTOSAI), of which the Audit Office of Guyana is a member.

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A Performance Audit linked to the Achievement of Sustainable Development Goal № 3.d

Implementation of the International Health Regulations (2005)

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EXECUTIVE SUMMARY

Why we did this audit

The Government of Guyana through the Ministry of Health is responsible for implementing the International Health Regulations (IHR) (2005). The purpose of the IHR (2005) is to improve the health system's ability to detect and respond to health emergencies of local and international concern. A performance audit for the period 1 January 2019 to 31 December 2020 was done to determine whether the legislative and governance framework had been strengthened in accordance with the IHR (2005).

Key messages

The Government had key laws, structures and guidelines in place to manage the health system. However, no efforts were made to amend the laws to allow for the full and efficient implementation of the IHR (2005). Further, essential arrangements, such as committees and strategies to support the IHR (2005) functions, were inadequate. As a result, the Government was not properly prepared to effectively manage public health emergencies and disasters, such as the COVID-19 pandemic.

What we found

Law amendments not discussed and approved. The recommendations to strengthen laws that allow for the full and efficient implementation of the IHR (2005), were not discussed with stakeholders and approved for amendment.

Lack of a comprehensive National Health Emergency Management Plan. The Health Multi-Hazard Emergency Management Plan, which guides emergency management to protect the lives of citizens lacks key information such as Guyana's public health risk profile and the resources available to manage public health emergencies and disasters.

The IHR Committee structure lacks a multi-sector and whole-of-government approach. There is no representation for all agencies across government which includes customs, ground transport, regional authorities, religious organizations, people living with disabilities, civil service organizations, and the private sector.

Unapproved Standard Operating Procedure for the functioning of IHR National Focal Point. The Standard Operating Procedures which should guide the National Focal Point and other legal structures to implement the IHR (2005) have been in existence for over five years, yet it remains in draft.

Way forward

The Audit Office made eight recommendations to the Ministry for improvements. Through the full implementation of the recommendations, the legislative and governance structure of the health sector will be more resilient to deal with health emergencies.

Introduction

1. In September 2015, the member states of the United Nations (UN) jointly committed to the Sustainable Development Goals (SDGs). The SDGs provide a long-term plan to address five critical areas of importance (people, planet, prosperity, peace, and partnership) by the year 2030. In this regard, Governments are expected to establish national frameworks for the achievement of the Goals. In addition, they also have a responsibility to track, evaluate and report on the progress made towards implementing the goals.

2. Supreme Audit Institutions (SAIs) also play an important role in the achievement of the SDGs. Through the conduct of performance audits, SAIs provide an independent review of a government's implementation efforts. In this regard, the International Organization of Supreme Audit Institutions (INTOSAI) which supports SAIs in building their professional capacities, has established a framework for auditing the SDGs. Under this framework, and in view of the effects of the recent COVID-19 pandemic on national public health systems, the Performance Audit linked to the implementation of SDG Goal № 3 – Good Health and Well-Being, Target № 3.d, was conceptualised.

3. SDG № 3.d targets the strengthening of a country's capacity, for early warning, risk reduction and management of national and global health risks. In particular, health emergency preparedness and capacity under the International Health Regulations (IHR) 2005.

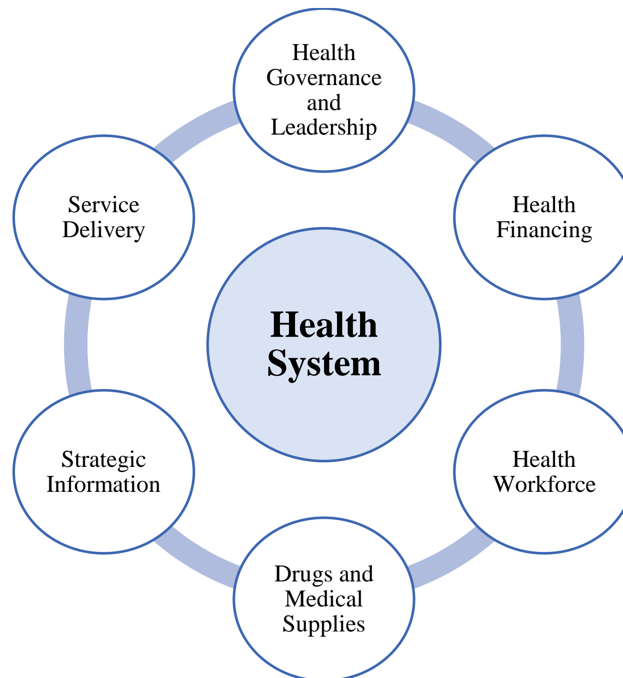
4. The IHR (2005) was established as a legally binding agreement on the World Health Organization (WHO) and 196 countries (known as States Parties). The IHR (2005) became effective on 15 June 2007 and requires countries to work together for global health security. It provides a framework for managing public health emergencies and disasters of national and international concern. The framework includes fifteen core capacities (previously thirteen) which are required to detect, assess, notify and report events, and respond to public health risks and emergencies. The WHO requires the core capacities to be monitored and evaluated to determine the progress towards implementation and sustainability for public health security. When fully and efficiently implemented, a country's capacity to effectively manage public health risks and disasters should be improved. A list of the core capacities can be found in Annex I.

Financial and administrative management

5. The management of Guyana's public health system falls under the purview of the Ministry of Health (*previously* the Ministry of Public Health). However, other agencies, at the national, regional and local government levels provide support in regulating specific subject matters relating to health.

6. The Permanent Secretary has overall responsibility for the financial and administrative management of the Ministry of Health. The Chief Medical Officer has overall responsibility for health care matters.

7. In keeping with international commitments and national priorities on health, the Ministry of Health through a consultative process developed a national health strategy for Guyana in December 2013. The strategy "Health Vision 2020" outlined a comprehensive plan for the years 2013 to 2020 to address health factors and constraints in the health system. The objective is to achieve health for all in Guyana. The strategy defined seven dimensions of the health system as follows:



Reasons for undertaking the audit

8. The COVID-19 pandemic highlighted the vital role of national public health systems and their capacity to quickly respond to public health risks and emergencies to avoid health disasters. In this regard, the WHO issued a Call to Action to Governments urging them to improve their health system's capacity to detect, respond to, and manage health risks and emergencies of national and international concern, while remaining resilient. Taking this into consideration and the important role of SAIs, the INTOSAI Development Initiative[1] supported a cooperative audit of national public health systems. The main purpose of the audit is to contribute to strong and resilient national public health systems that lead to good health and well-being for all.

[1] The INTOSAI Development Initiative (IDI) is an INTOSAI organ as separate legal entity, which supports capacity development of Supreme Audit Institutions (SAIs) mainly in developing countries.

Audit objective

9. The audit objective is to determine whether the government strengthened the health system's governance and leadership framework to prepare for health emergencies and disasters, in keeping with national priorities and international commitments.

10. To this end, the audit will examine whether:

a. The Ministry of Health collaborated with other relevant stakeholders to review and amend the legislative framework to strengthen the national public health system for emergency preparedness and response;

b. a national strategy and supporting plans were established to ensure clear goals and objectives are in place to implement the IHR (2005);

c. an appropriate organisational structure was in place to define, allocate, coordinate and supervise IHR activities;

d. clearly defined roles and responsibilities for all stakeholders in the Health System were established to ensure coherence and coordination of IHR (2005) activities;

e. the progress made to implement the IHR (2005) core capacities was monitored and evaluated; and

f. all reporting obligations under the IHR (2005) were honoured in a timely manner.

Audit criteria

11. Audit criteria are reasonable standards against which management practices, controls and reporting systems can be assessed. The audit criteria and their sources are presented in the **"About the Audit"** section of the report.

Report structure

12. This report consists of the following three chapters, which cover the Lines of Enquiry considered by this audit:

- *Chapter 1 –* Legislation and Policy Reform
- *Chapter 2 –* Administrative Arrangements to implement the IHR (2005)
- *Chapter 3 –* Monitoring, Evaluating, and Reporting on the Core Capacities for Public Health Emergency

Chapter 1
Legislation and Policy Reform

Criterion 1.1

The Ministry of Health in collaboration with other relevant stakeholders should review and amend the legislative framework to strengthen the national public health system for emergency preparedness and response.

Legal Framework for Guyana's Health Sector

13. An adequate legal framework is essential to support and facilitate the various activities under the International Health Regulations (IHR) 2005. The activities are aimed at strengthening national public health systems to be prepared for, and provide a public health response to the national and international spread of diseases. In Guyana, the Public Health Ordinance of 1934 is the main piece of legislation that governs the country's public health sector. It addresses a number of areas required by the IHR (2005). In addition, there are 25 Acts (Annex II) that support the regulation of the public health sector and address other issues related to the country's compliance with the IHR (2005). The Acts include:

1) Public Health Immunization Act 1974
2) Ministry of Health Act of 2005
3) Georgetown Public Hospital Order № 3 of 1999 under the Public Corporations Act 1988
4) Health Facilities Licensing Act 2007
5) Regional Health Authorities Act of 2005
6) Animal Health Act 2011
7) Cheddi Jagan International Airport Act Cap 52:01
8) Civil Aviation Act 2000
9) Customs Act Cap 82:01
10) Environmental Protection Act 1996
11) Food and Drugs Act 2012
12) Food Safety Act 2019
13) Occupational Safety and Health Act 1997
14) Pesticides and Toxic Chemical Act 2000

Laws assessed and gaps determined

14. The World Health Organisation recommends that State Parties assess their existing legislation to determine whether they are appropriate or may need to be revised to facilitate implementation of the IHR. This is necessary to give effect to the IHR within national jurisdiction and to facilitate related activities in a more efficient, effective, and beneficial manner.

15. Despite the existence of a legal framework, 21 out of the 25 Acts were established before the IHR (2005) became effective in June 2007. Nonetheless, an assessment of the laws was done. It was financed by the Caribbean Public Health Agency and carried out by a private company. The results (a gap analysis) were presented in the Draft Legislative and Policy Framework Report dated 31 May 2021. According to the report, there is a need to update seven of the main legislations as shown in the following table:

№	Legislation to be updated	Recommended Actions
1.	Public Health Act	Include: • biosafety and biosecurity provisions general communication and reporting protocols • a part for conveyances • areas specific to emergency response and management • a part on surveillance and monitoring • establishment and function of Emergency Operations Centre • health measures and traveller protections (International Travelers)
2.	Occupational Safety and Health Act	Include biosafety and biosecurity provisions
3.	Health Facilities Regulations	Include provision for the storage of specimen
4.	Food Safety Act	Include a comprehensive process and procedure of a reporting and communication mechanism
5.	Civil Aviation Regulations	Include provision for health
6.	Transport and Harbour Act	Include provision for health
7.	Customs Act	Include contamination and disinfection processes and procedures

Table 1 – Recommended actions from the legislative assessment for IHR (2005) implementation
Source: Draft Legislative and Policy Framework Report dated 31 May 2021 (Gap Analysis)

Law amendments not discussed and approved

16. The recommended actions listed in the table above were to be discussed with the National IHR Focal Point and other responsible authorities for approval and implementation. However, the Ministry did not provide evidence that the recommendations were discussed, accepted and approved for implementation. Hence, legislative revisions for the full and efficient implementation of the IHR (2005) were delayed. As a result, the Government through the Ministry of Health may be unable to properly detect, respond to, and control public health emergencies and disasters such as the COVID-19 pandemic.

Recommendation: *The Audit Office recommends that the Ministry of Health should consult with the relevant stakeholders to review and implement the recommendations made in the gap analysis report. This is to establish an adequate legal framework to facilitate IHR (2005) activities.*

Management's Response:

The observations are correct for the audited time period.

The Ministry of Health is engaged in a process with PAHO/WHO to develop a new Public Health Act. As per discussions in the drafting process, the new legislation will endeavor to deal with several key legislative gaps that hinder the implementation and operationalisation of the IHR 2005.

However, it should be noted that the Ministry of Health conducted the first ever WHO IHR Joint External Evaluation (JEE), in the form of a Voluntary External Evaluation (VEE) of IHR 2005 Core Capacities during the period March – July 2023. In the context of the same, the Ministry of Health via the International Health Regulations National Focal Point (which includes a multisectoral committee) will endeavor to review the gap analysis as described within the audit report. However, based on recommendations of the IHR JEE/VEE External Team and considering the development of the new Public Health Act and other pieces of legislation, an updated evaluation of the legislative framework should be undertaken to assess the same, relative to facilitating the implementation of the IHR 2005.

Criterion 1.2

The Ministry of Health should establish a national strategy and supporting plans to ensure clear goals and objectives are in place to implement the IHR (2005).

No strategy or plan to implement IHR (2005) requirements

17. The IHR (2005) requires State Parties to develop and implement plans of action to ensure that the core capacities are present and functioning throughout their territories. As such, the Ministry of Health was required to develop a national plan or strategy to guide the full implementation of the IHR.

18. The Ministry indicated there is no national strategy or plan for the implementation of the IHR (2005). Rather, IHR activities are facilitated through existing laws. However, in accordance with the gap analysis referred to in Paragraph 16, eight of the laws are deficient in meeting the IHR (2005) main requirements. The absence of a national plan can result in fragmentation and overlaps in roles and responsibilities among stakeholders. In addition, the Government may be unable to honour its commitment under the Regulations in a timely manner.

Recommendation: *The Audit Office recommends that the Ministry of Health collaborate with all relevant stakeholders to draft a national plan to ensure the core capacities under the IHR (2005) are present and functioning.*

Management's Response:

During the audited period, no strategy or national plan was in place, drafted or developed for the implementation of the IHR 2005.

Currently, following the completion of the Voluntary External Evaluation (VEE) of IHR 2005 Core Capacities previously mentioned, the Ministry of Health via the International Health Regulations National Focal Point (which includes a multisectoral committee), in collaboration with PAHO/WHO is currently developing a National Action Plan for Health Security (NAPHS). The NAPHS will feature an action plan for the strengthening of existing IHR capacities and implementation of non-existent IHR capacities, all of which will be aligned to the 15 core capacities under the IHR 2005, as described in the State Party Self-Assessment Annual Reporting Tool (SPAR).

A preliminary action plan and SWOT analysis for each core capacity was completed by the IHR NFP during the preparation of the JEE/VEE State Party Self-Assessment Report 2023, which was utilized to conduct the WHO IHR JEE/VEE.

A comprehensive National Health Emergency Management Plan was not in place

19. Every country is at risk of encountering an emergency or disaster of some form which can significantly weaken its health system's performance. This can result in the delivery of poor-quality services or the lack of healthcare facilities where most needed, especially in rural areas. Therefore, it is necessary for the health system to be properly prepared and have the capacity to respond, at all levels of Government (national, regional and local), through a well-defined emergency management plan.

20. A National Health Emergency Management Plan is a key requirement under the IHR (2005). The purpose is to assess and prioritise health risks, document response strategies and procedures for all stakeholders, establish leadership and identify essential resources. In this regard, the Ministry is expected to have an approved National Health Emergency Management Plan to properly manage public health emergencies and disasters when they occur.

21. A Health Multi-Hazard Emergency Management Plan was established by the Ministry of Health in collaboration with other relevant stakeholders. The plan was first drafted in March 2009 and last updated in January 2017. It outlines the strategy the Ministry of Health intends to take to prevent or minimize the impact of a disaster or emergency on Guyana's health system. It includes standard operating procedures for alert actions by key personnel within the health system.

22. However, an analysis of the Plan revealed that it did not address all the required areas based on WHO's Guidance on "Preparing for National Response to Public Health Emergencies and Disasters[1]". For example, a section of the plan should document Guyana's public health risk profile. It should summarise the risks of the country and identify priority hazards according to their level of risk. Also, to understand Guyana's existing capabilities, the Plan should include a list of all supplementary plans and resources for health emergencies that are in place and accessible to the health system. This should include the availability of resources including funding in other sections of government as well as internationally, that can be directed towards health emergency responses.

23. In addition, the seven sub-plans listed below were to be appended to the Health Multi-Hazard Emergency Management Plan. The purpose of the plans is to guide the health sector in the management of specific areas of public emergencies and disasters such as prevention, preparedness, response recovery and rehabilitation for specific hazards. However, it could not be determined whether the plans were in place.

Sub-Plan	Description
1. Mass Casualty Management Plan	• Manages disasters and emergencies in which there are greater than six casualties.
2. Georgetown Public Hospital Disaster Management Plan	• Guides the action of staff in ensuring that they respond in the appropriate manner when dealing with a particular disaster.
3. Community Health Services Disaster Management Response Plan	• Provides general guidelines for Community Health Services in its role of management of disasters. Each Health Region/District and Centre will have their own plans.
4. Environmental Health Disaster Management Plan	• Guides the specific action to be taken by the Environmental Health Department in the management of a particular disaster.
5. Infectious Diseases Management Plan	• Guides the action to be taken in the management of infectious diseases.
6. Prevention and Preparedness Plan	• Identifies the action to be taken by the Ministry of Health, NGOs, and other social partners in preparing for a possible disaster.
7. Response Plan	• Identifies the action to be taken by the Ministry of Public Health, NGOs, and other social partners in responding to a possible disaster.

Figure 1: Seven Sub-Plans for management of public health emergencies and disasters in specific areas
Source: Health Multi-Hazard Emergency Management Plan 2017

[1] https://www.who.int/publications/i/item/9789240037182, *accessed 5 February 2021.*

24. Further, it was recommended in the Draft Legislative and Policy Framework Report dated 31 May 2021, that a National Action Plan on Emergency Preparedness and Response be drafted. This is necessary since all the relevant stakeholders did not have individual emergency preparedness procedures and a national approved plan is not in place.

Recommendation: *The Audit Office recommends that the Ministry of Health implement as soon as possible, an approved National Health Emergency Management Plan to ensure a timely, coordinated and effective response to public health emergencies and disasters should they occur. The Plan should be developed in-keeping with the International Health Regulations.*

Management's Response:

Currently, following the completion of the WHO IHR JEE/VEE assessment, the Ministry of Health has requested the support of PAHO/WHO to aid in the revision of the Ministry's "Health – Multi-Hazard Emergency Management Plan 2017". The intention is to utilize the findings and recommendations of the WHO IHR JEE/VEE assessment, and the multisectoral committee, that is the IHR NFP, to comprehensively update and align the new plan with the IHR 2005.

Notably, whilst the existing documents requires updating, the National COVID-19 Task Force and the Ministry of Health utilized the existing Public Health Ordinance of 1934, the supporting legislative framework, other policy documents and plans to effectively mitigate and respond to the effects of the SARs-CoV-2 Pandemic.

In addition, the Civil Defence Commission (CDC) has a "National Multi-Hazard Disaster Preparedness and Response Plan. It was established in June 2011 and revised in November 2013. The overall aim of the Plan is to detail arrangements to cope with the effects of natural and/or man-made disasters occurring in Guyana. It also assigns responsibilities and provides coordination of emergency activities connected with major disasters, in general and specific ways.

Conclusion

25. The Ministry of Health was not prepared to manage public health emergencies and disasters in an efficient and effective manner, such as the COVID-19 pandemic. In particular, recommended amendments to laws were not discussed and approved for action neither was a strategy developed to facilitate IHR (2005) activities. Further, a comprehensive National Public Health Emergency Management Plan was not developed and implemented.

Chapter 2

Administrative Arrangements to implement the IHR (2005)

Criterion 2.1

The Ministry of Health should ensure that an appropriate organisational structure is in place to define, allocate, coordinate and supervise IHR activities.

26. The International Health Regulations require that all State Parties designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction to implement health measures under the IHR (2005). This will enable communication with the WHO IHR Contact Points at all times, and access to and dissemination of information to relevant sectors of government and society, especially those responsible for surveillance, reporting, points of entry, and public health services.

A National IHR Focal Point was in place

27. During the audited period, a National IHR Focal Point was in place and comprised three functional components as shown in the following figure.

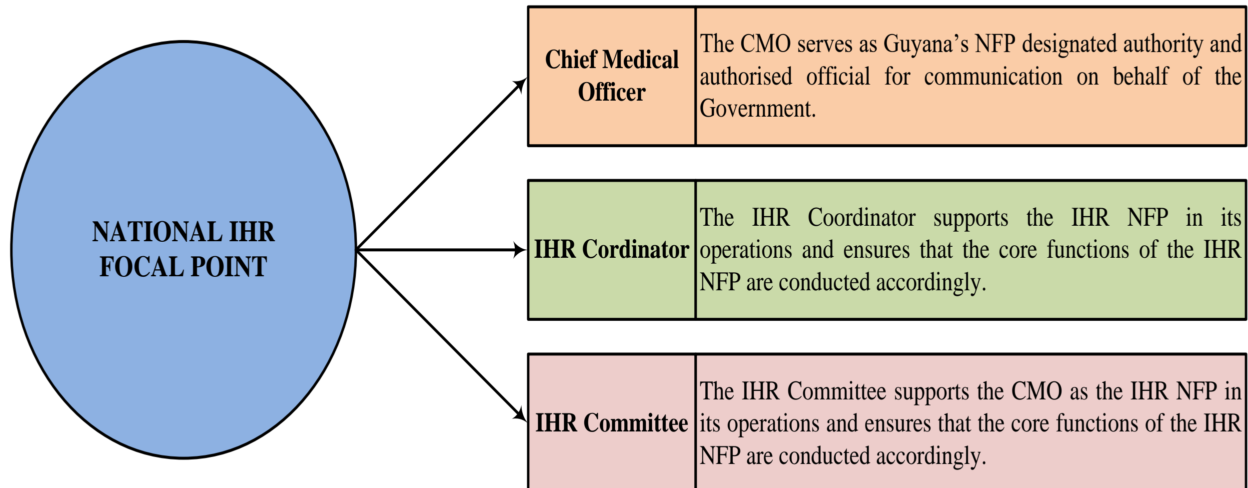


Figure 2 - Roles, and Responsibilities of National Focal Point Components
Source: SOPs International Health Regulations (IHR) National Focal Point (NFP) for Guyana

28. In addition, the IHR Focal Point is provided with support to properly execute its mandate. The Minister of Health, the Permanent Secretary, and twenty other officers within the health system play key roles in ensuring that the National Focal Point is functioning, and public health events are efficiently and effectively managed. Annex III provides a list of the designations and departments of the twenty officers.

IHR Committee is inconsistent with the multi-sectoral, whole-of-government approach

29. To establish and sustain IHR (2005) capacities, a holistic, multisectoral approach is needed for appropriately addressing gaps and advancing coordination for public health emergencies and disaster preparedness and response. Therefore, collaboration between the Government at all levels, the private sector, and civil society organisations is necessary.

30. The composition of the IHR Committee is detailed in the Standard Operating Procedures for the National Focal Point. An examination of the committee's membership structure shows that it comprised of seventeen agencies as stated in Annex IV of this report. However, it lacks a multi-sectoral, whole-of-government and coherent approach since there is no representation from all the relevant bodies as shown in the following diagram:

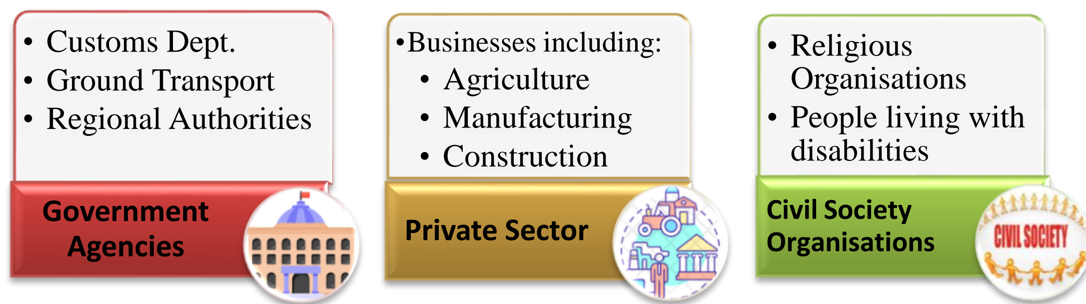


Figure 3 – Main sectors and bodies not represented on the IHR Committee
Source: Audit Analysis of the Committee's Structure as compared with IHR Requirements.

31. Also, another 26 agencies are listed as supporting stakeholders (Annex V) however, the names and designations of the individuals that represent the respective agencies are not stated. Further, the Ministry did not state the role of the agencies to implement the IHR (2005) or support the National IHR Focal Point functions.

Recommendation: *The Audit Office recommends that the Ministry of Health review and amend the structure of the IHR Committee so that it is representative of a multi-sector and whole-of-government approach.*

Management's Response:

During the audited period, there may have been limitations or gaps relative to the representatives of select agencies or groups that did not constitute the IHR NFP.

Currently, considering the gaps and recommendations of the WHO IHR JEE/VEE assessment, the Ministry of Health is committed to reviewing and updating the structure of the IHR NFP, inclusive the level of participation so as to reflect a true multisectoral and whole-of-government approach to IHR implementation. The same also requires the prioritization of IHR 2005 implementation and operationalisation as a national priority in all relevant ministries and sectors, at all times.

Criterion 2.2: **The Government should establish clearly defined roles and responsibilities for all stakeholders in the Health System to ensure coherence and coordination of IHR (2005) activities.**

32. According to best practices, the roles and responsibilities for all stakeholders should be established to successfully achieve the goals and objectives of the NFP. Clearly defined roles and responsibilities provide a basis for coherent and coordinated activities under the IHR NFP.

Unapproved Standard Operating Procedures for the functioning of the IHR NFP

33. Standard Operating Procedures for the IHR National Focal Point were drafted by the Ministry in 2016. The document was required to be reviewed at least every two years however, it was last updated in 2021. In addition, although the document has been in existence for over five years, it remains in draft. Further, the Ministry did not provide any evidence that discussions were held with the relevant stakeholders to have it finalized and approved. As such, organizational structures, processes, and tasks for the proper functioning of the IHR National Focal Point were not approved. This could result in fragmentation, overlaps, duplication and gaps in activities under the NFP, affecting the full and efficient implementation of the IHR (2005).

Recommendation: *The Audit Office recommends that the Ministry of Health engage the relevant stakeholders (as per the IHR NFP Structure) to review and approve the Standard Operating Procedures for the IHR National Focal Point to ensure roles and responsibilities are clarified and communicated.*

Management's Response:

During the audited period and currently, the Ministry of Health has in its possession and continues to utilize the aforementioned IHR NFP Standard Operating Procedures 2021.

Notably, a copy of the same has been shared with the PAHO/WHO Country Office for consultations and efforts are underway to review and update the existing draft document with the participation of the entire IHR NFP. This activity is planned to be undertaken during the period September 2023 – December 2023.

Awareness of roles and responsibilities for IHR implementation not fully known

34. The Standard Operating Procedures are intended to guide the IHR National Focal Point and other participating agencies in their roles and responsibilities in implementing the IHR (2005). As such, the Ministry should inform the agencies of their roles and responsibilities.

35. The Ministry did not provide evidence to confirm that clearly defined roles and responsibilities for implementing the IHR (2005) were communicated to, and accepted by all stakeholders. Nonetheless, 31 stakeholders (Annex VI) were contacted to determine whether clear roles and responsibilities were communicated to, and accepted by them. However, only four agencies responded, namely (i) the Ministry of Local Government, (ii) the Environmental Protection Agency, (iii) the Cheddi Jagan International Airport Corporation, and (iv) the Guyana Civil Aviation Authority. The four agencies acknowledged awareness of their specific roles and responsibilities under the IHR (2005).

36. Further, the Guyana Civil Aviation Authority submitted Standard Operating Procedures for the aviation sector which includes health and safety measures for disaster and emergency response. The SOPs were developed and approved since the threat of Ebola in 2014. In addition, there are Regulations (№ 3 of 2021) made under the Civil Aviation Act that address health and safety measures for airports and aircrafts during a public health pandemic.

Recommendation: *The Audit Office recommends that the Ministry of Health present for audit, evidence to confirm that clearly defined roles and responsibilities were communicated to, and accepted by all relevant stakeholders.*

Management's Response:

The Ministry of Health has embarked on the revitalization and reformation of the International Health Regulations National Focal Point (A multisectoral committee) as a functional body. This is evident via the submitted IHR reports that resulted from the participation of relevant stakeholders in the preparation of the State Party Self-Assessment Annual Reporting Tool (SPAR 2022), and the preparation and deliberation of the JEE/VEE State Party Self-Assessment Report 2023. Likewise, relevant stakeholders from various agencies were invited to appear in-person before the WHO IHR JEE/VEE external team to conduct a presentation on their respective capacities (15 components as described in the SPAR) and provide answers to questions posed by the aforementioned team.

The same also requires the prioritization of IHR 2005 implementation and operationalisation as a national priority in all relevant ministries and sectors, at all times.

Conclusion

37. Although the IHR National Focal Point was in place, the organisational structure to undertake IHR activities is not representative of a multi-sector and whole of Government approach. Further, in the absence of approved SOPs, the Ministry will be unable to ensure coherence and coordination of IHR (2005) activities among stakeholders.

Chapter 3

Monitoring, Evaluation and Reporting on the Core Capacities for Public Health Emergencies and Disasters

Criterion 3.1

The Ministry of Health should monitor and evaluate the progress made to implement the IHR (2005) core capacities.

38. The IHR requires that the 15 core capacities (previously 13) be monitored and evaluated to determine the progress towards effective implementation and sustainability for public health security. Specifically, monitoring and evaluation helps to: (i) improve and sustain health resources, (ii) make available accurate information for decision-making, and (iii) build trust and promote transparency and mutual accountability between the national government as well as international partners. As such, the Ministry of Health should have in place monitoring and evaluation mechanisms to measure the progress made to implement the IHR (2005).

39. The World Health Organisation has a monitoring and evaluation framework that supports countries to review the implementation of the IHR (2005) core capacities at the national, sub-national and community levels. The framework consists of a number of approaches however, the four main tools used are as follows:

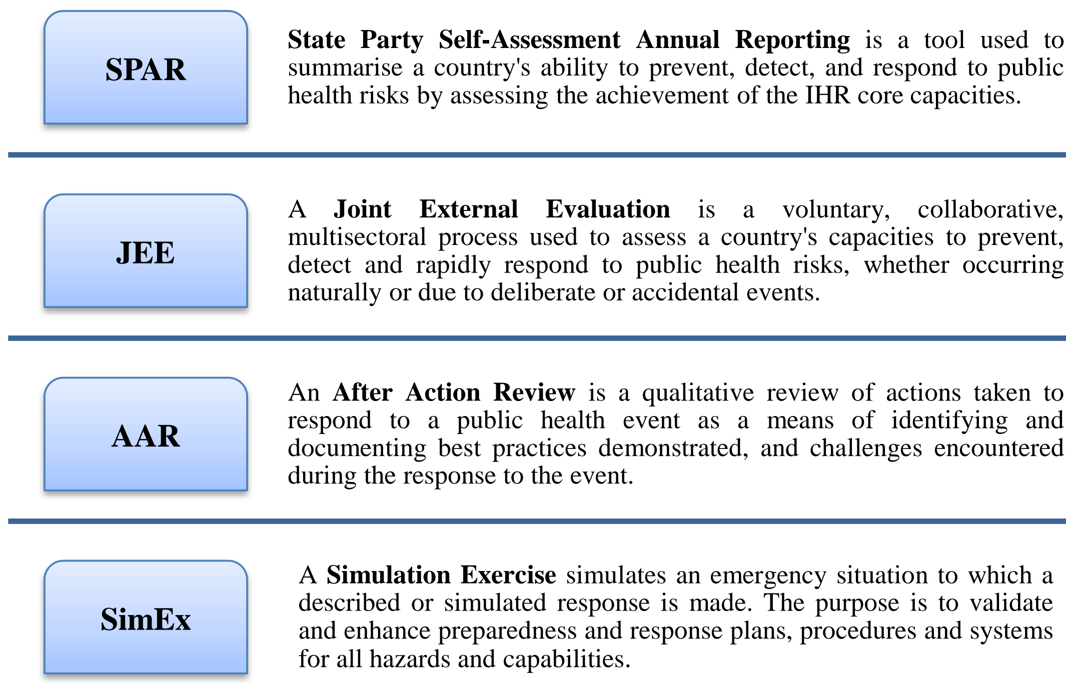


Figure 4 – Main tools under WHO's Monitoring and Evaluation Framework
Source: WHO's website, accessed 18 February 2021

IHR (2005) Core Capacities inadequately evaluated

40. During the period of audit, the Ministry stated that its priorities under the IHR (2005) were to strengthen: (a) capacity on reporting, (b) epidemic and pandemic prevention and control, and (c) health emergency detection and response. In this regard, a two-year work plan was developed. To assess whether the planned activities were achieved, the JEE Tool was utilised. However, the report was not presented for audit.

41. Nonetheless, self-assessments via the SPAR tool were completed for the years 2019 and 2020. The reports were presented for audit and were verified on WHO's website. The following figure presents the results of Guyana's assessment.

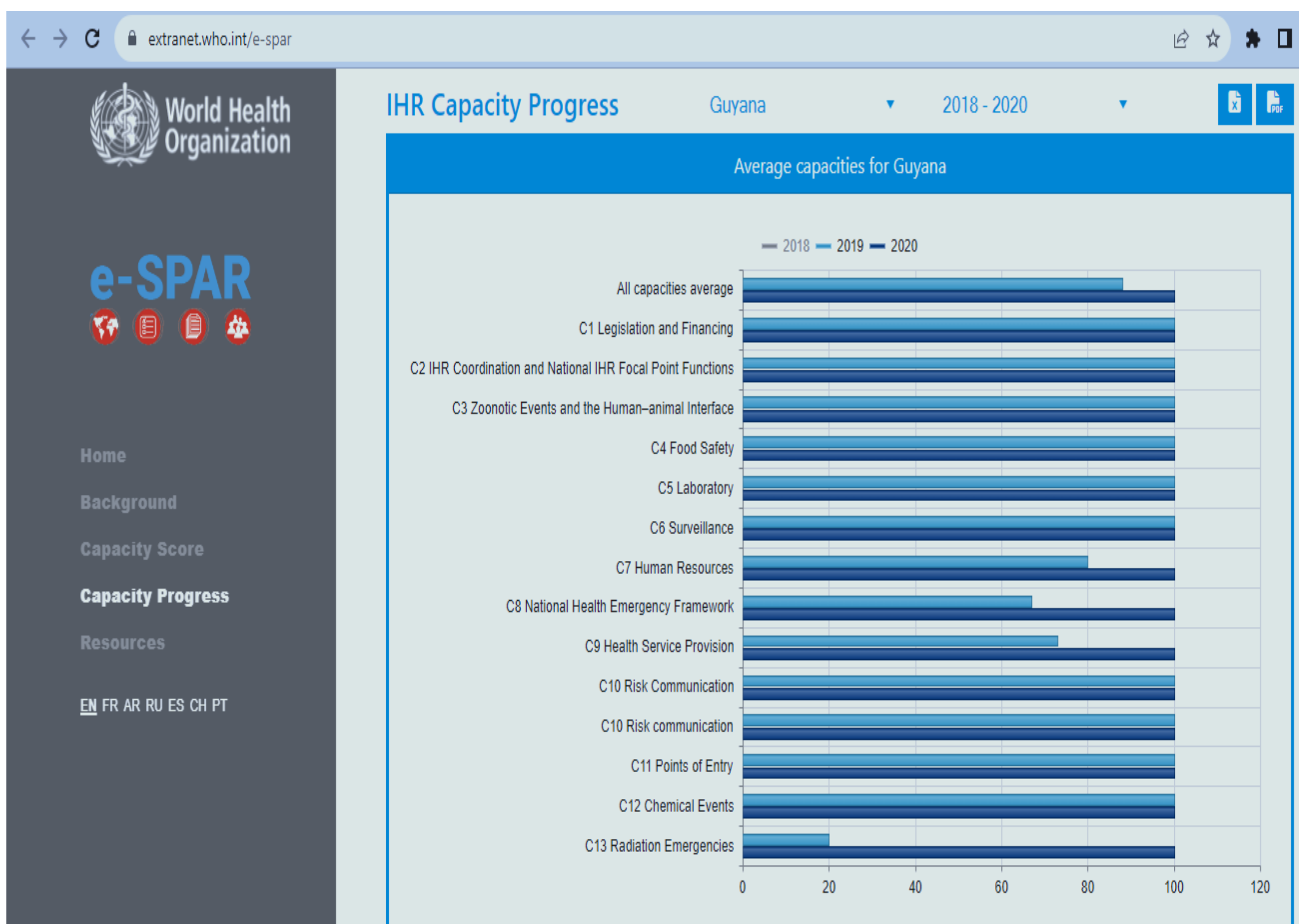


Figure 5 – Guyana's IHR Capacity Progress for the years 2019 and 2020
Source: WHO's website, accessed 18 February 2021

42. As can be noted in the figure above, Guyana achieved the highest score (100%) in 9 of the 13 core capacities, most notably in the areas of C1 - Legislation and Financing, C2 - IHR Coordination and National Focal Point Functions, and C8 - Health Emergency Framework, areas addressed under this audit. The indicators selected by the Ministry of Health for the three areas to receive the highest score are shown in the following table:

Ref.	Core Capacity	Description of Indicator Selected	Year
C1 - Legislation and Financing			
C1.1	Legislation, laws, regulations, policy, administrative requirements or other government instruments to implement the IHR.	**Level 5:** Legislation addressing the needs of radiation emergency preparedness and response (according to the radiation risk profiles of the country) are in place, specifying the roles and responsibilities of relevant stakeholders.	2019 and 2020
C2 - IHR Coordination and National Focal Point Functions			
C2.1	National IHR Focal Point functions under IHR.	**Level 5:** National IHR Focal Point functions are tested on a regular basis and actions have been taken to strengthen their capacities.	2019 and 2020
C2.2	Multisectoral IHR coordination mechanisms.	**Level 5:** Coordination and communication mechanisms for radiation emergencies between all stakeholders from all relevant sectors, including national radiation safety authorities, are in place.	2019 and 2020
C8 - Health Emergency Framework			
C8.1	Planning for emergency preparedness and response mechanism	**Level 4:** Based on the all-hazard health emergency risk profile, plans for multisectoral all-hazard public health emergency preparedness and response are in place at national, intermediate and local levels.	2019
		Level 5: Based on updated all-hazard health emergency risk profile and resource mapping, plans for multisectoral all-hazard public health emergency preparedness and response plan are regularly tested and updated.	2020
C8.3	Emergency resource mobilization	**Level 4:** Access to existing health sector resources for emergency response is in place at national, intermediate and local levels.	2019
		Level 5: Resource mapping and mobilization mechanisms are regularly tested and updated.	2020

Table 2 – Details of SPAR Assessment by Guyana
Source: WHO's SPAR Tool, accessed 18 February 2021

43. It should be noted that C1.1 requires legislation to be in place for radiation emergency preparedness and response. However, the "Radiation Safety and Security Act (№ 10 of 2023) was passed on 20 July 2023 and gazetted on 02 August 2023. Further, an examination of Guyana's 2022 submission via the SPAR tool revealed that the scores were reduced in all the areas. Notably for C1.1, the core was reduced to 40% The following figure shows the scores achieved for the year 2022.

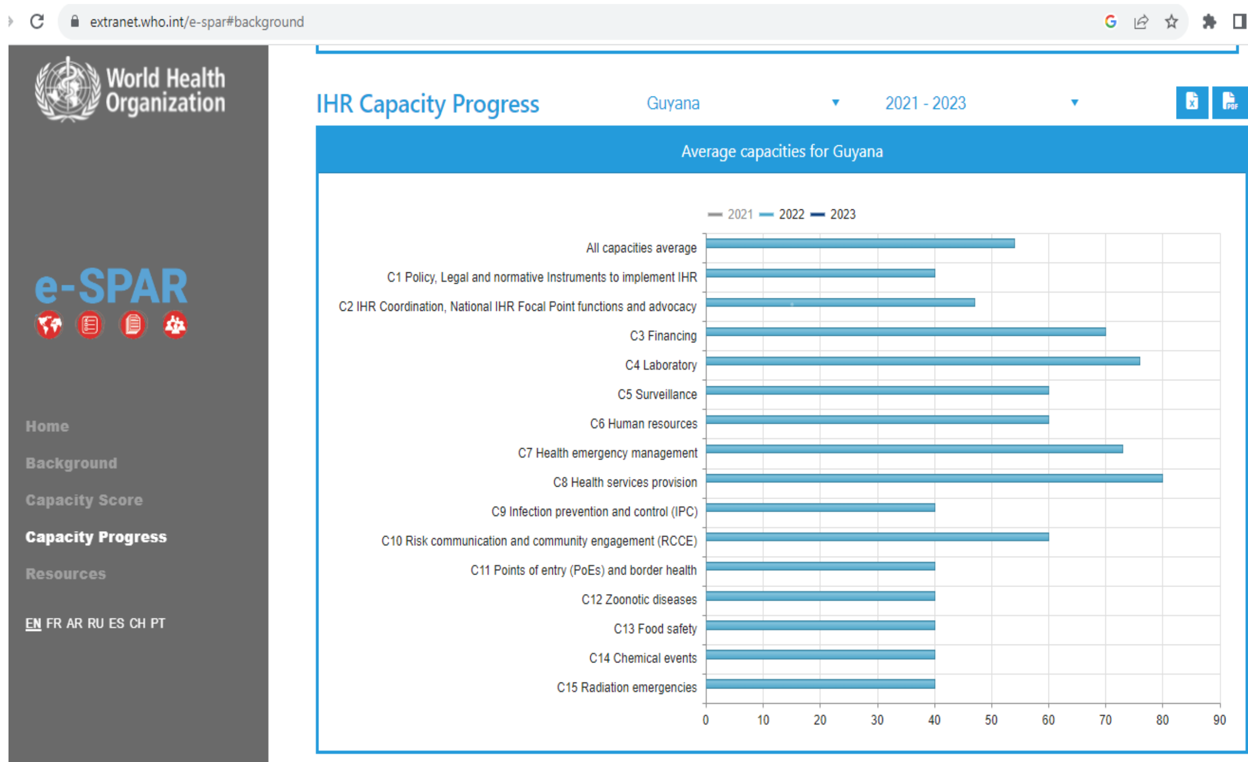


Figure 6 – Guyana's IHR Capacity Progress for the year 2022
Source: WHO's website, accessed 16 June 2023

Recommendation: *The Audit Office recommends that the Ministry of Health implement measures to ensure evaluations are properly conducted to reflect an accurate status of Guyana's IHR Capacity Progress.*

Ministry's Response:

Prior to and during the audited period, no WHO Joint External Evaluation was done in Guyana.

However, between March – July 2023, the Ministry of Health, via the International Health Regulations National Focal Point, conducted the first ever WHO IHR Joint External Evaluation (JEE) utilizing the format of WHO's IHR Voluntary External Evaluation (VEE) where the State Party Self-Assessment Annual Reporting Tool (SPAR Tool) was utilized to evaluate the 15 core capacities. This mission was undertaken in collaboration with PAHO/WHO and is reflected in the Preliminary Report on the findings of the WHO IHR Voluntary External Evaluation (VEE).

The Ministry of Health and the current IHR NFP are both fully committed to transparency, accountability and the veracity of reports.

Criterion 3.2

Government should report on the progress made in strengthening the Leadership and Governance Framework of the health system.

Reporting obligations were fulfilled

44. All signatories to the IHR (2005) are required to report to the World Health Organisation, their progress towards IHR core capacity implementation. This is done annually using the SPAR tool. For the years 2019 and 2020, SPAR reports were completed and submitted to WHO on the 1 November 2019 and 22 December 2020, respectively. In this regard, the Ministry honoured its obligations to the WHO for reporting on IHR (2005) implementation.

Conclusion

45. The Ministry honored its annual obligation to the WHO for the years 2019 and 2020 however, the related evaluations were not properly carried out. Therefore, the implementation status of the core capacities to prepare and respond to public health emergencies, was not accurately reported.

Overall Conclusion

46. The Government through the Ministry of Health was not prepared to manage public health emergencies and disasters in an efficient and effective manner. We base our conclusion on the following:

- The Government did not approve recommended actions to ensure legislations were updated to allow full and efficient implementation of the IHR (2005);
- A comprehensive national public health emergency management plan was not developed;
- The Ministry did not take a multi-sector and whole of government approach to establish the IHR National Focal Point and ensure coherence and coordination of IHR activities;
- The Standard Operating Procedures to guide the IHR committee members of their roles and responsibilities was unapproved; *and*
- The Ministry submitted the annual assessment reports to the WHO; however, the evaluations were not properly carried out. As a result, the status of the IHR core capacities implemented could not be accurately determined.

About the Audit

The audit examined the capacity of the governance and leadership framework, which is one of the core components of a health system, and its readiness to respond to health emergencies and disasters. Our responsibility was to provide objective information and advice, and conclude whether the government has strengthened the leadership and governance framework of the health system in keeping with the International Health Regulations (2005).

Scope and approach

The audit covered the period 1 January 2019 to 31 December 2020 and focused on the following lines of enquiry:

- Legislation and Policy Reform
- Administrative Arrangements to implement the IHR (2005)
- Monitoring, Evaluation, and Reporting on the Core Capacities for Public Health Emergencies and Disasters

We sought to determine whether the Ministry of Health followed the requirements of the International Health Regulations (2005) to implement the core capacities for the governance and leadership framework of the health system.

Audit Methodology

We conducted structured interviews with officials of the Ministry of Health, and other ministries and departments across government, religious, private sector, civil service organizations, and non-profit agencies. We also reviewed relevant documents and reports, and analyzed the information collected to arrive at our conclusion.

Audit Criteria and Source

The audit criteria and sources used in the conduct of this audit are as follows:

Audit Criteria	Source
Chapter 1 - Legislation and Policy Reform	
1.1 The Ministry of Health in collaboration with other relevant stakeholders should review and amend the legislative framework to strengthen the national public health system for emergency preparedness and response.	International Health Regulations (2005) Part I, Articles 3, 4. *and* International Health Regulations (2005), A brief introduction to implementation in national legislation Page 5, 3. Paragraph 3
1.2 The Ministry of Health should establish a national strategy and supporting plans to ensure clear goals and objectives are in place to implement the IHR (2005).	International Health Regulations (2005) Part I, Articles 4, (1). *and* National IHR Focal Point Guide Page 10 (1.3)
Chapter 2 - Administrative Arrangements to implement the IHR (2005)	
2.1 The Ministry of Health should ensure that an appropriate organisational structure is in place to define, allocate, coordinate and supervise IHR activities.	International Health Regulations (2005) Part I, 4 (1)
2.2 The Government should establish clearly defined roles and responsibilities for all stakeholders in the Health System to ensure coherence and coordination of IHR (2005) activities.	International Health Regulations (2005) Part VIII Article 44 2 (a)
Chapter 3 - Monitoring, Evaluation and Reporting on the Core Capacities for Public Health Emergencies and Disasters	
3.1 The Ministry of Health should monitor and evaluate the progress made to implement the IHR (2005) core capacities.	International Health Regulations (2005) Part X, Article 54 (1)
3.2 Government should report on the progress made in strengthening the Leadership and Governance Framework of the health system.	International Health Regulations (2005) Part X, Articles 54, 1.

Appendix I
IHR Core Capacities

№	Fifteen Core Capacities (current)	Thirteen Core Capacities (previous)
1.	Policy, legal and normative instruments to implement IHR	National legislation, policy and financing;
2.	IHR Coordination and National Focal Point Functions	Coordination and National Focal Point communications;
3.	Financing	Surveillance
4.	Laboratory	Response
5.	Surveillance	Preparedness
6.	Human resources	Risk communication
7.	Health emergency management	Human resources
8.	Health Service Provision	Laboratory
9.	Infection Prevention and Control	Points of entry
10.	Risk communication and community engagement	Zoonotic events
11.	Points of entry and border health	Food safety
12.	Zoonotic diseases	Chemical events
13.	Food safety	Radio-nuclear emergencies.
14.	Chemical events	
15.	Radiation emergencies	

Appendix II
Legislations that support the regulation of the public health system

№	Title	Purpose
1.	Animal Health Act 2011	An Act to control the movement of animals into and within Guyana and to prevent the introduction and spread of animal diseases within Guyana and from other countries, and to ensure the safe and humane movement of animals to and from Guyana and to regulate the importation and production of animal products and livestock feeds and other matters related thereto and connected therewith.
2.	Cheddi Jagan International Airport Act and Regulations, Cap 52:01	An Act to provide for the management, control and supervision of Cheddi Jagan International Airport.
3.	Civil Aviation Act 2000 and Regulations	An Act to make provision in respect of the regulation and control of civil aviation in Guyana and for related matters.
4.	Constitution of Guyana, 1980	The principal governing document in the Cooperative Republic of Guyana
5.	Customs Act Cap 82:01 and Regulations	An Act to consolidate and amend the Customs laws.
6.	Disaster Risk Management Bill 2013	Bill to provide for the management of disasters and disaster risk through comprehensive disaster risk management, the establishment and operation of a Natural Resources and Environment Cabinet Sub-Committee, renamed National Disaster Risk Management Commission, a National Disaster Risk Reduction Platform and a National Disaster Risk Management Fund to define the powers and duties thereof and for matters incidental thereto.
7.	Environmental Protection Act 1996, Environmental Protection (Amendment) Act 2005 and Regulations.	An Act to provide for the management, conservation, protection and improvement of the environment, the prevention or control of pollution, the assessment of the impact of economic development on the environment, the sustainable use of natural resources and other related matters in Guyana.
8.	Equal Rights Act 1990	An Act to make provision for the enforcement of the principles enshrined in Article 29 of the Constitution so as to secure equality for women and for matters connected therewith.

№	Title	Purpose
9.	Fisheries Act 2002	An Act to provide for the promotion, management and development of fisheries and for matters connected therewith.
10.	Food and Drugs Act 2012 and Regulations	An Act to address safety and trade-related issues for food, drugs cosmetics and medical devices.
11.	Food Safety Act 2019 and Regulations.	An Act to protect the health and well-being of consumers by promoting and ensuring food safety along the food chain through an integrated and coordinated approach and to provide for connected matters.
12.	Georgetown Public Hospital Order № 3 of 1999 under the Public Corporations Act 1988	An Order to establish a public Corporation known as the Georgetown Public Hospital Corporation.
13.	Health Facilities Licensing Act 2007 and Regulations 2008.	An Act to provide for the licensing of Health Facilities and related matters.
14.	Medical Practitioners Act 1998	Found one for 1991 – An Act to make provision for the registration of medical practitioners and for matters connected therewith.
15.	Ministry of Health Act of 2005	An Act to continue the Ministry with responsibility for health and related matters.
16.	Occupational Safety and Health (OSH) Act 1997**,** OSH Amendment Act 2009 and Regulations	An Act to provide for the registration and regulation of industrial establishments, for occupational safety and health of persons at work and related matters.
17.	Pesticides and Toxic Chemical Act 2000 and Regulations	An Act to regulate the manufacture, importation, transportation, storage, sale, use and disposal of pesticides and toxic chemicals and for related matters.
18.	Procurement Act 2003	An Act to provide for the regulation of the procurement of goods, services and the execution of works, to promote competition among suppliers and contractors and to promote fairness and transparency in the procurement process.
19.	Public Health (Amendment) Act 1991	An Act to amend the Public Health Ordinance.
20.	Public Health Immunization Act 1974	An Act to make provision for the immunisation of persons seeking entry into schools and day-care centres, against certain communicable diseases, and for other purposes connected therewith.
21.	Public Health Act 1934	An ordinance to make provision for promoting the public health of the colony.

№	Title	Purpose
22.	Regional Health Authorities Act of 2005 and Regulations.	An Act to establish regional health authorities with responsibility for providing for the delivery of and administering health services and health programmes in specified geographic areas and for related matters.
23.	Shipping Act 2006	An Act to provide for the regulation of ships, and the property therein and owners thereof, the behaviour of the master and mariners and their respective rights, duties and liabilities as regards the carriage of passengers and goods by ships, collision between ships, salvage, rights, liabilities, claims, contracts, and matters arising in respect of ships and for matters connected therewith and incidental thereto.
24.	Transport and Harbours Act, Cap 49:04	An Act to establish a Transport and Harbours Department for the purpose of managing and carrying on the railway and Government vessels and of controlling and regulating the use of the harbours of Guyana.
25.	Water and Sewage Act 2002	An Act to provide for the ownership, management, control, protection and conservation of water resources, the provision of safe water, sewerage services and advisory services, the regulation thereof and for matters incidental thereto or connected therewith.

Appendix III
List of positions that support the functioning of the IHR National Focal Point

№	Designation	Department
1	RHO	RHS
2	Director-General RHS	RHS
3	Director of Communicable Disease	Disease Control
4	Director	Maternal & Child Health Services
5	Epidemiologist	Director, Epidemiology & Surveillance
6	HEOC	HEOC
7	Epidemiologist	Not stated
8	Surveillance Officer	Epidemiology & Surveillance
9	Disaster Focal Point /Principal Environmental Health Officer	Environmental Health
10	Principal Environmental Health Officer	Environmental Health
11	Coordinator of Laboratory	Standards & Technical Services
12	Director of Standards and Technical Services	Standards & Technical Services
13	Director of the National Public Health Reference Laboratory	National Public Health Reference Laboratory
14	Director of Food and Department	Food & Drug Department
15	Coordinator- Tuberculosis	Tuberculosis
16	Medical Physicist	Georgetown Public Hospital Corporation
17	Health Education	Health Education
18	Director of Vector Control Services	Vector Control Services
19	Public Relations Officer	Minister's Office
20	MEDEX	Emergency Operations Center

Appendix IV
List of the seventeen agencies represented on the IHR Committee

№.	Agency
1	Cheddi Jagan International Airport
2	Civil Defence Commission
3	Georgetown Public Hospital Cooperation
4	Guyana Civil Aviation Authority
5	Guyana Livestock Development Authority
6	Guyana Post Office
7	Guyana Red Cross
8	Maritime Administration Department
9	Ministry of Foreign Affairs
10	Ministry of Health
11	Ministry of Home Affairs
12	Ministry of Legal Affairs
13	Ministry of Tourism, Industry and Commerce
14	Ogle International Airport
15	Pan American Health Organization
16	Pesticides and Toxic Chemical Board
17	United Nations Children Fund

Appendix V
List of 26 agencies listed as other stakeholders - multisectoral

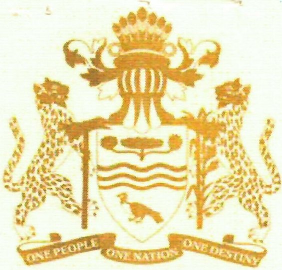
№.	Agency
1	Balwant Singh Hospital
2	Beacon Institution
3	Central Islamic Organization
4	Davis Memorial Hospital
5	Department of Local Government
6	Environmental Protection Agency
7	Eureka Laboratory
8	Food for the Poor
9	Guyana Revenue Authority – Customs Dept.
10	Guyana Defence Force
11	Guyana Energy Agency
12	Guyana Geology and Mines Commission
13	Guyana Information News Agency
14	Guyana Medical Association
15	Guyana Tourism Authority
16	Guyana Water Inc.
17	Mayor and City Council
18	Ministry of Education
19	Ministry of Finance
20	Ministry of Labour - Occupational Safety and Health Dept.
21	Ministry of Public Infrastructure
22	Ministry of Telecommunication
23	National Agriculture Research Institute
24	St. Joseph Mercy Hospital
25	Tourism and Hospitality Association of Guyana
26	Woodlands Hospital

Definition of terms used in Audit Report

Term	Definition
Caribbean Public Health Agency (CARPHA)	CARPHA is the new single regional public health agency for the Caribbean.
Coherence	Policy coherence is the methodical promotion of mutually supporting policy actions across government agencies and departments, aimed towards achieving the common objectives.
Cooperative Audits	Cooperative audits (as outlined in the exposure draft of ISSAI 5800) are audits performed by two or more SAIs. There are three types of cooperative audits: parallel, coordinated and joint audit. In a parallel audit, similar audits are conducted simultaneously by two or more auditing bodies. While each audit body has a separate audit team that reports to its own governing body on issues within its own mandate, both share the audit methodology and approach. A coordinated audit is either a (1) joint audit with separate audit reports delivered to the individual SAI governing bodies or (2) parallel audit with a single audit report (in addition to separate national reports). In the joint audit, key decisions are shared, and the audit is conducted by one audit team composed of auditors from two or more autonomous auditing bodies who, usually, prepare a single joint audit report for presentation to each respective governing body (INTOSAI, n.d). The INTOSAI's Sub-committee on Cooperative Audits was created to build the capacity building of SAIs within its regional organisations.
Core Capacities	IHR core capacities are those required to detect, assess, notify and report events, and respond to public health risks and emergencies of national and international concern.
Duplication	Occurs when two or more agencies or programs are involved in the same activities or provide the same services to the same recipients.
Fragmentation & Overlaps	Occurs when more than one department or agency is involved in the same area of national focus (public policies), and opportunities exist to improve service delivery.

Term	Definition
Health System	A health system consists of all the organizations, institutions, resources and people whose primary purpose is to improve health.
International Health Regulations (IHR) 2005	The IHR is an instrument of international law that provides an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders.
International Organization of Supreme Audit Institution (INTOSAI)	INTOSAI operates as an umbrella organization for the external government audit community. It is a non-governmental organization with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.
Joint External Evaluation (JEE) Tool	This is a tool developed by the WHO to evaluate a country's capacity to prevent, detect and rapidly respond to public health threats independently.
Multi-sectoral approach	An integrated, collaborative process whereby various key players come together to address complex challenges and interrelated goals.
National IHR (*International Health Regulations*) Focal Point	A National IHR Focal Point is "the national centre, designated by each State Party which shall be accessible at all times. for communications with WHO IHR Contact Points under these Regulations.
Performance Audit (of an SDG)	An audit of the implementation of the policies that contribute to the achievement of a nationally agreed target linked with one or more SDG targets, and progress made.
Public Health Risk Profile	Obtained through a risk assessment of the Health system. Risk assessment is the process of evaluating the probability and consequences of injury or an event arising from exposure to identified risks. It requires an inter-disciplinary approach and the participation of technical experts from PAHO/WHO and IHR National Focal Points.
Risk Assessment	is the process of evaluating the probability and consequences of injury or an event arising from exposure to identified risks.
State Parties	A nation that has ratified, accepted or acceded to a Convention such as the IHR.

Term	Definition
State Party Self-Assessment Reporting (SPAR) Tool	This is a tool developed by the WHO for countries to assess their implementation status for IHR's core capacities in dealing with public health risks and events of local and international concern. It also allows WHO Secretariat to compile a consistent report for the World Health Assembly.
Strategic Development Goals (SDG)	SDGs, also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.
Supreme Audit Institutions (SAIs)	SAIs are the lead public sector audit organisation in a country. Their principle task is to examine whether public funds are spent economically, efficiently and effectively and in compliance with existing rules and regulations and in line with national priorities.
Sustainable Development Goals (SDGs)	The SDGs are seventeen are at the heart of the United Nations 2030 Agenda. They seek to realize human rights of all, achieve gender equality and empowerment of all women and girls. They balance the three proportions of sustainable development: the economic, social and environmental.
Overlaps	Occurs when multiple agencies or programmes have similar targets/ goals and participate in similar activities to achieve them or target like recipients.
World Health Organization (WHO)	WHO is a specialized agency of the United Nations responsible for international public health, that connects nations, partners, and people to promote health, keep the world safe and serve the vulnerable.
Whole-of-Government approach	A synchronising structure to integrate the SDGs into the actions of all areas of government and, to unite various government institutions to develop and implement policies.



PERMANENT SECRETARY
MINISTRY OF HEALTH

05ft September,2023

Mr. Deodat Sharma
Auditor General
Audit Office of Guyana
Lot 63 High Street
Kingston
Georgetown
Guyana.

Dear Mr. Sharma,

Re: Submission of Responses to the Performance Audit linked to the Achievement of SDG No 3.d – Implementation of the International Health Regulations.(2005) For the period 1 January 2019-30 June 2020

The Ministry of Health is hereby Submitting of Responses to the Performance Audit linked to the Achievement of SDG No 3.d – Implementation of the International Heal Regulations.(2005) For the period 1 January 2019-30 June 2020.

Please see attached reports.

All for your information and guidance.

Yours sincerely

....

Malcolm Watkins (Mr.)
Permanent Secretary

Address:
Lot 1 Brickdam, Georgetown

Office:
+592 225-6785

Email:
psoffice@moh.gov.gy

Chapter 1 - Legislation and Policy Reform

Law amendments not discussed and approved

Ministry's Response:

The Ministry of Health conducted the first ever WHO IHR Joint External Evaluation (JEE), in the form of a Voluntary External Evaluation (VEE) of IHR 2005 Core Capacities between the period March – July 2023.

In the context of the same, The Ministry of Health, via the International Health Regulations National Focal Point (A multisectoral committee) will endeavor to review the gap analysis as described within the report. However, based on recommendations of the IHR JEE/VEE External Team and considering the development of the new Public Health Act and other pieces of legislation, an updated evaluation of the legislative framework should be undertaken to assess the same relative to facilitating the implementation of the IHR 2005.

Importantly, the Ministry of Health is engaged in a process with PAHO/WHO to develop a new Public Health Act. As per discussions in the drafting process, the new legislation will endeavor to deal with several key legislative gaps that hinder the implementation and operationalization of the IHR 2005.

No plan or strategy to implement IHR (2005) requirements

Ministry's Response:

During the audited period, no known national plan or strategy was in place, drafted or developed for the implementation of the IHR 2005.

Currently, following the completion of the WHO IHR Joint External Evaluation (JEE), in the form of a Voluntary External Evaluation (VEE) of IHR 2005 Core Capacities between the period March – July 2023, the Ministry of Health, via the International Health Regulations National Focal Point (A multisectoral committee), in collaboration with PAHO/WHO is currently developing a National Action Plan for Health Security (NAPHS). The NAPHS will feature an action plan for the strengthening of existing IHR capacities and implementation of nonexistent IHR capacities, all of which will be aligned to the 15 core capacities under the IHR 2005, as described in the State Party Self-Assessment Annual Reporting Tool (SPAR).

A preliminary action plan and SWOT analysis for each core capacity was completed by the IHR NFP during the preparation of the JEE/VEE State Party Self-Assessment Report 2023, which was utilized to conduct the WHO IHR JEE/VEE.

Unapproved Emergency Management Plan

Ministry's Response:

During the audited period, the official "Health – Multi-Hazard Emergency Management Plan 2017" and the Civil Defence Commission (CDC) has a "National Multi-Hazard Disaster Preparedness and Response Plan 2013" were in place.

Currently, following the completion of the WHO IHR JEE/VEE assessment, the Ministry of Health has requested the support of PAHO/WHO to aid in the revision of the ministries' "Health – Multi-Hazard Emergency Management Plan 2017". The intention is to utilize the findings and recommendations of the WHO IHR JEE/VEE assessment, and the multisectoral committee, that is the IHR NFP, to comprehensively update and align the new plan with the IHR 2005.

Notably, whilst the existing documents requires updating, the National COVID-19 Task Force and the Ministry of Health utilized the existing Public Health Ordinance of 1934, the supporting legislative framework, other policy documents and ministry plans to effectively mitigate and respond to the effects of the SARs-CoV-2 Pandemic.

Chapter 2 - Administrative Arrangements of the Health System

IHR Committee is not consistent with the multi-sector, whole-of-government approach

Ministry's Response:

During the audited period, there may have been limitations or gaps relative to the representatives of select agencies or groups that did not constitute the IHR NFP.

Currently, considering the gaps and recommendations of the WHO IHR JEE/VEE assessment, the Ministry of Health is committed to reviewing and updating the structure of the IHR NFP, inclusive the level of participation so as to reflect a true multisectoral and whole-of-government approach to IHR implementation. The same also requires the prioritization of IHR 2005 implementation and operationalization as a national priority in all relevant ministries and sectors, at all times.

Unapproved Standard Operational Procedures for the functioning of IHR NFP

Ministry's Response:

During the audited period and currently, the Ministry of Health has in its possession and continues to utilize the aforementioned IHR NFP Standard Operating Procedures 2021.

Notably, a copy of the same has been shared with the PAHO/WHO Country Office for consultations and efforts are underway to review and update the existing draft document with the participation of the entire IHR NFP during the period September – December 2023.

Awareness of roles and responsibilities for IHR implementation not fully known

Ministry's Response:

The Ministry of Health has embarked on the revitalization and reformation of the International Health Regulations National Focal Point (A multisectoral committee) as a functional body. This is evident via the submitted IHR reports that resulted from the participation of relevant stakeholders in the preparation of the State Party Self-Assessment Annual Reporting Tool (SPAR 2022), and the preparation and deliberation of the JEE/VEE State Party Self-Assessment Report 2023. Likewise, relevant stakeholders from various agencies were invited to appear in-person before the WHO IHR JEE/VEE external team to conduct a presentation on their respective capacities (15 components as described in the SPAR) and provide answers to questions posed by the aforementioned team.

The same also requires the prioritization of IHR 2005 implementation and operationalization as a national priority in all relevant ministries and sectors, at all times.

Chapter 3 - Monitoring, Evaluation, and Reporting on the Core Capacities

Incomplete monitoring and evaluation of IHR implementation activities

Ministry's Response:

Prior to and during the audited period no WHO Joint External Evaluation was done in Guyana.

Between March – July 2023, the Ministry of Health, via the International Health Regulations National Focal Point (A multisectoral committee), conducted the first ever WHO IHR Joint External Evaluation (JEE) utilizing the format of a WHO IHR Voluntary External Evaluation (VEE) where the State Party Self-Assessment Annual Reporting Tool (SPAR Tool) was utilized to evaluate the 15 core capacities.

Evidence of the same can be provided in the form of the State Party Self-Assessment Annual Report (2023) as submitted to PAHO/WHO and the Preliminary Report on the findings of the WHO IHR Voluntary External Evaluation (VEE).

Ministry's Response:

The Ministry of Health and the current IHR NFP are both fully committed to transparency, accountability and the veracity of reports. In keeping with the same, the updated and externally verified scores for each component has been recorded and evidenced in the State Party Self-Assessment Annual Report (2023) as submitted to PAHO/WHO and reflected in the Preliminary Report on the findings of the WHO IHR Voluntary External Evaluation (VEE).