



The World Bank

Guyana One Health Project (P508693)

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Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 03-Jan-2025 | Report No: PIDIA01288

**BASIC INFORMATION****A. Basic Project Data**

Project Beneficiary(ies)	Region	Operation ID	Operation Name
Guyana	LATIN AMERICA AND CARIBBEAN	P508693	Guyana One Health Project
Financing Instrument Investment Project Financing (IPF)	Estimated Appraisal Date 09-Dec-2024	Estimated Approval Date 24-Mar-2025	Practice Area (Lead) Health, Nutrition & Population
Borrower(s) Co-operative Republic of Guyana	Implementing Agency Ministry of Health		

Proposed Development Objective(s)

To strengthen Guyana's capacities to prevent, prepare and respond to health emergencies through a One Health approach and, in the case of an Eligible Crisis or Emergency, respond promptly and effectively to it.

Components

- Enhance Laboratory and Workforce Capacity
- Strengthening Surveillance Systems for Early Detection and Response
- Strengthening One Health Coordination and Capacity
- Project Management, Monitoring and Evaluation
- Contingency Emergency Response Component (CERC)

PROJECT FINANCING DATA (US\$, Millions)**Maximizing Finance for Development**

Is this an MFD-Enabling Project (MFD-EP)? No

Is this project Private Capital Enabling (PCE)? No

SUMMARY

Total Operation Cost	22.00
Total Financing	22.00
of which IBRD/IDA	7.00
Financing Gap	0.00

**DETAILS****World Bank Group Financing**

International Development Association (IDA)	7.00
IDA Credit	7.00

Non-World Bank Group Financing

Trust Funds	15.00
The Pandemic Fund	15.00

Environmental And Social Risk Classification

Moderate

Decision

Other Decision (as needed)

N/A

B. Introduction and Context

Country Context

1. **The Co-operative Republic of Guyana is a small but resource-abundant country on the northern coast of South America covering approximately 215,000 square kilometers and has a population of approximately 800,000 people.** Guyana is rich in natural resources, including fertile agricultural lands, significant bauxite and gold reserves, extensive tropical forests covering nearly 80 percent of its territory, and recently discovered oil and gas deposits. The ethnically diverse population includes Indo-Guyanese, Afro-Guyanese, Mixed-Guyanese, Indigenous Amerindians, and others. The country also hosts around 22,000 Venezuelan migrants (about 2.64 percent of its population). Despite its large land area, 90 percent of the population resides on a narrow, low-lying coastal plain vulnerable to flooding and climate impacts, straining health systems that serve both locals and displaced people. This vulnerability is heightened by the increased demands on Guyana's health systems, which serve both the local population and displaced people. Georgetown, the capital, is the nation's economic hub and faces critical infrastructure and economic threats from the risks associated with coastal development.



2. **Guyana's economic transformation, driven by the discovery of offshore oil and gas, has created unprecedented opportunities that could help to address persistent poverty and inequality.** Guyana's economy has historically relied on natural resources, agriculture, and remittances, with exports like sugar, gold, bauxite, shrimp, timber, and rice comprising over 80 percent of total exports in 2014. The discovery of offshore oil and gas in 2019, however, has dramatically transformed the economy. By 2023, oil and gas accounted for 88 percent of exports, driving GDP growth from 5.4 percent in 2019 to an astonishing 63.3 percent in 2022 and 33.8 percent in 2023¹. This increase in economic growth presents a historic opportunity to reduce poverty and invest in healthcare, education, and infrastructure. Despite these gains, Guyana still has one of the highest poverty rates in Latin America and the Caribbean (LAC) and struggles to realize its full human capital potential. Poverty fell from 60.9 percent in 2006 to 48.4 percent in 2019, but inequality widened as the bottom 40 percent experienced slower income growth between 2006-2019². Indigenous communities in remote hinterland regions face disparities, lacking access to economic opportunities, healthcare, and public services³. Life expectancy, at 66 years in 2022 (down from 69 in 2019), remains below the LAC average of 74,⁴ with rural areas facing higher mortality rates. Survival rates also reveal challenges: of every 100 children born, 97 survive to age five, but only 77 percent of 15-year-olds are likely to reach age 60, with rural areas facing even higher mortality rates⁵. Addressing these persistent challenges is critical to ensuring that the country's economic growth translates into inclusive and sustainable development.
3. **Climate change intensifies Guyana's vulnerability to natural disasters, with rising sea levels, floods, and droughts, often worsened by La Niña, increasing the risk of infectious disease outbreaks.** Much of the coastline lies 2 meters below sea level, exposing coastal communities to immediate flooding risks. Sea level rise threatens coastal inundation, saline intrusion into water sources, and the breaching of sea defenses, impacting public health through increased waterborne diseases, disrupted water and sanitation systems, and heightened malnutrition risks from agricultural losses. Flooding also accelerates the spread of vector-borne diseases and has been documented to exacerbate mental health impacts related to trauma. Additionally, climate change also affects viral transmission dynamics, as increased temperature, precipitation, and humidity influence the life cycles of vector-borne diseases such as dengue and malaria, and zoonoses.
4. **Guyana's agricultural sector, critical to food and nutrition security in the Caribbean Community (CARICOM), faces mounting challenges linked to climate impacts and public health risks.** As a leading agricultural nation, Guyana is leading initiatives like "Vision 25 x 2025" to reduce regional food imports by 25 percent by 2025, with agriculture and livestock production contributing 10 percent of GDP in 2023. However, climate stress and intensified farming practices can exacerbate risks at the human-animal-environment interface, increasing exposure to zoonotic pathogens, foodborne illnesses, and antimicrobial resistance (AMR). These interconnected challenges highlight the importance of balancing agricultural growth with sustainable practices and health safeguards.

¹ World Bank. "GDP growth (annual %)." Accessed December 20, 2024. <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG>

² World Bank. Guyana - Country Partnership Framework for the Period FY23-26 (English). Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/099042423133024404/BOSIB06956cef807809aae0687fa5b9d08f>

³ World Bank. Guyana - Country Partnership Framework for the Period FY23-26 (English). Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/099042423133024404/BOSIB06956cef807809aae0687fa5b9d08f>

⁴ World Bank. "Life Expectancy at Birth, Total (Years)." Accessed November 14, 2024. <https://data.worldbank.org/indicator/SP.DYN.LE00.IN?locations=ZJ-GY>.

⁵ World Bank. (2023, October). Human Capital Country Brief: Guyana. Retrieved from <https://thedocs.worldbank.org/en/doc/64e578ceaa522631f08f0cafba8960e-0140062023/related/HCI-AM23-GUY.pdf>



5. **Addressing these compounded risks, Guyana has embraced policies that link climate resilience, sustainable development, and public health.** Through the national Low Carbon Development Strategy 2030 (LCDS), oil revenues are being directed toward sustainable investments in agriculture, renewable energy, and environmental conservation. The government has also bolstered disaster preparedness, border security, and emergency response systems to strengthen resilience. Key points of entry (PoEs), such as the Cheddi Jagan International Airport Corporation (CJAC), Georgetown Sea Port, and Lethem land crossing, are critical to managing the movement of goods, passengers, and animals. However, the lack of oversight at unofficial border crossings along Guyana's vast borders with Venezuela, Brazil, and Suriname poses significant challenges to public health and security. Strengthening border management and infrastructure is essential to mitigating risks of disease transmission, improving emergency preparedness, and ensuring that vulnerable communities are supported. Inclusive initiatives like the "One Guyana" initiative aim to reduce poverty and promote equitable development, with a focus on expanding infrastructure, education, and healthcare to support these efforts.
6. **Alongside these efforts, the Government of Guyana (GoG) prioritizes universal health coverage (UHC) as outlined in the National Health Strategy 2013–2020, emphasizing access to primary healthcare, reducing health inequalities, and improving care quality.** Despite its recent classification as a high-income country and notable progress under the Health Strategy, Guyana continues to mitigate challenges and working towards achieving the United Nations Sustainable Development Goals (UN SDGs) particularly those related to UHC and climate resilience. Non-communicable diseases account for 70 percent of deaths, while infectious diseases, including HIV/AIDS, tuberculosis, and malaria, persist as major health burdens. Malaria, in particular, remains endemic in region 1, 7, 8 and 9, where a significant proportion of indigenous and migrant population reside.⁶

Sectoral and Institutional Context

7. **Guyana faces a complex set of health challenges shaped by its epidemiological transition, climate vulnerability, and threats from emerging infectious diseases, underscoring the need for a multisectoral approach that integrates human, animal, and environmental health systems.** The GoG recognizes the critical intersection of human and veterinary health sectors with environmental management in addressing priority threats such as zoonotic diseases, AMR, vector-borne diseases, and environmental health risks. In response to these challenges, the GoG has prioritized investments in modern healthcare infrastructure, expanded telemedicine services to underserved hinterland regions, and strengthened disaster preparedness, border management, and emergency response systems. Despite these efforts, Guyana ranks 22 out of 33 LAC countries in the 2021 Global Health Security Index, underscoring the need for further improvements in health system capacity⁷.
8. **The COVID-19 pandemic highlighted vulnerabilities in the health system, emphasizing the need for stronger preparedness and integrated responses.** In addressing these vulnerabilities, the GoG in collaboration with the World Bank implemented the Guyana COVID-19 Emergency Response Project (P175268), which concluded in March 2024, provided critical lessons in health security, including enhanced laboratory infrastructure, intensive care unit capacity,

⁶ Silal S., Moses M., Franco C., Celhay O., Fox K., Love E. (2021). An investment case to accelerate malaria elimination in the Guyana Shield. San Francisco: The Global Health Group, University of California, San Francisco

⁷ Jessica A. Bell and Jennifer B. Nuzzo, Global Health Security Index: Advancing Collective Action and Accountability Amid Global Crisis, 2021.

Available: www.GHSIndex.org



and workforce training while integrating a One Health approach to tackle future health emergencies. The project also supported the Voluntary External Evaluation (VEE) and the Performance of Veterinary Service (PVS) assessments (in 2022 and 2023 respectively), which informed the National Action Plan for Health Security (NAPHS), which was approved in 2024. The NAPHS establishes critical structures for health system integration and coordination building resilience against new and existing pathogens. Partners such as the Pan American Health Organization/World Health Organization (PAHO/WHO), Pan-American Foot-and-Mouth Disease Center, Food and Agriculture Organization/World Organization for Animal Health (FAO/WOAH), and Inter-American Institute for Cooperation on Agriculture (IICA) provided support for these assessments and capacity building in food safety, zoonotic diseases, and AMR.

- 9. Guyana's public health sector is largely decentralized, with the Ministry of Health (MOH) responsible for policy, regulation, monitoring and service delivery through regional health authorities in all 10 regions.** Guyana's largely government-funded healthcare system serves approximately 80 percent of the population, but access remains uneven, particularly in hinterland areas (Regions 1, 2, 7, 8, 9, and 10) where a significant proportion of the Indigenous population and a growing number of migrants are concentrated. A critical issue is the concentration of healthcare personnel in coastal areas, with hinterland regions experiencing shortages. Guyana's healthcare workforce density is also below the LAC average, with only 3.5 nurses and midwives and 1.4 physicians per 1,000 people (2020) compared to 3.8 nurses and midwives and 2.3 physicians per 1,000 people (2019) in LAC⁸. This is exacerbated by the emigration of qualified professionals and limited medical supplies and equipment within healthcare facilities⁹. Patient records are inconsistently created at the primary care and hospital levels, and the absence of unique identifiers for patients makes tracking multiple visits difficult. Guyana's largely paper-based health information system further complicates service continuity. Emergency referrals to national hospitals are common but often delayed from remote areas given unavailability of aircraft and other transportation resources. To address these issues, the MOH has expanded training programs for healthcare professionals and announced plans to construct 13 new hospitals to improve care quality and accessibility nationwide.
- 10. The veterinary services play an important role in managing livestock diseases, ensuring food safety and preventing zoonoses.** The Guyana Livestock Development Authority (GLDA) under the Ministry of Agriculture (MOA) serves as the main competent authority for animal health and production governed by the Animal Health Act of 2011. The GLDA's 24 principal functions include animal disease control, traceability, surveillance, movement regulation, animal welfare, and regulation of veterinary medicines. The animal health surveillance system faces gaps in sample size, data sharing, and zoonotic disease prioritization. Emergency preparedness exercises for diseases like foot-and-mouth and avian influenza have revealed weaknesses in response mechanisms. Multisectoral response plans and risk communication protocols for zoonotic diseases are absent, and surveillance remains largely passive, limiting joint epidemiological analysis and risk assessment. GLDA collaborates with the Guyana Wildlife Conservation and Management Commission on wildlife trade and disease testing, supported by the Sustainable Wildlife Management project. This partnership has enabled some capacity building in hinterland communities, where wildlife consumption

⁸ World Bank "Physicians (1,000 people)" and "Nurses and midwives (per 1,000 people)". Accessed 14 November 2024.

<https://data.worldbank.org/>

⁹ PAHO. (2023). *Voluntary External Evaluation of IHR Core Capacities of Guyana: Mission report, 24-28 July 2023*. Pan American Health Organization.



is common. Strengthening veterinary services, including diagnostic capabilities, laboratory systems, and surveillance networks, is essential to protect public health and agriculture.

11. **Guyana's national laboratory network comprises 29 public and 31 private health laboratories, with the National Public Health Reference Laboratory (NPHRL) and the Georgetown Public Hospital Corporation (GPHC) laboratory serving as central hubs, while the GLDA laboratory operates independently from the public health system it collaborates with the NPHRL for diagnostic support.** The GLDA Veterinary Services Laboratory, established in 2014 as a biosafety level 2 facility, operates independently but collaborates with the NPHRL for diagnostic support. It conducts PCR and serological testing for diseases like Newcastle disease, classical swine fever, and avian influenza, and recently initiated AMR surveillance in partnership with Ohio State University. However, the network faces critical challenges. Limited data sharing between animal and public health laboratories and a heavy reliance on outdated paper-based reporting systems severely hinder integration and coordination. Laboratories lack connection to health information systems, leading to inconsistent patient data recording and no unique identifiers to track samples or visits. These systemic inefficiencies disrupt follow-up care, delay critical diagnostics, and weaken continuity between primary and referral laboratories. Sample transportation remains informal and poorly structured, particularly in remote regions, compounding delays and logistical challenges. These gaps significantly impair timely diagnoses and the ability to mount cohesive public health responses. Strengthening coordination between laboratories and surveillance systems is essential. Key actions include integrating laboratory data with health information systems, formalizing sample transport, and improving reporting processes. Enhanced collaboration between human and animal health sectors, supported by infrastructure upgrades and training, will significantly bolster the efficiency and resilience of Guyana's laboratory network.
12. **Guyana's designated PoEs – including airports, seaports, and land crossing – are critical to the national health surveillance system but face significant challenges in coordination and integration.** Key stakeholders such as the GLDA, MOH, National Agricultural Research and Extension Institute, and the Customs Anti-Narcotics Unit are involved, yet their efforts are fragmented. While the two international airports have relatively advanced infrastructure and response mechanisms, other PoEs lack comprehensive contingency plans for public health emergencies. These gaps are compounded by the broader inefficiencies in Guyana's laboratory and surveillance systems. Port health officers provide basic health services and emergency notifications, but their informal operations are not fully integrated into the national health information framework, limiting data sharing with laboratories and surveillance networks. There is a need to address gaps related to disease transmission in animals which requires quarantine facilities at PoEs. Emergency preparedness at PoEs is uneven, with existing plans focused on aviation-related risks and insufficient coverage of zoonotic and other public health threats. Addressing these challenges requires strengthening the link between PoEs and the national laboratory network, improving inter-agency coordination, conducting strategic risk assessments, and developing a comprehensive national border health plan.
13. **Strengthening cross-sectoral collaboration between the MOH, MOA, and public health and veterinary services is critical to addressing interconnected risks such as AMR, Zoonotic diseases, Vector-borne diseases, and environmental risks through a One Health approach.** The GoG has demonstrated commitment to pandemic prevention, preparedness, and response (PPPR) by allocating significant resources during the COVID-19 pandemic and doubling the national health budget over the past three years, with per capita public health investment reaching



US\$700 in 2024¹⁰. Investments have prioritized surveillance, epidemiology, laboratory services, and digital health, including the development of an electronic medical record system; despite these advancements, gaps remain. Further investments are required to strengthen integrated surveillance systems, early detection mechanisms, and coordinated responses through a One Health approach. Addressing shortages in human resources, improving digital connectivity and expanding surveillance capacity is critical.

- 14. Workforce development must go beyond increasing staff numbers to diversifying skills that address urgent needs during crises, such as gender-based violence (GBV).** In Guyana, GBV remains pervasive, with the 2019 Women's Health and Life Experiences Survey reporting that 55 percent of women aged 15-64 have experienced violence, and 40 percent faced physical or sexual violence by a partner in their lifetime. By 2022, 31 percent of ever-partnered women aged 15-49 experienced violence, and 9 percent faced it within the previous year¹¹. As observed globally, during the pandemic, women faced increased GBV risk due to financial stress, caregiving burdens, and isolation from support systems¹². To address these gaps, it is crucial to build the capacity of emergency response services, equipping frontline workers with the skills needed to support GBV survivors.
- 15. AMR surveillance is limited in Guyana; it is estimated that 147 deaths are directly attributable to AMR and 579 associated deaths in 2019, making it 2nd in the Caribbean for AMR-related mortality¹³.** Key pathogens include *Staphylococcus aureus*, *Escherichia coli*, and *Klebsiella pneumoniae*. While a national AMR committee has been established and a draft AMR action plan is under review, Guyana lacks a formal surveillance strategy, and reporting is inconsistent, primarily conducted by the GPHC. AMR testing capacity has improved with the NPHRL progressively assuming responsibilities since 2023, but weak inter-laboratory coordination and surveillance between health and agricultural sectors persists. Strengthening data sharing, harmonizing processes, and improving bio-hazard management are essential for an effective One Health AMR response.
- 16. As a climate-vulnerable country, Guyana's development is guided by its revised LCDS 2030¹⁴, which aims to limit emissions, prevent deforestation and sustain economic growth.** The strategy focuses on valuing ecosystems, investing in clean energy, protecting biodiversity, and aligning with global climate goals. Key elements include enhancing infrastructure for flood control, sea defense, and irrigation. This Project supports the LCDS 2030 by strengthening health systems to mitigate climate-sensitive risks, improving disease surveillance, and enhancing multi-sectoral coordination. Efforts include upgrading laboratory infrastructure with energy-efficient equipment, installing and utilizing renewable energy at project-financed facilities, and using low-emission incinerators for waste disposal. These actions align with national and global climate objectives, bolstering health system resilience to climate change impacts.

¹⁰ Ministry of Finance (MoF), "Budget at a Glance 2020," available at <https://finance.gov.gy/budget-at-a-glance-2020-2/>.

¹¹ World Bank 2023. Gender-Based Violence Country Profile: Guyana (English). Washington, D.C.: World Bank Group.

<http://documents.worldbank.org/curated/en/099053023161541561/P17697908b2ec90c08ca10d54b5d7966c5>

¹² UN Women. (2020). *COVID-19 and ending violence against women and girls: Issue brief* [PDF]. UN Women Headquarters. Retrieved from <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf>.

¹³ Institute for Health Metrics and Evaluation (IHME). (2023). *The Global Burden of Antimicrobial Resistance in Guyana*. Retrieved from <https://www.healthdata.org/sites/default/files/2023-09/Guyana.pdf>

¹⁴ Guyana's Low Carbon Development Strategy 2030 (2022), <https://lcds.gov.gy/>



C. Proposed Development Objective(s)

Development Objective(s) (From PAD)

To strengthen Guyana's capacities to prevent, prepare for and respond to health emergencies through a One Health approach and, in the case of an Eligible Crisis or Emergency, respond promptly and effectively to it.

Key Results

17. The overarching objective is to enforce Guyana's capacities under IHR to advance key public health pillars, promote the One Health agenda, and mitigate the health, social, and economic impacts of pandemics. By doing so, Guyana aims to position itself as a regional leader in One Health. The Project's focus is on achieving the following results, aligned with the Pandemic Fund proposal approved on October 17, 2024:

- I. **Integrated Public Health Laboratory Networks:** Enhanced collaboration and improved health outcomes through a strengthened and digitized public health laboratory network.
- II. **A rapid, data driven health surveillance system.** Timely decision-making and improved prevention and response to health threats enabled by a modern, data-driven health surveillance system.
- III. **Strengthened public health workforce.** Increased public health workforce capacity through expanded training under the One Health framework.
- IV. **Enhanced border security.** Strengthened national health security through digitized and integrated Border Health systems at PoEs.
- V. **Equitable access to healthcare services.** Improved healthcare equity by addressing gender, ethnicity, and inclusivity in project initiatives.
- VI. **Strengthened multisectoral capacity for health.** Better health outcomes achieved through strengthened coordination and resource allocation across multisectoral organizations.

18. The results framework will be aligned with the relevant indicators under the new WBG Corporate Scorecard for PPPR, and those stipulated in the Pandemic Fund as presented in the approved proposal. The proposed PDO level indicators are:

- I. **Strengthened capacities to prevent, prepare for, and respond to health emergencies**
 - a. **Prevention:** Priority zoonotic diseases are identified, prioritized, and monitored in compliance with international standards through a multisectoral surveillance system, with actionable data informing prevention, early warning and response efforts.
 - b. **Preparedness:** A functional specimen referral and transport system is operational across relevant sectors with specimens delivered within established timeliness.
 - c. **Response:** Multisectoral all-hazard risk-informed emergency response plans are developed, implemented and based on lessons learned from simulation exercises and real-world responses.
- II. **Improvement ≥ 0.5 in average IHR States Parties Self-Assessment Annual Report (SPAR) core capacity scores in at least two of the Prevent, Detect, and Response axes***



III. Improve the capacity for interdisciplinary collaboration between human, animal, and environmental health sectors¹⁵

D. Project Description

19. The Project will consist of five components.
20. **Component 1. Enhance Laboratory and Workforce Capacity (US\$8 million, of which US\$2 million IDA, and US\$6 million from Pandemic Fund).** This component will focus on enhancing Guyana's capacity to improve diagnostic capabilities and testing modalities across the national laboratory network, in support of national surveillance for health issues, such as AMR, Zoonotic diseases, Vector-borne diseases, and environmental risks. By improving laboratory infrastructure, diagnostic modalities, and workforce capacities, the component aims to ensure accurate and timely detection and targeted interventions. This will enhance quality of care and reinforce national health security. This component will consist of three sub-components: (1) Procurement of Laboratory Infrastructure and Diagnostics Capacity; (2) Laboratory Systems Integration and Biosafety; and (3) Laboratory Workforce Development.
21. **Component 2. Strengthening Health Surveillance Systems for Early Detection and Response (US\$9 million, of which US\$2 million from IDA and US\$7 million from the Pandemic Fund).** This component focuses on improving Guyana's ability to prevent, detect, and respond to health emergencies by strengthening public health surveillance systems and One Health capacities. By integrating digital infrastructure, enhancing multisectoral health surveillance, and building a skilled workforce, the component aims to achieve rapid and coordinated responses to emerging health threats, including zoonotic and vector-borne diseases, AMR and environmental health risk, while supporting the 7-1-7 target¹⁶ for health emergency response. This component will consist of three sub-components: (1) Digitalization and Infrastructure Modernization (2) Development of Integrated Multisectoral Health Surveillance Systems; and (3) Workforce and Operational Capacity for Health Surveillance.
22. **Component 3. Strengthening One Health Coordination and Capacity (US\$3.5 million, of which US\$2 million from IDA and US\$1.5 million from Pandemic Fund).** This component aims to enhance cross-sectoral collaboration between human, animal, and environmental health sectors to effectively implement the One Health approach. By formalizing structured coordination, building institutional capacities, and raising public awareness, this component seeks to improve resilience to health and climate-related emergencies while promoting sustainable practices. This component will consist of three sub-components: (1) Institutional Strengthening and Coordination; (2) Awareness, Behaviors, and Practices; and (3) Training and Capacity Building in One Health.
23. **Component 4. Project Management, Monitoring and Evaluation (M&E) (US\$1.5 million, of which US\$1 million from IDA and US\$0.5 million from Pandemic Fund).** This component ensures effective oversight and coordination of the Project. The activities include the monitoring and evaluation of the Project to ensure adherence to objectives

¹⁵This indicator measures improvement in the average SPAR core capacity score in at least two of the three axes. Attribution of SPAR categories to Prevent/Detect/Response axes (per below) is according to the WHO Joint External Evaluation framework (JEE, 3rd ed) as based on IHR (2005). The indicator uses the IHR benchmarks framework to quantify maturity levels and therefore has 0-5 score.

¹⁶The 7-1-7 is an approach to assess how quickly a country can detect and contain infectious disease threats. The goal is to detect a suspected infectious disease outbreak in 7 days or less; to notify public health authorities to start and investigation in 1 day; and to complete an initial response in 7 days or less (<https://resolutetosavelives.org/prevent-epidemics/7-1-7-early-disease-detection/>).



and efficient implementation, and the supervision and coordination across different ministries and stakeholders. Specific institutional capacity building activities include program coordination, hands-on technical assistance for improving contract management (e.g., hands on extended implementation support or other fiduciary support), M&E including data collection, tracking, reporting and knowledge management, procurement, financial management (FM) and disbursement monitoring, management of social and environmental risks, including climate change (e.g., capacity building, M&E). Operating costs of the Project Implementation Unit (PIU) will also be financed under this component, including due diligence mechanisms such as project audits.

24. **Component 5: Contingency Emergency Response Component (CERC) (US\$0 million).** This no-cost component will facilitate access to rapid financing by allowing for the reallocation of uncommitted Project funds in the event of a public health emergency, either by a formal declaration of a national emergency or upon a formal request from the GoG. Following an eligible crisis or emergency, the government may request the World Bank to reallocate Project funds to support emergency response and reconstruction. A CERC Manual and Emergency Action Plan, acceptable to the World Bank, will be prepared and constitute a disbursement condition for this component.

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Area OP 7.60	No
Summary of Screening of Environmental and Social Risks and Impacts	

Environmental Risk and Social Risk Classification: Moderate

25. **Overall, the Project is expected to contribute to positive environmental and social (E&S) outcomes by modernizing infrastructure and strengthening the Borrowers' laboratories (public health, veterinary, food and drug) to manage Border Health capacities at all designated PoEs, reinforcing national health security by improving the country's ability to monitor and respond to health risks at its borders.** The Environmental and Social Risks Classification (ESRC) is Moderate: Moderate environmental risk rating and a Moderate social risk rating . The key environmental risks are associated with Component 1 (Improve laboratory capacity) activities and include: (a) disposal of renovation wastes generated during construction works and operations; (b) exposure of construction workers to harmful materials during renovations; (c) occupational health and safety (OHS) risks during renovation; and (d) community health and safety risks including odor, noise, dust and traffic during construction and nuisances, accidents, and emergencies during works. The Technical Assistance activities are expected to result in environmental benefits, but any adverse impacts identified will be assessed and if necessary, the risks rating and mitigation measures will be adjusted. The main social risks of the project activities are risks associated with labor, community health and safety and excluding the most vulnerable.
26. **The E&S risks are likely to be temporary, short-term, and limited in extent and can be managed through routine preventive and mitigation E&S measures and capacity strengthening.** The ESRC will be reviewed regularly during



preparation and implementation to reflect the project's risk level. To effectively address the environmental and social risks associated with the project, the Government of Guyana is committed to aligning with both national and international best practices, such as those outlined in the World Bank Group's Environmental, Health, and Safety Guidelines (EHSGs). This will involve the preparation of comprehensive assessments and the development of feasible and fit for purpose management tools designed to mitigate E&S risks. The aim is strengthening national preparedness and response to future pandemics and other health risks. Additionally, the government will prioritize non-discrimination, transparency, participation, accountability, and governance to foster positive worker-management relations, ensuring fair treatment of workers and the maintenance of safe and healthy working environments.

E. Implementation

Institutional and Implementation Arrangements

- 27. Building on the successful experience and capacity developed under the Guyana COVID-19 Emergency Response Project (P175268), the MOH will continue to serve as the implementing agency for the Project.** Leveraging its experience and established capacity, the MOH will oversee fiduciary, monitoring and evaluation, and environmental and social risk management functions. A PIU hosted by the Health Sector Development Unit (HSDU) will manage day-to-day operations with support from a multidisciplinary team, including a dedicated project coordinator, fiduciary lead, financial management officer, procurement officer, M&E officer and E&S officer . The PIU will work closely with technical leads across ministries and agencies to ensure cross-sectoral collaboration, guided by terms of reference and procedures detailed in the Project Operations Manual (POM). The PIU will be responsible for coordinating activities across all project components, adhering to World Bank procurement and financial management standards. The POM will detail the PIU's structure, roles, and responsibilities, as well as procedures for implementation, monitoring, and compliance. Capacity-building initiatives will focus on onboarding new staff to facilitate effective implementation process. Ensuring the integration of project outcomes into national systems and budgets will further promote sustainability.
- 28. Strong governance and oversight will be ensured through a Steering Committee and a supporting Technical Committee, both of which will work closely with the PIU.** The Steering Committee, led by the Minister of Health or an appointed representative, will consist of senior policy and technical leaders from relevant ministries, agencies, departments, and units associated with the project. This Committee will provide a platform for leadership coordination on One Health initiatives. The Technical Committee, comprising focal points from key One Health areas, will offer technical guidance and ensure that activities are robust and well-coordinated across agencies. The Technical Committee will be chaired by the Project Coordinator, appointed by the MOH, to provide continuous guidance to the PIU and promote effective collaboration. Both committees will continue to operate beyond the closing of the project.

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APPROVAL

Task Team Leader(s):	Federica Secci, Behnaz Bonyadian Dehkordi
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Approved By

Practice Manager/Manager:		
Country Director:	Diletta Doretti	03-Jan-2025