

Budget Speech 2016/ 2017

If it pleases you Mr. Speaker, I fully support the Minister of Finance on the presentation of his budget 2017 titled "Building a Diversified Green Economy: Delivering the Good Life to All Guyanese". The Honourable Minister Winston Da Costa Jordan informed this august house that the coalition Government continues to prioritize the health and wellbeing of the people of Guyana, as a pillar of ensuring economic development, of ensuring happiness, and of ensuring productivity and prosperity.

31.2 billion or 12.5% of this budget shall be expended in the health sector, comprising of 7 programmes. Over the past 18 months, we in this Coalition Government have never lost sight of the goal of our health sector strategy which is "to achieve universal coverage for health care by, creating an efficient and modern health system with adequate human capacity and with high quality health infrastructure".

Programme 1 – Policy Development & Administration

One of the seven programmes I mentioned before is that of Policy Development & Administration. This programme serves to ensure an efficient coordination and management of human, financial and physical resources that are so necessary for the success of the administration of the Ministry's operations. Of the 1.7 billion dollars allocated to this programme, 274.5 million is set aside for capital expenditure. Some of the projects that are expected to be undertaken in this programme includes:

- The reconstruction of the head office complex of GPHC in a 3 phase implementation schedule of approximately 100 million dollars in this first phase

It is a known fact that the head office of MOPH was burnt to the ground nearly 8 years ago ie since July 2009 during the past regime. The PPP small c seemed quite contented in letting it remain that way. This coalition government on the other hand has better ideas and we are now correcting this situation because it is the proper and orderly thing to do. It is not as was insinuated by one of our colleagues across the floor, that the ministers of Public Health want to be in some posh office setting. Not so Mr. Speaker. To the contrary both ministers in this ministry are quite fit, keen and ready to go out in the fields, across the savannahs, over mountains and up the rivers, where we can interact with the people and to appreciate and be more aware of their living conditions, like no other Minister of Health has ever done before. We have gone and will continue to go to these places rather than to be in some office in Georgetown".

Also included in this programme is the construction of a laboratory and administrative building for the Food & Drug Department for 110 million dollars. A further 20.7 million will be used to procure laboratory supplies, quality control aids and proficiency testing materials. This would include the purchasing of fume hood and a steam digester both for the excise laboratory at a cost of 11.2 million, 2 incubators and a hot-air oven for the Microbiology lab at a cost of 2 million dollars, 5 analytical balances for all the laboratories at a cost of 7.5 million dollars. These are all for the Food & Drug Department.

In addition the National Public Health Reference Laboratory will also aim to strengthen its quality management system with the end goal of achieving the accreditation of the international organization for standards, relating to quality management systems requirement. This will certainly minimize our dependence on overseas testing.

These constructions will serve to improve facilities and operational efficiency of this programme.

Under this programme as well, a refrigerated delivery truck will be purchased at a cost of 20 million dollars for the Materials Management Unit at Diamond.

Programme 7

The objective of the programme of disability and rehabilitation services is to provide services for all persons with impairments and disabilities, enabling them to achieve a greater level of independence and a greater level of participation in society. To this end, 21.8 million dollars was appropriated as capital expenditure. 10 million is allotted to the purchase of vehicles which include 6 million dollars for a pick-up and a 15 seater bus for 4 million dollars for the Cheshire home. Another 5 million was allotted for other equipment such as 2 treadmill for 0.8 million dollars, 2 elliptical trainers for 0.7 million dollars, therapeutical bicycles for 0.95 million dollars and weight bars for 0.5 million dollars along with massage table for 0.6 million dollars.

With 6 million dollars, medical equipment will be purchased such as tympanometer for 0.84 million dollars, neurology bed for 0.8 million dollars, audiometers for 0.6 million dollars, auditory brainstem response machine at a cost of 2 million dollars, 2 echo check screeners for 2.2 million dollars and 8 adjustable manual therapy stools for 0.24 million dollars .

There will be construction of a building for the training centre for the treatment of physical disability at the Cyril Potter College of Education, Turkeyen.

Programme 4 – Regional & Clinical Services

The objective of the programme of Regional & Clinical Services, is to ensure that regional and clinical services are provided consistently, and adequately, in all the regions of this country. This is especially so, in the far flung hinterland regions of 1, 2, 7, 8 and 9, that seem to have been forgotten by the past regime. It is revealing to know that as we visit these communities the villagers are always welcoming, delighted and seem pleasantly surprised as they claimed that never before they had been visited by any minister much less by a minister of health, except of a particular case where a certain minister (not a minister of health) encountered quite a challenge of stepping with her stiletto heels in the soft sand of the village yard, which was so artistically imitated by an elderly lady of the village to the amusement of the villagers. These villages would include Waicarebri, Kurutuku, Aurow , Kaibarropie, Wax Creek, Imbutero and Bashai, all have become household names now in the MOPH, just to name a few.

Proposed in this sectors budget is money for equipping district hospitals in these hinterland regions with specialized staff and equipment so that health services are as accessible, acceptable, affordable and appropriate as possible, given the availability of resources, and where it can be delivered with equity and quality. This will vastly reduce the need for and the cost of medical evacuations which cost as much as 48.4 million dollars for this year. This budget allocates 57 million for same.

It sends a telling message to persons of the hinterland region when a colleague from across the floor expressed his total disagreement and some amount of disgust with the fact that a donated CT Scan Machine was earmarked for Bartica. This speaks volume of the regards the PPP small c has for the hinterland regions. Why not Bartica? Why does it have to be West Demerara or Suddie? Besides, Bartica is central to so many hinterland and riverain communities of not only region 7 but also is readily accessible to communities of Region 3, 8 & 10. Mr. Speaker, Bartica Public Hospital has become one of the most efficiently run institutions with a functioning operating theatre 24-7 and a Neonatal Intensive Care Unit. It can boast of having a staff of 16 doctors including 8 specialist of Obs & Gyn, Orthopaedics, Pediatrics, Dermatology, ENT, Cardiology, Anaesthesia & General Surgery. The hospital in Lethem, Mabaruma and Mahdia are all going in that same direction. I can assure this honourable house that the CT scan that was sent to Bartica, along with the one that was sent to New Amsterdam Hospital are technically and physically well stored in AC containers and it was certified by the visiting engineers that the storage conditions were acceptable.

This programme has been allocated a sum of approximately 1 billion dollars for capital expenditure of which approximately 347 million was earmarked for the construction of a drug bond at Kingston (250 million dollars), a furnace at Kwakwani (6 million dollars), provision of an elevator at the Linden Hospital Complex (25 million dollars) and rehabilitation of the old hospital building in Linden to accommodate Psychiatric, renal dialysis and chemotherapy services (10 million dollars), these are all new projects. From this sum also, there will be funds for the completion of the Port Kaituma hospital as a rollover project. 23 million will be used for the completion of doctors quarters at that same institution, as another ongoing project.

Other rollover projects are 34.3 million dollars for the upgrading of the Diamond & Leonora Diagnostic Centers and the construction of a nurses' hostel in Region 1 for 12 million dollars.

Some of the retention projects would be the extension and remodeling of the Kwakwani Hospital to house the operating room unit and the rehabilitation unit and a larger nurses' rest room.

15 million dollars will be used to purchase a fully equipped ambulance for Kwakwani hospital, two dialysis machines at a cost of 3.5 million. A DC 3600 Heamatology analyzer will be bought for the Linden Hospital Complex for 3 million dollars and 50 million will be used for the purchase of autoclaves, analysers, ECG machine, defibrillaotrs, dopplers, monitors, among other equipment.

GPHC

Included in the programme of regional and clinical service is the Georgetown Public Hospital Corporation and 500 million is provided for capital expenditure.

In this house, there has been much complaint about the Georgetown Public Hospital, especially the Accident & Emergency Unit, the long hours patients have to wait, being overcrowded and no beds for admitted patients. Mr. Speaker, hindsight is always 20/20 but the house must be informed that the GPHC provides the highest level of care within the government owned and operated health care system. This hospital has been undergoing a transformation to better meet its mandate. Its capacity for higher quality and complex care has increased significantly in all the major specialties. It has an expanded programme for cardiac care, including invasive cardiology and open heart surgery (only Friday last I commissioned the Cardiac Intensive Care Unit), joint replacement and spinal surgeries, renal replacement programme including renal transplant, enhanced oncology, enhanced neonatal and paediatric programmes, along with obstetrics & gynaecology. As a result, there is increasing pressure and demands for more space and infrastructure resources at this institution. We of this coalition government are the first to recognize this condition and we are committed to doing all we can as soon as possible to correct same. Mr. Speaker, this is well known to the honourable member, yet we come here and perform and play to the gallery. I wish him luck on his campaign trail at his upcoming congress. He is fully aware of a building master plan by Peter Milne which was done as part of the health sector reform for the functions, plan and architectural brief of the new inpatient facility at the GPHC. It is a fact that at one point in time, the GPHC had over 600 beds in its inpatient facility and now this has been reduced to 450. This is so because in the original plan of the past government to build that new inpatient facility, a total of 318 beds were to have been provided for the medical & surgical patients. This new facility should have been made up of the north and south wings with a total of 214 beds and a west wing with 104 beds but because of the inefficiency of the past regime, and all the different problems that arose because of this, the funding was unable to provide for the construction of the west wing and I can show in the plan here Mr. Speaker that a large portion of this hospital was not completed and that portion accounted for 104 beds and the administrative offices of the hospital. For someone who has played an integral role in this fiasco, he has the temerity to now come here and complain. He actually quoted Stabroek News editorial conveniently to describe this budget so I will also refer to an editorial from Kaieteur News about this budget where it says that since becoming the opposition, some of the PPP small c members, including its leader have been behaving as if they have been canonised. Their criticism of the budget and their angel like behavior are deceitful and hypocritical to say the least. This accurately describes the Honourable member's behaviour when he comes here with his display of being a sour puss.

I seize this opportunity to point out that while PAHO/WHO has been advocating that taxes must be removed on all essential drugs and medical supplies, we must bring to mind that the Hon Dr. Anthony was specifically referring to the effect of the 14% VAT on healthcare in the private sector. In the public sector on the other hand, that will not affect the cost of healthcare.

I would also like to point out that it was not accurate for another honourable member to come before this house in her typical alarming style, painting a most horrifying situation of the status of our Expanded Programme on Immunization and Nutrition. The honourable member, being a past Minister of Health should be fully aware that immunization coverage is based on a yearly target which is an accumulated target. The vaccination programme measures the coverage on a continuous basis, as such the statistics given is for 75% of the year's estimated births, it is impossible to be able to give the annual coverage when we have only covered three quarters, hence the coverage being measured out of 75. In this budget, the 1 year old immunized against TB & BCG shows that it is 75% but because it's the third quarter, that 75% is equal to 100%, likewise, for the DPT pentavalent. The 73% is 73% out of 75 which is excellent. **To date, the EPI has maintained vaccination coverage for over 90% for all antigens. Currently for the third quarter (measured out of 75%), the coverage is the following:**

DPT – 73%

Hepatitis B – 73%

Haemophilus influenza -73%

Polio – 70%

MMR – 69%

PCV 13 – 65%

Rotavirus – 68%

Guyana has successfully received certification for the elimination of measles and rubella and we are currently in the process of eliminating the wild polio virus 2 after successfully implementing the injectible polio vaccine (IPV) and switching from trivalent oral polio to bivalent oral polio vaccine.

For 2016, the programme encountered many challenges such as

- the increased demand for yellow fever vaccine after the outbreak in Angola
- the risk of importation of diphtheria after the outbreak in the city of Bolivar in Venezuela
- the chicken pox outbreak in Region 8

Five regions were targeted for mop up activity in the face of the diphtheria outbreak and a total of 1262 persons were given first doses of vaccine. The booster doses will be repeated during the coming weeks.

Similarly, that is what is reflected in the indices of malnourishment, it is only for up to the third quarter and not the whole year. The honourable member should explain to this house what went wrong with the Basic Nutrition Programme, Phase 2 under their watch for a contract sum in US 1.5 million dollars where New GPC was paid an advance of 70% or US 1.1 million dollars and they only delivered sprinkles to the value of US 0.5 million dollars and was ordered to seize production due to low consumption of the product and the large quantities that were expired rather than coming here and beating up on this government.

In 2016, 88.7 million dollars was spent on the extension of the maternity block of the GPHC and in 2017, 11.8 million dollars is budgeted as a Retention Project for same. This block will provide 50 patient beds. It consists of 2 floors. On the ground floor, there are training rooms, doctors / residents on call rooms and offices. On the first floor, there are two operating rooms, birthing room area, post delivery room area, a step down unit and a NICU.

GPHC spent 10 million dollars to complete the Cardiac intensive care unit together with Guyana Programme for Advanced Cardiac Care (GPAC). This has the capacity for 14 beds for the management of persons in need of critical care. The cardiology unit at the GPHC will now be able to provide cardiology services to citizens who otherwise would not be able to afford these services and shortly the Cardiology theatre would also be completed.

GPHC has demonstrated its motto "We Care", not only for its patients but also for its staff, especially the nurses. To this end, mobilization has begun for the construction of a day care center for the staff of the hospital at a cost of 30 million dollars.

In an attempt to reduce the annual rental cost for visiting faculty, consultants and medical teams, 25 million dollars has been earmarked to commence the rehabilitation of the Waterloo street staff quarters. This facility will provide in excess of 19 self contained single and duplex apartments.

Additionally, 30 million dollars has been allocated towards the rehabilitation of the main operating theatre to improve sterility among other things in the theatre.

To protect significant investment in key equipment, CT scanner, anaesthetic machines, echocardiography machines, ultrasound machines etc, and ensure a reliable supply of clean and steady power within the main operating theatre, the maternity theatres, the ICU and the NICU, approximately 85 million dollars has been allocated towards the procurement of 4 large uninterrupted power supply (between 100 KVA to 200 KVA capacity).

Moreover, in 2017, an additional 45 million dollars has been budgeted for the continued improvement of the diagnostic capabilities (laboratory, pathology and imaging operations) of the GPHC so that patients can be treated in a meticulous and efficient manner. For medical equipment 63 patient monitors at a cost of 30 million dollars will be bought along with 7 ventilators for 33 million, 10 defibrillators for 15 million dollars, thoracic surgery equipment for 37 million, digital mammography system 40 million dollars, pathology equipment 10 million dollars, radiology equipment 10 million dollars ENT equipment 5 million dollars, paediatric equipment 6 million dollars, neurosurgery equipment 40 million, neurology equipment 5 million dollars. In keeping with the government's green agenda, 4 million has been allocated towards replacing all security lights with LED lighting within the compounds of GPHC.

Efforts will continue to transform GPHC into a state of the art facility. To this end, budget 2017 will cater for the commencement of a computerisation study to assess the needs of the corporation, present the various options of computerization and make

recommendations for cost effective and scalable solutions. At the end of this process, GPHC will have a roadmap to computerize all business/hospital processes and patient records, that is, from the point of initial contact to the completion of treatment at the facility. Furthermore, 12 million has been allocated for the procurement of a laboratory information system.

These are all capital expenditure but sufficient financing is also budgeted under current expenditure for capacity building and training of our human resources. To this end 19 doctors completed post graduate studies in the area of orthopaedics & traumatology, anaesthesia, emergency medicine, paediatrics, obstetrics & gynaecology and internal medicine/infectious diseases programmes and this was only for 2016 but this is an ongoing process and 20 additional doctors are currently enrolled for the 2016/2017 academic year. The Masters in Psychiatry programme began in September 2016 with an initial intake of 4 residents, this is all a part of the post graduate programme for physicians that is available at the Georgetown Public Hospital Corporation.

Along with the doctors, we also had the launching of the emergency nursing programme through the collaborative effort of GPHC, UG & Vanderbilt University of the USA. Initially, 20 nurses will be trained and will receive a bachelor's degree at the successful completion of the 2 year programme. Already, arrangements are being put in place for a similar programme in Neonatal Intensive Care Nursing Programme and an advanced midwifery programme, similarly ending with a bachelors degree. GPHC continues to be recognized and accredited as a training site of the American Heart Association. To this end, 72 persons were trained in Advanced Cardiovascular Life Support and 217 persons in Basic Life Support.

Having declared all the future plans for the health sector in such a massive way, one can only conclude that this coalition government is preparing for a stay way beyond

2020.