HEALTH & DEVELOPMENT

Health Systems and Services: The health service delivery in the public sector is provided through a network of secondary/tertiary care facilities consisting of 24 hospitals including 5 specialist institutions (with a bed complement of 4736); and primary care facilities comprising 348 health centers, managed by the four regional health authorities. However, the health information system (HIS) is very fragmented and no HIS policy and strategic framework exist. In general, information for planning, decision making and development of accurate situation analysis is not readily available. There is a general shortage of health care providers on key areas of health service delivery due in large part to a high attrition rate of skilled personnel, especially dentists, nurses and rehabilitation specialists in speech and occupational therapy. There is limited drug production from imported raw material. There is a system of pharmaco-vigilance in place to ensure quality maintenance. The majority of the drugs used locally is imported and as prices fluctuate this leads to an increase in costs to the end user. In the long term this is not a sustainable practice.

Environmental Determinants of Health: Jamaica is on track with its water supply (93%) and sanitation coverage (80%) to meet the Millennium Development Goal (MDG) targets for 2015. However, water and sanitation needs are still not fully covered in rural areas (currently at 42%, compared to 87% in urban areas). There are currently a number of policies, legislation and guidelines that address different aspects of sanitation but their interrelationship is not well defined. Gaps, overlaps and sometimes conflicts exist resulting in less than optimal utilization of scarce resources and the long-term beneficial impacts of some programmes are never realized.

MDGs: As part of the implementation of the MDGs, the Ministry of Health continues to focus its efforts on the 3 MDG priority areas for the health sector (reducing child mortality, improving maternal health and combating HIV/AIDS, Malaria and other diseases). The 2009 National Report for the ECOSOC Annual Ministerial Review notes that significant progress has been made in the three areas mentioned above. However, the prevalence of noncommunicable diseases which now account for more than 50% of fatal disease outcomes was highlighted.

<table>
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<tr>
<th>OPPORTUNITIES</th>
<th>CHALLENGES</th>
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<td>• Restructuring process focusing on improvements in quality of care, efficiency in health services delivery, increasing access and accountability in the management of health services.</td>
<td>• Weak public health leadership and management.</td>
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<td>• Existence of Jamaica National Development Plan: Vision 2030 that outlines the long term development goals including health.</td>
<td>• Weak and fragmented health information system with no national health information policy, unreliable data and limited reporting by the private sector.</td>
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<tr>
<td>• Ratification of a number of International Conventions such as IHR (2005); WHO/FCTC.</td>
<td>• High incidence of crime and violence and costs to the health sector.</td>
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<tr>
<td>• Existing bilateral and intergovernmental partnerships for technical cooperation.</td>
<td>• Increase in the burden of chronic non communicable conditions and risk factors.</td>
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<td>• Existence and effective implementation of the UNDAF, which has a major outcome on health.</td>
<td>• Migration of health human resources.</td>
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Jamaica, the largest English speaking Caribbean Island, became an independent nation in 1962. Jamaica’s political governance is by a parliamentary system based on the Westminster model and a bicameral legislature. This facilitates the development of policies including health policies in a collaborative manner with both government and the opposition which ensures sustainability and continuity and is a parliamentary democracy. The government is a constitutional monarchy. Jamaica is a unitary state and a member of the Commonwealth of Nations. Jamaica is a member of key regional and international institutions including Caribbean Community and Common Market (CARICOM), Organization of American States, the Commonwealth and the United Nations. The country has helped to focus international attention on many significant matters such as human rights, decolonisation, economic cooperation and women’s issues. The country is divided into 14 Parishes with its accompanying Parish Councils and experiences high levels of international migration particularly among graduates, including health professionals and teachers. Poverty is more widespread in the rural areas where the economy is predominantly of the extractive and production-type industries such as agriculture, mining and natural-resource-based tourism. The country, which was recently reclassified as a lower middle income economy (gross national income of US$7,310), is also undergoing transitional changes in epidemiology and demography.
Official development assistance (ODA) was used to assist in meeting Jamaica’s development objectives, to foster social well-being and to enable private sector investment. International development partners (IDPs) contributions in the post-hurricane recovery and rehabilitation efforts were critical to the country’s ability to return to normality after each hurricane. International development partners to Jamaica are: CDB, CIDA, DFID, EU, FAO, GFATM, IBRD (World Bank), IDB, WHO, UNAIDS, UNDP, UNRC, UNEP, UNESCO, UNFPA, UNICEF and USAID.

Jamaica’s classification as a lower middle-income country, coupled with IDPs shift of resources to poorer, fragile nations reduced Jamaica’s eligibility for highly concessional loans and grant assistance. The high debt burden and limited fiscal space diminished Jamaica’s capacity to borrow, thereby affecting the amount of ODA available for public investments. Total repayments to the three major lending agencies for principal, interest and other charges exceeded disbursements, thus reducing the available funding for areas such as health from both the Government of Jamaica and IDPs.

In 2007-2008, several development partners initiated or completed their respective country assistance papers and some carried out reviews of the Country Support Strategy and National Programme in collaboration with the Government of Jamaica. This resulted in the reshaping of the programme, a shift from project to programme support by some agencies and although most budgets were reduced, an attempt was made to arrive at a fiscally manageable solution, without compromising the development objectives of the projects/programmes. This process allowed the health sector opportunities to focus on priority areas.

**PAHO/WHO STRATEGIC AGENDA (2010-2015)**

**Strengthening of the health system within the framework of the renewed primary health care approach focusing on:** Health systems and essential services package; revitalization of community participation/ownership in health; comprehensive human resources in health plan; development and promotion of the team approach to care; policy development and analyses with supportive legislation; integrated health information system with built-in alert; quality assurance issues; monitoring and evaluation systems, clinical and other audits; strengthening referral and linkage systems, public-private partnerships; health financing including alternate source of funding; strengthening health economics capacities; effective public health leadership; and establishment of centers of excellences.

**Reducing the burden of diseases:** with particular attention on: comprehensive health promotion and health in public policies; facilitating primary prevention of noncommunicable diseases and integration into primary health care services; strengthening secondary prevention of communicable and noncommunicable diseases using appropriate medical technology; tertiary prevention of diseases including rehabilitation services for management of disabilities and disease sequelae; strengthening integrated disease surveillance for communicable and noncommunicable diseases; and supporting effective drug procurement and management systems.

**Supporting the achievement of the Millennium Development Goals** paying particular attention to: promotion and support for exclusive breast feeding; prevention of nutritional deficiency diseases; strengthening baseline data collection for mortality in children under 1 and 1-5 years olds; strategic planning to reduce childhood mortality and improve neo-natal care; development of policies to address maternal mortality; quality of care including provision of emergency obstetric care; public education and health promotion for high-risk women; research; improving capacity for diagnosis of targeted diseases, management of co-infections and decentralization of laboratory services; mainstreaming of HIV within general health system; implementation of IHR (2005); improvement of water supply and sanitation; management of medical waste; strengthening of occupational health management and strengthening disaster preparedness and management.

**Assessing the determinants of health** with emphasis on: strengthening the surveillance system and laboratory capacity with focus on emerging pathogens resides; institutional strengthening; policy development and biological control to improve food and water safety; enhancing evidence-based public health practices in vector control; healthy lifestyle promotion; crime and violence prevention; costing of health programmes and services; assessing impact on health, e.g. poverty, nutrition, etc.

**Strengthening the PAHO/WHO response to Primary Health Needs:** by harnessing knowledge, science and technology.

**ADDITIONAL INFORMATION**

WHO country page [http://www.who.int/countries/jam](http://www.who.int/countries/jam)
Country office web site [http://www.jam.paho.org](http://www.jam.paho.org)

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