MINISTRY OF HEALTH

TAKING RESPONSIBILITY

2018 SECTORAL PRESENTATION

TUESDAY, JUNE 5

Dr. the Hon Chris Tufton

Highlights

Mr. Speaker, as I did last year, I have tabled a Ministry Paper with details of major programmes pursued by the ministry over the past year as well as the latest edition of Vitals, our now semiannual publication of important statistics for the public health sector.

These two documents are intended to provide a transparent account of how we have conducted the affairs of the people of Jamaica and we are open to scrutiny, constructive criticism, and indeed, commendations if you or the public think we are deserving.

We don't claim to have all the answers so we welcome partnerships and any suggestions that can improve the state of the public health sector.

Mr. Speaker, highlights of 2017-18 include:

REDUCED WAITING TIME INITIATIVE

Our Reduced Waiting Time Initiative was successfully implemented in seven hospitals and eight health centres in year one. The extended hours in the eight (8) health centres have resulted in a 41% increase in visits, with about 20% of overall visits during the extended hours. This year, we will be expanding the initiative to four (4) additional hospitals and four (4) health centres, moving the total of participating health facilities to 23.

COMPASSIONATE CARE PROGRAMME

Our Compassionate Care Programme was launched on March 27, 2018, to enhance care and services delivered at the point of care in our health facilities. The Victoria Jubilee Hospital Outpatient Antenatal Clinic was upgraded and is now fully refurbished with sectionalized assessment booths to allow for privacy while patients are being assessed and counseled. The environment now promotes positive health behaviour through the various health messages. We have also developed the Compassionate Care and Volunteer Policy to provide guidelines to institutionalize the volunteerism programme in the public health care system.

NATIONAL CANCER TREATMENT CENTRE

We opened our first National Cancer Treatment Centre at Cornwall Regional Hospital in November 2017 and treatment of patients has been ongoing since. All infrastructure work on the National Cancer Treatment Centre at St. Joseph's Hospital has been completed and all major equipment has been installed and commissioned.

Training of staff from the Kingston Public Hospital has commenced and is ongoing. Treatment of patients at the St. Joseph's Hospital Cancer Treatment Centre began in March 2018.

CARDIAC UNIT AT THE BUSTAMANTE HOSPITAL FOR CHILDREN

We have completed phase one of the Cardiac Unit at the Bustamante Hospital for Children in November 2017. This phase of the project saw the completion of the operating theatre, intensive care unit (ICU), isolation area and supporting administrative areas. The first surgery was completed on November 28, 2017. Up to May 27, 2018, 37 open heart surgeries were done by local and international teams.

Phase Two of the Cardiac Unit project involves the completion of the catheterization lab. All pre-requisite works for its installation are underway and the Catheterization Lab is expected to be operational by the end of the second quarter of the financial year. The estimated cost of the project is over $104 million.

PUBLIC-PRIVATE PARTNERSHIPS - PHARMACY PROGRAMME

There is a huge demand for pharmacy services in the public health sector. Annually, approximately 2.2 million prescriptions are generated and in order to provide a satisfactory service to our patients, the public-private partnership (PPP) pharmacy programme was established with the National Health Fund and selected private pharmacies. Under this programme the filling of prescriptions for public patients is outsourced to selected private pharmacies.

Seventeen (17) pharmacies participated in the pilot programme in 2016 and up to March 2018, the partner pharmacies have filled 72,301 prescriptions. This year, this partnership for pharmacy services for public patients will see an addition of 35 pharmacies to be spread across the island. Contracts for the expansion of these services have now been signed bringing the total number of PPP pharmacies to 52.

CHINA-AIDED WESTERN CHILDREN'S HOSPITAL PROJECT

During the financial year 2017/2018 significant work has been advanced towards the constructions of the Western Children's Hospital. The project entails the construction of the main hospital building which will be a 220-bed facility with a gross building size of approximately 16,000 square metres, a new staff apartment building, a morgue and a mechanical-electrical building. I must highlight that this new children's hospital will be the first and only public hospital not only in Jamaica but also in the wider Caribbean region that has dedicated adolescent health services. Apart from limited specialized adolescent services at the University Hospital of the West Indies, there is no specialized hospital in Jamaica that caters to the specific needs of these youth. Adolescents are treated either with children or among adults, which is not appropriate. The Western Children's hospital will provide clinical specializations in a) paediatric medicine b) paediatric surgery c) adolescent medicine, and d) adolescent surgery.

Following extensive negotiations between the Government of Jamaica and the Government of the People's Republic of China, an implementation agreement for the project was signed in November 2017, and the designs of the new hospital are now completed. The next steps in this project involve preparatory works towards the commencement of construction, which is scheduled for the third quarter of this financial year.

ADOPT-A-CLINIC PROGRAMME

We launched the Adopt-A-Clinic programme in November 2017 and there is an overwhelming expression of interest and commitment to support the programme from corporate entities and medical mission volunteers as well as other friends of the health sector. The Jamaican High Commission to the United Kingdom, working with the Ja55 Charities Group UK, has adopted 6 clinics and locally, several corporate entities have committed to the Adopt-A-Clinic programme. For example, the Victoria Mutual Group has expressed an interest in adopting 15 clinics across the island.

IMPROVING HUMAN RESOURCES THROUGH BILATERAL ARRANGEMENTS - NURSES TRAINING EXCHANGE PROGRAMME

A year ago I indicated to this House that we needed a new approach to expand nurses' training, as a response to increasing demand, and in recognition that we would continue to lose nurses to the international marketplace.

We have finalised bilateral agreements with two of our significant international partners, the United Kingdom and China, which will see Jamaican nurses having access to hospitals in both countries to complete their clinical rotation after they have completed didactic classroom training here in Jamaica. This will, in the first instance, increase the number of critical care nurses being trained by 100%. The first batch of 18 nurses and 5 educators/ supervisors are set to leave for China in June 2018, and the UK cohort is to set off early next year.

Mr Speaker, these nurses will be accompanied by our own local faculty to supervise their clinical training to ensure standards consistency. In the case of the UK, this new programme will also include faculty exchanges to strengthen nurse trainers here in Jamaica.

Mr Speaker, this is a novel concept being hailed as an innovative pilot that could be mainstreamed by other countries if it works. It has involved significant negotiations between the countries working out details related to nursing councils and training standards, immigration, teaching institutions and health institutions.

I would like to personally thank the UK and China for supporting this initiative and our respective local stakeholders for exercising creativity and flexibility to allow this pragmatic out-of-the-box but necessary thinking to work.

MOSQUITO CONTROL AND RESEARCH UNIT

We have launched the Mosquito Control and Research Unit (MCRU) in collaboration with the University of the West Indies (UWI) and U.S. Agency for International Development (USAID). The Unit was established to address major research gaps in the prevention and control of mosquito-borne diseases. Several projects have commenced under the MCRU, the main one being the pilot of the Sterile Insect Technique as part of the Integrated Management Approach. Under this project, the Entomology Laboratory has been expanded and will undergo a further expansion in 2018. Mass rearing procedures have commenced, and surveillance activities are ongoing in the test and control areas to determine wild population densities. Another major activity under the MCRU is the Insecticide Resistance Monitoring Programme. Thanks to the USAID for investing over $42 million in the project so far.

We have also partnered with the Natural Product Institute at the University of the West Indies to conduct an island-wide evaluation of the chemicals being used in the vector control programme to determine efficacy.

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State of Public Health

Mr. Speaker last year (2017), we had 1,246,412 visits to our hospitals and 1,724,859 visits to our health centres or clinics. Of the hospital visits, 620,058 were to accident and emergency, A&E. This represents a 7% decline in A&E visits and a 10% increase in health centre visits when compared to 2016. We believe that this desirable change was largely due to the Reducing Waiting Time Initiative implemented in September 2016.

We had 187,240 admissions to hospital for care, conducted 36,059 surgeries, and assisted in the delivery of 32,420 babies. We provided 469,781 diagnostic imaging services (including X-Rays CT, MRI), and 6,003,772 laboratory tests.

There are approximately 1,316 doctors, 4,401 nurses and midwives, 184 dental staff, 3,235 paramedical & allied healthcare workers, and 3,025 administrative and support staff, making a total staff complement of 12,161.

I would like to commend the men and women of the public health care system for their unwavering service, at times under trying circumstances, to care for the health and wellness of the people of Jamaica. Together with our doctors, nurses, health administrators and partners in the private and NGO communities we have a health care system that may be short on cash but abundant on human capacity and determination. And we are all better for it.

1,316
Doctors

184
Dental Staff

3,235
Paramedical & Allied Health Workers

3,025
Administrative & Support staff

4,401
Nurses and Midwives

Total **12,161**

A Limping Health Infrastructure

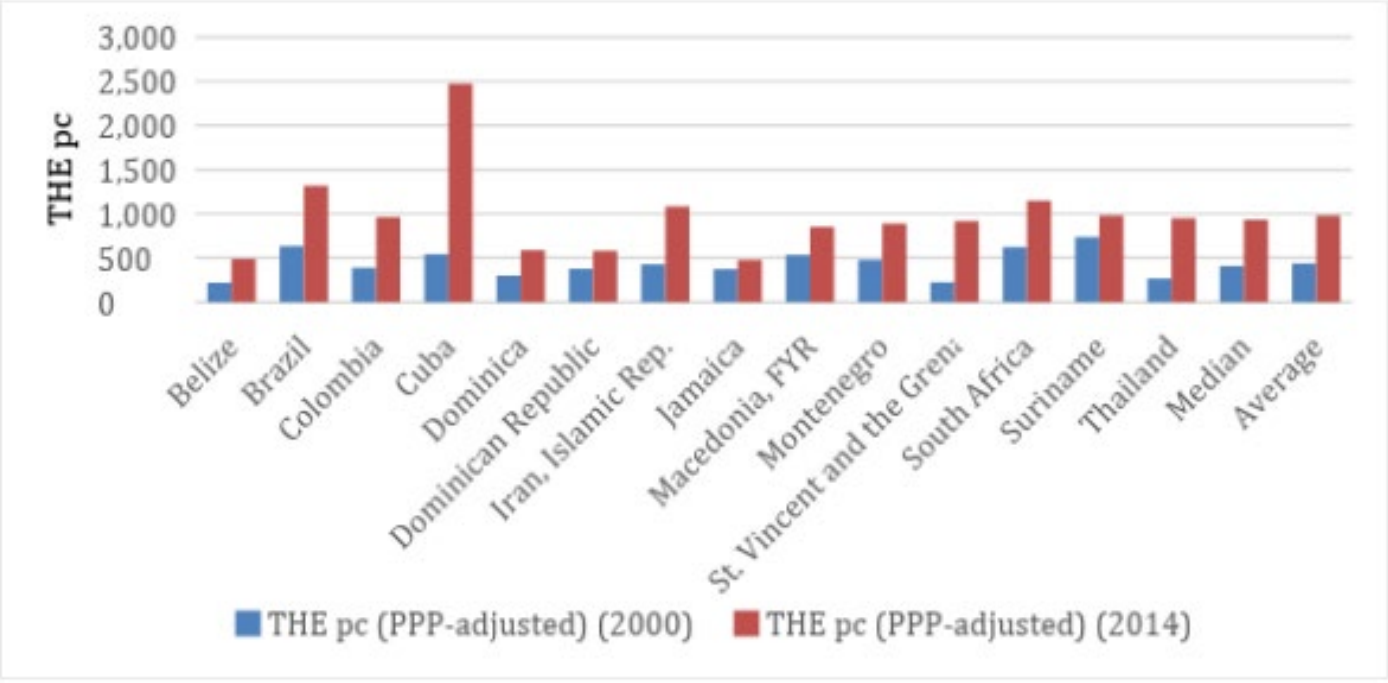
Mr. Speaker, the Cornwall Regional Hospital experience is emblematic of the state of our healthcare infrastructure in Jamaica. It is old, limping and needs resources for rehabilitation and expansion. We have not built a hospital in Jamaican since 1997, when the May Pen Hospital took up occupancy of a new building after outgrowing the original edifice that was built in 1974. Jamaica has fallen behind in its rate of increase in health expenditure relative to select countries in the region. Jamaica was rated the 5th highest in Total Health Expenditure (THE) per capita but is now ranked last among comparator countries (see Figure below).

Similar trends have been observed with General Government Health Expenditure per capita in Jamaica, which has gone from US$111 in 2000 to US$139 in 2014, while the median among comparator countries has gone from US$102 in 2000 to US$278 in 2014. So, while our relative ranking in this regard has remained unchanged we have moved further below the average indicating that we have not kept pace with comparable countries in terms of government allocation to health. At the global level, median General Government Health Expenditure/Total Health Expenditure increased from 57.2% in 2000 to 60.2% in 2014. In contrast, Jamaica observed a decline from 55.4% to 52.4% over the same time period (World Bank, 2017).

The Pan American Health Organization's recommendation is that government spending as a percentage of GDP be benchmarked at 6% while we were 3.5% (2015). This movement in the government share forms a critical part of efforts to achieving Universal Health.

The current organizational structure of the public health sector places too little emphasis on preventative maintenance of our aging infrastructure, leaving them to fall into disrepair. For example, in the Western Regional Health Authority where we have 4 hospitals (one Type A, Type B and 2 Type Cs) and 79 health centres serving a population of nearly half a million people (474,911), we have a maintenance complement of only 2 engineers that serve the entire region. This is not practical and the evidence of that is reflected in the Cornwall Regional Hospital experience.

FIGURE 1. **TOTAL HEALTH EXPENDITURE PER CAPITA:** JAMAICA AND COMPARATOR COUNTRIES



A Plan for the Public Health Sector

Mr. Speaker these infrastructure challenges confront us in a context of a population with a sick health profile. Lifestyle diseases or non-communicable diseases (NCDs) is the cause of death for up to 70% of our population, and we are not in a position to respond to the specialized care that is needed, either due to a lack of infrastructure or the lack of resources to finance the equipment and personnel necessary for these heavily demanded health services.

Therefore, we must decide on a road map for the next 20 to 30 years to address the needs of our population in terms of infrastructure and equipment, human resources, and financing.

Since announcing it in my last sectoral presentation, we have made good progress in developing a 10-year strategic plan by completing a number of critical supporting studies and reports addressing a number of key areas:

We have completed a review of the regional health authorities and are now finalizing the final report for stakeholder consultations, to take place in the first half of this fiscal year.

This review was led by a team from PAHO and looked at structure and performance of the Authorities and recommends specific reforms, which will be an important aspect of the overall strategic plan for public health sector;

Through a technical cooperation agreement with PAHO/WHO, we have developed a plan of action for information systems for the health sector.

The resource mobilization strategy will include the Inter-American Development Bank (IDB) and other donor agencies. The implementation of the plan of action commenced in 2017 and will continue for a period of 3 years.

In health care financing, we commissioned a study to be completed June this year that will provide a roadmap for the introduction of a national health insurance scheme, another important plank to secure the future of the public health sector;

As promised, we commissioned a five-hospital needs assessment study, being conducted by the United Nations Office for Project Services (UNOPS), covering Spanish Town, St Ann's Bay Regional, May Pen, Kingston Public Hospital and Mandeville.

The study will provide recommendations for the upgrade and or expansion of these facilities to determine how our public health care infrastructure can be networked and overhauled to address the challenges of the future. This study is expected to be completed by June of this year.

These studies, Mr. Speaker, will provide the final parts to complete the overall strategic plan which is guided by a steering committee and is already well advanced; we already have a first draft in hand.

Mr Speaker: during this financial year, I will report to this Honourable House on the final reports of these studies and work plans to follow.

Mr. Speaker, we have drifted for too long in coming to terms with what we need to do in the public health sector. Our commitment as a Government is that this year the country will get a realistic outline of where we are, where we need to go to provide adequate health care to our population, and how we plan to get there.

Universal Access to Health Care

Mr. Speaker, fundamental to Universal Health is for us to clearly define what is the strategic policy framework of government for health care. Similarly, what is the role of each of us in supporting our own personal, individual health.

Guided by the PAHO/WHO and the health needs of our people, this Government is committed to universal health care for all Jamaicans.

WHAT DOES THIS MEAN MR. SPEAKER?

1. No one should be denied care because of inability to pay
2. Fee exemption for the elderly, poor and children who are identified as the vulnerable community
3. Those who can afford to, should contribute through a prepayment mechanism such as a national health insurance scheme

4

Primary care should be accessible to all, without any financial barrier

5

Augmenting service delivery with the private and NGO sector partnerships

6

Multisectoral collaboration should be incorporated to address the social determinants of health

In addition, Mr. Speaker, the future requires a national discourse on what are reasonable expectations from public health care services.

What is clear is that the public health care system cannot be all things to all people as the requisite supporting infrastructure and resources are just not there. Therefore, partnerships are vital, with the private sector, bilateral and multilateral agencies, and NGOs. This will be reflected in the strategic plan to be unveiled later this year.

Primary Health Care and Individual Responsibility

Mr Speaker, even with all these plans and programmes, primary health care and personal responsibility are the most important factors for Jamaicans to enjoy good health.Too many Jamaicans do not make the connections between how they live their daily lives and their personal state of health. We don't exercise, we eat and drink badly, and only go to the doctor or hospital when we feel ill, which often is too late. This is an unfortunate feature of our culture with the consequences being sickness, compromised productivity and ballooning health care costs.

Mr. Speaker, in a recent study I requested from the Pan American Health Organization, Jamaica's economy is projected to lose over $77.1 billion over the next fifteen years (2017-2032) in terms of direct (treatment costs) and indirect costs (lost productivity) due to cardiovascular disease (CVD) and diabetes complications alone.

That same report suggests that it would cost approximately $36 billion over that same period to address critical programmes related to tobacco control and reduction of harmful use of alcohol, diabetes, and cardiovascular disease interventions. Over the same period (2017 to 2032), scaling up the package of interventions would, at a minimum: save over 5,700 lives and restore over 67,400 healthy life years. We would avoid economic losses of over $77.1 billion by averting labour productivity losses of over $47.3 billion, and direct medical costs to treat diseases of over $29.8 billion; resulting in GDP growth of an extra 0.11 percentage points in the first five years.

Mr. Speaker, we are not on track to reach Goal 3.4 of the Sustainable Development Goals (by 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being). In light of this reality, the Government has a moral responsibility to act on behalf of all Jamaicans and our children to scale up efforts to reduce the risk and unintended consequences of the NCDs epidemic.

Mr Speaker: we must get to the fundamentals of good health and wellness, by firstly taking personal responsibility.

This will take continued public education around healthy lifestyle practices, as well as policy and regulation to encourage healthier lifestyle habits. In support of this attempt to create greater awareness and a cultural change, this year we will:

1 Expand the Jamaica Moves programme to include:

- **a** A programme for workplace health and wellness activities;
- **b** Introduce in the high school system in collaboration with the Ministry of Education, Youth and Information and guided by a nutrition policy, a physical activity regime, as well as public education on health and wellness programmes;
- **c** Continue our Jamaica Moves parish tours but include community tours around health centres in conjunction with community-based organisations. Last year over five thousand people got health checks, over four thousand participated in workout sessions, and 800,000 were reached through mainstream and social media with health and wellness messages;
- **d** Continue our public education programme through mainstream and social media around the importance of physical activity, a balanced diet and knowing your health status.

2

Working through the National Food Industry Task Force and with other stakeholder groups we will continue and expand around key task force recommendations including nutritional content on food labelling, product reformulation, food marketing and advocacy and communication. We will also continue our public education campaign around the ill effects of excessive consumption of added sugars, salts, and fats.

The sugar reduction campaign that is currently underway will continue and we will be examining a series of measures including fiscal measures to encourage manufacturers to cut back on the added sugars and to discourage consumers to reduce their added sugar intake.

3

Improve the appeal and support for our primary health care facilities through direct financing and partnerships under the Adopt-A-Clinic Initiative, which so far has had fifty (50) expressions of interests and four already officially launched.

4

We are also working with the Pan American Health Organization (PAHO) to implement a set of standards for safety of our health facilities in the face of disasters, improved electrical and water efficiency, and enhancement of user comfort through improved indoor environmental quality under the Smart Hospitals Initiative.

The Smart Hospitals Initiative is designed to help health facilities in the Caribbean region make the transition to sustainability, reduce carbon footprints, and be more resilient and safer in the face of natural and man-made hazards. In 2017, ninety-four facilities were assessed in safe and green standards and so far, thirteen health centres were identified for retrofitting.

The selection of companies for retrofitting works has commenced and the selection of the firm is expected to be completed by April 2018. Staff at these facilities is now undergoing training in conservation and contingency planning that will ensure the interventions are sustainable. A consulting firm has also been engaged to conduct a further assessment to augment the findings of the baseline audit of energy and water consumption in order to identify the major equipment for energy and water usage within the health sector.

5

Utilization of health centres has increased since the inception of our Reduced Waiting Time Initiative. A review of the first year of the project from September 2016 to August 2017 has shown that overall, there was a forty-one percent (41%) increase in visits from 2015-2016 to 2016-2017 compared to a thirteen (13%) increase from 2014-2015 to 2015-2016.

In the one-year period, September 2016 to August 2017, two hundred and fifty thousand (250,000) visits were recorded to the select health centres. Sixty thousand and ninety-one (60,091) visits occurred during the extended hours at the eight health centres accounting for approximately twenty percent (20%) of total visits.

The strengthening of the Triage System was also a success. For example, the Bustamante Hospital for Children has shown a tremendous improvement in triage times. Of the 71,928 clients seen for the period, thirty-nine (39%) percent of patients were triaged in less than thirty minutes, sixty-six (66%) percent under one hour, eighty-nine (89%) percent under two hours. Only eleven (11%) percent waited for over two hours to be triaged with four percent (4%) being over three hours. This year, we will be extending the project to eight additional hospitals health centres.

6

This year, we will also expand the Programme for the Reduction of Maternal and Child Mortality (PROMAC) to include the rehabilitation of the primary healthcare facilities. We will also be signing contracts for the establishment of nine High Dependency Units (HDUs) across the country and we will be distributing Maternal and Neonatal Equipment to improve newborn and emergency obstetric care.

We will also continue to train our primary care health workers to build the capacity.

7

Last year, we introduced the bivalent Human Papillomavirus (HPV) Vaccine in collaboration with the Pan American Health Organization and United Nations International Children's Fund (UNICEF) to protect our girls against cervical cancer. Up to December, 6,172 (approximately 28%) girls in the grade seven cohort received the vaccine.

We have started administering the second dose of the vaccine and we will continue to offer the vaccine to girls in the targeted age group who missed the first dose in order to optimize coverage. This year, we will be embarking on a robust public education campaign to increase the acceptance and uptake of this very important vaccine.

HPV vaccination continues to be a safe and highly effective method of preventing cervical cancer. Many countries have already started to reap the benefits of vaccinating their young girls with the vaccine, and in working with our partners, we remain committed to protecting our next generation against this highly preventable cancer.

Completed Projects

As we continue to address the infrastructural needs of our health facilities, last year, we completed nine (9) important projects valued at $422.7 million.

For this financial year, another fourteen (14) projects are slated to be completed at costs valued over $740 million. We have also approved several projects for financial year 2018-2019.

MINISTRY OF HEALTH PRIORITY PROJECTS 2018/2019

NO.	PROJECT	PROJECT SUM	PROJECT READINESS
1	Acquisition of trucks and infrastructural improvement at the Waste Management Treatment Plant	$50M	Completed
2	Renovation and Expansion of the Linstead Public Hospital A& E and Administrative Departments	$144.9M	Completed
3	Renovation of Grange Hill Health Centre	$23.6M	Completed
4	Renovation of Staff Quarters at the Annotto Bay Hospital	$18.1M	Completed
5	Phase two - Isaac Barrant Center of Excellence	$70M	Completed
6	Procurement of two (2) mental health Buses	$13.9M	Completed
7	Demolition of old structure at the Buff Bay Community Health Centre	$6M	Completed
8&9	Repair of roofs at Mandeville Regional Hospital	$96.2M	Completed

PROJECTS THAT ARE WELL ADVANCED AND ARE SET TO BE COMPLETED THIS FINANCIAL YEAR 2018/2019

NO.	PROJECT	PROJECT SUM	PROJECT READINESS
1	Equipping of St Joseph's Hospital	$10.5M	Currently at procurement stage
2	Expansion and Equipping of the Princess Margaret Hospital	$97M	Construction well advanced, furniture delivered and contract signed for purchasing of equipment
3	Upgrading of the Dietary Departments at Kingston Public & Spanish Town Hospitals	$71M	Contracts have been signed and infrastructure work has started
4	Completion of Cardiac Unit for the Bustamante Hospital for Children	Overall costs $104M	Work well advanced
5	Procurement of surgical equipment for Princess Margaret Hospital A & E	$97M	90% complete
6	Upgrade of the Princess Margaret Hospital Operating Theatre	$23.8M	Upon completion of Princess Margaret Hospital A & E (Project above)
7	Upgrade of elevators at Kingston Public, Spanish Town and National Chest Hospitals	$44M	Elevators in Jamaica projects to be fully commissioned by July 2018
8	Procurement of radiology equipment for Bustamante Hospital for Children and Kingston Public Hospital	$40M	Well Advanced
9	Upgrading (construction and equipment) of Kitson Town Health Centre	$65M	Should be completed by 2nd Qtr 2018/2019
10	Installation of medical gas at the Savanna-La-Mar Hospital	$31M	Well Advanced
11	Infrastructure and roof repairs to maternity/Delivery Ward at Chapleton Hospital	$23.6M	To be completed by end June 2018
12	Upgrade of sewage plant and refurbishing of the Stony Hill Health Centre	$59.1M	2018/2019
13	Procurement of critical equipment for the Health Centres across NERHA	$46.9M	C-Arm outstanding, should be completed by June 2018
14	Upgrading of Infirmary in Spanish Town in partnership with St. Catherine Parish Council to address long staying patients at STH	$4.6M	Near Completion

Sugary Drinks in Schools and Health Facilities

Mr Speaker: the policy and regulatory framework will be an important area of focus targeting key initiatives to reduce the causes of non-communicable diseases (NCDs).

Mr Speaker: the obesity level among our high school age cohorts is a major challenge. In the 2017 Global School Health Survey, childhood obesity over the past seven years poses a threat to the health gains that have contributed to the increase in life expectancy in Jamaica.

The prevalence of obesity in adolescents 13-15 years increased by sixty-eight percent (68%) and doubled in boys over the past seven years. Another recent study indicated that obesity-related non-communicable diseases are the top health concern for Jamaicans. For example, Jamaicans are very concerned about the health effects of sugary drinks on their children and their own health[1].

Mr. Speaker: They have reason to be concerned. Jamaica ranks in top ten globally for soft drink consumption in adolescents (age 13-15). Sugary drinks consumption is above the recommended amounts for maintaining good health in Jamaican children.

Approximately 70% of Jamaican children consume one or more sugar-sweetened beverage per day and 77% of our adults consume one or more sugar-sweetened beverage per day.

This is a serious problem. Consumption of one or more servings of sugar-sweetened beverages per day is associated with a 26% greater risk of developing Type 2 diabetes.

Similarly, the prevalence of harmful use of alcohol and tobacco remains high. Too many Jamaicans are drinking too much, and too many Jamaicans are smoking. Over sixteen percent of Jamaicans ages 12-65 years old are harmful alcohol drinkers, and fifteen percent are binge drinkers. The lifetime, annual and current tobacco smoking rates are 30.3%, 12.7% and 11.0% respectively[2].

As said earlier, the Ministry of Education, Youth and Information and the Ministry of Health are working on a nutrition policy which will guide offerings in schools as part of the pushback on these unhealthy eating habits, including the provisions by the Government through Nutrition Products Limited. The initiative intends to provide a framework for young people to eat healthy, nutritious meals in schools.

The policy will need the support of all stakeholders to achieve success. Children spend a large part of their lives in school, therefore eating well in school can play a major part in protecting their health and reducing the burden of diet-related illness. We need to ensure that our children enjoy and can afford the food and drink offered in the school environment, so the policy considers those who are involved in school catering.

1. Obesity Prevention Public Opinion Survey, Jamaica, conducted by Hope Caribbean Co. Ltd, Jamaica, December 2017, for Vital Strategies and Heart Foundation of Jamaica.

2. "Global School-based Student Health Survey, Jamaica, 2017: Fact sheet," National Council on Drug Abuse, Kingston, Jamaica. Also see: National Council on Drug Abuse 2016 National Drug Prevalence Survey Findings, Jamaica.

The standards will focus on reducing the intake of saturated fats, cholesterol, sodium and sugar, and increasing vegetable and fruit consumption. The nutritional requirements in the standards complement the "Jamaica Moves in Schools" programme, and together they support the wider health promotion approach by both Ministries. "Jamaica Moves in Schools" will also have a physical activity component. The Minister of Education will address this policy in more detail when he speaks in the upper house, but we are both agreed that something must be done, and we have the support of our colleagues in the Cabinet. The problem cannot be solved overnight but we must start somewhere.

Effective January 2019, the government will implement a policy to restrict certain types of sugary drinks in schools. By sugary drinks we mean beverages that contain sugar, syrup added by the manufacturer; it does not include 100% juice or unsweetened milk. There is overwhelming evidence from all over the world that excess consumption of drinks with added sugar leads to Type 2 diabetes, hypertension, dental caries, cardiovascular disease, and high cholesterol.

The Ministry of Education, Youth and Information and the Ministry of Health will work with manufacturers and distributors to provide the policy guidelines on what the requirements are for these drink products to be allowed in schools.

Mr Speaker: we are not stopping there as we will do the same in our public health care institutions, effective the same date. We must lead by example on this issue.

Target Tobacco Control

Mr. Speaker, as it relates to the Public Health (Tobacco Control) Regulations 2013, we are cognizant of the fact that greater enforcement is required to allow for compliance and so we will continue to sensitize our critical stakeholders to equip them to effectively utilize the provisions of the Regulations in their enforcement procedures. To date, some arrests have been reported in respect of persons found smoking in prohibited areas.

Over the last three years officials from the Jamaica Customs Agency in collaboration with the Counter-Terrorism and Organized Crime Unit of the Jamaica Constabulary Force have seized many packages of tobacco products which breach the labeling provisions of the Regulations. Several of these importers have been prosecuted and penalties have been imposed (under the Customs Act.)

We intend to put in place an effective public education campaign to increase awareness of the legislation, with particular regard to areas where smoking and selling tobacco products are prohibited; and the identification of illicit tobacco products.

We will also be focusing on the implementation of comprehensive tobacco control legislation with a view to bringing Jamaica in full compliance with its obligations under the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).

Some notable aspects of the legislation include a full and mandatory prohibition on tobacco advertising, promotion and sponsorship, including a ban on point-of-sale tobacco displays, the prohibition of sale of all forms of tobacco products to and by minors, and the regulation of price and tax measures to effectively contribute to the reduction of tobacco consumption.

Restrictions on Alcohol

Mr. Speaker: alcohol is the most commonly abused substance in Jamaica among adults and young people, according to the findings of the National Drug Use Prevalence Survey 2016. The harmful use of alcohol causes over two hundred diseases, including breast cancer, liver cancer, cardiovascular diseases and associated costs.

Preliminary data show that scaling up the package of interventions would result in, over a fifteen-year period, an estimated 518 lives saved and 23,292 healthy life years restored to the Jamaican population. So, by investing $2.34 billion over a fifteen-year period we will get a return on investment of $1.86 for every dollar invested in interventions to prevent the harmful use of alcohol.

In addition, Mr. Speaker, road traffic injuries and fatalities linked to alcohol are a cause for concern. Current evidence shows that the likelihood of a road traffic injury is five times higher for people that drink alcohol when driving than it is for those who do not. The more that people drink the higher the risk, and each drink increases the risk of a road traffic injury by thirteen percent. The economic impact of road traffic injuries (RTI) is significant with indirect and direct costs due to road traffic injuries in Jamaica at $3.2 billion.

This fiscal year, we will be mounting a national public education campaign on the harmful effects of the use of alcohol, and through a national dialogue we will advance a national alcohol policy that will take into account underage drinking, advertising to minors, and which will incorporate measures to support the new Road Traffic Act.

Mental Health

Mr Speaker, this house may recall the Mental Illness and Homelessness report which was completed in 2017. That report suggests that mental illness ranks among the most common NCDs in Jamaica and the world, but is too often undiagnosed and untreated. Unfortunately, each day we see manifestations of this disease through abandonment of family members, homelessness and needless violence. Mr Speaker, mental illness affects uptown and downtown, rural and urban, but often times is responded to with silence and shame. Stigmatisation, inadequate diagnosis and treatment represent major hurdles to addressing this challenge. The Government is committed to addressing this issue.

Last year we strengthened community mental health services. We:

- Increased the cadre of psychiatric nursing aides (PNAs) in the areas where there were none available for employment, by conducting 4-months long training courses for 62 students in 2 regions, with a third region to come.
- Increased the number of community mental health nurses in the Western Region by 8.
- Acquired 2 new emergen vehicles for the community health team, with 5 more on the way.

This year we will:

1. Continue the educational programme by the Mental Health Team in communities.
2. Integrate mental health messages into "Jamaica Moves"
3. Develop and disseminate educational messages through:
   - Social media
   - Print media such as posters, retractable banners
   - Electronic media – radio, TV advertisement, videos
4. Continue with the ongoing training of 30 community health aides in the South East region, to be followed by the North East region.
5. Construct 10 housing units on government lands by Food for the Poor in Collaboration with the NHF. The proposed location is Lionel Town Hospital, at a cost of US$72,000.
6. Develop public/private partnerships with NGOs that care for persons living with mental illness in communities.
7. Explore partnerships with Ebenezer Home, Manchester, and Portland Rehabilitation Centre regarding building capacity of those facilities to increase accommodation for homeless mentally ill persons.
8. Train teachers, guidance counselors and physical education coaches in the early detection and referral of mental disorders particularly depression; and
9. Build resilience skills and mental health literacy in high school students.
10. Embark on the implementation of an Early Stimulation Programme which has been proven to reduce mental illness among other significant gains.

Mr Speaker, as a society we must come to terms with mental illnesses and work collectively to treat and rehabilitate those who have been affected. It can be done.

Compassionate Care Initiative

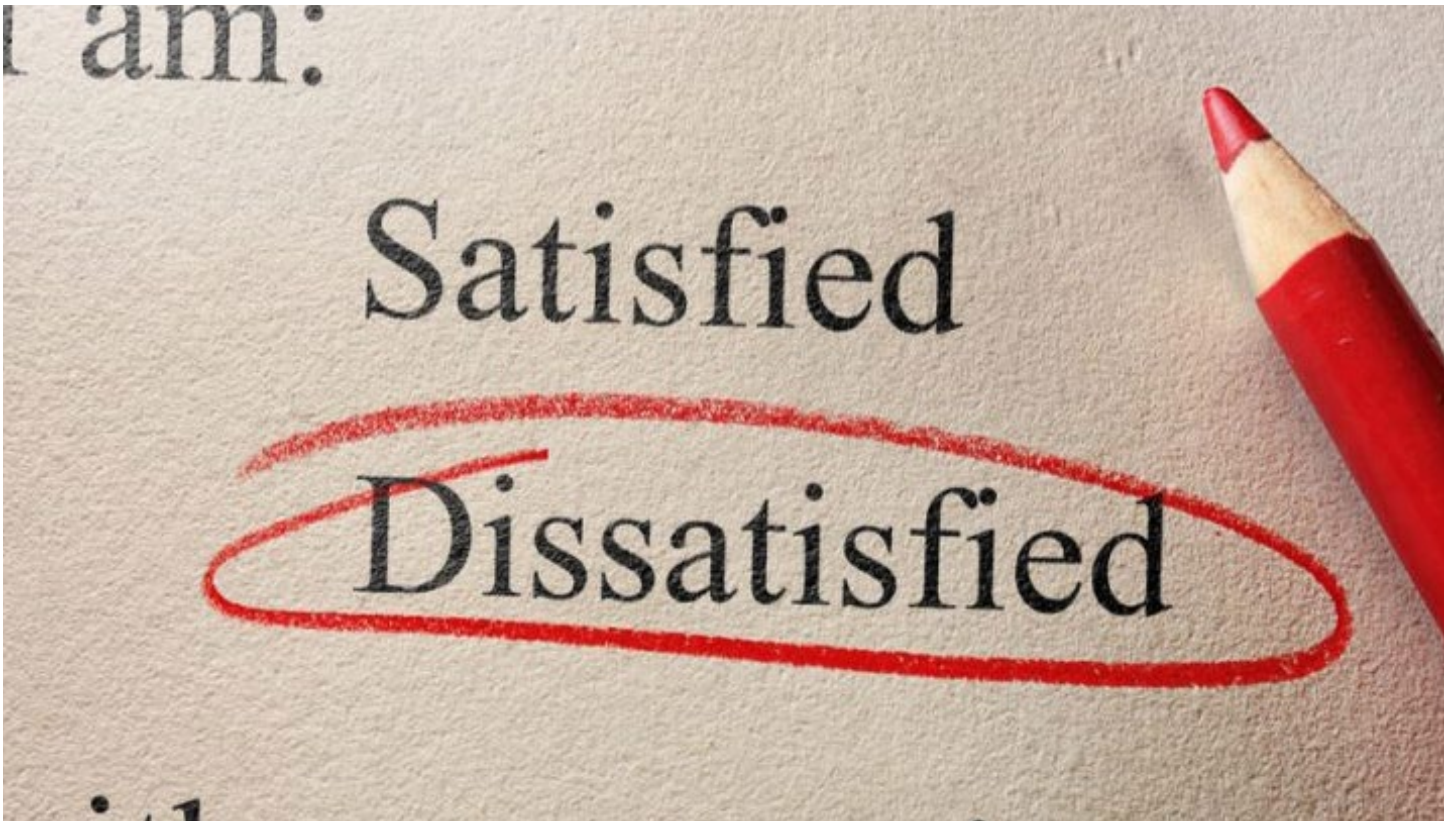
For the year 2017 (January to December), a total of 288 complaints by users of the public health care system were processed by the Investigation and Enforcement Branch. Of the cases processed 170 cases were new complaints received. Of the 288 cases 99 cases were referred to regions or facilities and are still being investigated; 56 cases resolved, 65 closed, 42 ongoing and 26 referred to the Medical Review Panel for determination.

New complaints received saw a slight decline of 1.7 % when compared to the same period in 2016 where 173 complaints were received. Of the 173 complaints received in 2016, 28% were resolved, 26% were closed, 44% still under investigation, and 2% awaiting additional information. During the corresponding period in 2017, 170 complaints were lodged, 12% were resolved, 12% were closed, 32% were still being investigation, and 44% required additional information to assist with the investigation or for resolution.

In 2017, the majority of complaints processed were non-clinical (70%) in nature, this was 4% less than the corresponding period in 2016 where non-clinical complaints were 74%. The main areas were due to quality of clinical care (qcc) (30%), access (16%), corporate services (13%) and rights, respect and dignity (12%).

CATEGORY OF COMPLAINTS FOR 2016-2017

Category of Complaints	2016 (%)	2016 (%)
QUALITY OF CLINICAL CARE (QCC)	26%	30%
ACCESS	19%	16%
CORPORATE SERVICES	14%	13%
COMMUNICATIONS	14%	9%
RIGHTS, RESPECT AND DIGNITY	6.6%	12%



For the same period in 2016 the highest categories were quality of clinical care (26%), access (19%), communications (14%) and corporate services (14%).

Mr. Speaker, public health care is not just about our clinical response but also how we show compassion to those we care for. Too often we hear of cases where the quality of clinical care is negatively affected by poor administration of customer service care. At the same time, Mr. Speaker, patients should also recognize that they have a responsibility to follow procedures and allow hospital and health care staff to provide the services without obstruction. In recognition of the challenges we face in this regard, last year we set out to improve patient service care through the launch of our Compassionate Care and Volunteerism Programme. A policy was developed and approved by Cabinet to guide this process.

The initiative aims to, in the first instance, enhance the waiting areas in our hospitals, including improving the quality of critical infrastructure like bathrooms, train front line staff in basic customer service for hospital settings, recruit and structure volunteer support for patient care in our health facilities, and establish a patient comment infrastructure to lodge complaints, suggestions or commendations.

Mr. Speaker so far, we have trained over sixty front line staff at the Kingston Public Hospital and Victoria Jubilee Hospital and the programme was officially launched at the Victoria Jubilee Hospital. This financial year we will be rolling out the programme in other hospitals across the country. Mr. Speaker, we strongly believe that customer service care is therapeutic and is important to supporting the clinical care. This year we will focus on enhancing patient service care.

Conclusion

In closing, Mr. Speaker, the work of the Ministry over the past year, and our work plan for the short and long term, show that we as a government are taking responsibility for our obligations to the Jamaican people, their health, and the health of the nation. Even in the context of insufficient resources we are fixing what needs to be repaired, and putting in preventive measures to forestall problems that have become apparent.

As we do our part, it is also for the Jamaican people to take responsibility for their own health. Many aspects of our health system's challenges are preventable and they can be addressed before they become costly, difficult problems. The fact that NCDs and trauma are the largest threats to Jamaicans' health, and consume the largest proportion of the health budget, goes to show that behaviour change to prevent those outcomes is an effective and money-saving measure. Not only is prevention less costly, but less damage is done.

The strengthening of the Triage System was also a success. For example, the Bustamante Hospital for Children has shown a tremendous improvement in triage times. At the start of the project, 34 per cent of patients were triaged in 30 minutes, while one year, 69 per cent of patients were triaged in under 30 minutes. Ninety per cent of patients were now triaged in under an hour when compared to 59 per cent in September 2016. This year, we will be extending the project to 8 additional hospitals and health centres.

The government cannot do that for people – they have to decide for themselves that their health is worth making changes in their own behaviour. For our part we will continue to work towards modern, safe and compassionate health care provision for all Jamaicans. We all have work to do.

MINISTRY OF HEALTH