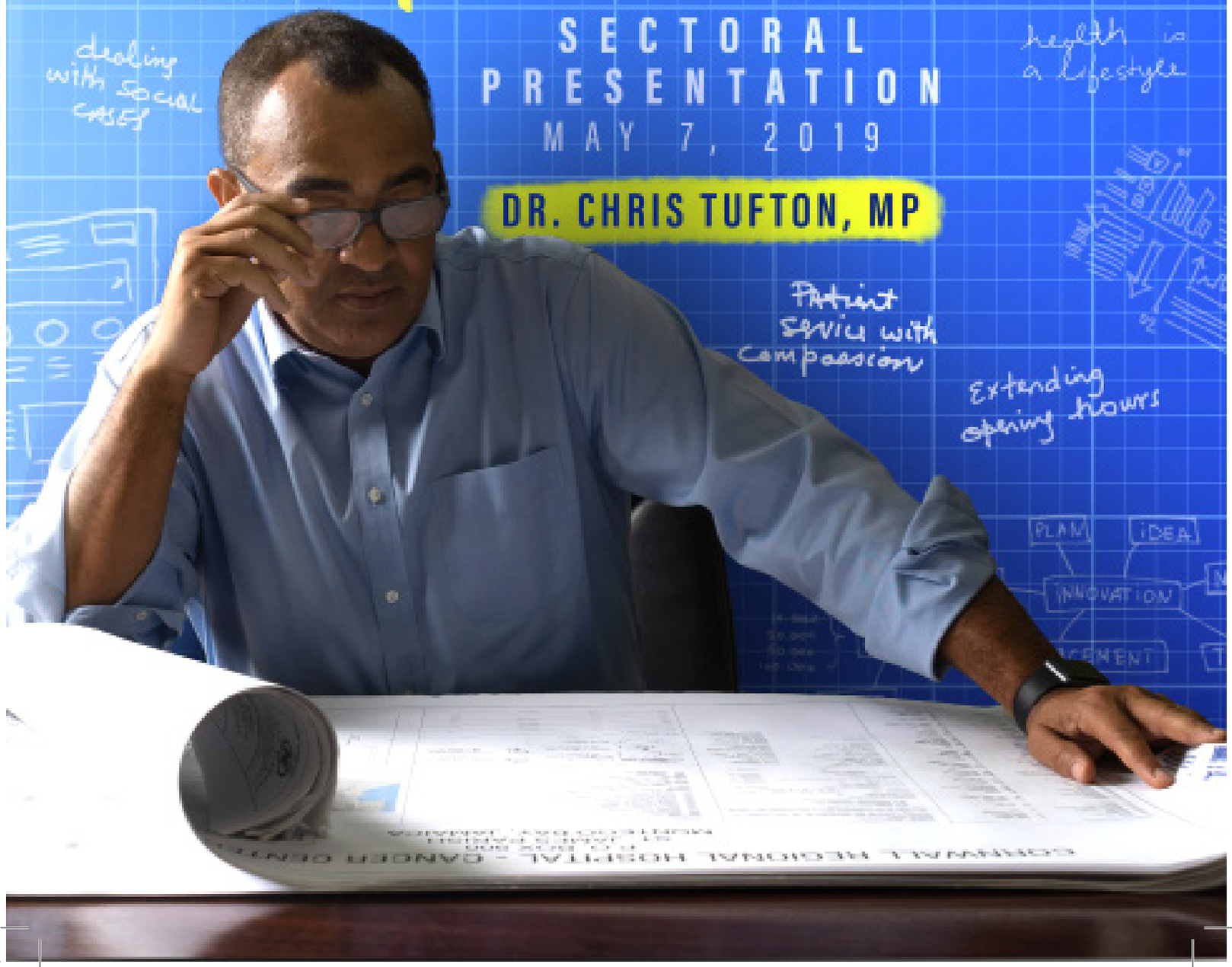
MINISTRY OF HEALTH & WELLNESS

The Intervention

SECTORAL PRESENTATION

MAY 7, 2019

DR. CHRIS TUFTON, MP




MINISTRY OF HEALTH
BREASTFEEDING
CAN HELP
FIGHT NCDs


ZAP
MOH
MOH


JAMAICA
Mutual

The Intervention

Mr. Speaker, health, as defined by the World Health Organisation (WHO), is not only the absence of disease and infirmity, but a state of complete physical, mental, and social well-being.

It is against this background that I am tabling today four Ministry Papers that reflect the progress of this Administration's vision and strategic and operational direction for public health, including a focus on wellness.

Mr. Speaker, key dimensions of the wellness approach include not only the physical, mental, and social, but also the emotional, environmental, financial, intellectual, vocational, and spiritual.

This focus on wellness is captured in the new name for the Ministry, one I am proud to officially announce today: the Ministry of Health and Wellness – as recently sanctioned by Prime Minister the Most Honourable Andrew Holness.

Later in this presentation, I will elaborate on a Wellness Agenda for Jamaica, reflecting the holistic approach necessary for Jamaicans to live longer, more productive, and better quality lives.

Mr. Speaker, I am tabling the four Ministry papers to provide greater details and clarity on the way forward for public health and wellness. These are:

- **THE 10-YEAR STRATEGIC PLAN FOR THE MINISTRY;**
- **A GREEN PAPER ON THE PROPOSAL FOR A NATIONAL HEALTH INSURANCE PLAN (NHIP);**
- **A MAJOR CAPITAL EXPENDITURE PLAN FOR THE NEXT 5 YEARS; AND**
- **THE LATEST VITALS, A PUBLICATION OF THE MINISTRY THAT THIS YEAR FOCUSES ON CHILD AND ADOLESCENT HEALTH.**

Current Situation

But firstly, what is the current state of public health in Jamaica? Mr. Speaker, in 2018 we had 2,879,288 visits to public health facilities compared to 2,517,330 in 2017. In 2018, there were 1,651,637 visits to our health centres, up from 1,223,782 in 2017. We had 1,227,651 visits to public hospitals, including the University Hospital of the West Indies, compared to 1,293,330 visits a year earlier.

We had 187,801 admissions for care, conducted 40,477 operations, and assisted in the delivery of 32,890 babies. We provided 380,164 diagnostic imaging services (including X-Rays, CT scans and MRIs), and did 8,356,990 laboratory tests.

These services were provided by the hard-working team serving the public health system, including:

- **1,910 DOCTORS;**
- **4,051 NURSES AND MIDWIVES;**
- **275 DENTAL STAFF;**
- **1,138 PARAMEDICAL AND ALLIED HEALTH WORKERS; AND**
- **7,429 ADMINISTRATIVE AND SUPPORT STAFF**

Together, they make for a total staff complement of 14,803 in the public health system.

To these men and women, you have my commendations for your continued and dedicated service under what, I know, are sometimes challenging conditions.

Mr. Speaker, the public health system is, indeed, not without its challenges, which can impair its capacity to respond to present-day realities. These realities include a demographic and epidemiological transition, with an ageing population and the double burden of communicable and non-communicable diseases (NCDs).

Some 12% of the population are older persons (60 years and over), with the proportion of people in that age group projected to increase to 16.8% by 2025. Accompanying an ageing population is the increased burden of chronic diseases. One in three (1 in 3) persons now have at least one chronic disease, and the prevalence of comorbid (co-occurring) conditions among those with a chronic illness has also increased.

New and emerging diseases, such as Chikungunya and Zika, are also risks to the population's health. At the same time, violence and injuries continue to plague the health system, with road traffic accidents, for example, remaining high. We also cannot ignore the risk to public health of natural disasters, and of climate change and its consequences, which include mosquito-borne diseases.

Mr. Speaker, we continue to have challenges with the migration of our health workers, particularly our nurses. This has affected our ability to adequately serve key areas of need, including the provision of human resources for health in remote areas of the country.

The provision of public health care is also challenged by a limping infrastructure, with no major hospital expansion or new development in 20 years, and limited maintenance of the facilities we currently use, leading to constant downtime.

MINDSET CHANGE NEEDED

Mr. Speaker, perhaps the greatest challenge of all is a population mindset that has accepted the right to health, but not personal responsibility for protecting their health.

This mindset has seen a greater reliance on the health sector to cure illnesses rather than on the population taking personal responsibility to create wellness and prevent illness. This has resulted in a growing need for emergency care, operating theatre time, and hospital beds.

Mr. Speaker, unless we make a change, it is also a mindset that will see us continuing to suffer from preventable illnesses, premature disability and death, and emotional suffering.

Still, the last year to three years has not been without some important progress markers.

Progress in the face of challenges

PERSONAL RESPONSIBILITY

Mr. Speaker, in 2018, we were bold and unapologetic in our statements about the need to change the prevailing public mindset. Through programmes like *Jamaica Moves* and the *Taking Responsibility Road Tour,* we have urged Jamaicans to wake up to the reality that a healthy lifestyle is the best medicine.

Prevention, we emphasised, is cheaper than cure, and investing in our own health – through proper diet and exercise and knowing our health status – is the best investment we can make.

Happily, we are seeing more and more Jamaicans displaying an interest in their health while being proactive in their preventive efforts. This is evidenced, in part, by the large numbers of people who turn out to our *Jamaica Moves* activities, including our road tours that offer workout sessions, health checks and nutrition information.

We are also seeing the greater consumption of water over sugary drinks, based on feedback from retailers of these products. There is hope for better days ahead.

Minister of Health and Wellness Dr. Christopher Tufton presents a helmet to a member of the audience at the Sav La Mar leg of the Taking Responsibility Tour.

PARTNERSHIPS

Mr. Speaker, partnerships are key to delivering high-quality public health services and we want to thank all our collaborators. I wish to recognise our larger bilateral and multilateral partners, including China, Cuba, the European Union (EU), India, the Inter-American Development Bank (IDB), Japan, the Pan-American Health Organisation (PAHO)/ WHO, the United Kingdom, and the United States.

Further, the contributions of the NGO community and Jamaican diaspora should not and cannot go unnoticed. In 2018, we had 207 Missions (local/ overseas) with an estimated value of J$1.2 billion. Services offered by those missions included liver transplants, cardiology, and ophthalmology.

WHO Director, Dr Tedros Adhanom Ghebreyesus, publicly endorsed the Jamaica Moves programme at the United Nations High-level Meeting on the prevention and control of noncommunicable diseases (NCDs), held in New York in 2018.

UNIVERSAL ACCESS TO HEALTH CARE

Mr. Speaker, in addition to preaching personal responsibility in health, we have also said something else: this Administration is committed to Universal Access to Health.

Universal access to health, as the WHO tells us, has three dimensions:

- Physical accessibility, that is, situating health services in reasonable proximity to those who need it, and opening hours that allow them access when they need it;
- Financial affordability; and
- Acceptability, that is, people's willingness to seek out the services.

MORE DRUGS AND EASIER ACCESS

Among the services to which we have succeeded in giving Jamaicans enhanced access is pharmaceutical services. Jamaicans now have the benefit of 105 fully operational Drug Serv locations (up from 17 three years ago), and 49 Public-Private Sector Pharmacy Partnerships, all managed by the National Health Fund (NHF).

The expansion of these services has meant that the average wait time for filling prescriptions is now under one hour, down from an average wait time of three to four hours in 2017.

The NHF is also estimating that 2.5 million prescriptions are to be filled by the public health system this year, up from 1.5 million in 2018. Mr. Speaker, more Jamaicans are accessing free drugs under an expanded network and a more efficient distribution system.

This progress is complemented by extended opening hours in various health centres across the island, together with the existing provision of free health care for users of the public health system.

A Patient utilises the NHF DrugServ pharmacy.

A Strategic Plan

Mr. Speaker, we are committed to realising a public health system that delivers on the ambition of Jamaica's Vision 2030 National Development Plan "to ensure the provision of quality health services and to promote healthy lifestyles and environmental practices," as we strive to attain and sustain a "healthy people, healthy environment".

How we get there is outlined in our **10-Year Strategic Plan.** This plan considers and responds to current public health realities, including a sick profile typified by a growing number of Jamaicans with NCDs.

The Jamaica Health and Lifestyle Survey (2016/2017) tells us, for example, that 1 in 3 Jamaicans (684,900) has hypertension, with four out of every 10 unaware that they have it. 1 in 8 (236,200) has diabetes, with four out of every 10 also unaware of their status. It also tells us that 1 in 2 (577,300) is overweight or obese, which is a known modifiable risk factor for NCDs.

The most recent estimates from Globocan, the cancer database of the International Agency for Research on Cancer, indicate that there were approximately 7,300 new cases of cancer in Jamaica in the past year, while data from the Registrar General's Department reveals that there were some 3,766 cancer deaths in 2015. This represents a 27% increase in cancer deaths since 2005 (2,969 deaths).

Mr. Speaker, we are moving in the wrong direction, and we are all at risk, unless we fix our health system to deal with those Jamaicans affected. Perhaps even more importantly, we need to help Jamaicans to understand and respond to preventive lifestyle practices around wellness.

What are some of the features of this strategic plan?

PRIMARY CARE

Mr. Speaker, primary care or care through our clinics and community health centres is our first point of contact with our citizens. We must equip and make them credible to get more Jamaicans to use them and benefit from the care and advice that they offer. We are going to make changes to primary health care!

Based on the existing structure, 52% of existing primary care facilities provide treatment or curative services, and only 18% offer this service daily. This is not good enough, given the current epidemiological profile of the population.

A critical issue to be addressed is the inadequate integration and standardisation of primary and secondary health services delivery within all four health regions.

To address this issue, a new Primary Care Model is being developed. It establishes three levels of health centres: Community, District, and Comprehensive, and defines the scope of services that will be provided in each.

This model will require health care professionals (doctors and nurses) to coordinate and provide their services between the primary and secondary (health centres and hospitals) systems, sharing and learning from information around patient care. Mr. Speaker, the new model envisions greater use of technology to support more efficient coordination. This means improved access to healthcare providers, longer opening hours, and more preventive as well as curative services.

Phase one will see the re-designation of 127 health centres into the three named categories and the expansion of services islandwide. There are plans, too, to increase the number of doctors in primary care. The expansion of the Senior House Officer programme is being investigated to retain the additional physicians for an additional year, post internship. Mr. Speaker, this could mean 100 more doctors in primary care.

Mr. Speaker, we have to get more Jamaicans to use our health centres for preventive and some curative care, and these reforms, we believe, will make this happen.

CENTRES OF EXCELLENCE

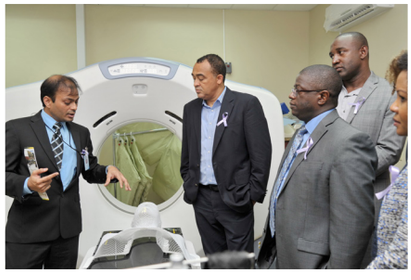
While the enhancement of primary care is an important next step, we cannot ignore the fact that many Jamaicans lead an unhealthy lifestyle resulting in significant pain and suffering from illnesses, which we must now respond to through our hospitals and the provision of specialist care.

Five areas present a particular challenge for our population:

- **Oncology (cancers);**
- **Nephrology (renal/kidneys);**
- **Cardiac (heart);**
- **Neurology (brain);**
- **Mental illness.**

Mr. Speaker, the Government is addressing this challenge through the planned development of Centres of Excellence over the next five years in these five health disciplines at three hospitals.

The hospitals are St. Joseph's Hospital and the Cornwall Regional Hospital where Centres of Excellence for oncology and nephrology are to be established; and the UHWI, where the focus will be on neurology, cardiology and mental illness.



Linear Accelerator Cancer Treatment Facility at the Cornwall Regional Hospital in Montego Bay.

Plans are well advanced for a public-private partnership modality for the COE at St. Joseph's, and a concept development and financial model is being finalised. In the case of UHWI, negotiations are ongoing with a prospective developer, and we expect, subject to Cabinet approval, decisions and timelines this year. The Government is committed to these COEs and will comment in more detail in the coming months.

NURSING SHORTAGES

Mr. Speaker, to support this expansion of services, we must address our human resource shortage. In 2018, for example, the public health system lost some 537 of our nurses – 526 of them due to resignations.

The fact is, we cannot prevent our nurses from seeking employment elsewhere. However, we can discourage it by offering better working conditions, training, and, where necessary, recruiting to supplement our own local staff.

In the short term, the Ministry will expand the Cuban Nursing Programme, while looking to broker other bilateral arrangements with other countries, including India and the Philippines. This is to provide capacity-building support in critical areas, while we continue our China and UK nurses training programme.

Mr. Speaker, the intention is also to expand the benefits to our nurses by giving more security of tenure, and expanding housing arrangements.

We also have shortages in specialist areas for doctors. The Ministry is now doing a needs assessment, as we plan for future expansion. This, too, will be made public in the coming months.

NATIONAL HEALTH INSURANCE PLAN (NHIP)

Mr. Speaker, only 20% of the population have health insurance – more than half of these are public sector workers. The lack of insurance means that too many people, including the poor and vulnerable, are denied access to timely medical care.

In 2016, 32% of Jamaicans reported that they did not access care when needed due to financial reasons, while World Bank data (2011) reveals that the average Jamaican with a NCD allocates a third of his/her monthly household income to health care. We have to fix it!

Mr. Speaker, the NHIP Green Paper, also tabled today, forms an important part of the Government's response to this situation. This Green Paper will hopefully lead to a final proposal aimed at providing appropriate levels of access, coverage, and financial protection to the population. It is a promise we made when we campaigned for office back in 2016 and a necessary addition to public health financing.

Our aim is to discuss the Green Paper with critical stakeholders over the next six months, while refining it in order to have a finalised plan ready for phased implementation in the upcoming financial year.

Mr. Speaker, I want to use this opportunity to make an appeal to those Jamaicans who can afford private insurance to get it. It is an investment in yourself, the best that you can make. Also, I want to say to the private insurance companies, find creative ways to get more Jamaicans to get insurance.

I am prepared to sit with you and talk to you to see how the Government can assist that process. This must be a partnership. Private health insurance must complement the proposed NHIP, with Jamaicans encouraged to 'top up' or establish such relationships as appropriate, as an investment in themselves.

Let me also say, Mr. Speaker, that persons who have private health insurance and use the public health system, as some do, without using their cards, are subsidising private insurance providers at the expense of the public health system and the tax payer.

Mr. Speaker, we cannot afford it. The policy already exists for hospitals to take a fee from these private cards, once they are presented. However, this is dependent on the cardholder presenting his/her card and many do not. We intend to fix this, through appropriate amendments in law. I will also be meeting with the private insurance companies to discuss this in the coming months.

INFRASTRUCTURE DEVELOPMENT

Mr. Speaker, we also have to fix our decrepit health infrastructure. Today I tabled a capital expenditure plan and budget to provide the public health care system with upgraded or otherwise critical, new health facilities and equipment over the next five years.

Mr. Speaker, we are playing catch up since we have not seen any major overhaul of public health in decades. We have heard the people's cry and we are responding with a plan and the resources to add beds, operating theatres, diagnostic services, and more.

Mr. Speaker, I am happy to announce that over the next five years, extraordinary capital expenditure on public health infrastructure will be between US$205.7 and US$ 236.2 Million (J$27.2 and $J31.2 Billion).

Mr. Speaker, this is the largest commitment by a Government in public health infrastructure in over 20 years!

TABLE: **HOSPITAL UPGRADES**

HEALTH FACILITIES	AMOUNT (US$)	AMOUNT (J$)
HOSPITALS		
Bustamante Hospital for Children (Cardiac Wing)	1.3 Million	166.3 Million
Spanish Town Hospital (Upgrade: Type A)	23 Million	3.1 Billion
St. Ann's Bay Hospital (Upgrade: Type A)	3.5 Million	463.3 Million
May Pen Hospital (Upgrade: Type B)	1.8 Million	238.3 Million
Kingston Public Hospital Improvement Project	$17.6 Million	$2.3 Billion
New Cornwall Regional Hospital	26.4 Million	3.5 Billion
Western Child and Adolescent Hospital	43 Million	5.7 Billion
HEALTH CENTRES		
Greater Portmore Health Centre	2.6 Million	344.1 Million
Old Harbour Health Centre	3.7 Million	489.7 Million
May Pen West Health Centre	1.0 Million	132.4 Million
Brown's Town Health Centre	1.6 Million	211.8 Million
Chapelton Community Hospital	0.14 Million	18.5 million
Lionel Town Health Centre	0.14 Million	18.5 Million
Macho Health Centre	0.2 Million	26.5 Million
St. Jago Park Health Centre	2.4 Million	317.7 Million
Oho Rios Health Centre	1.6 Million	211.8 Million
St Ann's Bay Health Centre	0.8 Million	105.9 Million
OTHER PROJECTS		
Centres of Excellence for Oncology and Nephrology at St. Joseph's and Cornwall Regional hospitals	52.7 – 83.2 Million	7 – 11 Billion
Health Information System	7.5 Million	992.7 Million
PROMAC	13.9 Million	1.8 Billion
TOTAL PLANNED CAPEX	**205.7 – 236.2 Million**	**27.2 – 31.2 Billion**

*J$ 132.36 = US$1.00

Mr. Speaker, this is action, not just talk! We have a plan and we have financing for the plan!

Last November, we signed a financing agreement valued at US$100 Million with the IDB to support public health. US$50 million or J$6.2 Billion will be used to respond to the critical infrastructure needs in the areas of hospital beds, health centre upgrades, and the implementation of health information systems.

In addition to the plans for the COEs, we are also to advance the full restoration of CRH to the tune of J$3.5 billion, benefitting more than 400,000 residents of the western health region. Mr. Speaker, CRH will rise again, bigger and better.

The construction of the US$43 Million (J$5.7 Million) Western Child and Adolescent Hospital is also underway. We will break ground in another month. The 220-bed, seven-floor hospital will also offer a 60-room resident facility for health professionals employed in western Jamaica.

The cardiac care services at Bustamante Hospital for Children are also being expanded to see the addition of 20 beds, to the tune of J$166 Million.

Mr. Speaker, all of this is in addition to the development of a more sophisticated digital technology for healthcare. The latter includes the creation of integrated information systems for health, notably an electronic health records system, and the expansion of telehealth services in three health regions.

Mr. Speaker, these are critical strategic initiatives, linked to a plan that will improve our capacity to provide better and more efficient health care to our citizens, and for which there is already committed financing.

Mr. Speaker, we are intervening based on a plan. We are fixing public health. Mr. Speaker, we are proud of where we are going for the future, but we do have a few issues to address the immediate burden on the Jamaican people. Too many wait in vain for certain services. We have to fix it!

THE INTERVENTION: BILLION-DOLLAR EXPANSION OF WAITING TIME INITIATIVE

Mr. Speaker, I am happy to announce that this year, the government will respond to the long waits for certain day and inpatient surgeries, diagnostic tests, and bed space shortages by allocating J$1 Billion for an immediate and extraordinary intervention in these areas.

Let's look at waiting time in our hospitals. We have patients waiting over a year for general surgeries, such as hernia. For other procedures, such as hysterectomies or myomectomies, we have patients waiting for over 10 months. For surgeries, including radical prostatectomy, we have patients waiting for over six months.

Mr. Speaker, people die waiting. Frankly speaking, long waiting times also make a farce of free health care and the concept of universal access to health care. We have to intervene and fix it!

Mr. Speaker, the concept of this waiting time intervention includes a more efficient record of all requests for these services in the public health sector, and the contracting of private providers, where necessary, to enhance what is already being offered in the public health system. We are going to partner with private providers to clean up the system in the interest of the Jamaican people, by making them wait less!

Mr. Speaker, simply put, Jamaicans who are diagnosed in the public health system for approved diagnostic tests will be given the tests free of charge, even if they have to get the tests done by an approved private provider. This Mr. Speaker, is the Intervention!

TABLE: **KEY SURGERIES AND DIAGNOSTIC TESTS**

SURGERIES	DIAGNOSTIC TESTS
Hernias	CT scans
Prostate – BPH and Cancer	MRI scans
Uterine Fibroids	Ultrasound
Haemorrhoids	Angiography
Gallbladder Diseases – Gallstones and Cholecystitis	Endoscopy (colonoscopy and urogenital endoscopy)
Orthopaedic Procedures	Histopathology

In the case of surgeries, we will look at the priority placement of each surgery and determine a maximum wait time. Similarly, where possible, we will outsource those procedures to achieve minimal wait.

It is my intention to appoint Professor Archibald McDonald – a trained surgeon and respected academic – to oversee this effort. I am hoping to use the next three months to put measures in place and then begin implementation, effective September 2019.

FIXING SOCIAL CASES

Mr. Speaker, this $1 Billion Dollar intervention will also seek to free up bed space by removing social cases from hospitals and placing them in nursing homes based on certain criteria.

The large number of social cases in the system is as a result of persons who are fit, clinically, for discharge from the hospital, but who remain because their relatives have failed to claim them.

The result is that new patients – those in need of admission services – are denied access since the beds are occupied by those persons who remain in the facilities for extended periods, or otherwise live, quite literally, there.

> *"One social case can prevent occupancy by at least 49 patients in any one year. Currently, there are 197 social cases in hospitals across the island, amounting to some 9,653 Jamaicans being unable to access in-patient care annually."*

TABLE: **A SAMPLE OF SOCIAL CASES BY HOSPITALS**

FACILITY	NUMBER OF SOCIAL CASES
Cornwall Regional Hospital	45 (31 housed at the Falmouth Infirmary)
Noel Holmes Hospital	7
Falmouth Public General Hospital	10
Savanna-la-Mar Hospital	24
Linstead Hospital	4
Sir John Golding Rehabilitation Centre	1
Kingston Public Hospital	21
Princess Margaret Hospital	8
Spanish Town Hospital	14
May Pen Hospital	10
Mandeville Regional	5
Percy Junor Hospital	10
Black River Hospital	13
Lionel Town Hospital	5
Annotto Bay Hospital	3
Port Antonio Hospital	8
St. Ann's Bay Regional Hospital	5
Port Maria Hospital	4
TOTAL	**197**

We cannot simply turn these individuals out on to the streets; and oftentimes the infirmaries, which are operated under the Ministry of Local Government and Community Development, do not have the space to accommodate them.

I want to thank Minister McKenzie and a number of local municipalities for the collaboration over the last year in removing social cases to State-run infirmaries, but the truth is the space is just not there. We, therefore, have to look at alternative approaches.

These include, Mr. Speaker, holding family members accountable to take care of their relatives, many of whom took care of them when they could. In many instances, these social cases have assets, such as houses and other property that are being used by these relatives, and when they pass on, they show up at the hospital asking for the death certificate to claim these assets. This is despite having left them for the State to take care of them while they were alive. I say shame on you for this insensitive act!

"We will move to investigate social cases who are occupying needed beds in hospitals."

During this year, we will move to investigate social cases who are occupying needed beds to determine the capacity of their next of kin to care for them, where necessary, we will also take court action to compel those persons to assume responsibility for their family members.

Where these social cases are assessed as infirm, we will transfer them to an appropriate facility, either in the public sector, or through some other mechanism that we will agree on and arrange with the Ministry of Local Government, Municipal Corporations, and the Ministry of Labour and Social Security.

HIV/AIDS

In 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and partners launched the 90–90–90 targets. The aim was to diagnose 90% of all HIV-positive persons, provide antiretroviral therapy (ART) for 90% of those diagnosed, and achieve viral suppression for 90% of those treated, by 2020. Jamaica has long been challenged with the second and third 90s. As at the end of March 2019, Jamaica was at 78-49-57.

We are now moving to ensure that we improve those numbers through a range of initiatives. They include increasing our reach online, in communities and health facilities, complemented by a mass media campaign.

There is also to be sustained return-to-care activities comprised of phone calls and home visits to locate persons living with HIV and return them to care. The intense *Return to Care* campaign itself concluded on March 31, but we are in maintenance mode to resolve any remaining cases.

Health care workers in the specific treatment sites are also to develop specific management plans based on the needs of the patient.

STANDARDS AND REGULATION

The mandate of the Standards and Regulation Division is to contribute to the achievement of the Ministry's corporate goals and objectives by leading the process for quality improvement through standard setting and monitoring of the health sector (public and private). The functions are critical, ensuring conformance with legislation, standards and guidelines resulting in:

- **Access to safe, effective products of acceptable quality including narcotics, herbal products, medicinal cannabis products and other drugs, cosmetics, foods, and medical devices.**
- **The importation of products for sale/distribution to the public, which have prior approval by the Ministry;**
- **The implementation of appropriate health standards & guidelines; and**
- **The provision of quality service in health institutions.**

The existing structure, legal and policy framework, and the charging of adhoc fees (US$40 for drug registration) for regulatory activities executed by the Standards & Regulation Division has been in force for over 40 years, resulting in inefficiencies. This is as the range of products and stakeholders has increased, given the evolution of new and innovative drugs and other health technologies; the emerging nutraceutical industry, including medicinal cannabis products; and the influx of generic products.

Modernisation of the Division, in line with the Government of Jamaica's thrust to improve trade facilitation and customer satisfaction, is necessary. Business process re-engineering, digitisation of the processes, strengthening of the human resource component, legislative amendments, and implementation of new and revised fees, are critical for the improvement of efficiencies, which has already commenced with full implementation by 2020.
The Division is responsible for the national post-marketing surveillance system for pharmaceutical and other health care products, and thereby coordinates the pharmacovigilance and substandard and falsified medicine activities in Jamaica.

This activity will be strengthened through support from our collaborators including the Caribbean public Health Agency Medicines Quality Control and Surveillance Department.

VECTOR MANAGEMENT REVIEW

Mr. Speaker, over the past three years, our population has been threatened by mosquito-borne diseases, with the *Aedes* mosquito being that very dangerous vector or carrier of the Dengue, Zika, and Chikungunya viruses. The Government responded and I want to thank the hundreds of public health workers who worked hard to bring these threats under control. But truthfully, we have to do more to minimise this threat in the years to come.

Mr. Speaker, Vector Management is not just a job for the Ministry and its collaborators, including the USAID ZAP programme, the IDB, and PAHO. It is a job for all of us as Jamaicans. That job, Mr. Speaker, is to search for and destroy mosquito breeding sites. And if we do it right, we can help to check the numbers of persons affected each year.

For 2018, we inspected 374,530 premises in 2,819 communities. 60,867 or 16% of the 374,530 premises were found to be positive as breeding sites for the Aedes mosquito.

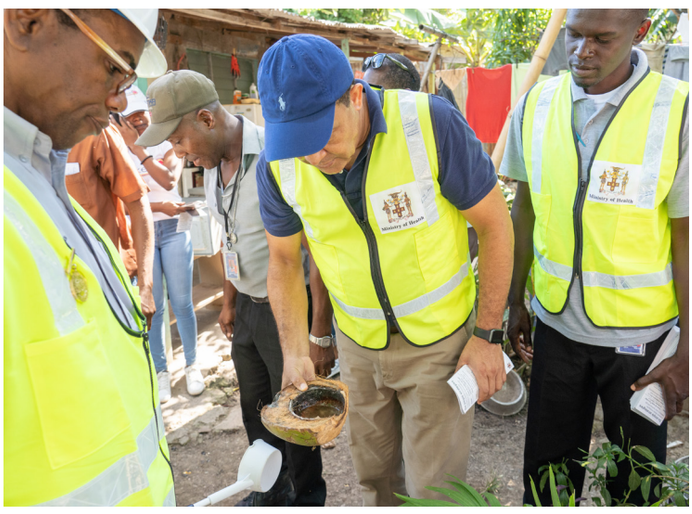
We also inspected 759,529 containers; 89,987 or 12% were found to be positive as breeding sites for the mosquito. The acceptable WHO limit for breeding sites is less than five per cent.

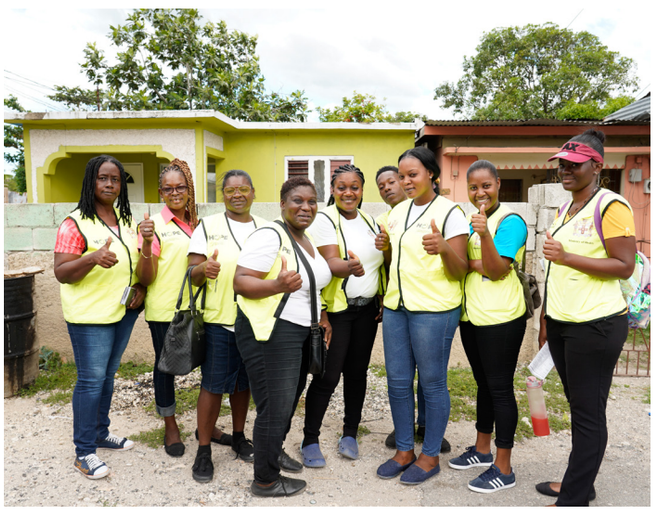
As a result of these findings and based on visits I personally undertook across the country, I have ordered a comprehensive review of the Integrated Vector Management Programme, including methods aimed at mobilisation of public support, so that citizens can more effectively play their part.

The review is expected to yield the regularisation of the number of full-time and temporary workers serving the programme; improve the available equipment for fogging; public education at the parish level; and improve the protocols for triggering alerts and outbreak management when necessary.

Mr. Speaker, another important component of the review is the extent to which we breach the actual law in facilitating breeding sites that create a nuisance to ourselves and to others. Last year 2,948 citations were served for prosecution under the Public Health Act.

We will do more of that in the coming year, as we take greater care to protect our communities.





Minister of Health, Dr. Chris Tufton and vector workers tour sections of St. Catherine

THE WELLNESS AGENDA

Mr. Speaker, as reflected in our name change, there is the need to address the whole person, through a greater emphasis on Wellness.

This year, the Government, in collaboration with a number of partners, will lead a wellness agenda for Jamaica to include:

1. Workplace employee/employer wellness engagement to encourage healthy consumption habits, physical activity, and periodic health checks – Wellness at Work Programme.

2. A National School Nutrition Policy that is being developed in association with the Ministry of Education, and which will guide meal preparation for our children – Wellness at School Programme.

3. A home-based 'Wellness Garden' programme to encourage householder engagement and consumption of fresh, healthy food options at home. This will be done in collaboration with the Ministry of Agriculture through RADA, the 4H movement and the Scientific Research Council. We will distribute 10,000 kits to householders this year, valued at approximately $J40 Million, and the 4H and RADA will assist in setting up these gardens. Other kits will be available for sale through collaboration with local agricultural stores.

THE WELLNESS AGENDA

4

A ‘Better For You’ menu option for restaurants to give consumers better information on healthier choices. This is being developed in collaboration with a number of restaurant chains.

5

Encourage and support the promotion of wellness events like outdoor hikes, walks, and runs and workout sessions in town centres in conjunction with the local municipalities.

6

‘Market Pop-ups’ across Jamaica to highlight the nutritional content, availability, and cost effectiveness of eating locally grown seasonal produce. Mr. Speaker, eating healthily does not have to be expensive, and we want to show Jamaicans that, in keeping with this wellness agenda!

“Our flagship programme Jamaica Moves will continue to form the core of our wellness initiative, and will continue to expand in schools and communities.”

COMPASSIONATE CARE

Mr. Speaker, another feature of the Wellness Agenda is the ongoing Compassionate Care programme, which prioritises citizen-focused health care.

Among other things, it emphasises customer service and empathy, as well as the promotion of volunteerism in the delivery of care.

Last year, we launched the programme at eight health facilities:

1. Victoria Jubilee Hospital;
2. Black River Hospital;
3. St. Ann's Bay Hospital;
4. Robin's Hall Health Centre;
5. Kitson Town Health Centre;
6. Falmouth Hospital;
7. Cornwall Regional Hospital; and
8. Montego Bay Comprehensive Health Centre.

In addition to the physical upgrades at those facilities, including painting and the installation of air conditioning systems, the programme also saw the training of more than 1,000 workers in customer service.

COMPASSIONATE CARE

TABLE: **COMPASSIONATE CARE IMPROVEMENTS**

FACILITY	PHYSICAL UPGRADES	PERSONNEL TRAINED BY HEALTH REGION
SOUTH EAST REGIONAL HEALTH AUTHORITY		
Victoria Jubilee Hospital	Outpatient antenatal clinic	70
Kitson Town Health Centre	New Facility	
SOUTHERN REGIONAL HEALTH AUTHORITY		
Black River Hospital	A&E Patient Waiting Area	750
Robin's Hall Health Centre	New Facility	
NORTH EAST REGIONAL HEALTH AUTHORITY		
St. Ann's Bay Hospital	Outpatient Clinic & A&E Waiting Area	40
WESTERN REGIONAL HEALTH AUTHORITY		
Falmouth Hospital	A&E Department Extension	197
Cornwall Regional Hospital	A&E Department	
Montego Bay Comprehensive Health Centre	A&E Department	

Mr. Speaker, it is worthy of note that the 2019 Public Sector Customer Service Satisfaction Assessment Report, published by the Cabinet Office, revealed a major improvement in customer satisfaction with the Ministry. Some 80.4% of respondents were either satisfied (47.9%) or very satisfied (32.5%) with the quality of service and product delivery.

This is a level of satisfaction, as the report itself notes, that is in line with the target of 80% customer service satisfaction. This is good news for us. Of course, it is by no means a cause for complacency.

This year, we will expand this programme while exploring additional features like pet and music therapy for certain sections of our public health system. More on these in the months to come.

RESEARCH FOR WELLNESS FUND

Mr. Speaker, to support this health and wellness agenda, we are also going to support research and development in the priority areas. We will be driven by the science, not by anecdotes.

Already, there is a body of knowledge that supports our position on sugar and tobacco. We know what the consequences of a lack of exercise and excess consumption of trans fats, sodium, and too much alcohol can do to the human mind and body. We want continue to track the science towards pursuing progressive, evidence-based policies.

For this reason, we will launch, this year, our Health and Wellness annual research fund financed by the NHF to the tune of J$50 Million.

This money will fund applied research, based on competitive proposals and in line with identified challenges to be addressed.
We encourage the academic community and research institutes to partner with us to keep on the cutting edge of evidence-informed solutions to public health challenges.

LEGISLATION

Mr. Speaker, the planned legislative changes for the new financial year embody the strategic direction of the Ministry, setting the stage for the creation of the necessary enabling environment to ensure the sustainability of the gains over the next decade and beyond.

Priority is being given to the Framework Convention on Tobacco Control (Implementation) Bill; the Opticians Act, the Food and Drugs (Amendment) Act; and the Public Health (Funeral Establishments and Mortuaries) Regulations.

TABLE: **LEGISLATIVE PRIORITIES**

NAME OF LEGISLATION	PURPOSE	STATUS
Framework Convention on Tobacco Control (Implementation) Bill	To make provision for the incorporation of the Framework Convention on Tobacco Control (FCTC) into domestic law, in order to bring Jamaica in compliance with its international obligations to protect current and future generations of Jamaicans from the ill effects of tobacco products.	We are in receipt of the draft Bill. The Ministry, in consultation with relevant international stakeholders, is considering the latest draft received from the CPC.
Opticians Act	Amendments to the Act to modernise and properly regulate the practice of Optometry.	Legal Reform submitted drafting instructions which the Ministry had asked them to develop. Instruction is to be given by the Ministry as to their acceptance of Legal Reform's drafting instructions, in light of the concerns raised by the Legal Services Unit.
Food and Drugs (Amendment) Act	To allow for the effective regulation of Natural Health Products, including nutraceuticals.	We are awaiting an updated draft of the Bill from the CPC.

TABLE: **LEGISLATIVE PRIORITIES**

NAME OF LEGISLATION	PURPOSE	STATUS
Food and Drugs (Amendment) Act	To allow for the effective regulation of Natural Health Products, including nutraceuticals.	We are awaiting an updated draft of the Bill from the CPC.
Public Health (Funeral Establishments and Mortuaries) Regulations	To regulate the operations of Funeral Establishments and Mortuaries and to inform the certification of operators in the Funeral Establishments and Mortuary Operations industry.	We are awaiting an updated draft of the Regulations from the CPC.

CONCLUSION

Mr. Speaker, this Administration hears the people's cry for more hospital beds and operating theatres, and we see the NCD epidemic that is bedeviling us. We are intervening not only for today, but also for the future!

We have a plan on the way forward for public health, and it involves not just doctors and nurses, but all of us as citizens and stakeholders. It is not just about curing diseases, but also preventing diseases. It's about lifestyle. It is about a state of mind.

We also have plans for community health centres and hospitals, and for our school children and the environment.

Mr. Speaker, we have financing to support this plan. This is not just talk, this is action.

Mr. Speaker, as we give God thanks for another year, I wish for all Jamaicans health and wellness and urge their support as we embark on a new chapter in public health.

MINISTRY OF
HEALTH &
WELLNESS