



SECTORAL PRESENTATION OF  
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MINISTER OF HEALTH & WELLNESS

Public Investment in Public Health:  
**Every ONE Counts**

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# Public Investment in Public Health: **Every ONE Counts**

Mr. Speaker, the last six months have seen a major transformation in the world. It is a transformation so dramatic that even now, countries are struggling to define what the new normal will look like, as they adjust to the changes brought on by COVID-19.

To define that new normal, we must answer the following questions:

- ‘What is our personal responsibility?’
- ‘How are we to live in communities?’
- ‘How should we raise our children?’
- ‘How do we, in business, serve our employees and customers?’

And all in the context of increased awareness of infection prevention and control.

If nothing else, one answer is clear, Mr. Speaker: we all have a role to play in ensuring individual and community health. Every ONE Counts.

Mr. Speaker, the world has been reminded that without the protection of the good health of our people, there can be no real or sustainable development. Indeed, COVID-19 has realigned the development thinking and must result in a paradigm shift that brings about ‘Health in All policies’ as a clear direction for joined-up Government.

‘Health in All policies’, as the World Health Organisation (WHO) tells us, is an approach that systematically mainstreams health considerations, and includes a focus on the impact of public policy, not only on health systems, but also on the social determinants of health. In other words, all of us have a role to play and both government and the people must rise to the occasion to protect ourselves and our communities. Mr. Speaker, the economic system and

those who preside over it at the level of the firm and at the policy level must also pay close attention to health risks that can negatively impact our everyday lives.

As a Ministry of Health and Wellness, we have championed individual responsibility in health. When it comes to health, Every ONE Counts and Every ONE must see themselves as an important player in any health response.

- Every workplace counts in ensuring the implementation of health protocols to include appropriate infection prevention and control measures.
- Every religious organisation counts to enable and empower their congregations to increase health-seeking behaviours and to embrace prevention as a way of life.
- And every community counts through a demonstration of responsibility for each of its members, enabling the preservation of each family within the community.

The COVID-19 pandemic is the most significant public health challenge that Jamaica and the world has faced since the 1918 Spanish Flu, which infected an estimated 500 million people and caused a reported 50 million deaths globally.

Today, after six months, COVID-19 has infected more than 10 million people and claimed over half a million lives worldwide. This is while requiring a never-before-seen level of resource mobilisation to finance national public health response plans. This is in order to protect public health and, in particular, the health of those with vulnerabilities, including non-communicable diseases (NCDs).

As members of this honourable House will be aware, NCDs have been a scourge on the Jamaican society, with some 70 per cent of Jamaicans suffering from an NCD, including diabetes, hypertension and cancer, in addition to mental illness. COVID-19 has, therefore, reinforced the need for persons to know their health status and to engage in good health-seeking behaviours.

## COVID-19 SPEND

Mr. Speaker, our COVID-19 experience has shown the commitment of this Government to public health, with just under \$6 billion so far budgeted for the Ministry of Health and Wellness for its response efforts. Of that sum, we have spent in the region of \$3.8 billion on containment measures to date.

We have also leveraged a joined-up government approach to the pandemic while mobilising the support of the people of Jamaica to help to protect us all from the COVID-19 risk, including:

- the provision of some \$775 million in financial support to our health authorities to help meet the needs associated with the response efforts;
- infrastructure upgrade to the tune of more than \$89 million, including equipping hospitals with an additional 63 intensive care and high dependency units;
- the provision of medical equipment, such as personal protective gear and COVID-19 test kits, to the tune of more than \$1.7 billion; and
- the procurement of more than \$500 million in prescription drugs through the National Health Fund, to ensure the effective treatment of the symptoms of persons with COVID-19.

Other costs covered include the retrofitting of facilities to quarantine and/or isolate and care for persons who are suspected or confirmed to have COVID-19.

## VALUE FOR MONEY

Mr. Speaker, I am comfortable that we have been getting value for money, as evidenced by the slowing of the disease, which has resulted in a less than expected number of cases and hospitalisations. In fact, Jamaica has so far kept the number of cases below the health system's capacity to respond.

For example, of the 737 confirmed cases up to July 6, only 14 or 1.9 per cent have been critically ill and 11 or 1.5 per cent, moderately ill. In addition, after nearly 120 days since the first COVID-19 case was confirmed, Jamaica has a mortality rate of 1.4 per cent compared to the international rate of between three and four per cent. Further, also up to July 6, Jamaica had an 80.2 per cent recovery rate; a hospitalisation rate of less than one per cent and a reproductive rate of less than one.

Mr. Speaker, when compared to other jurisdictions, I believe we can safely say that the health system in Jamaica is working to protect the citizens of this country.

I pause here to salute our public health workers across the island. These professionals, including our volunteers, among them medical students from the University of the West Indies, are the heroes of Jamaica's COVID-19 story. These men and women represent the best of Jamaica, demonstrating an unflinching commitment and dedication to the country.

Mr. Speaker, I want also to acknowledge the support of my Cabinet colleagues, led by Prime Minister the Most Honourable Andrew Holness. The many hours of deep reflection, robust discussion and constructive advice have

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allowed us, as a Ministry, as a Government and as a country to arrive at decisions that have augured well for our current state of affairs.

I want, too, to thank the Opposition for their understanding and support, particularly through their service on the Joint Special Select Committee of Parliament, which was established to examine COVID-19 matters.

Mr. Speaker, the slowing of the transmission of COVID-19 has allowed us the time for the building of additional capacity within the public health sector, in line with the 2005 International Health Regulations (IHR). In particular, successes to date can be credited to an early health education programme; enhanced surveillance; the early institution of restrictions; the early response to perceived threats; and rapid containment exercises.

The resultant increased public awareness and early detection of cases, in addition to our primary health care establishment, also enabled us to assemble and dispatch response teams to communities for case investigation and contact tracing – all of which have served us well.

At the same time, Mr. Speaker, Jamaica moved early to establish quarantine and isolation facilities and to build capacity within our hospitals to respond to the severe cases. We have quarantined sections of the island to conduct investigations and to help to contain the disease. We must remember, however, that COVID-19 still a keep.

I pause here want to thank the people of Jamaica who have supported our health teams as they have done their work. They have willingly participated in the interviews and made themselves available for sampling, as well as by complying with quarantine rules.

Our international partners have also been of in valuable support of our bilateral and multilateral partners, including China, Cuba, the European Union, India, the Inter-American Development Bank (IDB), Japan, the Pan-American

Health Organisation (PAHO)/WHO, the United Kingdom, and the United States.

## HEALTH CARE INFRASTRUCTURE

The fact is, we have done well so far with COVID-19, based on the professional team of public health experts and the support of civil society and our international partners.

I believe we can safely conclude that the gains from our COVID-19 response have also been due in some measure to progress made toward the strengthening of our health system over the last four years, as well as to work done to change the public mindset about health as an individual and collective responsibility.

Mr. Speaker, those efforts are contained in the Ministry's 10-year Strategic Plan, which I tabled last year. Highlights of this plan include:

- safeguarding access to equitable, comprehensive and quality health care services, which are essential for promoting and realising the right to the enjoyment of the highest attainable standard of health;
- increasing and improving health financing for equity and efficiency;
- making reliable and modern infrastructure available for health service delivery; and
- ensuring human resources for health in sufficient number and competencies.

What COVID-19 has taught us, Mr. Speaker, is that now more than ever, this strategic plan is more important to build a sustainable health infrastructure for the people of Jamaica.

It is with the goals of the Strategic Plan in mind that the Five-year Capital Expenditure Plan, also tabled last year, was developed, taking account of key projects and programmes within the Ministry.

## **PROMAC**

Mr. Speaker, I am proud to report that the Ministry has now completed the construction of all four high dependency units under the Programme for the Reduction of Maternal and Child Mortality (PROMAC) at a cost of some \$1.5 billion.

With these HDUs, PROMAC has provided Jamaica with 48 high dependency spaces, some 38 new high-dependency beds and 10 new isolation suites, specifically for pregnant women and their newborns. These are in addition to:

- the procurement of six ambulances and the purchase of radiographic, ultra sound equipment and some 150 midwifery bags to enhance the quality of primary care and improve the referral system, to the tune of \$187.6 million;
- the training of more than 230 doctors and nurses in specialised programmes, including paediatric medicine, obstetrics and gynaecology, as well as anaesthesia and intensive care; and
- offering fellowships in neonatology, maternal foetal medicine and emergency obstetrics.

Financed by grant funding from the EU, PROMAC has not only enabled the Government to improve facilities for maternal and child health across the island; it was also instrumental in providing critical equipment, including ventilators, for the ongoing COVID-19 fight. These ventilators and other equipment, valued at \$622 million, have been deployed to our hospitals to



increase the number of HDU and ICU spaces. These facilities are in preparation for the reality that we are not yet out of the woods. In other words, 'COVID still a keep'.

## **HEALTH SYSTEMS STRENGTHENING**

Given the prevailing need to tackle NCDs, reinforced by our COVID-19 experience, the last several months have seen us seeking to fast track a game-changing programme, financed by the Inter-American Development Bank and with additional support from the EU.

Called the Health Systems Strengthening Programme, it has as a main objective the improvement of the management and efficiency of health services through the provision of technical assistance to review and develop care pathways and protocols.

We are also introducing health information systems, which is critical to improving our patient care system. Gone will be the days when you go to the health centre and have to send for your docket in a dust-infested room.

Mr. Speaker, within the next two months, the Ministry will launch a major tender for the retrofitting of 110 health facilities across the island with technology that will provide high-speed Internet capacity, modern ICT infrastructure to include laptops and tablets, and the widespread use of the WHO's Go Data platform for the collection and analysis of surveillance data for the detection and management of disease. IDB has funded the project at a cost of some \$350 million.

This investment will enhance more efficient information exchange between health care providers and patients.

Also within the next four months, the Ministry will be launching a tender for an electronic health records system at a cost of more than \$800 million that will manage patient information, further improving the management of patient records and treatment, such as telemedicine.

Mr. Speaker, this Government is committed to moving our public health infrastructure into the modern times.

## **CORNWALL REGIONAL**

Mr. Speaker, the Cornwall Regional Hospital remains the main health service provider in the Western Region. Since 2016, the hospital has been going through major repairs, under a rehabilitation project that has experienced several challenges. These challenges have included a changing scope of work and the fact that the Ministry, along with the Western Regional Health Authority, have had to operate all aspects of the services while repairing the infrastructure.

In addition, COVID-19 has contributed to the further delay.

To date, the Government has expended more than \$3.5 billion in the rehabilitation of the facility and the creation of new infrastructure to support service provision to the citizens in that part of the island. Currently, despite the challenges associated with the rehabilitation efforts, Cornwall is providing 80 to 100 per cent of all services. The hospital currently provides 90 per cent of all outpatient services and 100 per cent of all surgical services.

Mr. Speaker, I want to reassure the people of Western Jamaica, Cornwall Regional Hospital has continued to respond to their health care needs while we continue to improve and expand the infrastructure.

## ENHANCING HEALTH CARE DELIVERY SERVICE

Mr. Speaker, in my presentation last year, I announced an initiative to improve access to critical diagnostic services by outsourcing to private providers where our hospital infrastructure was either non-existent or not working, a part of reduced waiting time initiative experience of users of our public health facilities.

The Enhanced Health Care Services Delivery project was the result. Mr. Speaker, I am pleased to report that since the launch of the project in September 2019, approximately 9,000 Jamaicans have received services at a cost of some \$368 million. These include CT scans, MRIs, ultra sounds, and angiograms, among other diagnostic services.

Mr. Speaker, we have heard the cry of the Jamaican people in not accessing diagnostic services enough in the public health system and not being able to afford it in the private system. The Government has responded.

The project has also partnered with the Ministry of Local Government and Community Development to see the transfer of more than 200 social cases from hospitals to infirmaries and other facilities that are better able to provide for their long-term care. The project has also developed new protocols for social work practice that will enable hospitals to reduce the number of social cases that then frees up beds for patients in need. As I have indicated before, a single social case can prevent occupancy by at least 49 patients in any one year. Mr. Speaker, with this single intervention related to social cases, the Ministry has been able to provide 9,800 patients with a bed. This has also enabled the Ministry to allocate 315 beds to our COVID-19 response.

Mr. Speaker, as noted in the Hospital Monthly Statistical Report, since November 2019, hospitals across the island have seen a reduction in the average length of stay and bed occupancy rate. Mr. Speaker, we can deduce that

this was due in part to the fact that patients no longer have to wait an exorbitant amount of time for diagnostic results to be provided thereby increasing the efficiency of their treatment programme. In the coming months, a mid-term evaluation is to be done to clearly establish the impact of this public-private partnership.

The final component of the project looks at reducing waiting time for surgeries with next steps including the implementation of agreements with private surgeons for the outsourcing of elective surgeries.

## **VECTOR CONTROL PROGRAMME**

Mr. Speaker, Jamaica has been dealing with the outbreak of dengue within the population since January 2019. We have put in place several measures to minimise the impact of vector-borne diseases and dengue in particular. The Ministry has:

- launched a massive communication and behaviour change campaign that sought to reinforce the principle of personal responsibility for health;
- employed more than 1,000 vector control workers;
- increased the number of dedicated vector control vehicles by some 71 per cent, up from 25 to 85 at a cost of more than \$289 million; and
- collaborated with the municipal corporations and the National Solid Waste Management Authority for the removal of bulky waste that harbour and provide a safe haven for the dreaded *Aedes aegypti*.

I am happy to announce that based on data coming out of the National Epidemiology Unit, the dengue outbreak is now over. The last four months, we have seen below threshold numbers. Thirty-seven cases in March, two in April, eight in May and two in June.

The Government did the right thing in investing in the significant infrastructure and additional personnel.

I want to take the opportunity to thank the Vector Control Unit and the entire public health infrastructure for its focused attention to prevent, control and treat dengue. Of course, we must remember that dengue is endemic.

Here again we see evidence of the collaboration, together with communication emphasising the need for individual responsibility in health that would have contributed to the response we saw in the demonstrated support for COVID-19 efforts.

Meanwhile, Mr. Speaker, the results of the vector control interventions are that: the Aedes Index for the entire island, as at April 2020, stands at approximately 11 per cent, an almost 40 percentage point reduction in the presence of the mosquito.

Still, Mr. Speaker, it is necessary that persons continue to maintain the vigilance in the practice of the measures to reduce the mosquito population, including searching their surroundings weekly for breeding sites and destroying them; covering water-storage containers; and punching holes in cans and bottles before discarding them.

## **JAMAICA MOVES**

Another effort on which we have expended considerable effort toward behaviour change that gives priority to individual responsibility in health is Jamaica Moves, which has gone regional with various other Caribbean islands adopting the tenets of that programme. These include not only the need to take individual responsibility for your health through the adoption of preventive ‘medicine’ – from proper diet and exercise to knowing our health status.

The programme, which has also won global recognition, specifically addresses NCDs, which, as the data has shown is also impacting our young people. The

Global School Based Health Surveys (GSHS, 2010 and 2017) indicate that the rates of overweight and obesity – a known modifiable risk factor for NCDs – are trending upward, with an overall increase in rates among adolescents in the last decade.

Further, increases in consumption of sweetened beverages, limited fruit and water intake, together with low physical activity levels have been found to be significantly associated with overweight/obesity among children aged 6-10 years. Given this fact, Jamaica Moves is now in more than 200 schools, reaching at least 72,000 students; and with collaboration taking place with teacher-training institutions, as well as with student leaders to bring about the change we want to see among our young people who we wish to transform into change agents for a healthier Jamaica.

Of note is that we have also sought to create the necessary enabling environment to complement the efforts under Jamaica Moves. This is evidenced by the imposition of the Interim Guidelines for Sugary Beverages in Schools, intended not only to improve the dietary environment for our children, but also, critically, to reduce the burden of NCDs.

The COVID-19 experience has reinforced the importance of health seeking behaviour to avoid the vulnerabilities of severe illness from outbreaks, such as COVID-19. In the next phase of Jamaica Moves, we want to reinforce the concept of Every ONE Counts and the need to 'Be Your Own Hero' in achieving good health.

## **COMPASSIONATE CARE**

Mr. Speaker, another element of our health systems strengthening efforts, has been the Compassionate Care Programme, which emphasises customer service and empathy in health care delivery, as well as infrastructure improvement and

volunteerism to enhance the overall experience for both patient and health staff.

The programme has so far seen the training of approximately 3,000 health workers, including clinical, technical, administrative, skilled and non-skilled staff. Mr. Speaker, we are committed to enhancing good customer service to Jamaicans who use our public health system and we will continue to assess and train.

Ten facilities have also benefitted from physical upgrades, including to their accident and emergency and/or waiting rooms. The facilities include:

- Victoria Jubilee Hospital;
- Cornwall Regional Hospital;
- St. Ann’s Bay Hospital;
- Falmouth Hospital;
- Black River Hospital;
- Black River Health Services (Type 5 Health Centre);
- Noel Holmes Hospital;
- Robins Hall Health Centre;
- Kitson Town Health Centre; and
- St. James Health Services (Type 5 Health Centre)

## **ADOPT-A-CLINIC**

Mr. Speaker, another important initiative that we have been undertaking is the Adopt-A-Clinic programme, which was launched some two years ago to enhance the clinic infrastructure by engaging civil society, including members of our diaspora, as contributors towards improving the delivery of primary health care.

Some 22 clinics have been adopted while seven (7) are pending, with committed support to the tune of approximately \$81.4 million over three years.

## **LIFE WITH COVID-19**

Mr. Speaker, as we confront the most significant public health crisis that the world has seen – COVID-19 – I, as I am sure you are, am proud to be a Jamaican at this point in time in our history and serving in public health. I am proud of the team that I lead, the Permanent Secretary, the CMO and the 17,000 men and women in public health and their demonstrated capacity to provide leadership against public health threats.

We oftentimes do not give ourselves enough credit, but the truth is that we work each day, doing what is necessary to protect the people of Jamaica.

The management of the most recent threat – COVID-19 – is a demonstration of our capacity to respond. Yet, we have some work to do. This ‘work’ includes the recognition and acceptance that the island has now moved from trying to keep COVID-19 out to life with COVID-19. The good news is that we have a plan for this: the COVID-19 Recovery Plan.

The plan targets the attainment of an adequate legal framework to support and enable the implementation of actions in response to COVID-19 and any other bio-hazard public health emergency. It also aims for the realisation of:

- multi-sectoral, multi-disciplinary approaches through the strengthening of national partnerships that allow efficient alert and response systems for effective implementation of COVID-19 and other emergency responses;
- increase in skilled and competent health personnel for sustainable and functional public health surveillance at all levels;



- strengthened laboratory systems to respond to the pandemic and other infectious diseases; as well as
- strengthened surveillance systems able to detect events of significance for public health and health security.

We also have a plan for the management of health risks at our air and sea ports.

Specific actions under the plan – many of which are underway – include:

- the review of existing legislation to bring them into alignment with IHR requirements and the drafting of policies that support infection prevention and control measures at home, in communities and at the workplace;
- the strategic and human resource review of the Health Emergency Operations Centre (EOC) to increase the capacity to respond to multiple and varied disasters; and the documentation of EOC procedures;
- the creation of some 2,208 posts for community health aids;
- accelerated tracing programme for contact tracing;
- the creation of 500 posts for public health inspectors; and
- the review of the organisation structure of for Medical Officers of health in each parish, with a view to enhance the capacity to respond to emergencies.

The development of a national laboratory policy, including a system of licensing of laboratories and requirements for conformity to a national quality standard, is also to be done.

Mr. Speaker, the plan also provides for:

- the development of technical drawings for improved facilities for the processing of travellers by the health team at both of the island’s main airports;
- infrastructure work for isolation facilities at airports;
- procurement of personal protective equipment for ports of entry; and
- the review and enhancement of protocols for the processing of arriving passengers to reflect infection prevention and control measures in response to COVID-19.

Mr. Speaker, we know that this will not be easy, but as we have seen over recent months, where there is a will, there is a way; and this Administration has demonstrated that it has the will and that it will find the way. Of course, we require the support of the people of Jamaica.

Now more than ever, all Jamaicans must double down and support the national effort to keep the population healthy – from COVID-19 and all other public health threats. A critical and first step in that effort is the strict adherence to infection prevention and control measures, including:

- the frequent washing of hands;
- the wearing of masks while in crowded situations; and
- maintaining a six feet physical distance from others.

We also need our people to abide by quarantine restrictions.

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Despite the challenges, the entire health system, supported by the joined-up Government, is working to safeguard the best possible health outcomes for the entire population.

Mr. Speaker, there is also a clear need for ongoing, targeted behaviour change interventions that breathe life into the old adage 'prevention is better than cure'. It is through an unfailing commitment to prevention that Jamaica will be able to stay ahead of the devastation that COVID-19 can cause, as we have seen in other countries.

In this, it is worth repeating that Every ONE Counts. If there is one thing that our COVID-19 experience has taught us, it is that no Government on its own, no single entity, and no one individual can mount an effective response to any public health challenge and particularly one at this scale. It is only by working together, with the benefit of a sound plan and the required resources that we can and will beat COVID-19 and all other such public health challenges.

Thank you.

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