





VISION FOR HEALTH

Madam Speaker, 2020 has been an extraordinary year for Jamaica, and the world. The COVID-19 virus - and its impact globally and on Jamaica - has been life changing. This is a once in a 100 year experience. There was no playbook prescribing a response; we had to adjust and learn as we went along.

This public health threat tested our strength as a people, our leadership as a government, our resilience, courage, and public health expertise and infrastructure. We all witnessed with disbelief, shutdowns and restrictions on communities, workplaces, schools, critical gatherings such as worshipping at church, celebrations for weddings and birthdays, and even mourning our loved ones at funerals.

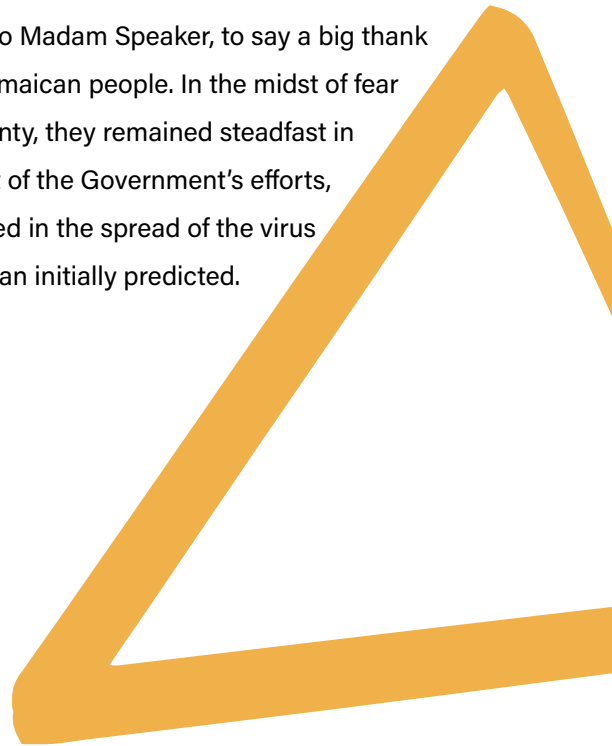
Madam Speaker, life changed dramatically for us on Tuesday, March 10, 2020, when the first case of the Coronavirus was announced here in Jamaica at approximately 12:15 in the afternoon. Thirteen months on, and the statistics continue to mount - over 800 deaths and close to 50,000 infections as at May 15, 2021.

Madam Speaker, please permit me to place on record my sincere condolences to the victims of the COVID-19 virus and their family members and friends. I am sure the country mourns with them and our prayers continue to be for their strength and guidance.

Permit me also, Madam Speaker, to ask this honourable house to thank and applaud the approximately 37,000 healthcare workers (both private and public), and our local, bi-lateral, and international partners for the hard

work and sacrifice they have made to protect all of us from this, now-not-so novel Coronavirus. In "appreciation and gratitude for the unwavering dedication in the fight against the COVID-19 pandemic by health care workers," 2021 has been designated the International Year of Health & Care Workers by the World Health Organization (WHO). Here, in Jamaica, we embrace and celebrate our healthcare heroes!

Allow me also Madam Speaker, to say a big thank you to the Jamaican people. In the midst of fear and uncertainty, they remained steadfast in their support of the Government's efforts, which resulted in the spread of the virus being less than initially predicted.



Lessons from the Stress Test

Madam Speaker, no public health system or infrastructure, anywhere in the world, could have prepared for this public health catastrophe. We have seen many more advanced - and more well-resourced countries - buckle under the pressures of demand for doctors and nurses, hospital beds, oxygen, and even morgues to house their dead.

Here in Jamaica, we struggled at times, but we were never so overwhelmed that we were unable to respond. This Government worked with the people for the protection of the people, and the people responded on September 3, 2021, with a mandate to continue our stewardship. I would like to thank the Honourable Prime Minister Andrew Holness for reappointing me to this position of portfolio minister. A difficult task, but a unique opportunity to continue after four years as Health and Wellness Minister.

Madam Speaker, Jamaica has had a long and very proud history of vaccination and immunization. This has enabled the country to eliminate many diseases that have plagued our children, the working age adults as well as our senior citizens. As COVID-19 continues to significantly impact our daily lives in direct and indirect ways, we already have seen in countries that have moved further in their vaccination programme the

ability to begin the process of returning to normalcy within social and economic settings. The Ministry of Health and Wellness is hopeful that we, too, will be able to accomplish this goal. We hope to reach our target of 65% of the Jamaican population being vaccinated by March 2022.

This, however, is not the fundamental point, as there is work to be done to strengthen our existing vaccination programme that may be impacted by the increased hesitancy that has arisen.



We Are Not Out of the Danger Zone

Madam Speaker, COVID-19 remains a clear and present danger to our population, and indeed to the world. This Government will remain committed and sincere about calling the issues as we see them and taking decisions that are in the best interest of all the Jamaican people. Our mantra has been “balancing lives and livelihood,” so we consider all issues and individuals when the Government makes decisions. But let us be clear, we have never compromised on the protection of the lives of the Jamaican people.



A collection of hand-drawn yellow icons and arrows on a dark blue background. The icons include a DNA double helix, a first aid kit with a cross, a stethoscope, and a medicine bottle. Arrows of various styles (solid, dashed, wavy) connect these elements, suggesting a flow or relationship between them. A thick, horizontal yellow brushstroke is located in the bottom right corner.

THE STATE OF PUBLIC HEALTH

COVID-19 may have dominated our time and attention in the last year, but our public health system and healthcare workers stood up to the task, while continuing to respond to other health challenges faced by the Jamaican people.

Provisional data indicates that in the year 2020, we had 2,836,758 visits to public health facilities compared to 3,306,040 in 2019. In 2020, there were 1,835,991 visits to our health centres compared to 2,082,186 in 2019 but greater than the five year average of 1,601,668. We had 1,000,765 visits to public hospitals, when compared to 1,223,854 a year earlier and to 1,256,295 for the five year average. This decrease in hospital visits was mainly due to the reduction in outpatient visits.

It is important to note Madam Speaker that total surgical operations increased in 2020 to 52,115 compared to 34,342 in and 36,348 for the 5-year average (2015 to 2019). Additionally, we had 145,232 admissions for care and assisted in the delivery of 34,259 births. We provided 289,696 diagnostic imaging services including X-rays, CT scans and MRIs and did 8,069,052 laboratory tests.

The areas of reduction came as no surprise to us as we made strategic changes in our operations to ensure continuity of care for our patients, adequate infection prevention and control, and for general public health response.

These included: (1) the use of telemedicine for continued care of patients previously seen in hospital outpatient clinics and health centres; indeed some had their prescriptions delivered, particularly the elderly; (2) patients were given longer appointments and prescriptions where possible; (3) some services were curtailed to assist in the general response, for example, dental staff were assigned to emergency operation centres in the parishes as well as to do swabbing to test for COVID-19.

Madam Speaker adjustments were made to facilitate the COVID response.



Utilization of the Public Health Facilities



-34.4%

Outpatient Visits

413,479



-6.2%

A&E Visits

587,286

FIGURE 1

Utilization of Public Health Facilities in Jamaica for Selected Services: 2020

Key: Percentages represent the change in 2020 figures in comparison to the average for 2015-2019

Sources: (1) Hospital Monthly Statistical Report, MOHW (2) Monthly Clinic Summary Report, MOHW (3) Registrar General's Department



-4.9%

Total Births

34,259



+14.6%

Health Care Visit

1,835,991



+7.5%

Total Surgeries

74,647



-16.3%

Hospital Admissions

145,232

These services were provided by the hardworking team serving the public health system, which includes approximately:



2,452 DOCTORS

**5,153 NURSES AND
MIDWIVES**

268 DENTAL STAFF

**1,471 PARAMEDICAL AND
ALLIED WORKS**

**8,083 ADMINISTRATIVE &
SUPPORT STAFF**

Madam Speaker, this represents an almost 18% increase in healthcare workers in the public health system over the 2019 period.

We must again say thanks to them for their commitment under very challenging circumstances.



Public-Private Partnership

Madam Speaker, where public health did not have the diagnostic equipment to treat our patients, we outsourced it under the Public-Private Partnership, Enhancing Healthcare Services Delivery Project launched in September 2019.

Since its inception, over 22,500 tests have been completed at a cost of approximately J\$905 Million. Tests done under this programme include CT Scans (68%), MRIs (12%), and Ultrasounds (15%). No longer are patients in public health required to wait or to pay for these services privately. Madam Speaker, we are responding to the needs of those who can least afford it.



THE YEAR OF A PANDEMIC



Madam Speaker, while the COVID-19 pandemic continues to be a major health threat to us all, we must also take time to see the opportunity that exists to reshape our current healthcare system, strengthen our resilience, and restructure our arrangements to build back stronger!

Historically, we have seen where crises have forced countries - and individuals - to engage in alternative and innovative ways of doing things, and to imagine, reimagine, and construct a better future. COVID-19 must also be seen as our opportunity to make health care stronger and more resilient.

Personally, I have learnt from this experience that life is fragile. However, we can improve our life chances through lifestyle changes and structuring our society to enhance our health profile and reduce our vulnerabilities to health threats.

COVID-19's Upside: Greater Strength from a Difficult Experience

Madam Speaker, I would like us all to appreciate, as counterintuitive as it appears, that some good things flowed from the COVID-19 experience, which should cause us to be HOPEFUL for the future. Things that will make us stronger and more resilient.

Public health had a Crisis Management Plan that provided the framework for managing this global pandemic long before the first case of COVID-19 came to Jamaica.

It provided the framework for a more detailed and tailored plan to deal with this pandemic, which our team, led by our Permanent Secretary and Chief Medical Officer, put in place. We took early decisions and those decisions paid off. We will learn from this pandemic and strengthen that plan for any future occurrence. That is a good thing! This should make us hopeful for a better future.

Our surveillance capacity worked well and showed that whether it is a dengue outbreak or a global pandemic the likes of COVID-19, we have the capacity to monitor and conclude on the issues to respond effectively.

Surveillance is the brain and nervous system of Jamaica's response to the public health threat of the COVID-19 pandemic, Madam Speaker. It provides crucial ongoing data from a variety of sources such as hospitals, communities, and laboratories. Using our effective and well-trained team on the ground, we tracked the numbers, analysed the trends, and presented the data in a structured understandable way for decision-making, in response to the pandemic. That is a good thing! This should make us hopeful for the future.

Between March 2020 and May 11, 2021, over ninety-five thousand five hundred and twenty-seven (95,527) contacts have been followed. Our national epidemiological surveillance system has effectively provided us with crucial information for us to quickly respond and save lives.



Schema of the National Epidemiological Surveillance System

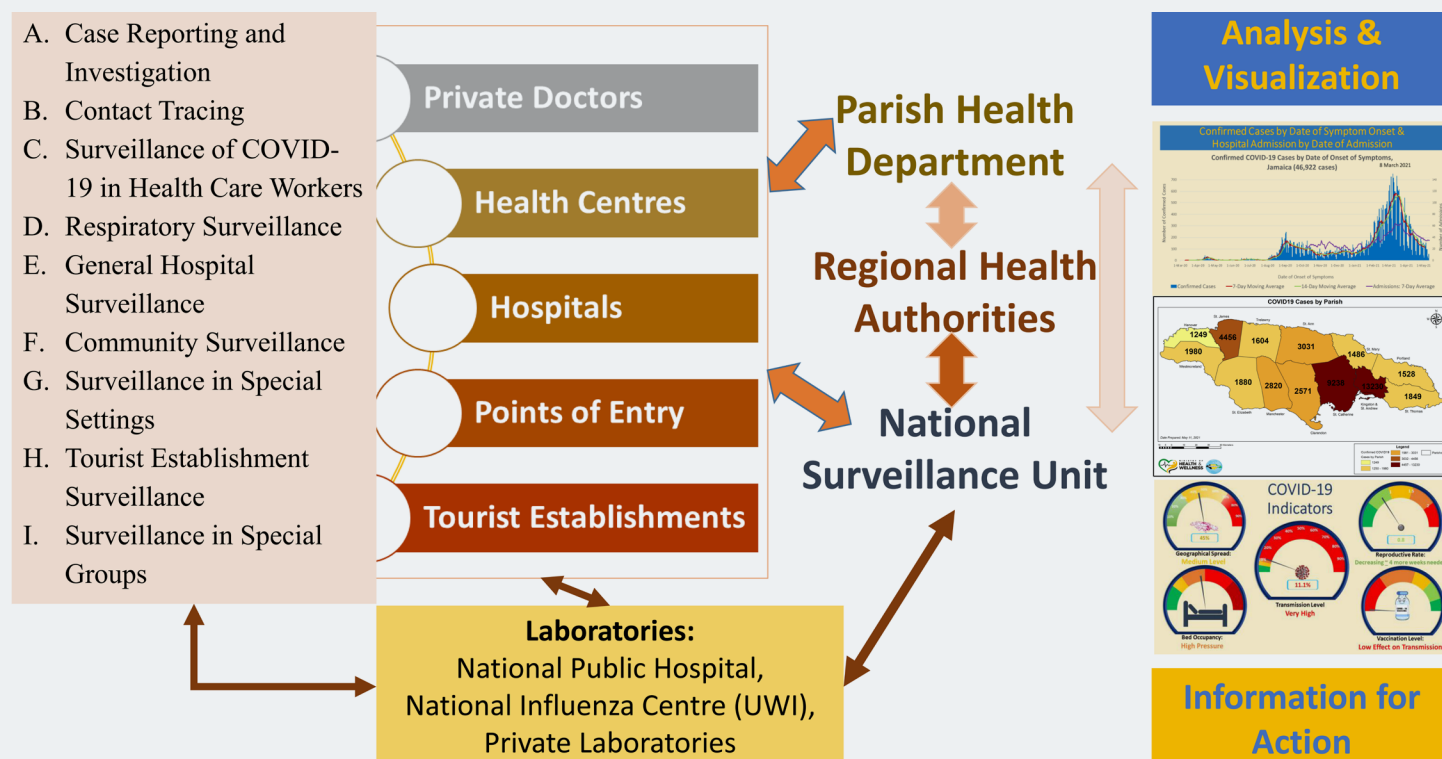


FIGURE 2

Schematic of the National Epidemiological Surveillance System

Source: National Epidemiology, MOHW

Madam Speaker, I am proud to be associated with this team of dedicated experts led by our National Epidemiologist. They are second to none and stronger for the COVID-19 experience. That is a good thing! This should make us hopeful for a better future.

Madam Speaker, our hospitals and their management teams of CEOs, SMOs, and Directors of Nursing, supported by the MOHW and agencies such as the NHF, demonstrated that we can respond to an exponential threat.

Between January 2020 to March 10, 2020, when our first case was discovered, our hospitals had a plan and started to add COVID wards, ultimately designating over 163 COVID-19 beds by March 23, 2020. Currently, we have 723 COVID-19 designated beds, including the field hospital beds, 26 HDU/ICU beds and millions of PPE have been purchased. We also added nearly 40 ventilators.



Number of Personal Protective Equipment Procured: 2020 to April 2021

PERSONAL PROTECTIVE EQUIPMENT	NUMBERS
N95 Particulate Respirator Mask	1,259,580
Disposable Face Mask	11,575,500
Face Shield	108,668
Medical Goggles	11,160
Disposable Examination Gown	701,750
Disposable Surgeon Gown (Fluid Resistant)	210,069
Protective Gown Impervious	73,975
Overshoes	1,090,800
Disposable Nurses Caps	1,091,000
Total	16,122,502

TABLE 1

Number of Personal Protective Equipment Procured: 2020 to April 2021

Source: Emergency, Disaster Management and Special Services, MOHW

We planned and executed in a coordinated way, in recognition of the seriousness of the threat, and demonstrated commitment to the efforts to protect the Jamaican people. COVID-19 caused us to expand our inpatient services, Madam Speaker. That is a good thing! This should make us hopeful for a better future.

In fact, the public hospitals admitted over 7,700 COVID patients in 2020 representing approximately 5% of all admissions. The case fatality rate related to COVID-19 is currently 1.8% which is less than the global average of 2.2%. Our track record is better than that of the world average. That is a good thing! This should make us hopeful for a better future.


Madam Speaker, at the primary healthcare level, our public health doctors and nurses and other support staff have demonstrated that contact tracing, as part of the community public health response, is critical to tracking communicable diseases early, ultimately reducing speed of spread and saving lives. We had over 2,000 personnel across the island involved in contact tracing efforts in the communities, including medical officers of health, public health nurses, public health inspectors, contact investigators, and community health aides. They are better for the experience of COVID-19. As a result, as a country we are better off for the future for having them and those they will recruit and train. Madam Speaker, that is a good thing! This should make us hopeful for a better future.

Madam Speaker, we added over 1,000 community health aides and trained them to do community interventions, to provide COVID-19 outreach in communities, and what to do to reduce risks and threats. Supervised by the more experienced public health team, these persons spent days and sometimes nights in the field, at great risk to

themselves, to carry that message on good public health practices. They have made our public health system stronger and more resilient; we must build on this. That is a good thing! This should make us hopeful for a better future.

Madam Speaker, I have to mention the importance of communication, particularly during crisis management situations. Over the past year, a major point of learning has been the fact that if the interventions and programmes related to health are to be successful, the state must have the trust of the citizens. This is even more important in a crisis. Strategically it has not been easy to maintain and sustain this trust as we are constantly bombarded by conspiracy theories, misinformation and other distractions from the core messages of prevention and being safe. A major factor that cannot be denied is that the social capital or trust that the Ministry has secured over the years served us well.

As we look to break the back of this pandemic and build resilience within the health system, we cannot underestimate the need for investments in building trust. Fundamental to this end is the development and management of open and honest communication with the Jamaican people. As a Ministry and as the Minister, I cannot guarantee that it will always be good news but it will always be honest news. Our commitment is to constantly invest in building trust and social capital through strengthening critical communication channels; strengthening our information points in traditional and non-traditional media; and reaching you, directly, within your communities and homes. Open and honest communication is the hallmark of good governance and is the linchpin of any successful health strategy going forward. Madam Speaker, that is a good thing! This should make us hopeful for a better future.



LESSONS FROM COVID-19:

BUILDING A RESILIENT HEALTH SECTOR

Madam Speaker, our future as individuals and as a country will be better as a result of the lessons learnt from the COVID-19 experience - that must be our mantra. Time to share and reinforce the good things from the COVID-19 experience! Time to be hopeful and renew and build back stronger!

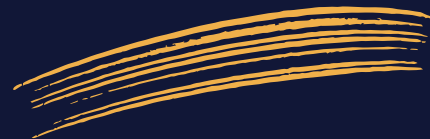
Our public health team and systems are stronger as a result of the COVID-19 experience. The COVID-19 experience has stress-tested our capacities and we now know we can and will overcome and be better for it!

Madam Speaker, now is not the time to be afraid or uncertain about our future. We must be hopeful that we will overcome and build back stronger!





RENEWING HEALTHCARE INFRASTRUCTURE





Madam Speaker, members may recall that even before COVID-19, this Government tabled a ten year strategic plan in the year 2018 for the renewal and rebuilding of public health, in keeping with our Vision 2030 document and the United Nations Sustainable Development Goals. I am happy to report, Madam Speaker, that we have started and are making progress in the implementation of this plan.

Under Strategic Goal 1, the Strategic Outcome 1.2 is that "All hospitals, specialized Care Centres and support

services are modernized to provide efficient and quality service in an aesthetically pleasing environment." The actions included, to identify, upgrade, and improve key infrastructure in hospitals to improve efficiency and meet the demands of the population. This Government has committed a significant capital expenditure of between US\$205.7 and US\$236.2 Million (J\$27.2 and J\$31.2 Billion) to build out our public health infrastructure over the next five years. Madam Speaker, we have begun!

NHF Funded Projects: 2020

Grantee	Project No.	Project Title	Total Approved (JMD)	Total Disbursed (JMD)	Balance (JMD)
MOH	HSF 519	Upgrade of Infirmaries to house "Homeless" Persons currently in Hospitals	4,677,430	1,642,285	3,035,145
NERHA	HSF 590	Construction and Equipping of Buff Bay District Health Centre	200,000,000	49,149,263	150,850,737
NERHA	HSF 593	Construction of Laboratory, Physiotherapy Department at Annotto Bay Hospital	180,000,000	49,426,177	130,573,823
NERHA	HSF 599	Upgrade of Sewage Treatment Plant at the St. Ann's Bay Regional Hospital	83,600,000	28,406,653	55,193,347
SERHA	HSF 575	Replacement of seven (7) elevators at Victoria Jubilee Hospital, Kingston Public Hospital and Spanish Town Hospital	139,941,504	74,569,325	65,372,180
WRHA	HSF 400	Refurbishment of Cambridge HC	35,187,770	6,480,429	28,707,341
WRHA	HSF 602	Expansion & Renovation of Catherine Hall Health Centre	50,268,427	5,646,463	44,621,964

TABLE 2

NHF Funded Projects: 2020



Project Cost for the Hospital Redevelopment and Modernization Programme

University Hospital of the West Indies

No.	Description	Cost (US)	Total	Remarks
1.0	Phase 1 Ring Road Realignment Contractor's			
1.1	Preliminaries	111,200.00		
1.2	Road Alignment and Car Park	1,220,000.00		
	Sub Total - Phase 1		1,331,200.00	
2.0	Phase 2 Mutlilevel Tower, including full internal build out			
2.1	Contractor's Preliminaries	3,040,000		
2.2	Multistory building	18,000,000.00		
2.3	MEP services + Specification	7,000,000.00		
2.4	Bridge construction	400,000.00		
2.5	External work and drainage	400,000.00		
2.6	Approval of fees	100,000.00		
	Sub Total - Phase 2		29,740,000.00	
5.0	Contingency [5%]		14,87,000.00	
6.0	Total for Build Component		31,227,000.00	
	Design fees			
7.1	Design cost on work done to date	1,138,245.50		to be paid now
7.2	Remaining design cost fees	642,628.00		
7.3	Construction administration and supervisory by design team			to be tendered
	Sub Total		78,0874.5	
8.0	Grand Total		34,339,074.50	

TABLE 3

Projected Cost for the Hospital Redevelopment and Modernization Programme

EU/IDB Funded Projects



Item	Location	Parish	Zone	Description of Works	Budgetted Fees (USD)	Source
1	Spanish Town Hospital	St. Catherine	South Eastern	(2) New Buildings & Improve Infrastructure	\$ 15,120,000.00	IDB
2	May Pen Hospital	Clarendon	Southern	Extension of Hospital	\$ 1,850,000.00	IDB
3	St. Anns Bay Hospital	St. Ann	North Eastern	Physical and functional reorganization of services, extension of buildings, a. Outpatient (10 Consult Consultancy rooms + Medical Records) b. XR-Imaging c. ICU & HDU	\$ 3,480,000.00	IDB
4	Greater Portmore HC	St. Catherine	South Eastern	Resident Extension & Services (2) Ambulances	\$ 1,441,356.40	EU
5	St. Jago HC	St. Catherine	South Eastern	Building Extension Pharmacy & Diagnostic Equipment	\$ 1,755,504.40	EU
6	Old Harbour HC	St. Catherine	South Eastern	New Health Centre Building	\$ 1,850,545.40	EU
7	May Pen West HC	Clarendon	Southern	Consultation/examination room, treatment & observation area, procedures room, lab facilities, treatment & diagnostic equipment	\$ 1,397,070.40	EU
8	May Pen East HC	Clarendon	Southern	New Health Centre Building	\$ 1,850,000.00	EU
9	Chapelton Community Hospital	Clarendon	Southern	Reorganization & refurbishment of emergency & outpatient services	\$ 189,000.00	EU
10	Mocho HC	Clarendon	Southern	Creation of additional space, refurbishing and reorganization of space & New Ambulance Physical and functional reorganization of services, extension of buildings, a. Outpatient (10 Consult Consultancy rooms + Medical Records) b. XR-	\$ 189,000.00	EU
11	St. Anns Bay HC	St. Ann	North Eastern	Imaging c. ICU & HDU	\$ 1,557,504.40	EU
12	Brown's Town HC	St. Ann	North Eastern	New Health Center to be constructed	\$ 1,850,545.40	EU
13	Ocho Rios Health Center	St. Ann	North Eastern	New Health Center to be constructed	\$ 1,850,545.40	EU
14	Maypen East HC	Clarendon	Southern	New Health Center to be constructed	\$ 1,850,545.40	EU
Sub-Total					\$ 36,231,617.20	

TABLE 4

EU/IDB Funded Projects

Expenditure to Date Cornwall Regional Hospital Rehabilitation

Location	Parish	Zone	Description of Activities	Expenditure to Date JMD
Cornwall Regional Hospital	St. James	Western Regional Health Authority	Phase 1: Roof Repairs; Provision of Hoist and Shared Facilities	\$260,457,720.00
			Phase 2a: Demolition Works to (7th -9th Floor)	\$94,23,914.28
			Phase 2b: Demolition Works (Floors 1- 6) and Basement	At Procurement Stage
			Installation of the Havoc System	\$405,620,880.55
			Phase 3: Total Rehabilitation and Equipping of all 10 floors	At Procurement Stage

TABLE 5

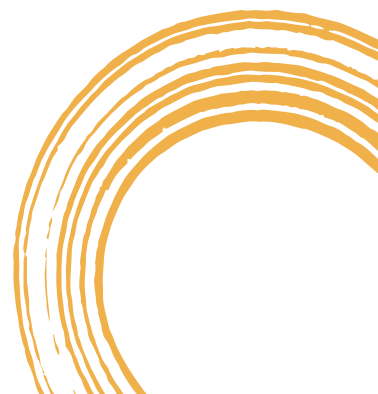
Expenditure to Date - Cornwall Regional Hospital Rehabilitation

Madam Speaker, I am pleased to report that under the Health Systems Strengthening Programme, eleven of thirteen facilities have been designed and are being reviewed for final approval.

These include the Spanish Town Hospital, St Ann's Bay Hospital, and May Pen Hospital. In addition, we have completed external upgrade designs for the University Hospital of the West Indies. Also, the Cornwall Regional

Hospital and the Western Children and Adolescent Hospital in Montego Bay will continue their buildout this financial year.

Madam Speaker, allow me to highlight a few of the features of some of these upgrades, as we build back stronger for the future:



Spanish Town Hospital

Madam Speaker, the Spanish Town Hospital, a type B facility, has started to benefit from a \$2.3 Billion upgrade, now in the design stage.

At the time of its establishment, in 1952, it had a 220 bed capacity. The hospital now has 431 beds, however population expansion and changing in health profile has seen significant increase in the demand for services in the parish of St Catherine.

With this upgrade, Madam Speaker, new services including urology, oncology, cardiology, gastroenterology, ophthalmology, and psychiatry will be offered to meet the new demands.

Madam Speaker, Spanish Town Hospital will be restructured and built stronger and better to serve the people of St Catherine and its environs.



FIGURE 4

Artistic Representation of the Spanish Town Hospital



St. Ann's Bay Hospital

Madam Speaker, the St Ann's Bay Hospital, a type B facility, has started to benefit from a \$545 Million upgrade, also in the design stage. The hospital was built in 1929 with an initial capacity of 15 beds. The hospital currently has 308 beds.

Like Spanish Town hospital, there has been an increase in demand for clinical services due to population and health profile changes. The new upgrade will include physical and functional reorganization of services, a new outpatient block, expansion of radiology and a new Intensive Care Unit.

FIGURE 5

Madam Speaker, St Ann's Bay Hospital will be restructured and built stronger and better to serve the people of St Ann and its environs.

University Hospital of the West Indies

Madam Speaker the University Hospital of the West Indies has started to benefit from a \$4.9 billion upgrade of building and equipment, now in the design stage. This is a type A hospital, which at the time of its establishment in 1948 had an initial capacity of 200 beds; this has increased to 554. Madam Speaker, the upgrade will include a new

6-storey, 120,000 square feet medical facility, which will accommodate an additional 40 medical and surgical beds, improvements to outpatient or ambulatory surgery, lecture rooms, conference rooms, and upgrading of the cardiology hybrid interventional surgery room and the neonatal intensive care and administrative departments.



FIGURE 6

Madam Speaker, The University Hospital of the West Indies will be restructured and built stronger and better to serve the people of Jamaica and the Caribbean.

Western Children and Adolescent Hospital

Madam Speaker, Western Jamaica will also benefit from the construction of Western Children and Adolescent Hospital, thanks to the generosity of the Chinese Government.

COVID-19 understandably created some delays, but I am happy to report that the Chinese construction team are now finalizing plans to be back in the country over the next six or so weeks, and work will commence shortly after. The hospital will have a 220 bed capacity and as an Adolescent hospital will be the only one of its kind in the Caribbean.

The hospital will boast Pediatric Intensive Care and High

Dependency Care Units and will have the first pediatric emergency department on the western side of the island. It will also cater for the pediatric population with specially designed out-patient services, a dialysis unit, and laboratory services. It will cater for the adolescent age group with wards specifically for this age group for the first time in Jamaica, and provide obstetric care in a protective environment for this age group. The complex will also provide modern housing for health care workers.

Madam Speaker, there are reasons to be hopeful. We are building back stronger and our hospital infrastructure will be more resilient!



FIGURE 7

Figure 8. Artist Representation of the Western Child & Adolescent Hospital

Cornwall Regional Hospital



FIGURE 8

Front view of the Cornwall Regional Hospital Main Building

Madam Speaker, Western Jamaica and in particular, the Cornwall Regional Hospital (CRH), has been a source of many challenges relating to the main hospital building. This has been a classic case of what can happen to our infrastructure if we do not maintain them sufficiently while utilizing them every day. They fall apart, no different from a motor car or the human body.

But let's be clear, even as we fix the CRH problems, the services being offered have continued and that is what is most important to the citizens who need those services.

Madam Speaker, during the last year CRH had over 12,600 admissions, of which 7,500 were A&E admissions,

performed over 8,000 emergency, elective, and outpatient department (ODP) services.

The hospital did over 300 inpatient operations, 1,385,366 laboratory tests, 10,980 haemodialysis sessions, over 8,000 chemotherapy procedures, and delivered over 3,000 babies. Madam Speaker, I would like to thank the management and staff of the CRH for their ongoing commitment and hard work to the people of Western Jamaica.

I want to tell them that the CRH main building will be restored and will become a source of pride for Western Jamaica.

We are now entering phase 2B of the project which will include demolition and structural repairs to floors 1-6 and installation of roofs on floors 3 & 6. We are also now making preparations to go to the international market for a contractor for the third and final phase to totally rehabilitate and equip all 10 floors.

Madam Speaker, when this process is completed, CRH will restore its pride as one of the finest type A facilities in the region. The upgrade will include advanced and completely digitised diagnostic services.

In keeping with current international health standards for infrastructure, at the end of the process, we will also have an effective building management system to allow for up-to-date and advanced maintenance services. All major plants and equipment will be properly managed, Madam Speaker, and the new spatial structure will allow for better infection control.

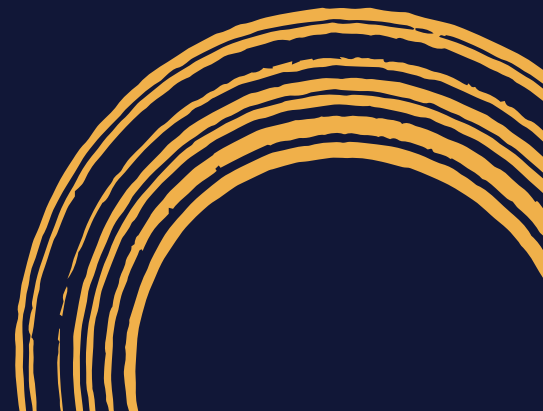
Health Information Systems

Madam Speaker, as announced two years ago, this Government is making the largest investment, US\$8.5 Million, in a digitized integrated health information system; that process has started. A multi-stakeholder National Health Information System Committee has been formed. Through this investment, we will be providing a modern and integrated digital healthcare system. This will include high speed internet and provisions for data protection and will ensure that Jamaicans benefit from an electronic health record system. Madam Speaker, this will reduce

transaction time and costs as a result of reduced waiting time for patients.

So, for example, when you go to the clinic or hospital you don't need to wait two hours for your records to be found and taken to the doctor. Instead, the doctor will bring it up on the computer, right in front of you, look at your case and health history, what medication you are on, what you are allergic to, etc and quickly prescribe next steps.

Madam Speaker, we will modernize healthcare with a digital health system.



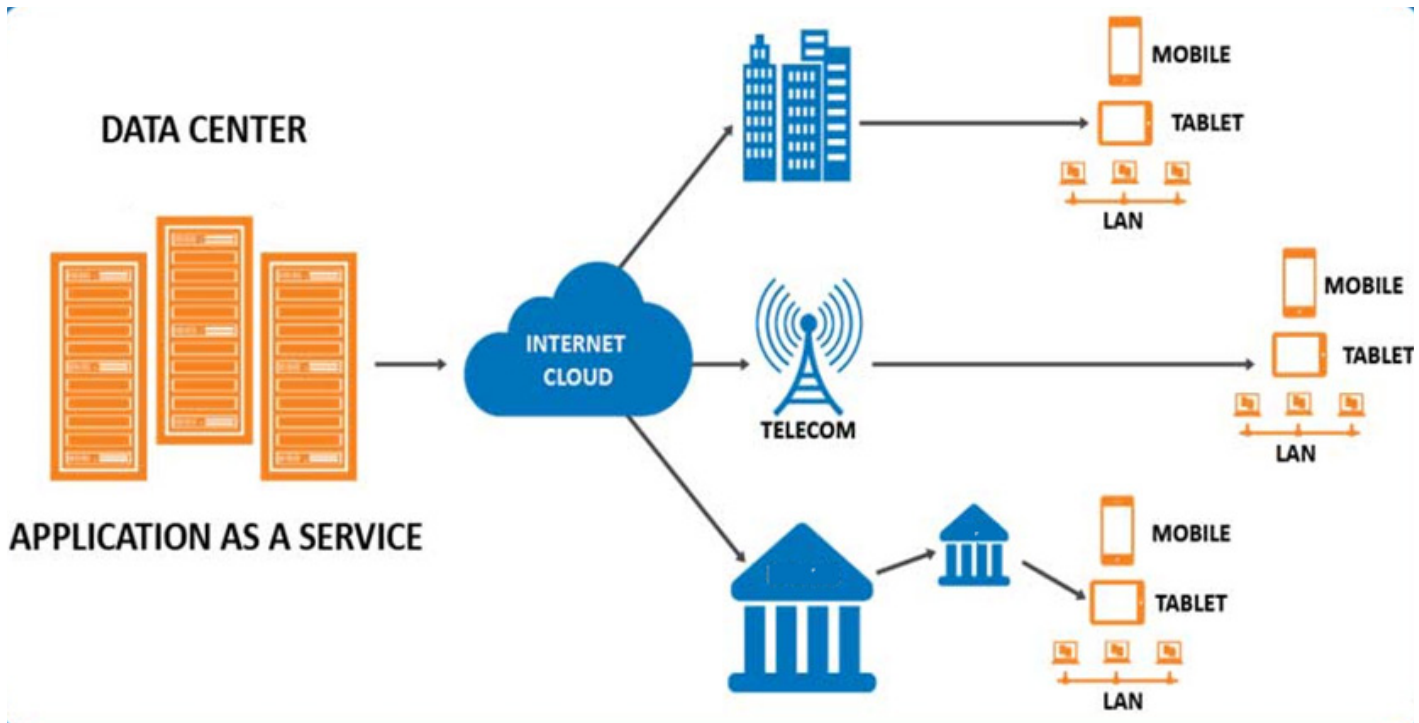


FIGURE 9

Flow Chart of Health Information System

There are reasons to be hopeful. We are building back stronger for the future!

So where are we now? A contractor has been selected through the Government's competitive procurement process - and will be announced shortly - to establish the cloud network and install the hardware (computers and equipment) for 105 health facilities.

Madam Speaker, we are going further with the use of technology. Telehealth and telemedicine is our next big

thrust. We are now in the process of identifying a vendor to gradually roll out home care and telemedicine. The Ministry has also successfully implemented a tele-echo programme to train healthcare professionals on best practices in chronic care. So far, close to 1,000 medical professionals have been in attendance at our sessions. More will be said on this later this year, but good things are happening Madam Speaker.

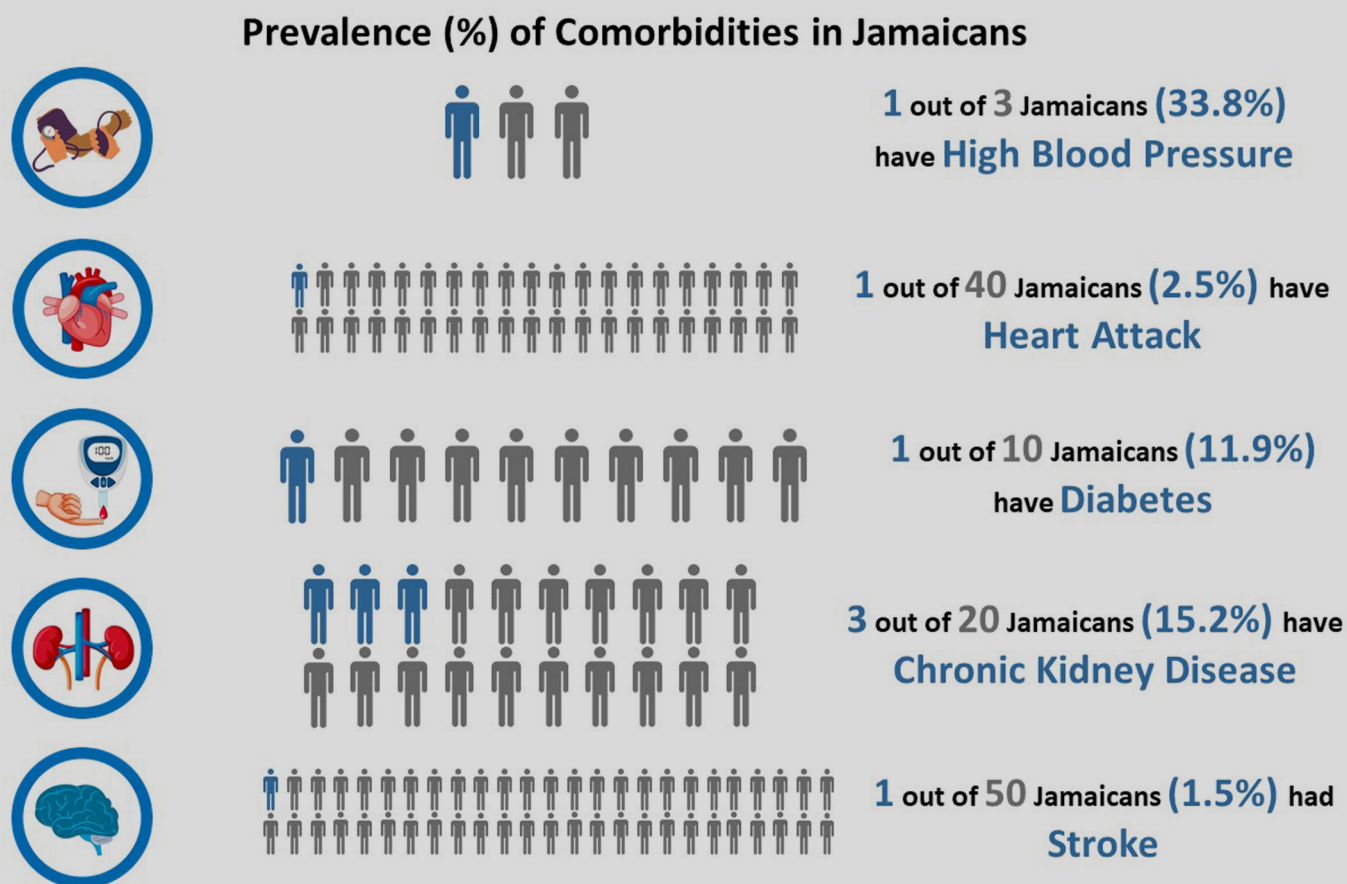
THE FUTURE IS PERSONAL WELLNESS: TACKLING THE NCD EPIDEMIC



Madam Speaker, perhaps the most profound lesson from the COVID-19 experience is the extent to which persons die from the virus because they were already sick.

Deaths were higher among those who were already suffering from lifestyle diseases - hypertension or high blood pressure, kidney failure, heart disease, some cancers, and type 2 diabetes.

Unfortunately, there is plenty of that in our society today. In fact Madam Speaker, we have spent much time dealing with the COVID-19 pandemic, but prior to this, not enough time dealing with the epidemic of non-communicable or lifestyle diseases.



Source: Data from the Jamaica Health and Lifestyle Survey III, JHLSIII 2017, Unpublished – Preliminary Findings.

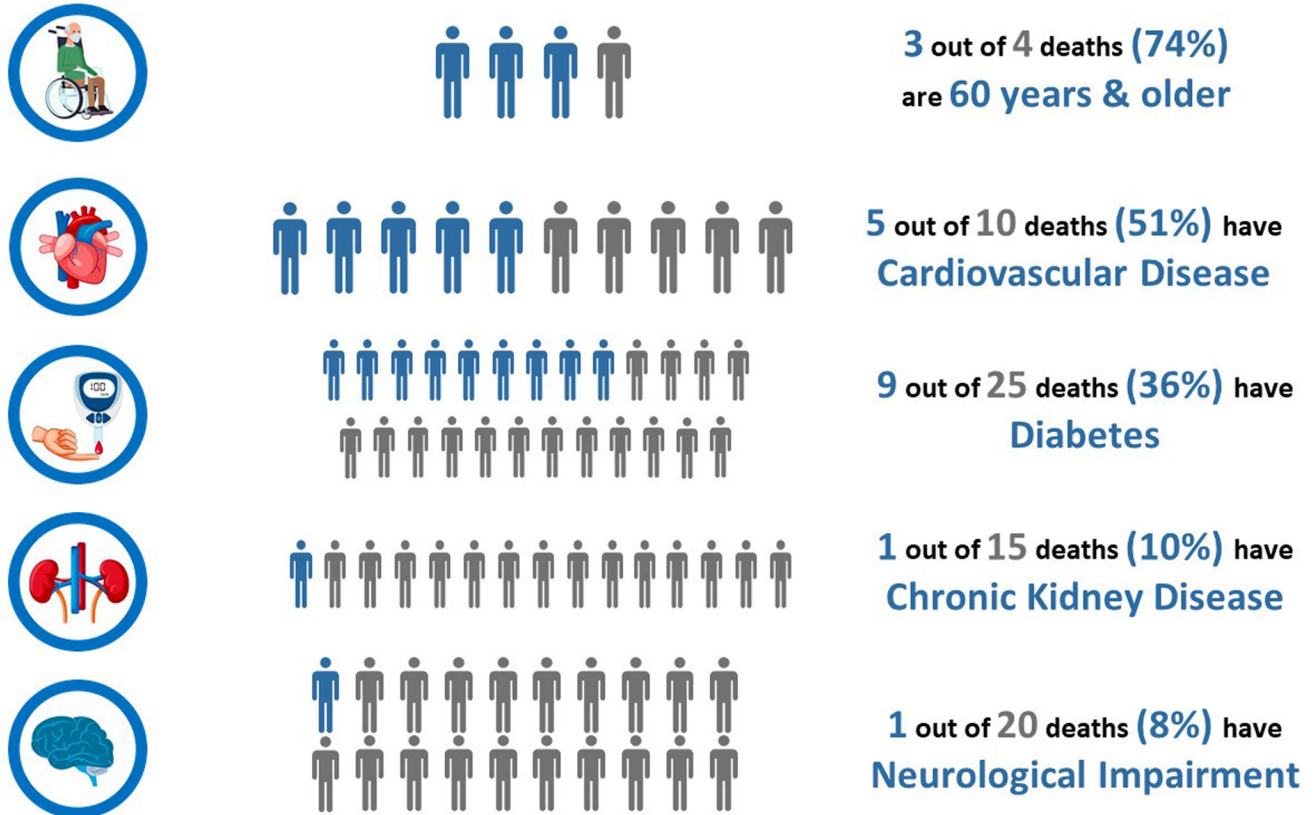
Images from: <https://www.vecteezy.com/>

FIGURE 10

Prevalence of Selected Non-Communicable Diseases in the Jamaican Population vs. The Top 5 Comorbidities/Risk Factors in COVID-19 Related Deaths

Sources: (1) Jamaica Health and Lifestyle Survey: 2016-17. Ministry of Health and Wellness and the Caribbean Institute of Health Research (Unpublished) (2) National Epidemiology, MOHW

Top 5 Comorbidities/Risk Factors in COVID-19 Related Deaths



Source: Data from National Surveillance Unit, Electronic Database, Ministry of Health & Wellness, Jamaica.

Images from: <https://www.vecteezy.com/>

FIGURE 10 CONT.D

Prevalence of Selected Non-Communicable Diseases in the Jamaican Population vs. The Top 5 Comorbidities/Risk Factors in COVID-19 Related Deaths

Sources: (1) Jamaica Health and Lifestyle Survey: 2016-17. Ministry of Health and Wellness and the Caribbean Institute of Health Research (Unpublished) (2) National Epidemiology, MOHW

This is significant. Our bodies and what we do with it and what we put in it over the years had a significant impact on how we responded to the COVID-19 virus. The foods we eat, our physical activity programme, rest and relaxation, and pollutants in the environment, are all contributors to our personal health.

Madam Speaker, the term "knowing our health status" may have been a cliché in the past, but COVID-19 has taught us that it cannot be anymore. We must take better care of ourselves. It is time to be your own hero!

This is significant. Our bodies and what we do with it and what we put in it over the years had a significant impact on how we responded to the COVID-19 virus. The foods we eat, our physical activity programme, rest and relaxation, and pollutants in the environment, are all contributors to our personal health.

Madam Speaker, the term “knowing our health status” may have been a cliché in the past, but COVID-19 has taught us that it cannot be anymore. We must take better care of ourselves.

It is time to be your own hero!



— BE —
**YOUR
OWN
HERO!**

Consumer choice and the right to know

Madam Speaker, our democracy promotes freedom of choice and indeed competition among lifestyle options within a regulatory framework that protects those rights in a transparent manner. That right should be enhanced by ensuring that our citizens have information to help them make informed decisions about the choices they make.

When consumers make choices about the foods they eat, they should do so knowing the risks and benefits in consuming these foods, particularly if they are paying for it.

Madam Speaker, in the post-COVID-19 era, the right of consumers to know what's in their food as part of their fundamental right to good health must be highlighted and promoted.

Excess Salts, Sugars and Fats

Madam Speaker, let me draw a parallel here to highlight the impact of lifestyle diseases. The COVID-19 pandemic has led to 3.3 million deaths and counting globally, and over 800 deaths here in Jamaica. However, on average each year over 40 million people die worldwide prematurely (before 70 years) from lifestyle diseases. Here in Jamaica, in 2016, there were 157 and 68 premature deaths per 100,000 population due to cardiovascular disease and diabetes respectively. The main driver here is unhealthy diets - high in salts, fats, and sugars.

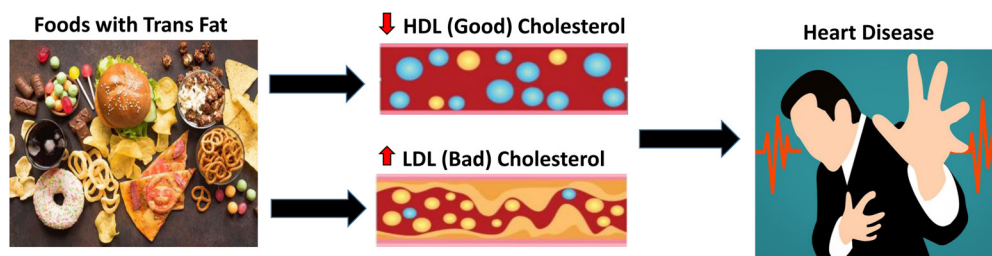
Madam Speaker, as a Government we have an obligation to support initiatives that give our people the best chance of correcting this unhealthy trend. Indeed, we are signatories to the United Nations International Covenant on Economic, Social and Cultural Rights which recognises the right of everyone to the highest standards of health. There are other Conventions that make it our duty to

promote good health for our people, including Article 24 of the Convention on the Rights of the Child, which recognizes that all children are entitled to inalienable rights to healthy food and adequate nutrition, and that children and their parents should have access to nutrition information about foods.

The Jamaica Standards Act requires “every label on any container of processed food offered for sale must state all the ingredients.” And, Madam Speaker, it’s not just about the information, but also about the clarity and understandability of the information. Jamaicans are entitled to know what’s in their food, in a clear and concise way.

It is with this in mind, Madam Speaker, that the Government is moving to establish baseline information on ingredients in processed foods and will seek to use this information to provide greater consumer information as part of encouraging health seeking behavior within our population. We have started by commissioning studies on salts, sugars, and trans fats in our foods.

Trans Fats & Health



- Trans fat increases LDL cholesterol, reduces HDL cholesterol, and increases risk of heart disease

FIGURE 11

The Role of Trans Fats in the Development of Cardiovascular Disease


Coronary heart disease (CHD) is a leading cause of death in Jamaica. High trans fat intake significantly increases the risk of death from CHD death by 28%. It also increases the risk of stroke and diabetes.

Trans fats are, therefore, a significant and preventable contributing factor to the burden of NCDs. The WHO recommends the elimination of industrially-produced trans fats from the food supply and replacing them with

healthier alternatives.

Jamaica is the first Caribbean country with comprehensive data to join the PAHO initiative to Eliminate Industrially-Produced Trans-Fatty Acids by the year 2025.

Last year, we collaborated with the University of Technology to conduct baseline studies to determine the extent of trans fats in our foods. Preliminary findings from the study indicate that 39% of commonly consumed foods contain trans fats.



Food Category	No. of Food Types Tested	Percent (%) Containing Trans Fats	
		Negative	Positive
Baked Goods	16	75	25
Breakfast Cereals	11	73	27
Beverages (Chocolate mix etc.)	7	100	0
Canned Foods	9	100	0
Canned Meats	25	92	8
Condiments	21	67	33
Confectionery	18	17	83
Cooking Oils	7	29	71
Dairy	35	51	49
Desserts	9	44	56
Fast Foods	34	68	32
Infant Foods	7	71	29
Pastas	8	88	12
Snacks	76	49	51
Spreads	13	46	54
Total	296	61	39

TABLE 5

Percentage of Commonly Consumed Foods Containing Trans Fats: Jamaica
Source: Henry F. Removing Trans Fat from Jamaica's Public Food Supply. A Public Policy Initiative to Combat Obesity/ NCDs: University of Technology, Jamaica, 2021 (Unpublished).

The study also showed that of the foods which had reference levels for sodium, the majority had greater than the recommended level of sodium for that category or type of food.

*Table only includes foods to which WHO Threshold Levels could be applied

Source: Henry F. Removing Trans Fat from Jamaica's Public Food Supply. A Public Policy Initiative to Combat Obesity/NCDs: University of Technology, Jamaica, 2021 (Unpublished).

Food Category	Total Food Items* (No.)	WHO Sodium Recommendation	
		Food Below (No.)	Food Above (No.)
Baked Goods	7	1	6
Breakfast Cereals	3	0	3
Condiments	3	1	2
Dairy	10	5	5
Desserts	3	0	3
Snacks	34	23	11
Spreads	2	0	2

TABLE 6

Number of Commonly Consumed Foods with Sodium Content Above the Recommended Level

Madam Speaker: in the coming year, we will continue our drive to educate consumers on the dangers of unhealthy foods and push for lower levels of salts and sugars in our diets, and over time the elimination of trans fats. We will also be pushing for labeling requirements that are clear and easy to understand, including front of package labeling, in the interests of protecting consumers' right to know and for good health.

Better For You Menu

Madam Speaker, earlier this week we launched an initiative that was announced two years ago: the Better for You Menu initiative, in conjunction with a number of restaurant chains in the country. This symbol will be affixed to selected menu items in these locations indicating to consumers that these choices are healthier options when compared to other options in those locations.

Madam Speaker, we are nudging and encouraging consumers to seek out healthy options and are saying to manufacturers and suppliers, let's work together to give consumers healthier options. It's good business to promote healthy living! It's great living to eat healthy!



Tobacco Control Bill

Madam Speaker, the COVID-19 virus is an upper respiratory disease which shuts down the lungs, rendering the worst-affected victims unable to breathe. To the extent that your lungs are compromised, you are even more vulnerable to this virus. Tobacco consumption damages the lungs, making smokers especially susceptible to the worst outcomes of this virus. Generally tobacco kills more than six million people a year and is second only to hypertension as a cause of mortality worldwide.

Madam Speaker, we are in the penultimate stage of finalizing comprehensive tobacco control legislation. The Joint Select Committee of Parliament is currently meeting to discuss the Tobacco Control Bill and then we will take it to the House to debate and hopefully pass the Bill into law.



National NCD Committee

Madam Speaker, the post-COVID era will require initiatives promoting lifestyle changes as part of encouraging and facilitating health-seeking behaviour. COVID-19 has taught us that we have to pivot in favour of healthier habits as a way of life. We must combine clinical sciences with behavioural sciences to nudge people into making healthier choices and businesses into providing healthier options.

In March of this year, I launched the multi-stakeholder, multi-disciplinary National Non-Communicable Diseases Committee, chaired by Dr. Trevor Ferguson, to advise and assist in coordinating the national response to combating NCDs, including healthier lifestyle choices.



Physical Activity; #LetsKeepMoving #JaMoves

Madam Speaker, while nutrition is important to a healthy body, physical activity adds the strength and resilience we need to preserve quality of life.

Physical activity can reduce the risk of major illnesses, including stroke, type 2 diabetes, heart disease, and cancer by up to 50%. Exercise can also lower the risk of early death by up to 30%. Studies also suggest that physical activity can improve mental well-being.

Madam Speaker in 2017, Jamaica Moves was launched as our primary physical activity and, to a lesser extent, nutrition branded programme.

Madam Speaker, the brand, and what it represents, has had some impact since then. It has received endorsements from CARICOM, the United Nations, PAHO, and the WHO. We now have Caribbean Moves, Barbados Moves, St Kitts and Nevis Moves, and Trinidad and Tobago Moves, all modeled off our Jamaica Moves.

Madam Speaker, the value of Jamaica Moves is not just in the physical activity programmes but importantly, it uses culture and the behavioural sciences to influence healthy lifestyle changes. The success of the programme also came from partnerships, especially public-private partnerships. I would like to say thanks to the many persons and institutions who contributed to the creation and success of the Jamaica Moves brand and what it has represented in the push against lifestyle diseases.

Over the 2019/2020 period, Jamaica Moves engaged with over 150 workplaces to promote healthy lifestyles, hosted

focus groups across the island, managed social media pages with daily original content which saw: 53% growth in followers, over 12 million impressions, and 183,000 engagements.

Madam Speaker, I would like to announce today that the Jamaica Moves brand has been transferred from Market Me, the company that created the brand, coordinated its execution including private sector support. They worked alongside the MOHW, private sponsors, and NGO partners to create what has become a regional initiative. I would like to thank Market Me and other stakeholder partners for their efforts over the years. Jamaica Moves has been, and will continue to be the flagship physical activity programme for the Ministry.

I would also like to announce that today we are launching a pilot software application (app) called 'JaMoves on the Move!!' This app is a part of our initiative to promote self-monitoring of personal health status by allowing individuals to check their blood pressure, blood glucose, weight, and stomach mass, and input data on the app on their phone to receive health tips related to their readings. The app has the capacity to even recommend that you see your doctor if its assessment warrants this. Madam Speaker, you may recall that a big part of our challenge is not knowing our health status. This app will track your status based on these measurements and give important health advice.

Today, each parliamentarian will receive a gift bag with a scale, measuring tape, blood pressure device, health education material, as well as information on how to download the app. on their phone. If you need help we will assist on the outside but we want you, our leaders, to be the ambassadors for good health. Let us start with

ourselves and show the country that it can be done and it must be done!

In the months to come we will roll out this programme across the country with a bigger pilot across regions and health centres. Madam Speaker, time come! Let's move towards good personal health!



Health Financing

Madam Speaker, COVID-19 has not only taught us that we cannot take our health for granted but also how important healthcare financing is to building and sustaining a resilient healthcare ecosystem.

It is time we discuss and agree on how to secure health financing in a sustainable way. The WHO recommends that at least 6% of a country's GDP should be spent on healthcare. Madam Speaker, this is important to ensure progress towards universal coverage and a healthcare system capable of looking after the healthcare needs of our population, without causing financial hardship or significant out-of-pocket payments.

Madam Speaker, this country must come to terms with and engage in a frank debate around healthcare financing. We can't sweep it under the carpet, under the guise that it's too expensive. The COVID-19 experience, and before that the Dengue outbreak in 2019, and the ongoing NCD epidemic and its economic and social impact on premature death, absenteeism from work, and low productivity revealed to us that aside from the personal pain and suffering from losing a loved one, poor health is inimical to national growth and development. Whether we want to call it health insurance or just health care provisioning, it must be addressed, Madam Speaker. It's a national conversation that must be had, and it is my intention to lead that charge going forward.

Conclusion

Madam Speaker, COVID-19 has been the most significant health crisis in the world, since the Spanish Flu, over 100 years ago. We should never allow such a devastating crisis to go to waste. We must learn from the experience and build back stronger!

Madam Speaker, we have a plan and have started to implement that plan to build back stronger. Let's continue to press ahead, together, united and strong! May the Good Lord continue to guide us through these turbulent waters, and give us the wisdom to learn from these experiences, as we build back stronger.



