MINISTRY OF HEALTH & WELLNESS

# HIGHLIGHTS
## OF KEY INITIATIVES
## 2020-2021

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# Support for the Health Systems Strengthening Programme (HSSP)

## Background:

The Inter-American Development Bank (IDB) and the Government of Jamaica (GoJ) have negotiated a loan agreement to improve health system efficiency in Jamaica. The objective of the Support for the Health Systems Strengthening Programme (HSSP) – hereinafter referred to as "the Programme" - is to improve the health of Jamaica's population by strengthening comprehensive policies for the prevention of Non-Communicable (Chronic) Diseases. This is a hybrid programme with a policy-based operation - a programmatic policy-based loan series (PBP) - and an investment loan that will invest in the physical infrastructure and equipment of Jamaica's health sector.

The Executing Agency (EA) for the policy-based programme is the Ministry of Finance and the Public Service (MoFPS). The EA for the investment loan is the Ministry of Health & Wellness(MoHW). In the execution of its duties, the Ministry of Health is supported by a Project Execution Unit (PEU) which provides technical and advisory assistance to the MoHW in the preparation and implementation of HSSP activities.

**Component 1 – Organization and consolidation of integrated health services networks**

This component will finance the purchase of medical equipment and the improvement of infrastructure for primary health care services in the catchment areas of three priority hospitals to increase their capacity in health promotion and disease prevention, especially regarding chronic, non-communicable diseases. The investments will focus on strengthening the diagnostic and screening capability as well as the clinical and resolutive capacity of health clinics. This Component will further finance the upgrading and or expansion of three (3) hospitals selected o n criteria relating to strategic role in the national hospital network, supply-demand gap analyses, and physical needs assessment. The hospitals will benefit from infrastructure upgrading and or expansion as well as modernization.

**Component 2 – Improvement of Management, Quality and Efficiency of Health Services**

This component will provide technical assistance to design and implement the Chronic Care Model (CCM) in the participating health services networks; to review and develop care pathways and protocols; and to prepare change management, continuous quality improvement and social media

marketing for behaviour change strategies. It will also finance the implementation of the fourth Jamaica Health and Lifestyle Survey. This component will further support:

(i) the creation of a strong foundation for a digital health ecosystem, including the adoption of standards for interoperability, system architecture, updated governance structure, and other key elements; to Include Digital Literacy and the transfer of paper records to digital format.

(ii) the design and implementation of a sustainable Electronic Health Record (EHR) platform focusing on digitalization of key processes within the improved CCM;

(iii) the strengthening of telehealth/telemedicine/telementoring capacity to include chronic care management, and the establishment of norms and processes for its institutionalization.

(iv) the strengthening of telehealth/telemedicine capacity through the expansion of the Expanded Community Health Outreach (ECHO) model, the inclusion of chronic care in the platform, and the establishment of norms and processes for its institutionalization.

**The Loan also supports Programme Administration and Evaluation:**

This allocation will support the MOHW in terms of strengthening its institutional capacity for project implementation. It will finance, inter alia, the consultants of the Project Execution Unit (PEU), specialized technical services, independent auditing, as well as surveys and studies regarding the implementation of the programme and evaluation of its impact. The PEU is structured to provide additional capability in the areas of project management, procurement, financial management, infrastructure upgrading, medical equipment specification, and health information technology. Technical and fiduciary staff from the MOHW, will work closely with the PEU specialists so that the MOHW benefits from knowledge transfer and capacity strengthening.

## Status:

### COMPONENT 1 – STATUS UPDATE

The are several activities that pertain to component 1 as follows:

1) Design of Thirteen (13) Facilities
    - The design of the Thirteen Health Facilities will allow the project to go to market to construct/renovate/refurbish the following facilities in the respective Parishes:
        - St. Catherine

        - Spanish Town Hospital, St Jago Park Health Centre, Old Harbour Health Centre and Greater Portmore Health Centre
    - St. Ann
        - St Ann's Bay Health Centre, Ocho Rios Health Centre, Brown's Town Health Centre
    - Clarendon
        - May Pen Hospital, May Pen East Health Center, May Pen West Health Center, Mocho Health Center & Chapelton Community Hospital

- Designs for 11 of 13 facilities have been reviewed and are undergoing final approval. This will involve acceptance by the Regional Health Authorities (RHAs) and Chief Medical Officer (CMO) before proceeding to final designs.

There were several collaborative meetings between the Regional Stakeholders, the Design firm & the PEU team which has resulted in numerous changes to the preliminary layout and affected project execution as the changes have ranged from minor to very major changes affecting the design details, which have caused several stops & starts to the full design process.

- Spanish Town Hospital had the greatest number of adjustments and it is also largest budgeted item this has resulted in significant delays to this critical path activity.

  The Spanish Town Hospital preliminary designs and Perspective views have been accepted and have proceeded to detailed designs.

- The perspectives (which are different angular views showing what the final designs will look like) have been presented for acceptance before moving to detailed designs.

- The new proposed date for the delivery of BoQs and final drawings starts in July 2021 for Spanish Town Hospital and is staggered for the rest of the health facilities. This means that construction will not begin until first quarter (Jan-Mar) 2022.

2) Laundry Equipment

- The three laundry areas in each Hospital: Spanish Town, St Ann's Bay & May Pen Hospitals were slated for upgraded equipment had procurement processes completed with the award of

contracts for washers, dryers & flat-board ironers.

- Spanish Town Hospital which had the lion's share of the equipment; receiving water pump, water softener, water tanks to equip the space that was non-functional prior to this intervention.

3) Minor Work to Laundry areas

In order for the Laundry spaces in the three (3) hospitals to be outfitted with the new Laundry equipment, the respective spaces had to be upgraded to accommodate same.
Three (3) contracts were let to do these upgrading works for Spanish Town Hospital laundry, St. Ann's Bay Hospital laundry and May Pen Hospital laundry.

The execution of the three contracts were about 95% complete.

These works are to be completed by June 2021.

4) Medical Equipment

The purchase of medical equipment to improve health care services in the Health Facilities contained in the three (3) parishes to increase their capacity in health promotion and disease prevention, especially regarding chronic, non-communicable diseases. The investments will focus on strengthening the diagnostic and screening capability as well as the clinical and resolutive capacity of health clinics.

The final Medical Equipment listing and Specifications are currently being finalized for procurement to start in May 2021.

## Next Steps:

- Designs being finalized for Component 1
- Building construction to commence
- Procurement of medical equipment
- Under component 2,the implementation of Electronic Health Records Software

# Mental Health Programme

## Background

- To develop policies which are implemented through plans and programmes to address the promotion of mental health, the prevention of mental disorders and the development of a comprehensive range of services to facilitate early detection, treatment and rehabilitation **across the lifespan,** for affected persons.
- To provide leadership and governance for mental health
- To ensure there is adequate resource ( human and infrastructure) planning to facilitate implementation of plans and programme.
- To monitor and evaluate mental health services islandwide in an effort to provide optimal quality of service and observing human rights

## Status

**Interventions**

**To Reduce Emotional Distress which may be associated with COVID-19, the Mental Health Unit:**

- Integrate key messages/ tips on mental health, promoting self –care strategies and fighting stigma and discrimination in communication and awareness materials issued by MOHW- PSA, Flyers
  - Produce tips or do presentations on taking care of mental health targeting 1) General public( focusing on home quarantine, isolation and physical distancing, COVID vaccination); 2) General public on addressing coping with stress and stigma & discrimination, 3) Family including children , 4) Caregivers and Older person, 5) Frontline Workers 6) Private sector organizations

- **To provide Mental Health and Psychosocial support for Persons during COVID 19 the following was done in collaboration with partners in a tiered system: Jamaica Red Cross, Mental health Helpline, Jamaica Psychological Association and Jamaica Psychiatric Association**

- Jamaica Psychological Association with support from Ministry of Health organized webinars for groups of frontline health care workers to have group sessions with individual sessions where necessary

- Staff in isolation and quarantine facilities were trained by MoHW in the provision of Psychological First Aid to persons in their facilities inclusive of children

- OrientatIon to government quarantine and isolation facilities to include raising the awareness of persons about the availability of mental health professionals to provide psychosocial support through regional psychological support teams and National Mental Health helpline counsellors. Brochures and bookmarkers were given as part of orientation package

**Way Forward/ Next Steps**

- There are plans to develop with support from UNICEF in collaboration with Mental Health Unit of MoHW to develop a Chatline where persons especially children and adolescents can have their emotional concerns addressed through texting

- COVID Community Mental Health Response Programme which will be led by Reach out Rangers. These Rangers are 28 Community Health Aides and117 Ministry of Health & Wellness volunteers who have been trained in Psychological First Aid. With this training they will be deployed in May 2021 to provide virtual and face to face support for community members inclusive of the elderly who maybe experiencing emotional disturbances due to COVID-19 and other stressors. In the event such support is not sufficient then they are trained to make referrals for such individuals to be further assessed and managed by the local public mental health teams

- Develop Mental Health Psychosocial Support teams in health regions to provide psychosocial support to persons facing psychological and social problems in the midst of disasters ( man-made or natural) or humanitarian crises as being experienced during current COVID 19 pandemic. These teams are envisaged to involve persons from different sectors e.g. social, security, educational and health

# National HIV/STI Programme

## Background

The National HIV/STI Programme continued to be guided by the National Integrated Strategic Plan for Sexual and Reproductive Health, 2014 – 2019, while pursuing the development of a National Strategic Plan for HIV. The new plan has been developed and the activities under the plan have been formulated, with execution in progress. Under the leadership of the Ministry of Health and Wellness, Jamaica continues to implement a multi-sectoral response to HIV with involvement of government ministries, departments and agencies, civil society, private sector, churches and persons living with HIV. This multi-sectoral response, has succeeded in maintaining adult HIV prevalence at a stable level below 2% since the mid-1990s.

The National HIV Programme (NHP) is mainly funded by the Government of Jamaica, with additional funding through a Global Fund Grant and USAID. Jamaica has also benefited from on-going financial support and technical assistance from several international, regional and bilateral partners. The MOHW signed a Cooperative Agreement with the Centre for Disease Control USA (CDC) in 2020 which spans four years. Jamaica has been reclassified as an upper middle-income country by the World Bank; this has affected the country's ability to qualify for certain international aide. Jamaica, while in a position to access further funding from Global Fund and PEPFAR (U.S. President's Emergency Plan for AIDs Relief), the funding, targets those most at risk, thereby limiting the availability of support for other key strategies directed at the general population.

## Status

Jamaica has an estimated HIV prevalence of 1.4% among the general population; however, surveys show higher HIV prevalence in at-risk groups. A 2017 survey of sex workers found that 2.0% of female sex workers were HIV infected; in 2018, a survey of men who have sex with men (MSM) found that approximately one out

of every three MSM was HIV infected; a 2018 survey of prison inmates indicated that approximately 6.9% of inmates are HIV positive, and a 2015 survey among homeless persons identified that 13.9% were HIV positive.

The AIDS mortality rate has declined from 17.6 deaths/100,000 population in 2011 to 13.0 deaths/100,000 population in 2016. There is continued targeted scaling up of the HIV testing programme, allowing for earlier diagnosis. In addition to the introduction of public access to antiretroviral drugs over a decade ago, drug availability for prophylaxis against opportunistic infections and improved laboratory capacity to conduct investigations such as CD4 counts, viral load and PCR tests are believed to have contributed to the decrease in deaths. Based on both modelled estimates and the case based surveillance data, it is estimated that 32,000 persons are currently living with HIV in Jamaica with approximately 14% being unaware of their status. High risk behaviours such as early sexual debut, multiple sexual partners, high levels of transactional sex, gender inequalities, inadequate condom use and homophobia continues to fuel the transmission of HIV and STIs.

The National HIV programme in 2020 was affected by the global COVID-19 pandemic, creating increased susceptibility for persons living with HIV (PLHIV), service providers, and key and vulnerable populations. The main challenges experienced were: threats to service delivery, disruption of global supply chains and psychosocial stressors for PLHIV and health care providers. Despite this at the end of 2020, 12,848 persons were on ARV treatment, representing a coverage rate of 47% of the 27,531 in need of ARV treatment and a viral suppression rate of 29%. The country attained the targets in 2020 for the prevention of mother to child transmission (PMTCT) with a HIV mother to child transmission rate of 1.2% (target <2.0%) and Syphilis, with a rate of 0.03 congenital syphilis cases (target <0.5) per 1,000 live births. This has allowed the country to commence the validation process for elimination of mother to child transmission (EMTCT) status.

Although Jamaica has successfully increased access to treatment and care services (including the 2017 implementation of the WHO treat-all guidelines), analysis of data related to retention in care, has shown that this is the major gap in the HIV treatment and care response. Failure to adhere to treatment and care is a barrier

to further reducing transmission, resulting in AIDS morbidity and mortality. Stigma and discrimination are a challenge for both the prevention and the treatment and care components of the HIV response; activities to adress these deficits continue in health care facilities.

## Next Steps:

- Expand HIV testing to identify persons living with HIV (PLHIV), with the introduction of the self testing modality
- Continue implementation of programmes focused on improving linkage to care, retention in care, and viral suppression among PLHIV
- Ongoing advocacy for funding to sustain the NHP, inclusive of the development of a sustainability plan and the engagement of civil society partners in service delivery
- Maintain reduced mother to child transmission rates to achieve EMTCT status
- Advance and improve the service delivery to the paediatric and adolescent HIV population

# Integrated Vector Management Programme (Vector Control)

## 1. Background

In recent years, Jamaica and the rest of the Caribbean has witnessed the emergence of several mosquito-borne diseases never before detected in this region. In 2014, Chikungunya virus had a significant impact on the Caribbean and this was followed by Zika virus in 2016. Additionally, cyclic epidemics of dengue fever are common in Jamaica.

These diseases are all transmitted by the Aedes aegypti mosquito, which are very common domestic species in Jamaica and the wider Caribbean. Jamaica is also under threat from the introduction of new viruses transmitted by these vectors as well as the other vector currently endemic on the island. In 2006, after 44 years of eradication of malaria, Jamaica had an outbreak of Plasmodium falciparum transmitted by Anopheles mosquitos: 406 confirmed cases between September 2006 and December 2009. It is therefore necessary to engage in a multidisciplinary approach to combat the problem of vector borne diseases in Jamaica.

Outbreaks of the vector-borne diseases have significantly impacted productivity. Approximately 75% of the population was affected by chikungunya, with the debilitating effects still being experienced by some persons. Our economic programmes have been negatively impacted which places additional burden on the health care system.

The main thrust of the vector control programme is to decrease the populations of vectors, the main one being the Aedes aegypti mosquito; the mosquito that transmits Zika, dengue, chikungunya and yellow fever viruses. Activities geared at prevention of the reintroduction of malaria are also done. The following are the routine activities:

- Surveillance – species identification, determining distribution and abundance of mosquito vectors
- Destruction of breeding sites to kill the immature stages of the mosquito
- Treatment of containers to destroy larva
- Destruction of adult mosquitoes through space spraying (fogging)
- Operational research

# 2. Status

## 2.1 Epidemiological Situation

During the period October 2018 – January 2020, Jamaica experienced one of its most severe outbreaks in recent times, with over 15,000 suspected cases and approximately 80 deaths. The outbreak was declared over in July 2020.

Against this background, the Ministry reviewed its vector control programme and has made several adjustments and investments to facilitate improved implementation of the programme.

## 2.2 Improved Infrastructure

Under the directives of the Minister of Health & Wellness, approximately 61 vehicles (pickups) and 35 ULV (vehicle mounted) machines used for fogging were purchased and distributed across the island to facilitate improved vector control interventions. This investment allowed for a significant increase in coverage and this is in a timely manner.

## 2.3 Expansion of the Temporary Workers Programme

In response to the outbreak and ongoing threat of vector-borne diseases, the Ministry took the decision to expand the Temporary Worker Programme. The Temporary Worker Programme is usually implemented during the months of July – December yearly. However, given the epidemiological situation, the programme was expanded and the workers were retained for 21 months, which included 8 months after the declaration of the end of the outbreak. This was done to safe guard the gains made during the outbreak response.

With the expansion in the temporary worker programme, there was a significant reduction in the vector population.

For operational purposes, the following rubric is used as it relates to infestation and stratification of risk using the Breteau Index (BI):

a. Low risk 0-25%

b. Moderate risk 26-50%

c. High risk 51%

A comparison of the period 2018–2020 showed there was a reduction of the BI from 47 to 18, a 61% decrease.

## 2.4 Jamaica's Integrated Vector Management (IVM) Strategic Plan 2020-2025

The Ministry of Health & Wellness, in keeping with the strategic direction of WHO and PAHO, reviewed its IVM programme and developed the Integrated Vector Management Strategy 2020-2025. This document will guide the implementation of the vector control programme over the period indicated and should allow for a more sustained and effective vector control programme which will result in the reduction of outbreaks of vector-borne diseases.

The plan addresses the following areas:

a. **Resources**

Optimal impact from strengthened vector control is predicated on high-quality implementation, requiring appropriate deployment, coverage, uptake and use. High quality implementation requires adequate resources. Critical is adequate staffing and vehicular support to facilitate coverage, frequency and consistency. The Ministry will be doubling the number of permanent post on the establishment over the period as well as continue to improve on the material resources (vehicles & equipment) required to support the programme.

b. **Entomological Surveillance and Monitoring and Evaluation**

The capacity of vectors to transmit pathogens and their susceptibility to vector control measures can vary by species, location and time, depending on local environmental factors. Vector control must therefore be implemented on the basis of up-to-date local data generated by appropriate methods. Vector surveillance involves the regular and systematic collection, analysis and interpretation of entomological data for health risk assessment, and for planning, implementing, monitoring, and evaluating vector control.

The Ministry will continue to strengthen vector surveillance and entomological monitoring through the use of data and visualization management system to strengthen our data analysis and ultimately decision making process related to vector intervention.

c. **Intersectorial Collaboration**

Vector-borne diseases are everyone's problem, not just the health sector. Achievement of Sustainable Development Goal 3 to ensure good health and well-being will rely on effective vector control, as will initiatives for clean water and sanitation (Goal 6), sustainable cities and communities (Goal

11) and climate action (Goal 13), among others. Multiple approaches that are implemented by different sectors will be required for control and elimination of vector borne disease, such as those promoting healthy environments. Engaging local authorities and communities as part of broad-based intersectoral collaboration will be key to improved vector control delivery, through tailoring of interventions to specific scenarios as informed by local entomological and epidemiological data. Building sustainable control programmes that are resilient in the face of technical, operational and financial challenges will require the engagement and collaboration of local communities.

Against this background, the Ministry will be establishing a multi-ministerial oversight committee, which will give oversight to the successful implementation of the vector control programme using a multi-sectorial approach.

d. **Community Engagement**

Communities play a major role in and are key to the success and sustainability of vector control. While coordination between many stakeholders is required, vector control is critically dependent on harnessing local knowledge and skills within communities. Community engagement and mobilization requires working with local residents to improve vector control and build resilience against future disease outbreaks. Participatory community-based approaches aim to ensure that healthy behaviours become part of the social fabric and that communities take ownership of vector control at both the intra- and peri-domiciliary levels.

The Ministry will be formalizing its approach in engaging communities and community leaders through a process of training and data sharing. Community leaders will be trained in vector control and will be able to access community data to inform action.

e. Research

Research has been and must continue to be a foundation upon which vector control programmes are built. Further basic research is needed to understand better the interactions between pathogens, vectors and human and non-human hosts in relation to changes in the physical and social environment. The results of such research should inform the development of innovative approaches and interventions for disease prevention through vector control.

The Ministry will continue to strength its collaboration with Universities and other key research stakeholders through the Mosquito Control & Research Unit (MCRU). This will allow for new and innovative tools and approaches to improve on vector control interventions.

f. **Training (Capacity and Capability)**

Effective and sustainable vector control is achievable only with sufficient and capable human resources.

The Ministry has commenced working with PAHO in developing capacity to do risk stratification of vector-borne disease. This tool will improve our targeted intervention and allow timely intervention to stem possibilities of outbreak.

The Ministry will also continue its collaboration with its stakeholder in training and certification of its vector control workforce.

## 2.3 Sterile Insect Technique (SIT)

Jamaica is one of several countries to pilot the use of the sterile insect technique. The initial duration of the project was for the period 2017-2021, however the project has been extended for an additional 4 years.

The implementation of the project is a partnership between Jamaica and the International Atomic Energy Agent (IAEA). The IAEA will 1) donate most of the equipment to facilitate mass rearing and release; and 2) provide capacity building opportunities in the area of mass rearing of mosquitoes through training workshops and fellowships. To date, the IAEA has donated mass rearing equipment (larval machine) and other mass rearing material.

Several officers have also benefited from capacity building exercises, which includes fellowships and workshops.

Jamaica has completed a first phase building of a mass rearing facility and has contracted nine (9) staff who are employed under the project. The team has standardized mass rearing protocols and standards and has achieved a rearing capacity of 4 million mosquitoes (eggs) per week.

Surveillance activities within the first pilot area has been completed and population data is being analysed to inform release ratio. A second pilot area has been identified.

The Ministry of Health & Wellness is also working in collaboration with the International Center for Environmental and Nuclear Sciences (ICENS), UWI in the implementation of the SIT project. The Centre is to receive a radiation source from the IAEA that will be used, among other purposes, to

radiate the mosquitoes under the SIT project.

There is a significant delay in the Centre acquiring the gamma source, largely due to the global COVID-19 pandemic which has also delayed the pilot.

**3. Next Steps**

3.1 Continue implementation of the IVM Strategic Plan with focus on increase in permanent staff complement

3.2 Ongoing training and re-certification (where necessary) of vector control workers

3.3 2nd Phase completion of Mass Rearing Facility – NPHL

3.4 Continue population dynamics studies in pilot areas under SIT project

3.5 Conduct mass media campaign for SIT project

3.6 Expansion of Entomological Monitoring and Vector Control Information System

# Non-Communicable Diseases (NCDs)

## Background:

- Over the past thirty (30) years Non-communicable Diseases have been a major cause of mortality, morbidity and economic burden in the Caribbean and Jamaica, accounting for over 56% of deaths annually. In 2007 in Port of Spain, Trinidad, the CARICOM Heads of Government signed a 14-point declaration: Uniting to stop the epidemic of chronic NCDs. The National Committee on Non-communicable Diseases (NCDs) was established by the Ministry of Health and Wellness in keeping with this Declaration.

**Summary of major programmes and projects, cabinet approvals, policies**

- Continued implementation of the Inter-American Development Bank Loan to support the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases Programme
- Launch of the Public Private Partnership for Non-communicable Diseases (PPP4NCDs), which engaged private general practitioners in the shared management of primary care clients with hypertension and/or diabetes
- Commencement of Phase 1 of the Glycosylated A1c (HbA1c) programme to enhance point-of-care testing for glucose control for primary care clients with diabetes
- Formation of the Sickle Cell Clinical Management Subcommittee to provide technical support for improving Jamaica's Sickle Cell Disease Programme
- Cabinet approval of the proposal for exemption of fees at Public Pharmacies for all persons with Sickle Cell Disease
- Development of National Screening Guidelines for Priory Non-communicable Diseases in Primary Health Care
- Launch of the National Committee on NCDs

## Status:

| Targets | Achievements |
|---|---|
| Guidelines and clinical tools for PPP4NCDs developed | Interim guidelines for clinical management of diabetes and hypertension were completed and disseminated (via MOHW website, print). Virtual training of public and private sector clinicians was conducted in December 2020.<br><br>Clinical PPP tools were developed and printed for dissemination. |
| National Screening Guidelines for Priority Non-communicable Diseases in Primary Health Care disseminated | National Screening Guidelines was approved and posted on MOHW website; printing is in progress<br><br>Cervical and Prostate Cancer screening guidelines were implemented in Clarendon Health Network |
| Public education material developed | Design of wellness booklet is in progress.<br><br>Information, education and communication material was developed to support public education and awareness for commemorative events, for: diabetes; breast cancer and sickle cell disease; world cancer day; colorectal cancer; cervical cancer |
| Public education activities effects | Various commemorative events celebrated in collaboration with internal and external stakeholders, including: Cervical Cancer (April), World Hypertension Day, World No Tobacco Day (May), World Sickle Day (June), Childhood Cancer, Sickle Cell Awareness Month, World Heart Day (September); Breast Cancer Awareness Month (October); Diabetes Awareness Month (November), World Cancer Day (February), Colorectal Cancer (March).<br><br>Activities included: live panel discussions, media interviews, seminars for health care workers, social media promotion, print and electronic messages/articles, newspaper supplement, community outreach sessions |
| Problems encountered and attempts to solve them | |
| Problems/Issues | Mitigating Action |
| Suboptimal staffing for the NCD Programme at the national and subnational levels | Ongoing staff recruitment: at the national level, 3 of 3 required technical officers were recruited during 2020/2021<br><br>Engagement of consultancy services for various programmes and activities: auditing, training, guideline and plan revision/ development, coordination support for new programmes and public awareness activities. |

| | |
|---|---|
| Lengthy procurement processes with delays in engagement of consultants | Earlier initiation of processes, close follow-up of procurement processes |
| Suboptimal adherence to management guidelines | Health care worker training and enhanced auditing |
| Inadequate structure for reporting of NCD-related programmes and activities | Strengthening of NCD-related strategic information system by:<br>- Development and updating of registers, audit forms, reporting tools and templates<br>- Digitization and upgrading of registers/registries, audit tools and reporting forms<br>- Development and updating of standardized medical record forms for chronic care clients |

## Next Steps:

- Evaluation of the 2013-2018 NSP for NCDs and development of the 2022-2026 NSP
- Development of the National Cervical Cancer Elimination Plan
- Implementation of the Chronic Care Model
- Launch of the MOHW NCDs Webpage
- Mass media campaign on NCDs screening
- Approval of national clinical guidelines for Interpersonal and Gender-Based Violence, Diabetes, Hypertension and Asthma
- Approval of free access to chemotherapeutic drugs for children with cancers at the University Hospital of the West Indies
- Approval of the additional drugs for NHF Subsidies persons living with Sickle Cell Disease
- Development of NCDs continuous quality improvement system
- Upgrading of the Jamaica Injury Surveillance System

# Programme for the Reduction of Maternal and Child Mortality (PROMAC)

**BACKGROUND**

- Neonatal and infant mortality are the main contributors to under five mortality. The most common risk factor is premature birth, which leads to complications and organ failure leading to the child's death. Some of these deaths could potentially be avoided if premature babies had immediate access to a higher level of medical and nursing care. Facilities in public hospitals that do provide such specialized care are limited and overcrowded.

- Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, as well as care and support in the weeks after childbirth. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death.

- In 2013, the Government of Jamaica and the European Union executed a Financing Agreement nº FED/2012/024-271 to support the development of Programme for the Reduction of Maternal and Child Mortality (PROMAC) in Jamaica. The Financing Agreement was signed in Brussels on 19 July 2013 and in Kingston on 21 November 2013.

- PROMAC has five major components as follows:

  Component 1: Newborn Care and Emergency Obstetric Care

  Component 2: Quality of Primary Health Care Services and Referral Systems

  Component 3: Health Workers Training and Research

  Component 4: Support to the Health Seeking Behaviours of the Target Population and the Role of Civil Society

  Component 5: Institutional Support for Programme Implementation

- The overall responsibility for the project lies with the Planning Institute of Jamaica (PIOJ) which serves as the National Authorizing Officer (NAO) for PROMAC. The PIOJ interacts closely with the Delegation of the European Union in this capacity. On an operational level, the project is being implemented under the leadership and authority of the Ministry of Health & Wellness (MoHW). The Permanent Secretary (PS) of the MoHW is the Project Manager/Imprest Administrator for PROMAC implementation.

## STATUS

Operationally, PROMAC came to an end April 30, 2021, with subsequent end of the Financing Agreement on May 20, 2021. The following were achieved under the respective Components.

**Component 1: Newborn and Emergency Obstetric Care**

This component focuses on the establishment of seven (7) Maternal and Neonatal High Dependency Units (HDUs) across four (4)[1] referral hospitals in Jamaica (Bustamante Hospital for Children, Victoria Jubilee, Spanish Town and St. Ann's Bay Hospitals) with a total of 48 HDU spaces. The component also includes the supply of maternal and neonatal equipment to support the HDUs.

The following were achieved under Component 1:

- Official opening of the HDUs at the Bustamante Hospital for Children, Victoria Jubilee, Spanish Town and St. Ann's Bay Hospitals;
- Supply of Specialized Equipment to the HDU sites with a total value of approximately JMD 755M.

Total expenditure for Component 1 (Inception - April 2021) is € 11,373,660.54.

**Component 2: Quality of Primary Health Care Services and Referral System**

Component 2 includes upgrading laboratory services, improving diagnostic capacity by providing medical equipment and training, as well as improving referral services by providing ambulances. Targeted facilities include four (4) selected primary health centres and two (2) Community Hospitals, namely, Mandeville Comprehensive Clinic, Annotto Bay, St. Jago Park and Savanna-La-Mar Health Centres as well as Alexandria and Chapelton Community Hospitals.

Given the limited funds available under the Financing Agreement (FA) between the Government of Jamaica and the European Union and after careful consideration of current needs, the epidemiological profile of the hospital and the impact on service delivery, the Ministry of Health made a decision that the construction of HDUs at Mandeville Regional Hospital (MRH) will be addressed under arrangements separate from the FA. A number of possible alternatives are under consideration.

The civil works contract for the establishment of HDUs at the Cornwall Regional Hospital was terminated in June 2019.

The tender for the physical rehabilitation of the Primary Health Care Centres was cancelled in July 2019 as bids submitted were over the threshold value of the Programme Estimate and the time remaining was not sufficient to conclude the works by April 2020.

The following were achieved under Component 2:

- Six (6) ambulances deployed to each targeted primary health care centre.
- One Hundred and Fifty (150) Fully Equipped Midwife Bags distributed to Nurses Island wide.
- Supply of Radiographic and Ultrasound Equipment to the six (6) targeted primary health care centres.
- Procurement of small medical equipment to facilitate maternal and neonatal care as well as Short Term Technical Assistance (Consultancy) re Maternal Mortality Surveillance Response and Certification of Cause of Death for the South East Regional Health Authority.
- Procurement of medical equipment and Short Term Technical Assistance (Consultancy) to review causes of Maternal Mortality and to devise a plan of action to address same in the Western Regional Health Authority.

Total Expenditure for Component 2 (Inception to April 2021) is € 1,836,007.57.

**Component 3 - Health Workers Training and Research**

This training component targets all levels of care addressing maternal and child health. It aims at complementing the existing “Doctors of Medicine” programme for the graduate training of medical personnel of the Ministry of Health and Wellness and the Regional Health Authorities. In particular, the project seeks to provide: (i) training in areas of specialization that are currently not available in Jamaica such as Neonatology; Maternal-Foetal Medicine; Anesthesiology; Ultrasound diagnosis, Neonatal Ventilation (ii) training of nurses and other healthcare professionals; (iii) training of

Community Health Aides in maternal and child health.

In addition, Component 3 includes academic research on the causes and risk factors of premature births in order to inform policy and programmes for their prevention and management.

The following were achieved under Component 3:

- Over 1800 Health Professionals trained by the University of the West Indies, University of Technology, Jamaica, Kingston School of Nursing and Ministry of Health and Wellness in various specialty areas related to maternal and child health.
- The University of the West Indies completed academic research and final report disseminated within the Ministry of Health and Wellness.

Total Expenditure for Component 3 (Inception to April 2021) is € 1,812,706.01.

**Component 4: Support to the Health Seeking Behaviours of the Target Population and the Role of Civil Society**

The support to health seeking behaviour will capitalize on the knowledge and administrative capacity of the National Family Planning Board and Non-State Actors (NSAs) to develop targeted (women of reproductive age and parents of children under 5) outreach activities on child and maternal health

including nutrition, chronic disease and parenting skills. The support to civil society organizations is aimed at their increased participation in health policy planning and monitoring as well as in patients' rights advocacy. This will enhance public awareness and understanding of health care processes and

patients' rights.

The following was achieved under Component 4:

- Launch of three (3) campaigns to promote the improvement of health seeking behaviours and patients' rights.

Total Expenditure for Component 4 (Inception to April 2021) is € 1,195,956.77.

**Component 5: Institutional Support for Programme Implementation**

This component seeks to provide technical assistance for the institutional strengthening of the Ministry of Health and Wellness in ensuring successful implementation of the various components of the project. In addition, building the wider MOHW teams' capacity in project management is a top priority (knowledge transfer).

The following were achieved under Component 5:

- Trainings in Project and Inventory Management for MOHW/Regional Health Authority Officers
- Training in EU Financial and Contractual Procedures

Total Expenditure for Component 5 (Inception to April 2021) is € 2,138,971.98.

## NEXT STEPS

The Project Management Team will be focusing on executing/completing activities in accordance with project closure.

# Jamaica Moves

## Background:

- With the advent of Jamaica Moves in 2017, the national physical activity agenda to promote population wide physical activity as part of the prevention and control of NCDs was advanced. There was more visibility surrounding physical activity initiatives inclusive of its importance and benefits, more of the population became engaged in physical activity and there was an increased demand for resource persons and materials to build capacity in executing physical activity.
- As the Jamaica Moves programme rolled out, the initial concept of promoting physical activity extended to the promotion of healthy eating and routine health checks for the general population. Through the special settings of schools, workplaces and communities, healthy lifestyle measures were promoted and incorporated that met the objectives of Jamaica Moves.

## Status:

## In Community

- **A Physical Activity and COVID-19 Guide** was developed to encourage activity within COVID-19 protocols particularly in the home setting.
- **Jamaica Moves work out sessions** for adults and children were done in partnership with Television Jamaica to facilitate guided fun movement at least three times for the week
- **Four ten (10 minutes) physical activity videos** targeting Persons 65 and Over were developed and launched on the International Day of the Older Person. The videos demonstrate simple and effective health enhancing activities they can engage in while at home. The area of focus are: Strength, Cardiovascular, Stretching and fun traditional ring games.

## In Schools

- **National School Moves Day** was commemorated on April 23, 2021 as part of a Jamaica Moves in School Initiative that began in April, 2019. This day highlights the importance of physical activity and pushes for continued opportunities to do physical activity breaks within regular class time

- **A Jamaica Moves in School Coordinator** was hired to push the momentum of the areas of focus – physical activity, healthy eating and NCDs (awareness of health status – knowing their

numbers).

- **Physical Activity Guide for five (5) Minutes physical activity breaks for both the Primary Schools and High Schools** which were in the past distributed through hard copy were re-circulated in its electronic version to the Ministry of Education Youth and Information for incorporation in their daily lessons.

**Work Place Wellness**

**The Corporate Wellness Manual is supported by other resource materials such as:**

a) The Physical Activity Toolkit and Guide for the Workplace
b) The Wellness Coordinator's Checklist for the Physical Activity Resource Person
c) Videos demonstrating simple activities that can be done within the Workplace setting

## Next Steps:

- **Physical Activity Web Page** is being launched as part of Move for Health Day commemoration
- **Physical Activity Health Education Campaign** promoting the recommendations for Children, Adult and Persons 65 and Over have been developed and will begin rotation during the month of May
- As at April, 2021, **four (4) physical activity specialists** have been hired to provide technical oversight and support to the Regional Health Authorities with their physical activity programmes. This is the start to developing a cadre of physical activity resource persons who will continue to facilitate partnership with other specialists to strengthen the promotion of physical activity in schools, workplaces and communities
- **Corporate Wellness Manual** will begin to be widely circulated in the month of May, 2021. In addition to highlighting the ways in which a programme can be initiated or strengthened, it addresses the different components of wellness and provides practical ways that they can be promoted in the workplace. For physical activity, it includes an assessment, a fitness test, a Physical Activity Readiness Questionnaire and practical ways to move in the workplace.

# Jamaica Moves – Nutrition

## Background

The prevalence of overweight and obesity in the Region of the Americas is 62% and 26% respectively in adults and 20% and 25% in persons less than 19 years, including children. In Jamaica the prevalence of obesity in adults was 29% in 2017 and the prevalence of overweight and obesity among 15-19 year-olds was 25% in 2007.

Overweight and Obesity have been scientifically established as biological, yet modifiable risk factors for several Non-Communicable Diseases (NCDs). These include type two diabetes which affect 10% of Jamaicans aged 15-74 years, 55% of which are not aware of their status, and hypertension which affects 31% of the same population, 60% of which are unaware of their status.

Poor dietary intake is another modifiable risk factor for these NCDs. Besides imbalances where food groups are concerned (such as low intake of fruits, vegetables and legumes, and high intake of fats and oils) it is also well established that excess consumption of sugar, fat (including total fat, saturated fat and trans fat) and sodium are linked to the development of some NCDs.

These nutrients, while naturally occurring in some foods are most easily consumed in excess in processed and ultra- processed pre-packaged foods and some types of fast food, typically high fat fried foods, sugar sweetened beverages and side orders or desserts high in salt and sugar. Studies globally have attributed the changes in the food environment and food composition as one of the contributors to overweight, obesity and NCDs.

Jamaica has made several policy level strides in the fight against NCDs including the National Food and Nutrition Security Policy, the Food Based Dietary Guidelines for Jamaica, the Jamaica Moves campaign in Schools, communities and workplaces and the commissioning of the National Food Industry Task Force and the NCDs Committee to continue to improve the policy landscape and help to shape a supportive environment for behaviour change.

The health care system depends on both policy and the personal responsibility of individuals to prevent disease and ill health as much as possible.

The NCDs investment case conducted for Jamaica for the period 2017 to 2032 concluded that by implementing only 17 targeted interventions 29.8 billion Jamaica dollars in treatment costs could be averted over a 15-year period. This is only a fraction of the 77 billion Jamaican dollars in savings, which also includes the value of decreased losses to the workforce due to premature mortality, absenteeism and reduced productivity due to ill health. These figures are also understated as the 17 interventions

are only 20% of those cited in the updated Appendix 3 of the WHO Global NCD Action Plan 2013-2020.

Empowerment of the population is fundamental to behaviour change, and access to the necessary information is fundamental to empowerment.

Jamaica, and the Caribbean, as parties to the International Convention on Economic, Social and Cultural Rights, have agreed to “the right to the highest attainable standard of health (article 12) for its citizens”. This means that all steps necessary to prevent, control and manage disease should be undertaken, including providing consumers with critical information.

# National Food Industry Task Force

## 1. Background

1.1. High calorie diets and diets high in free sugar, salt, total fat, saturated fat, trans fat are implicated in the development of the major NCDs

1.2. The Food Industry is a critical and significant part of the current and emerging food environment

1.3. The NFITF was commissioned by the Minister of Health and Wellness in 2016 and serves as a vehicle for constant dialogue and consultation with the food industry

1.4. The NFITF conducts consultations with the Food Industry in the four working areas:

- Labelling
- Marketing of foods, especially to children
- Product Reformulation
- Communication and Advocacy

## 1. Status

1.1. Chaired by Dr. Kwesi Marshall – Researcher and Lecturer at the Caribbean Institute for Health Research (CaIHR)

1.2. Achievements to date:

- Interim Guidelines for Beverages in Schools implemented in 2019
- National School Nutrition Standards developed
- Forum and consultation on Tax on Sugar Sweetened Beverages held
- Consultation held on Nutrition Facts Panels
- Upgrading of the two major laboratories, through installation and commissioning of new equipment and training for staff at the Scientific Research Council and Bureau of Standards Jamaica. Jamaica is now the only country in the Caribbean with capacity to analyse for trans fats.
- Product Reformulation Workshop held for beverage manufacturers (sugar reduction)
- Participation in the CARICOM standards development processes for:
    - Labelling of pre-packaged foods, including FOPL
    - Nutritional Labelling (Nutrition Facts Panel)

## 2. Next Steps

2.1. Continue discussions and consultation currently in progress towards:

- Regulation of Marketing of foods to children
- Conflicts of Interest in Public/Private partnerships
- Elimination of industrially produced trans fats
- Product reformulation for the reduction of salt/ sodium
- At least 2 more product reformulation workshops for beverage manufacturers

# Front of Package Labelling (FOPL)

## 1. Background

1.1. At its 39th Regular Meeting of the Conference of Heads of Government of the Caribbean Community, Heads endorsed Front of Package Labelling (FOPL) as one of the six priorities on which the Region should advocate with respect to NCDs.

1.2. Free sugar, sodium, saturated fat, trans fat and total fat are implicated in the development of NCDs when habitually consumed in excess

1.3. The objectives of FOPL depend on the prevailing public health concerns to be addressed. In CARICOM, the objective of FOPL would be to

- enable consumers to quickly identify the least harmful processed foods (regarding NCDs)
- enable consumers to make informed purchases and choices

1.4. provide clear and simple information to consumers about the composition of pre-packaged foods in terms of nutrients of interest in NCDs

1.5. The revision of the CRS-5 Standard Specification for Labelling of Pre-Packaged Foods commenced in 2018 has gone through public consultations and revisions at the National and Regional levels.

1.6. CRS-5 speaks to general labelling of pre-packaged foods, and includes an annex on FOPL.

1.7. All aspects included in the standard are grounded in strong scientific evidence.

1.8. Consumers have the right to know, in clear and obvious ways, what is contained in the processed and ultra-processed foods which they are offered or sold, and whether the nutrients of interest (sodium, sugar, total fat) are considered to be present in excess in those foods.

## 2. Status

2.1. The Regional process is currently at the voting stage and Jamaican stakeholders on the National Mirror Committee have submitted their votes in favour of the standard (by 75% majority), with comments.

2.2. The black 'high-in' octagon is the proposed FOPL model in the standard, with the PAHO Nutrition Profile Model as the criteria for determining excess of free sugar, sodium, total fat, trans fat and saturated fat.

2.3. FOPL is in an informative annex making it voluntary upon adoption of the standard by member states. Member states can make FOPL mandatory and would carry out their national process requirements to do so.

2.4. The Private Sector is the only stakeholder group on the Jamaica National Mirror Committee

against the black 'high-in' octagon.

2.5. Private sector believes a Regional Impact Assessment is required to identify the most appropriate FOPL format for the CARICOM and therefore the process should be halted for at least one year, to facilitate the completion and consideration of that study.

2.6. Study conducted among 1206 adult shoppers across nine parishes in Jamaica which showed that the performance of the black 'high-in' octagon surpassed those proposed by the Private Sector in terms of:

- enabling consumers to correctly identify the least harmful option,
- increasing consumers' intent to purchase the least harmful option or none of the options and
- enabling consumers to correctly identify products excessive in nutrients of interest.

2.7. Based on the wealth of available evidence the MOHW recommends that only one model of FOPL be implemented in the Region and advocates for the black 'high-in' octagon, used in conjunction with the PAHO Nutrient Profile Model.

## 3. Next Steps

3.1. Votes and comments from all CARICOM Member states to be submitted to CROSQ and determination made, based on at least 75% majority vote.

3.2. CARICOM to address the request made by the CARICOM Private Sector Organisation to delay the process while they conduct the Impact Assessment.

3.3. Jamaica to concretise its position on FOPL through discussions among the Ministry of Industry, Investment and Commerce; the Ministry of Foreign Affairs and Foreign Trade and the Ministry of Health and Wellness

# Better for You Menu Initiative

## 1. Background

1.1. Studies globally have attributed the changes in the food environment and food composition as one of the contributors to overweight, obesity and NCDs.
1.2. There has been a transition to fewer home cooked meals in exchange for meals from restaurants and fast food establishments.
1.3. Persons who dine out were frequently unaware of their daily energy requirements and underestimated the caloric density of their meals.
1.4. Better for You aims to help consumers to identify foods in their favourite Quick Service Restaurants (QSRs) which are more nutritionally balanced, according to the Food Based Dietary Guidelines of Jamaica
1.5. Better for You is a voluntary programme

## 2. Status

2.1. Initiative is set to launch in 8 major QSRs on Monday May 17, 2021
2.2. Enrolment of new restaurants is an open process, that is, QSRs and other restaurants can begin the enrolment process at any time convenient to them
2.3. Enrollment involves collaboration with the MOHW to identify and approve appropriate menu items and sensitise staff

## 3. Next Steps

3.1. Launch on May 17, 2021
3.2. Promote the programme and finalise monitoring and evaluation plans
3.3. Streamline enrolment procedure

# ENHANCING HEALTHCARE SERVICES DELIVERY PROJECT

## Background

The Enhancing Healthcare Services Delivery Project commenced implementation in September 2019 with the objective of improving access to Healthcare services within the Public Healthcare system, specifically forming a part of the Ministry of Health and Wellness' strategy for the reduction in wait time and overcrowding in hospitals.

## Status

### COMPONENT 1: DIAGNOSTIC AND RADIOLOGY SERVICES

- Evidence suggests that the project has contributed positively to the operations of the Ministry of Health and Wellness through reduction in patient wait time for diagnostic services and the reduction in length of stay for patients in hospitals.
- Standardized process for the provision of diagnostic testing across Public Health facilities- negotiated rates, standard services request form, payment process across all health regions.
- National access for public patients to diagnostic services – 15 Service Providers across parishes
- Over 22,500 tests completed to date at a cost of approximately JMD 905 Million Dollars since inception of project. Of the tests completed to date, CT Scans (68%), MRIs (12%) and Ultrasounds (15%) account for the majority of examinations requested by the different hospitals, with a higher percentage of females (52%) accessing services than males (48%).
- Electronic database of beneficiaries that has proven to be an excellent data source for planning, monitoring and decision making.

### COMPONENT 2: ELECTIVE SURGERIES

- This Component is on hold. The following have been completed under the component to date.
- Draft Protocols for the operation of the outsourcing of elective surgeries
- Requests for Expressions of Interests and preliminary review of submissions.
- Completion of Evaluation Form outlining proposed criteria for evaluation of submissions.

### COMPONENT 3: SOCIAL CASES

- The Ministry of Health & Wellness has partnered with the Ministry of Local Government and Urban Development for the transfer of Social Cases from hospitals. The Ministry provided JMD $50 million for the addition of spaces at the Golden Age Home in Kingston and May Pen Infirmary. One Hundred and Seventy-Four (174) Social Cases are currently in hospitals.
- In January 2021 twenty-five (25) social cases were transferred to the Golden Age Home (GAH) from Kingston Public Hospital.
- Eleven (11) social cases were transferred from the May Pen Hospital to the May Pen Infirmary.
- The completion of Policy for the Management of Social Cases
- Capacity Strengthening Training for Social Workers commenced in April 2021 being carried out by the University of the West Indies Social Work Department and will be done over a period of three months.

## NEXT STEPS

### COMPONENT 1: DIAGNOSTIC AND RADIOLOGY SERVICES

- A comprehensive review of the component will be conducted to highlight the best practices and address an implementation concerns.
- Examine the sustainability of the programmme

### COMPONENT 2: ELECTIVE SURGERIES

- Finalize protocols for operations and outsourcing of elective surgeries
- Initiate the process to engage service providers

### COMPONENT 3: SOCIAL CASES

- Continue to build on partnership with Ministry of Local Government and Urban Development to build out spaces to cater to social cases
- Training of social workers in the hospital setting using the procedural manual that was developed.
- Engage in Social marketing campaign to influence behavior change and culture around the treatment of family members
- Examine legal framework to ensure family provides care for social cases.


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