MINISTRY OF HEALTH & WELLNESS

PUBLIC HEALTH

REVIEW
REFORM
RENEW

SECTORAL PRESENTATION || FISCAL YEAR 2022/23

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MAY 3, 2022 || GORDON HOUSE

Salutations and Appreciation

Madam Speaker, this sectoral presentation marks a milestone in my personal career as well as that of the Ministry of Health and Wellness, which I have had the honour to lead for nearly seven years.

This is the longest I have served as Minister for a portfolio, having served in two other Ministries. But more importantly, I have been privileged to lead a team of dedicated and competent public health sector workers to steer the response through the most significant health threat in over 100 years. I would like to give God thanks for His many blessings and guidance.

I would like to thank the health team for their unrelenting dedication and commitment. I would like to thank our multilateral and bilateral partners who have given consistent support and our local private and public sector partners for their interests, constructive criticisms and collective efforts.

I would like to thank the Most Honorable Prime Minister for his leadership and my Cabinet colleagues and parliamentarians, on both sides of this House and in the Upper House, for their critical support to the COVID-19 fight. I must also thank the municipal corporations across the island, who through their network of collaborators have greatly facilitated the achievements of the health team.

Madam Speaker, I would like to express my appreciation to my family whose support and love I value and cherish.

Strength in Unity of Purpose

Indeed, Madam Speaker, I believe that one of the commendable features of our COVID-19 response has been the bi-partisan support, which I have always attempted to foster and preserve. The COVID response has also been supported by the critical functionaries in the society generally, including the private sector, the church and other faith-based organisations, civil society and, importantly, the Opposition Spokesperson on health.

Madam Speaker, it is a good sign that our politics is maturing as it recognises that a rising tide will lift all boats. We are developing the emotional maturity to recognise, respond to, and overcome the many challenges that threaten us and our way of life as a people.

Madam Speaker, I am a strong believer in the capacity of our people to overcome any challenge if we work together, recognising our collective interests and that, as a country, we can be healthy and prosperous if we are prepared to work at it and support each other in achieving this collective goal.

The Impact of COVID-19 on the State of Public Health

The COVID-19 pandemic saw a decline in service utilisation in some areas of the health system. Provisional data in the year 2021 shows that we had **2,987,285** visits to public health facilities compared to **3,161,064** in 2020. This is a decline of almost 6%. In 2021, there were **1,812,589** visits to our health centres compared to **1,835,991** in 2020. This represents a 1% decline over 2020 figures, but is 8% greater than the five year average of **1,671,343** visits. We had **764,109** visits to public hospitals, when compared to **941,646** a year earlier. This represents a 19% decline over 2020 figures and a 36% decline over the five year average of **1,189,734**. 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 2021 to **55,461** compared to **52,115** in 2020. However it was less than the 5-year average (2016 to 2020) of **71,942**, amounting to over 16,000 less surgeries as a result of COVID-19. Additionally we had **151,848** admissions for care and **29,580** babies were delivered in the public hospital system. We provided **297,421** diagnostic imaging services including X-rays, CT scans and MRIs. There were **2,337,459** lab tests conducted by the National Public Health Laboratory in 2021. This represented an 18% increase over the 2020 figure of **1,974,814**.

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

These strategic changes included:

1

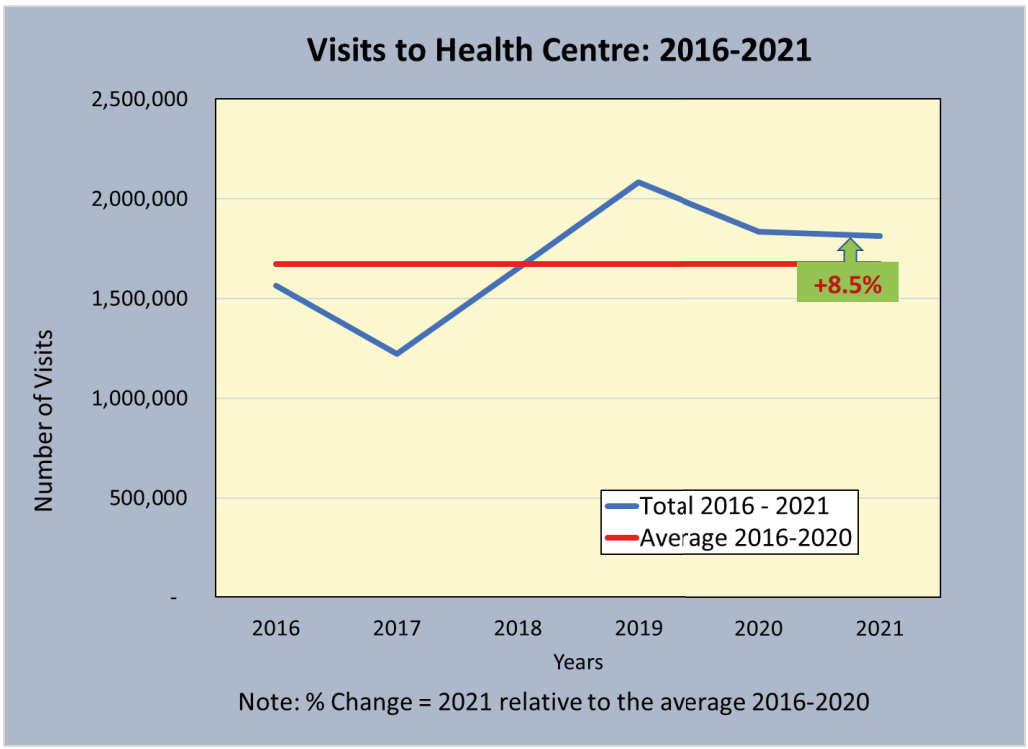
The use of digital technology for continued care of patients previously seen in hospital outpatient clinics and health centres.

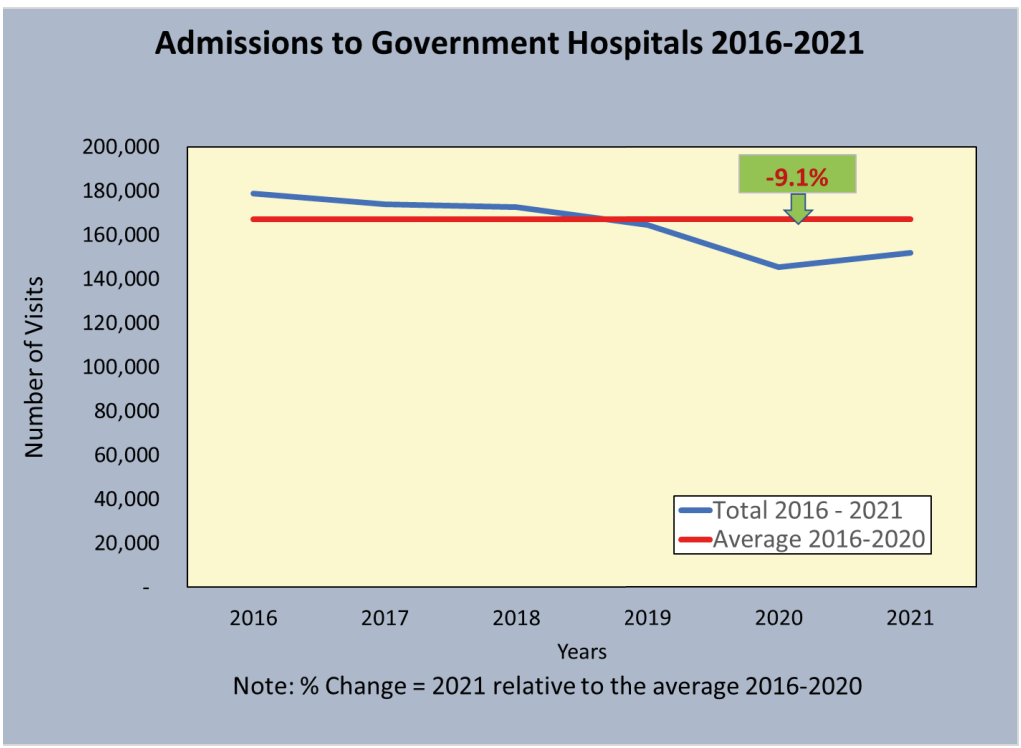
2

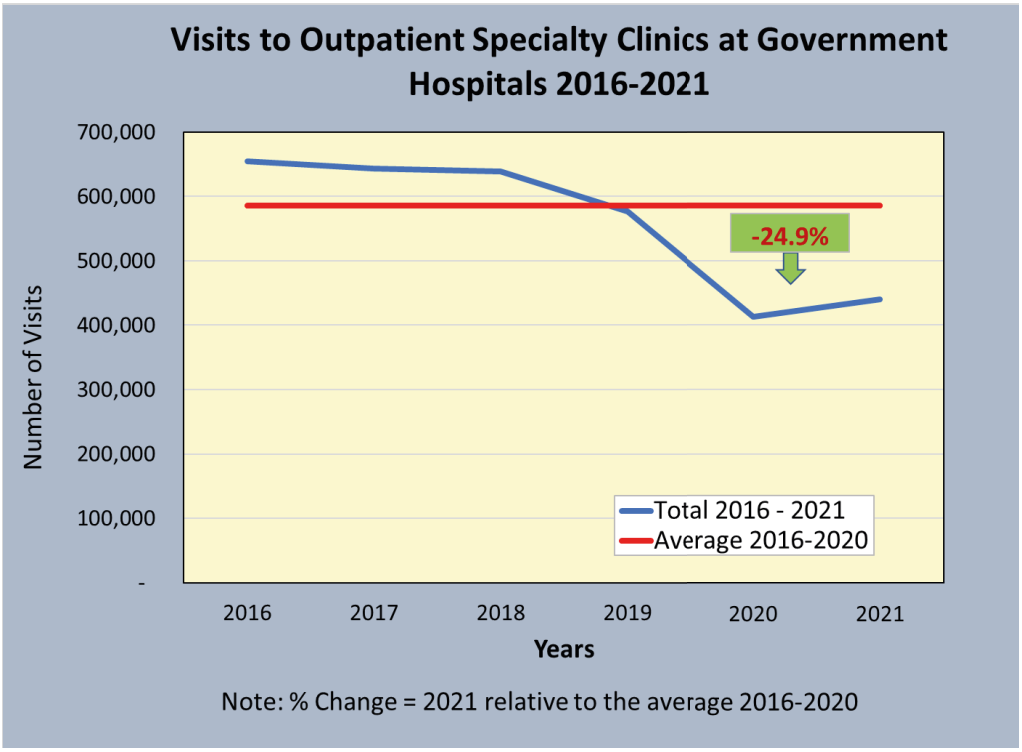
Patients were given longer appointments and prescriptions where possible.

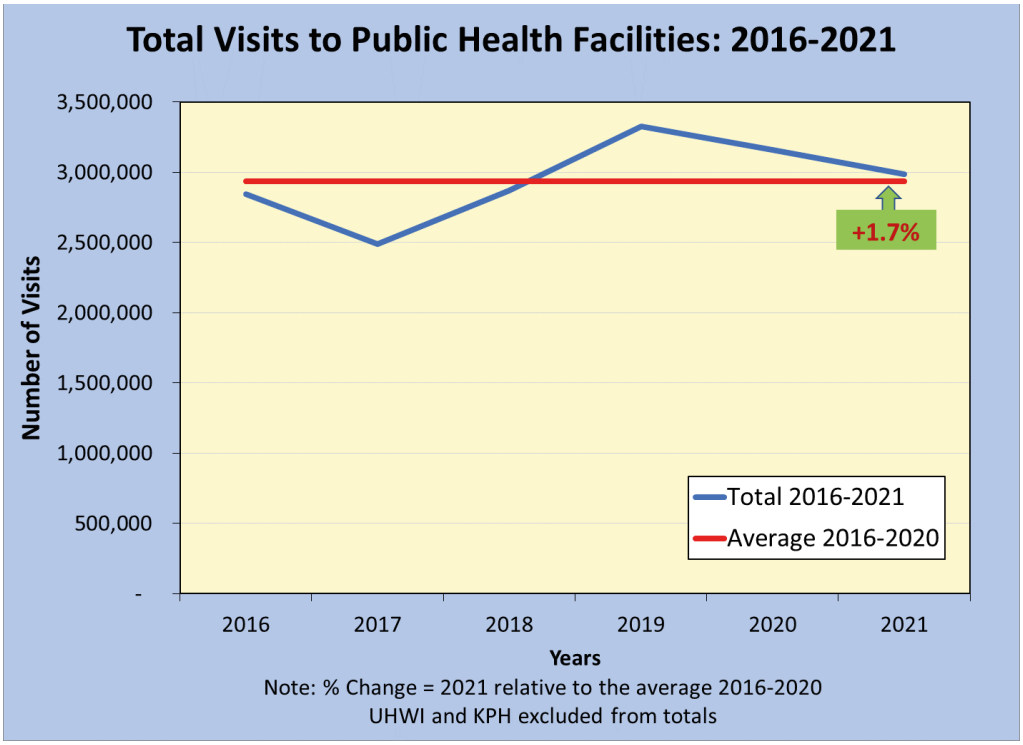
3

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. However, we used the crisis of COVID-19 to build out a telemedicine and home delivery service to treat our most vulnerable patients. Madam Speaker, through the NHF, we did 191,524 home delivery of prescription drugs (August 2020- March 2022). We also did 13,432 Smart Locker deliveries between March 2021 and March 2022. This is an innovative system, Madam Speaker, and a positive development from this crisis and an approach we will continue and expand on in the future.


Visits to Health Centre: 2016-2021
2,500,000
2,000,000
1,500,000
1,000,000
500,000
-
Number of Visits
+8.5%
Total 2016 - 2021
Average 2016-2020
2016
2017
2018
2019
2020
2021
Years
Note: % Change = 2021 relative to the average 2016-2020


Admissions to Government Hospitals 2016-2021
200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
-
Number of Visits
-9.1%
Total 2016 - 2021
Average 2016-2020
2016
2017
2018
2019
2020
2021
Years
Note: % Change = 2021 relative to the average 2016-2020


Visits to Outpatient Specialty Clinics at Government Hospitals 2016-2021
700,000
600,000
500,000
400,000
300,000
200,000
100,000
-
Number of Visits
-24.9%
Total 2016 - 2021
Average 2016-2020
2016
2017
2018
2019
2020
2021
Years
Note: % Change = 2021 relative to the average 2016-2020


Total Visits to Public Health Facilities: 2016-2021
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
-
Number of Visits
+1.7%
Total 2016-2021
Average 2016-2020
2016
2017
2018
2019
2020
2021
Years
Note: % Change = 2021 relative to the average 2016-2020
UHWI and KPH excluded from totals

Economic Modeling for Healthcare

While COVID-19 continues to be an immediate threat, we must now shift our singular focus from addressing this threat to building on the opportunities it potentially presents. We must protect ourselves with an appropriate public health response, not just for today's generation but for future generations to come.

And, Madam Speaker, as we attempt to build back stronger and more resilient, let us be clear that the discussions on economic growth and development can no longer view healthcare as a cost to the public purse, but instead as an investment in our people for future prosperity.

Economic modeling, particularly in a developing country context, must focus on human development, and health care is a fundamental determining factor of our productivity and competitiveness as a nation. Too often, successive Governments have ignored this fact. Over time, we have seen the manifestations of this in lost man-hours and low productivity, due to premature sickness; not to mention the pain and suffering experienced by Jamaicans who may have access to health services, but due to a lack of infrastructure or personnel, the quality of service is compromised.

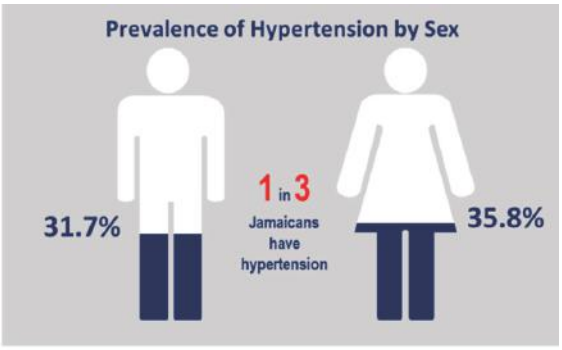
Indeed COVID-19 has impacted the labour force, Madam Speaker. In comparison to 2019, more persons worked shorter hours. There was a reduction in the number of persons who worked for 35 or more hours.

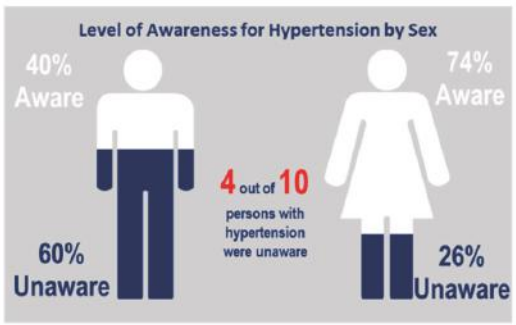
Madam Speaker, I have given over 25 years to public service, and long enough to public health, to understand that we are ignoring these issues at our own peril, and we must spend more time advocating for and making the necessary changes. This is my commitment to the Jamaican people and my intention for my stewardship.

Advocacy will define our stewardship this year. Encouraging partnerships but also calling out stakeholder interests where we believe there can be better attempts at supporting the health and wellness of our population and our national interests for sustainable economic and social development. We are calling it as we see it, even if some are offended in the process.

684,900 Jamaicans have Hypertension

688,800 Jamaicans have Pre-hypertension





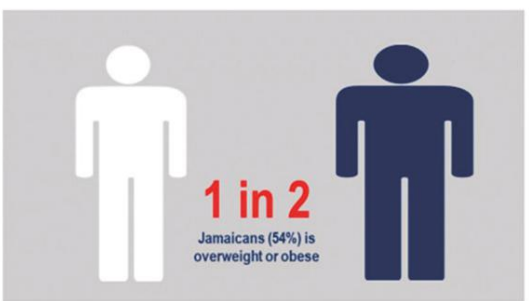
Trends among persons 15-74 years for 2001, 2008, 2017

Condition	2001 (%)	2008 (%)	2017 (%)	% Change
Overweight (BMI ≥ 25)	45.7	51.8	53.9	17.9
Obesity (BMI ≥ 30)	19.7	25.3	28.9	46.7
Hypertension	20.9	25.2	31.5	50.7
Diabetes mellitus	7.2	7.9	10.2	41.7
High Cholesterol	14.6	11.7	17.1	17.1

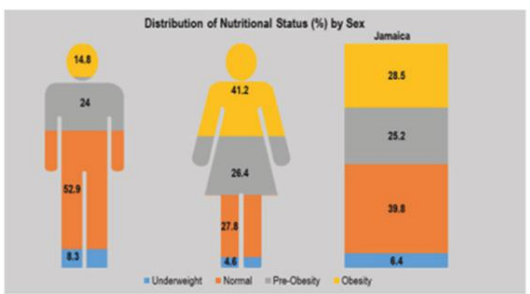
Classification of Adults According to BMI

Nutritional status	BMI (kg/m^2)
Underweight	Below 18.5
Normal weight	18.5–24.9
Overweight (BMI ≥25 kg/m^2)	
Pre-obesity	25.0–29.9
Obesity class I	30.0–34.9
Obesity class II	35.0–39.9
Obesity class III	Above 40

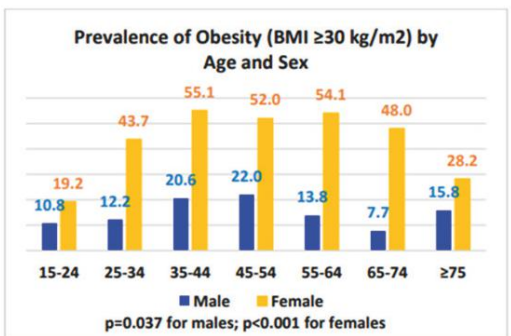
Source: WHO (2000) Obesity: preventing and managing the global epidemic Report of a WHO Consultation (WHO Technical Report Series 894)



577,300 Jamaicans are Obese



P<0.001 for male: female difference in weight distribution



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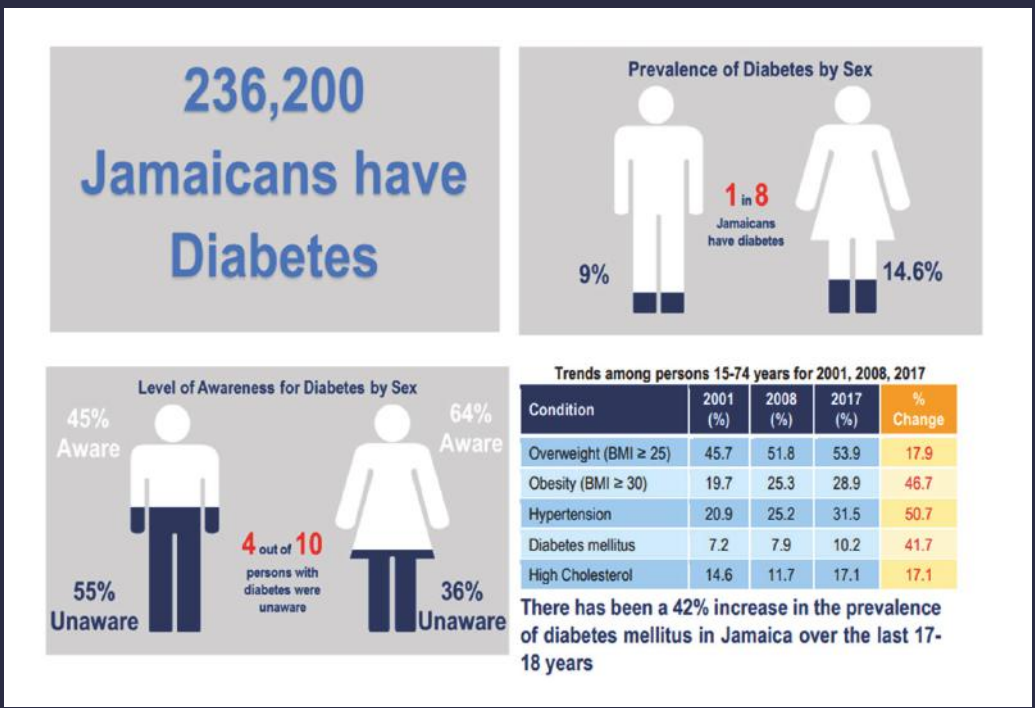
Diabetes Mellitus

Definition

Fasting blood glucose greater than or equal to 7.0 mmol/l or on medication for diabetes (WHO, 2006).

Key Findings



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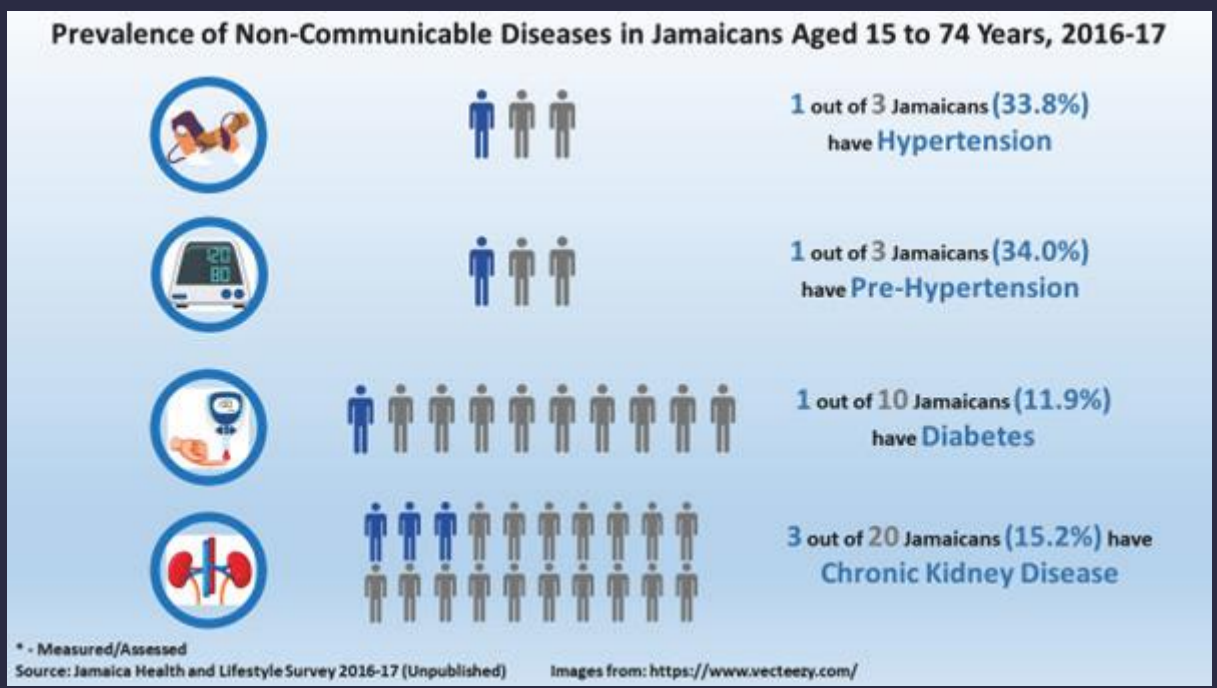
There has been a 42% increase in the prevalence of diabetes mellitus in Jamaica over the last 17-18 years

Madam Speaker, we have a sick profile that is alarming and getting worse and we all can do more to correct this. A large percentage of Jamaicans have a non-communicable disease or a significant risk factor, such as obesity, high cholesterol or physical inactivity. Many are unaware, some may not even care, but in the end Madam Speaker, it affects all of us in the shared burden of healthcare costs.

The 2016/2017 Jamaica Health and Lifestyle Survey indicated that 1 in 3 persons aged 15 years and older were hypertensive, one in 8 had diabetes and 1 in 2 were obese or overweight. Approximately 8 out of 10 Jamaicans had low levels of physical activity. These are trends borne primarily out of historical lifestyle practices and it will take time and a number of policy prescriptions to curb these trends.

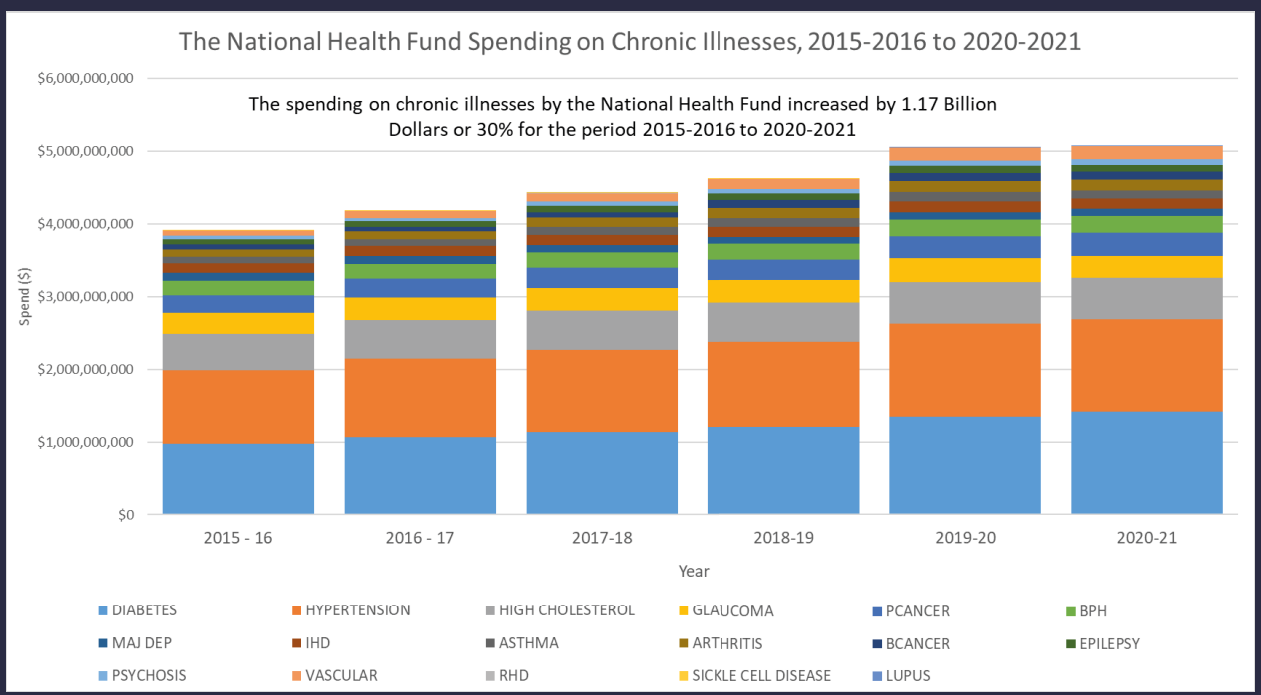
And, Madam Speaker, the economics or sustainability of this public health response cannot be solely to put more money into curative measures - into prescription drugs. We will never have enough.



The National Health Fund

A close look at the budget of the National Health Fund (NHF) shows that costs have escalated by 139% ($4.6B in FY15/16 - $15B IN FY21/22, adjusted for COVID-19) over the last seven years of my tenure with projections for the next three years suggesting further increases of approximately 30%: (2023 - $12.754B, 2024 - $13.391B, 2025 - $14.061B). At this rate of demand and cost increases to treat over 720,000 Jamaicans, served by the NHF, this critical entity will need approximately $40 billion over the next three years or risk being unable to address the needs of Jamaicans suffering from some sort of illness.

Madam Speaker, sick Jamaicans from lifestyle practices feature prominently in these escalating costs. In 2020/2021, the NHF spent $1,275,706,612 on hypertension compared to $940,436,173 over the 2014/2015 period. In 2020/2021, the organization spent $1,411,919,673 on diabetes compared to $887,349,881 in 2014/2015. This is a 59% increase.



Madam Speaker, rising health costs are not just hitting us as a collective - as taxpayers, but also as individual householders, eroding our disposable income. The economic impact of rising costs is devastating.

Over the 2020/2021 period, Jamaicans spent $2,384,492,739 in NHF copayments on drugs to treat high blood pressure compared to $1,467,960,363 for the 2014/2015 period.This is a 62% increase. Jamaicans also spent a staggering $1,575,720,986 on drugs for diabetes for the 2020/2021 period when compared to $862,827,880 for the 2014/2015 period. Madam Speaker, this represents an 82.6% increase.

There is a real need to think about how we can reduce these costs for Jamaicans who are at risk of impoverishment due to ill health and the associated costs.

NHF Pharmaceutical Price Increases

	Item Description	2017	2018	2019	2020	2021	2022	% Variation in Price for the Period	Price Diff Between 2017 and 2022
1	Rifampicin Tablet 300mg	$3,936.67	$3,830.32		$9,520.28		$7,261.50	84%	$ 3,324.83
2	Dextrose 5% in Normal Saline 0.45%/500ml (Baxter)	$85.69	$84.94	$ 85.26	$ 89.97	$147.87	$160.14	87%	$4.45
3	Metronidazole Suspension	$85.69	$302.59	$73.18	$82.25	$284.13	$636.56	102%	$320.67
4	Heparin Injection Preservative Free	$855.55	$1,147.16	$1,474.46	$1,418.00	$1,133.00	$ 1,727.00	102%	$871.45
5	Lectrum Injection 11.25mg	$13,966.63	$13,440.04	$14,047.61	$14,308.64	$25,730.31	$ 28,274.25	102%	$14,307.62
6	Morphine Powder 25g		$24,960.06	$29,015.84	$29,283.69	$31,382.85	$54,165.00	117%	$29,204.94
7	Benztropine Tablet 2mg/100pk	$198.61	$191.78	$197.29	$216.07	$647.63	$686.58	246%	$487.97
8	Alusil Tablet 500pk	$656.12	$1,397.49	$1,476.16	$1,565.60	$2,293.13	$2,398.00	265%	$1,741.88
9	Clindamycin Capsule 150mg/100pk	$907.47	$901.28	$2,847.59	$2,956.23	$4,405.88	$5,652.00	523%	$ 4,744.53
10	Paracetamol Tablet 500mg/1000pk	$269.81		$739.61	$1,052.67	$2,000.57	$2,389.04	785%	$2,119.23

There was an increase in the price of selected pharmaceuticals covered by the NHF between 2017-2022. Eight of ten drugs under consideration had price increases greater than 100% over the review period. Examples of the price variation in commonly used pharmaceuticals included paracetamol (785%), Dextrose 5% in normal saline (87%) and morphine powder (117%).

So, we have few options. We either reduce the benefits to over 720,000 Jamaicans who are likely to need medicines or curative services and cannot afford to pay in the private sector, change our funding model to reflect a more sustainable approach to financing the health sector or use policies and laws to change our lifestyle to improve our health profile and ultimately reduce costs.

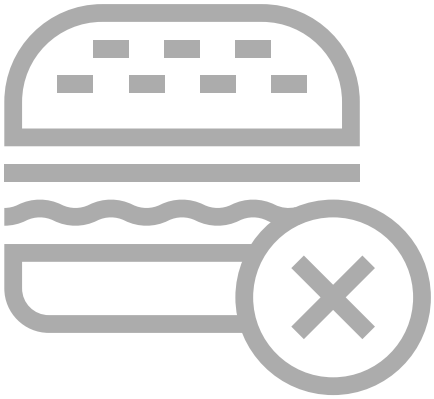
Madam Speaker, the answer is likely to be a combination of all of the above. What is clear is that health care costs are rising rapidly, and access can only be granted if financing is available. Madam Speaker, healthcare is not free, we all pay, one way or the other. The question is how and how much. It is an issue we must tackle frontally in the coming years.

Madam Speaker, it is time to restructure the health system to achieve a more sustainable financing mechanism and to do so in a way that ensures efficiency and accountability of existing expenditure as well as a greater proportional contribution to reflect the increased demands on the system. We also need to determine how this restructured health system is to be financed.

In the coming months, I will unveil a ministry paper on sustainable financing for our healthcare system and embark on a series of consultations within Government and the country as well as our multilateral partners around health care financing. This is a follow on to the Green Paper on a National Health Insurance Plan that was tabled in 2019, which was not pursued as desired due to the priorities of COVID-19.

Madam Speaker, I have appointed **Dr Damien King - Healthcare Financing Review**; an economist and executive director of CAPRI, to lead the national discussions on the current challenges we are facing with health financing and implications for poverty and the economic and social advancement of Jamaicans. The goal here is to achieve greater public understanding of the challenges of health care financing and implications for each of us as individuals, to consult with local and multilateral stakeholders to explore health financing options and to assist in the advocacy that is necessary to ensure a more sustainable health financing model.

The Principle of Primordial Prevention



Madam Speaker, health is not just about our ability to provide prescription medication, hospitals and health centres. It is not just about what the Government can do, rather it is about what we can do for ourselves - the foods we eat, rest and relaxation and physical activity. It is about how we configure our society to encourage health-seeking behaviour, and to nudge people into healthier lifestyle practices.

I urge us today, as legislators, to see policies and laws relating to health care in a much wider context around prevention rather than just cure, and around lifestyle practices rather than prescription medicines.

We must promote consumer awareness as we encourage taking personal responsibility and discouraging unhealthy practices, particularly those that are potentially addictive and destructive.

Curbing Excesses, Eliminating Threats

While we support the fundamentals within our society around freedom of choice, we should also recognize the collective burden we bear as a country from choosing to consume excess salts, sugars and fats or tobacco and alcohol. When we do this, we develop a sick profile that becomes a burden to our friends and families and the public healthcare system. That connection must be made and we will continue to develop policies to promote health-seeking behaviour. We must think long term as part of sustainable healthcare.

Madam Speaker, I would like to urge my colleagues in this House to subscribe to the principle of Primordial Prevention and of using policies and laws within the wider socio-economic context to combine behavioural and clinical sciences to achieve a healthier society.

Obesity and School Nutrition policy

Take obesity in our children for example. We have seen a significant rise in the obesity levels among young people 0 to 12 years. The Global School Health Survey 2017 indicated that 65% of children 13-17 years were overweight and 26% were considered obese. It also showed that obesity increased for boys moving from 5.3 per cent to 10.3 per cent, and from 6.7 per cent to 9.9 per cent for girls.

So Madam Speaker, we will have new policies and laws around food options in our schools through the soon to be implemented School Nutrition Policy, to keep our children healthy and over time help them to develop habits around consuming more vegetables and drinking more water, as opposed to sugary drinks.This is in collaboration with the Ministry of Education & Youth.

This policy proposal has passed through all the stages of internal consultations and has been approved by Cabinet as a Green Paper. The policy is a joint submission between the Ministry of Education and the Ministry of Health and Wellness. The next step is to now do the consultation to move it to a White Paper and once approved, we will work to guide and mandate in some cases our school cafeteria to prepare healthier options for our children. We must help our children to develop healthy habits and the school environment is a good place to start.

Madam Speaker, our sugary drink restriction in schools programme continues with parish health officers now embarking on school inspections to ensure the policy is maintained. The current restriction is four grams of sugar for 100ML of fluid. We want to urge school administrators, in the interest of our children, to comply with these guidelines.

Additionally, now that schools are reopened, we will also see another collaboration with the Ministry of Education & Youth, with the rollout of the Jamaica Moves in schools programme to get our children active as part of their wellness programme. Minister of State in the Ministry of Health & Wellness, the **Hon. Juliet Cuthbert Flynn** will lead this initiative.

I urge us today, as legislators, to work together to respond to this crisis being faced by our children and to support these policies here and at the constituency level.

I would like to issue an appeal to our food producers, particularly our manufacturers and distributors. Join hands with us and let us provide healthier options to our children guided by the new school and nutrition policy. This is good for our children but it will also be good for business.

Front of Package Labeling

Madam Speaker, we will continue to reset our policies and laws to create a more health and wellness conscious citizen. The discussions around the consumers' right to know what is in their foods will continue this year with stepped up advocacy around finding a simple and consistent way to read labels and know the amount of salts, sugars and fats in our foods. Last year, Cabinet took a decision to support front of package labeling. This is a step in the right direction. This year we must decide on what this means and how it will be implemented. What is clear, Madam Speaker, is that we cannot have this kind of sick profile and associated costs to the country and Jamaicans and not give our consumers at least a fair chance of making informed choices of the foods they eat. It is wrong - immoral and contrary to our international obligations to ensure the attainment of good health.

To manufacturers and food distributors I say, let us work together to improve the wellness and wellbeing of our consumers. It's a great way to build brand loyalty.

There are a number of significant areas of focus we will be pushing this year as part of the principle of Primordial Prevention.

TOBACCO LEGISLATION

This year we intend to tackle the destructive impact of tobacco consumption.

Tobacco consumption, whether 1st or 2nd hand smoke, kills 8 million persons each year and costs the public health system billions of dollars to treat. Tobacco is second only to hypertension as a cause of mortality worldwide.

This cost is borne by all of us, not to mention the pain and suffering from the loss of loved ones. I am pleased to announce that the Tobacco Legislation 2021 is now at committee stage and the report is to be tabled for debate and a vote in the Parliament this year. Key features of this bill are:

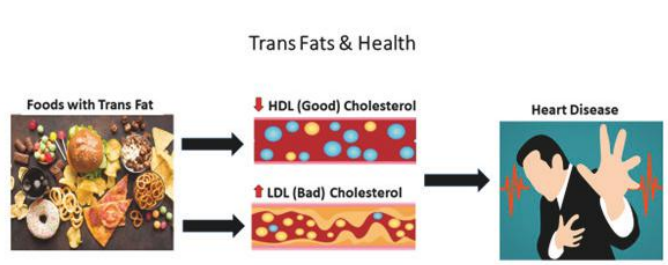
- **Restrictions on marketing tobacco products;**
- **Prohibiting the sale of tobacco products to children and restrictions on the development of advertisements targeting children within our society;**
- **Expansion of the prohibitions to include use of Electronic Nicotine Delivery Systems (ENDs) such as e-cigarettes in public spaces;**
- **Support for reducing dependence; and a fixed penalty regime and graduated penalties.**

"I Wish I had quit before it sickened my lungs"

This piece of legislation is significant to our efforts to manage the risks of the many devastating effects of tobacco smoking and impact on many families, in terms of the catastrophic health costs as well the shortening of active work life and life expectancy.

I would like to thank my colleague parliamentarians and support team who have worked in this process over the past year. Thanks to those also who have made submissions to the parliamentary committee. I urge my colleagues to support this Bill when it comes up for debate to enable the most comprehensive and significant piece of legislation in our independent history to control the devastating effects of tobacco consumption.

TRANS-FATS



Madam Speaker, trans-fats are another major risk factor to personal and the public's health. Trans-fats or trans-fatty acids are a major source of cardiovascular diseases such as heart attacks and strokes, the leading killers in adults today. They are found in fast foods, baked goods, fats, oils and shortening, and have been deemed so dangerous to the public's health and a significant contributor to health care costs, that the most advanced countries in the world and our major trading partners - the US and Canada have banned their use and there is voluntary agreement between the UK state and industry players not to use artificial trans fats.

Madam Speaker, the time has come to move for the elimination of industrial trans-fats in our food systems. We have started the process of determining how much of our foods contain trans fats.

Through partnership with the National Health Fund and the University of Technology, the Ministry has commissioned a trans-fats study. Key findings in this study are that trans fats are found in 117 of 296 food samples i.e. 39.5% of commonly consumed foods in Jamaica. Industrially-produced trans fats are found in 12 of the 15 food categories. Although natural trans fats are also found in some food categories, their concentrations are low.

These findings must now be infused in the overall engagement of the public around knowing the content of their foods. We will begin in the coming months by inviting private sector stakeholders, manufacturers and distributors to present and discuss the findings of our study.

Madam Speaker, we need to protect the health of Jamaicans and urgently take steps to remove industrially-produced trans fat from our food supply.

Trans Fats in Commonly Consumed Foods in Jamaica

Food Category	Total Food Items (No.)	Foods with Trans Fat (No.)	Foods without Trans Fat (No.)
Baked Goods	16	12	4
Breakfast Cereals	11	8	3
Condiments	21	14	7
Dairy	35	18	17
Fast Foods	34	23	11
Total	117	75	42

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)

Sugars and Salts

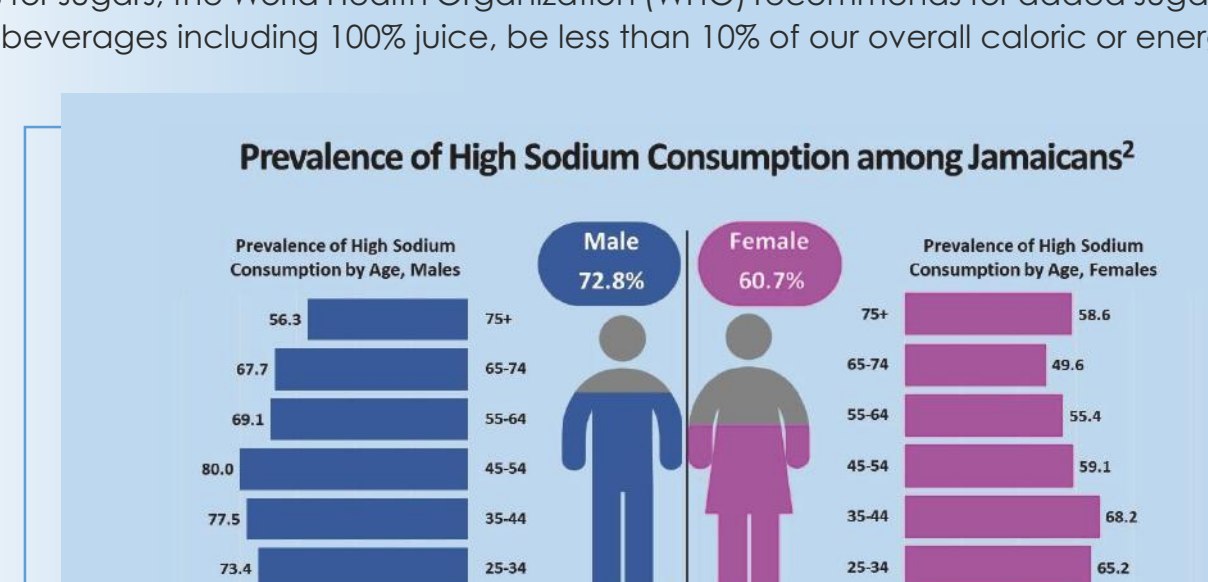
2 out of 3 (67%) of Jamaicans consume more than the recommended sodium intake[2]

Source: Ferguson et al. (2021). Sodium and Potassium Consumption in Jamaica: National Estimates from the Jamaica Health and Lifestyle Survey 2016-2017

Madam Speaker, sugar and salt (sodium) are a standard part of our diet and because of this current food patterns are easily consumed in excess quantities.

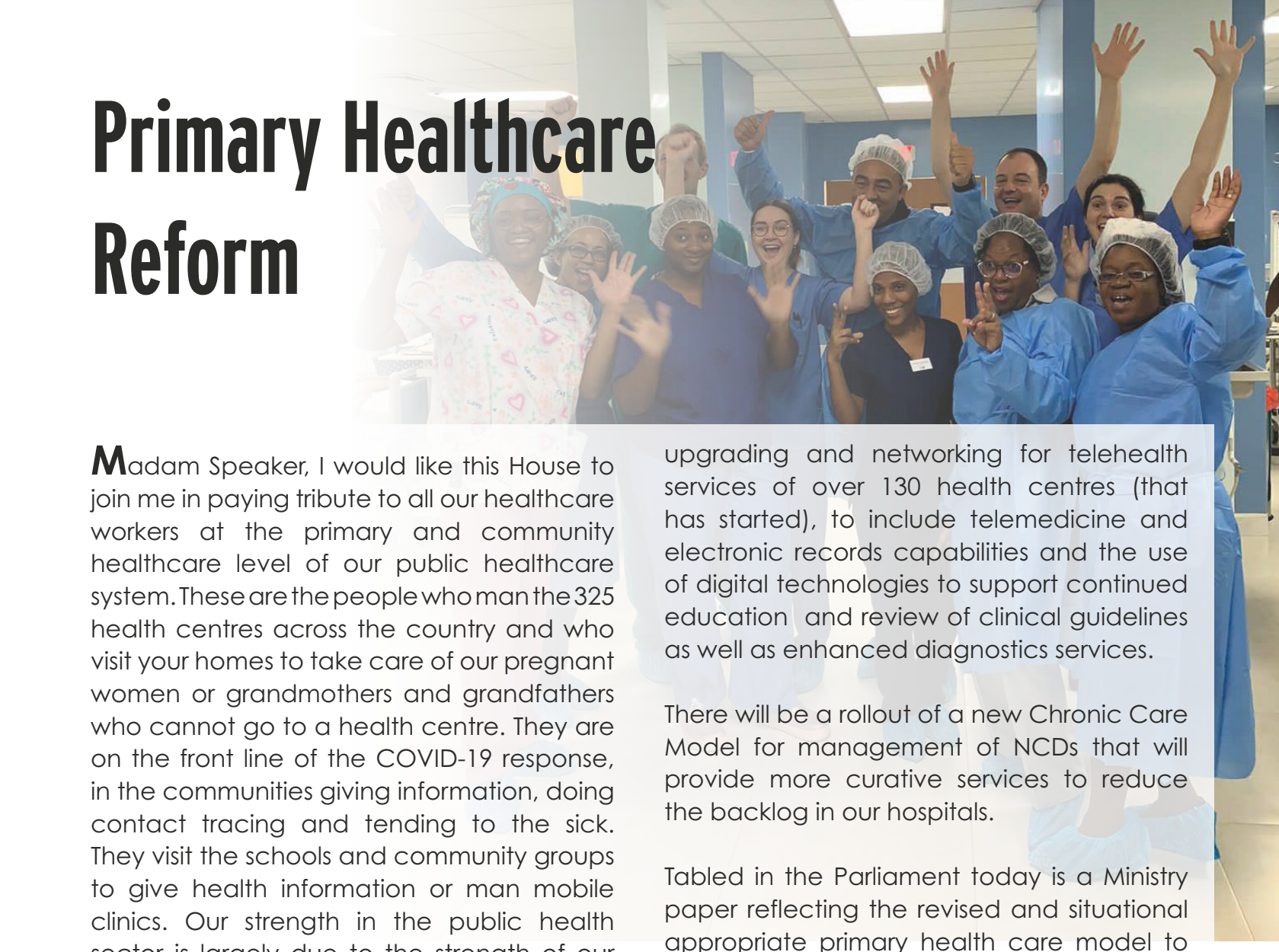
A recently conducted study to provide local data on salt/sodium consumption found that two-thirds or sixty-seven percent of Jamaicans fifteen years and older consumed more than the recommended amount of sodium per day. The recommended amount of added sodium for adults is less than two grams per day. For persons who are hypertensive, less than 1.5 grams sodium is recommended as the daily intake.

As for sugars, the World Health Organization (WHO) recommends for added sugars and sugars in beverages including 100% juice, be less than 10% of our overall caloric or energy intake.



Madam Speaker, excess salt and sugar consumption are associated with cardiovascular disease (including hypertension and stroke), kidney disease, osteoporosis and stomach cancer and diabetes. Whether we want to hear it or not, excess sugar and salt is bad for you and could eventually kill you! As said earlier we are committed to concluding baseline studies to know what's in our foods and to keep consumers informed so they can make better choices.

Primary Healthcare Reform



Madam Speaker, I would like this House to join me in paying tribute to all our healthcare workers at the primary and community healthcare level of our public healthcare system. These are the people who man the 325 health centres across the country and who visit your homes to take care of our pregnant women or grandmothers and grandfathers who cannot go to a health centre. They are on the front line of the COVID-19 response, in the communities giving information, doing contact tracing and tending to the sick. They visit the schools and community groups to give health information or man mobile clinics. Our strength in the public health sector is largely due to the strength of our primary health care system.

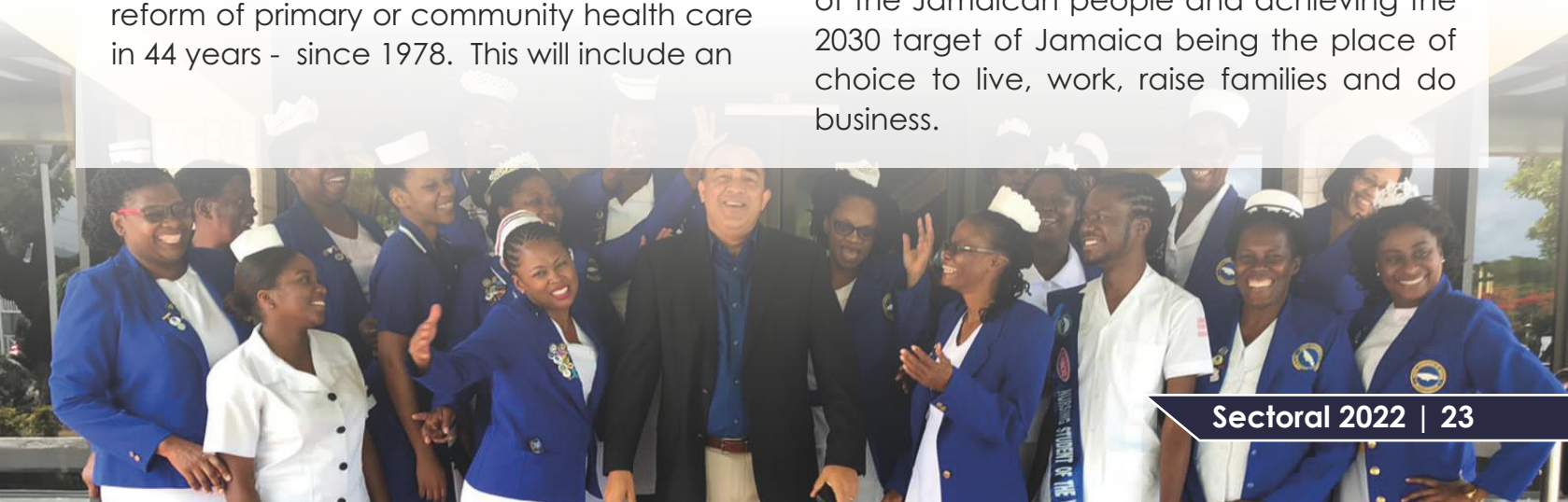
Madam Speaker, to reiterate, we have learnt from the COVID-19 experience and we are building back stronger for resilience.

I am happy to announce that we have started to embark on the most comprehensive reform of primary or community health care in 44 years - since 1978. This will include an upgrading and networking for telehealth services of over 130 health centres (that has started), to include telemedicine and electronic records capabilities and the use of digital technologies to support continued education and review of clinical guidelines as well as enhanced diagnostics services.

There will be a rollout of a new Chronic Care Model for management of NCDs that will provide more curative services to reduce the backlog in our hospitals.

Tabled in the Parliament today is a Ministry paper reflecting the revised and situational appropriate primary health care model to be implemented, starting this year. The roll out has started and more will be said on the details of this plan during the course of the year.

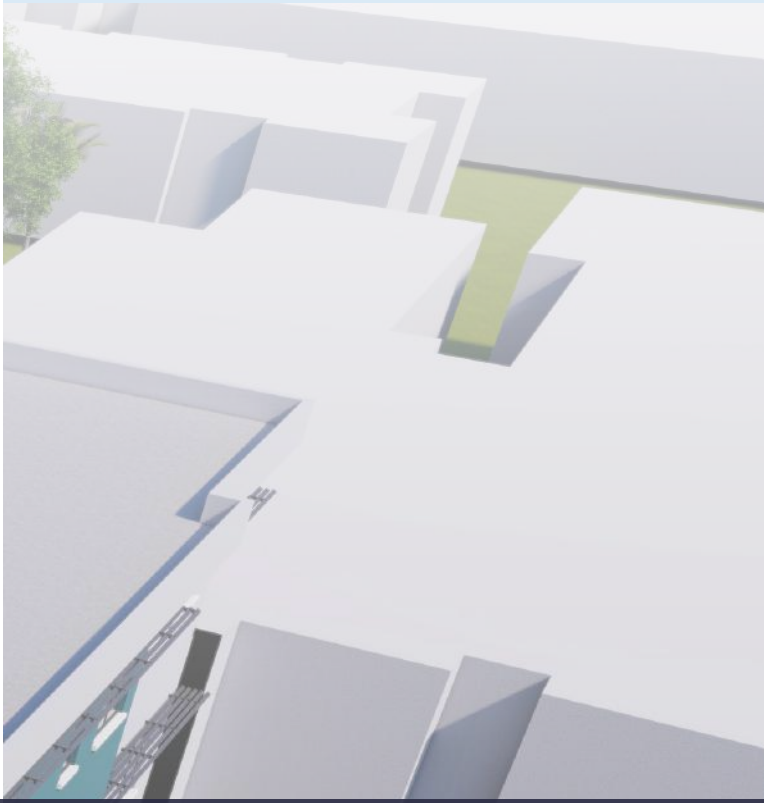
This comprehensive plan for primary health care, Madam Speaker, shows this Government's commitment to the health of the Jamaican people and achieving the 2030 target of Jamaica being the place of choice to live, work, raise families and do business.



Building out Health Infrastructure to maximize Service Delivery

Madam Speaker, one of the key components of the public health system is the infrastructure that provides the framework within which healthcare services are provided. In 2019, I tabled the CAPEX 5-year plan which highlighted the most significant investments in health infrastructure since Independence. Despite the challenges of COVID-19, we have started on that journey and this year the Government is committed to an investment of over J$5.0B to support the achievement of the objectives that have been outlined.

Cornwall Regional Hospital



Madam Speaker, Cornwall Regional Hospital Rehabilitation programme remains a priority.

I am pleased to report that we have completed Phase 1 and 2A at a cost of J$1.3B and Phase 2B has commenced, expected to cost J$1.7B, aimed at remediating structural defects that were present in the building. This will include the strengthening of structural beams that had begun to deteriorate and the rehabilitation of other support systems to make the building sound.

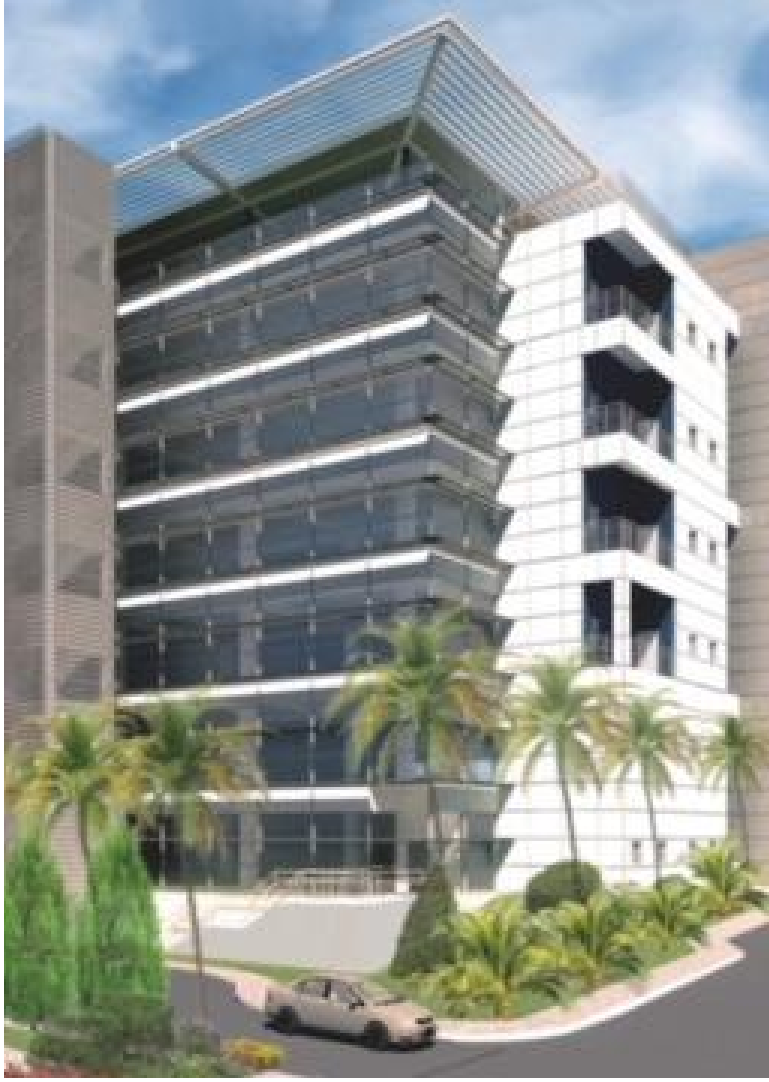
The Ministry also received Cabinet approval for the use of a design and build modality for the implementation of the final phase, Phase 3. This phase will see the complete restoration of the hospital.

Given the learning curve that we have had to travel on this project, the Ministry has strengthened the overall quality assurance function in the project management by contracting a US based Commissioning Agent Firm that will support the Project Management Unit to ensure value for money and timely delivery of the project. In the interest of transparency, I have also appointed a multistakeholder group including the St. James Chamber of Commerce and the Western branch of the Jamaica Hotel & Tourist Association (JHTA) to receive periodic updates and to provide a citizens oversight body to this project. The chair of this committee is Dr. Jeffrey East.

Western Children and Adolescent Hospital

Madam Speaker, the 250 bed Western Children and Adolescent Hospital had some delays due to COVID. However, the Chinese Embassy here in Kingston has assured me that work will begin this year, estimated to start in June. The facility is estimated to cost J$5.0B and this year the GOJ has allocated J$100.0M to recommence work. We look forward to the start of the work this year which will offer the only pediatric and adolescent hospital in the Caribbean.

UWI Redevelopment Project



Madam Speaker, this year we will begin the most significant infrastructure expansion of the UHWI in 50 years, to include a re-routing of the ring road and entrance and the construction of a six-storey tower to include adolescent psychiatric, surgical and interventional diagnostic along with trauma and urgent care services. We will begin the re-routing of the road and gate this year and are now finalizing designs for the tower that is to be constructed. Estimated costs for this project is in excess of USD $31.0M.

Spanish Town Hospital

Madam Speaker, in my last sectoral presentation to this honourable House, I mentioned the investments that were being made through the US$50.0M IDB project. In November of last year I presented in the foyer of this house the designs for the 3 hospitals and 10 health centres that will be financed under this loan facility.

Today, Madam Speaker, I am pleased to advise that the tender for the Spanish Town Hospital will be in the public domain in May, 2022. Based on IDB procurement procedures, it is anticipated that we should have engaged a contractor by the end of the calendar year and work should commence early in 2023.

This investment in Spanish Town will be one of the largest investments that will be made in health facilities in the history of this country. The investment will realize the creation of:

- **An Accident and Emergency Wing with ambulatory and ambulance bay, triage and consulting rooms, patient wards and, among other things, lounge and lunch areas;**
- **A Radiology Department**
- **Pharmacy and Outpatient Department**
- **A Surgical Floor, and Patient Wards**
- **A Basement Area that includes staff parking**
- **A Sky Bridge that links the existing Administration and Dietary Block.**

Enhanced Health Care Delivery Project

In my 2019 presentation I outlined to the Parliament the need to provide support to the health facilities to not only support the diagnostic work but to develop a programme for the purchase of equipment and other support investments for the clinical management of patients.

To date the project has provided imaging for some 51,115 tests for over 50,000 Jamaicans reducing bed stay time by some 2 days.

However, it was never the intent of this project to replace the use of equipment in hospitals but was to be a short-term investment to enable the procurement of these necessary equipment. COVID-19 due to its intense resource requirement has delayed this component of the project and while we now have the specifications for the equipment in hand, we must now begin the process of procurement.

This investment will be some J$4.0B over 2 years starting in this fiscal years and will see:

- All Type A facilities having an MRI and CT Scan Machine
- All Type B facility having a CT Scan machine
- All Hospitals having Ultra Sound and X-Ray machines

Within this fiscal year the Ministry of Health & Wellness will be procuring equipment to retrofit the facilities, however, we must employ new strategies to strengthen and make more resilient our health facilities maintenance programmes.

Madam Speaker, in this regard we will be looking at different options in order to maximize the investments in equipment over the next two years. This will include exploring public-private partnerships for leasing and service to reduce downtime and ensure optimal use of equipment for the benefit of the Jamaican people. This year we are hoping to announce new agreements for equipping and maintaining our diagnostic services in our hospitals.

Human Resource For Health

Madam Speaker, our health care workers are our best asset in the public health system. With over 23,000 workers in the system, they keep the wheels turning, responding to patient needs even with limited resources.They also represent our most significant vulnerability as the world tries to grapple with the shortage of healthcare professionals, with mass overseas recruitment now a standard feature of filling vacancies.

While we support the mobility of labour, there is a debate to be had in this post-COVID period around the future of work, Madam Speaker. The Minister of Finance & the Public Service has announced the Government's intention to address anomalies in compensation packages, and we welcome that. However, I would humbly suggest that this solves only part of the problem when there is a global scarcity of health skill sets and wealthier First- World countries will pay large sums to recruit our nurses.

So Madam Speaker, as we build out infrastructure to improve the work environment and offer security of tenure to replace contract employment, Jamaica must also provide global leadership on this issue of the scarcity of labour and the need for global collaboration around training and flexible contracts to promote cross-border service delivery of healthcare services.

Madam Speaker, I have been asked to Chair the Commonwealth Health Ministers meeting In London later this month and to also attend the World Health Assembly in Switzerland. It is my intention to lobby for greater attention to be placed on the Future of Work in the healthcare space. DDeveloping countries like Jamaica will continue to lose skilled health care workers to the developed world and so we have to find new ways to collaborate to find solutions.

While I support the mobility of labour, we must also respond to the challenges we face with shortages of skilled workers with out-of-the-box thinking around training, flexible contracts and the use of technology.

Registration and Prescriptive Rights for Advance Nursing Practitioners

Madam Speaker, we must start the process of adjusting for the future of work in this challenging health care space.

One initiative that I have spoken to in the past and would like to update this honourable House on, is the granting of prescriptive rights to our advanced nursing practitioners. Madam Speaker, we have formed a committee chaired by Prof Eldimire Shearer and including the Medical Council Registrar (Professor Howard Spencer), Nursing Council Chair (Dr. Leila McWhinney-Dehaney), Pharmacy Council Chair (Dr. Eugennie Brown-Myrie), Family Nurse Practitioner (Mrs. Heather McGrath), Nurses Association of Jamaica President (Mrs. Patsy Edwards Henry) and Chief Nursing Officer (Mrs. Patricia Ingram-Martin). The committee has been, among other things:

- **Examining training requirements including Continuing Medical Education (CMEs) associated with Nurse practitioners prescribing.**
- **Soliciting the views of key stakeholders in relation to Nurse Practitioners being (1) being registered (2) allowed to prescribe and views on what to prescribe and when.**

Madam Speaker, the next steps will be to discuss the legislation that is needed, including completion of the proposed amendments to existing legislation as well as areas such as training, continuing education and telemedicine. The Committee will widen the discussions and finalise recommendations on prescriptive rights. As we build out our restructured Primary health care model, we see significant benefits to enable our Advanced Nurse Practitioners through training to be able to support patient care by writing prescriptions up to a certain level, particularly in remote areas where we do not have doctors to do the same.

Madam Speaker, the future of work will require more division of labour without compromising the quality of care. This is an example of that and so we must move speedily to complete this process.

Care with Compassion

Madam Speaker, It has not been lost on me as Minister that there is a need to confront the issue of good customer service in our hospitals and health centres.

In 2018, I proposed and began the implementation of the Compassionate Care Programme with the aim of training front line staff in good customer service as well as enhancing the waiting areas in our health facilities to improve the patient experience. Despite the improvements, I am still not satisfied that we are doing enough to deliver care with empathy and compassion.

This year we will again sensitize the public to the Patient Charter of Rights and Responsibilities, as a basis for both caregiver and patients to understand their rights and responsibilities in the delivery of service at our institutions.

We will re-introduce the public to the complaints mechanism which is the structured mechanism through which reports can be made regarding any abridgement of patient rights once they attend any health facility, whether it be the hospital, health centre or even the head office.

A new feature this year will be to engage a BPO firm to manage our toll free lines to receive and track complaints and provide the reports to the Complaints Mechanism that will also be strengthened to follow-up, monitor and report directly to the Permanent Secretary and myself. Gone will be the days when patients call out of a concern and the phones go unanswered. That is not good customer service. We will fix it! the reports to the Complaints Mechanism that will also be strengthened to follow-up, monitor and report directly to the Permanent Secretary and myself.

I will ask each Board of Management within the Regional Health Authorities to establish a specific sub-committee on compassionate care aimed at receiving these reports and providing guidance and support to the facilities in addressing the concerns raised by citizens.

Within this year, we will again support customer service personnel in each facility whose role it will be to champion the cause of the patient and will be visible and available to address concerns related to customer service and patient rights within the health facility.

Within this year also, the Ministry will provide support to the RHAs for the remedial works that are necessary to provide suitable and adequate facilities for both staff and patients within the health facilities, including the fixing of bathrooms and the provision of appropriate sitting areas. The improvement of the general aesthetic of the facility are some of the actions that are necessary to improve the quality of the experience of our people as they engage with the health system.

We understand and appreciate that the hospitals and other health facilities are challenging environments where patients and health practitioners must deal with complex issues that raise tension and fray nerves. We understand that in many instances persons must deal with difficult life decisions and are provided with information that upends their entire life experience.

Madam Speaker, these facts are the daily realities of persons who work within the system, and in as much as there is a requirement for compassion to the patient there must be reciprocity. As such the responsibilities of the Charter will also be enforced and there will be a Zero Tolerance for the abuse of health care providers by patients who believe that if they do not do what they want, in the time that they want it, they should resort to abusive language, threats and violence.

Addressing the Side-effects of COVID-19

Madam Speaker, while Jamaica has done well, using both clinical and non-clinical measures, to stave off the worst effects of the COVID-19 pandemic, we have had to grapple, like the rest of the world, with the side effects of some of these measures on both our patients and our public healthcare staff.

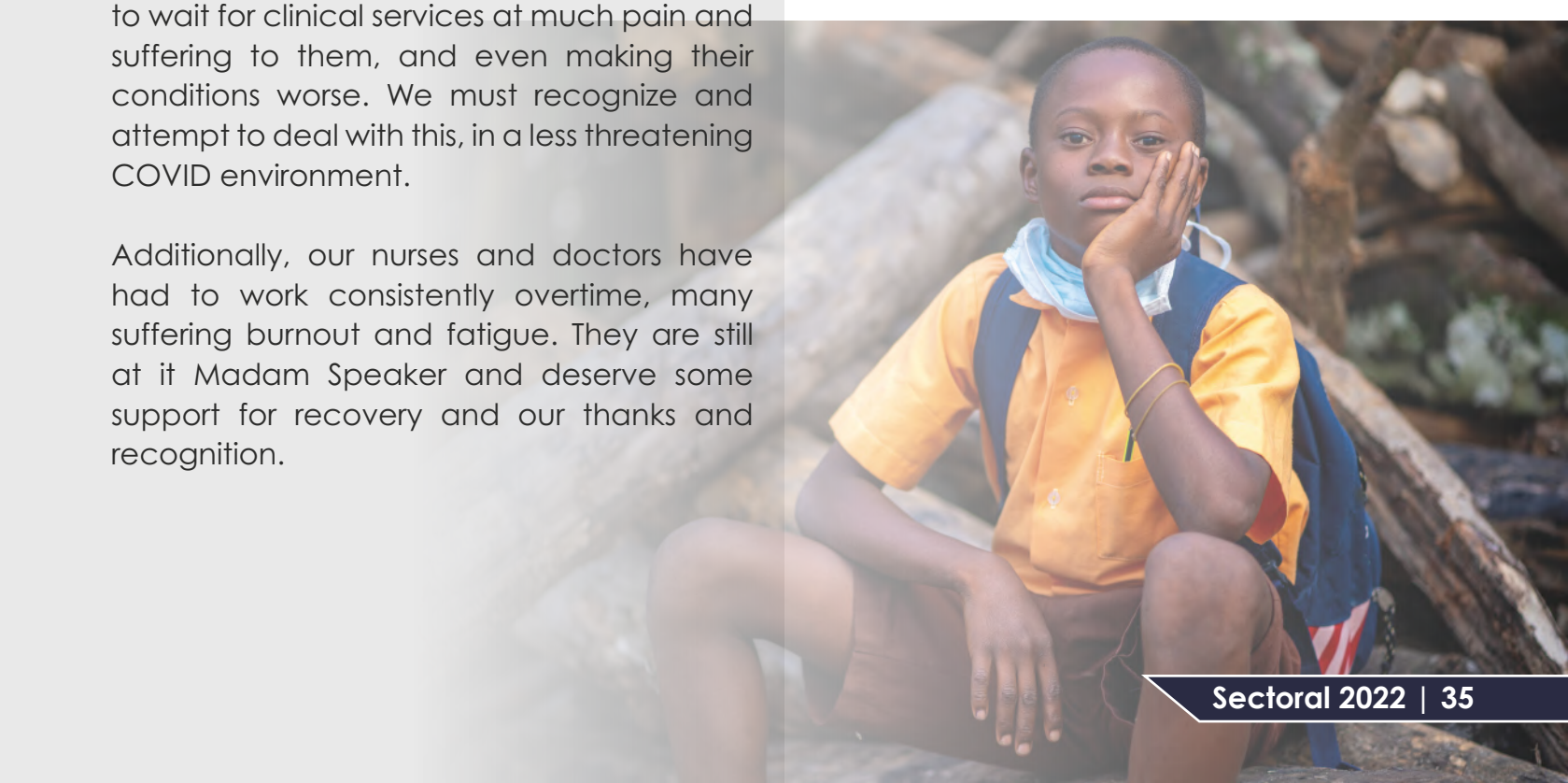
Our non-clinical measures of restrictions on schools and stay-at-home curfews particularly on our older populations have come with consequences such as loneliness, anxiety and motion deprivation. When our hospitals were overburdened with COVID-19 cases we had to suspend certain clinics and elective surgeries, leaving many Jamaicans to wait for clinical services at much pain and suffering to them, and even making their conditions worse. We must recognize and attempt to deal with this, in a less threatening COVID environment.

Additionally, our nurses and doctors have had to work consistently overtime, many suffering burnout and fatigue. They are still at it Madam Speaker and deserve some support for recovery and our thanks and recognition.

Madam Speaker, we must now attempt to deal with these issues. To recover stronger means recognizing that we have some catching up to do.

This year we will attempt to address three areas of focus as we attempt to recover from the side-effects of COVID-19. We will design and implement special programmes to address concerns around mental health, surgery backlog and staff welfare.

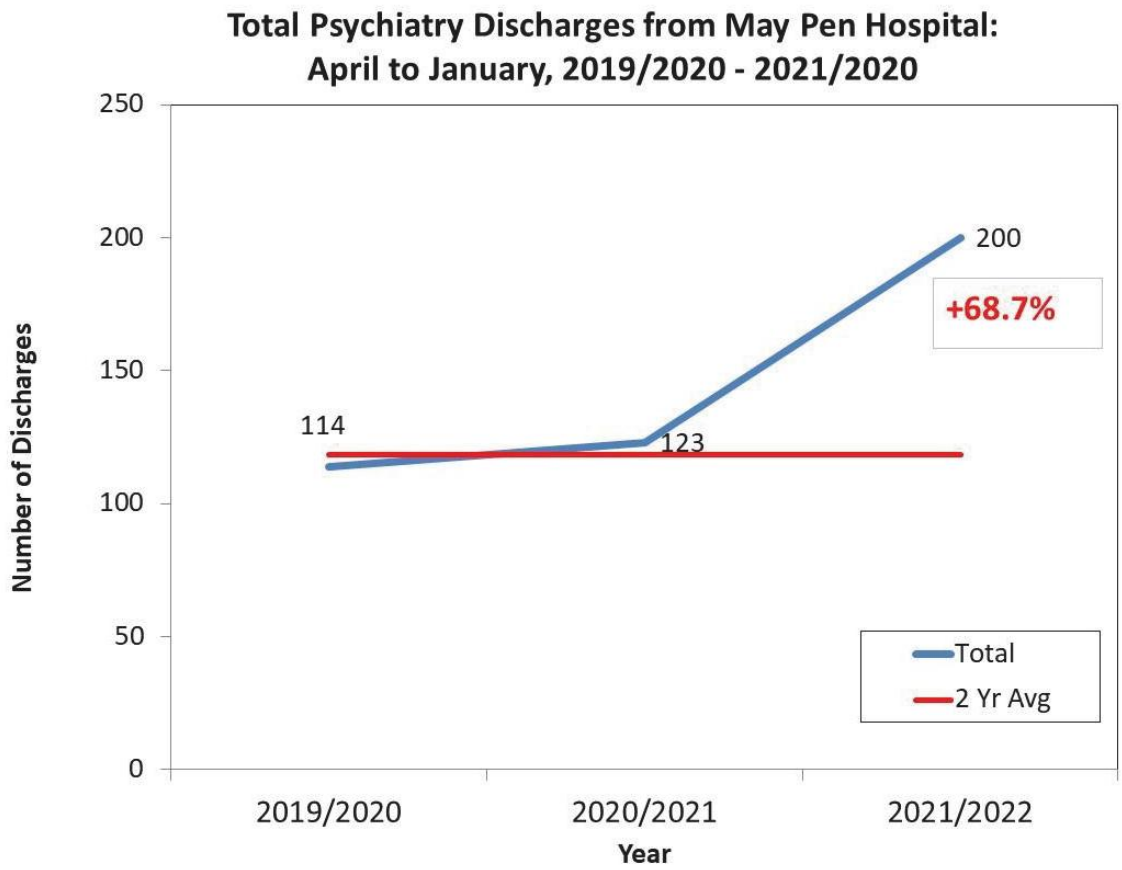
Madam Speaker, I will briefly explain the approach for each providing more details later as we get into the implementation phase.

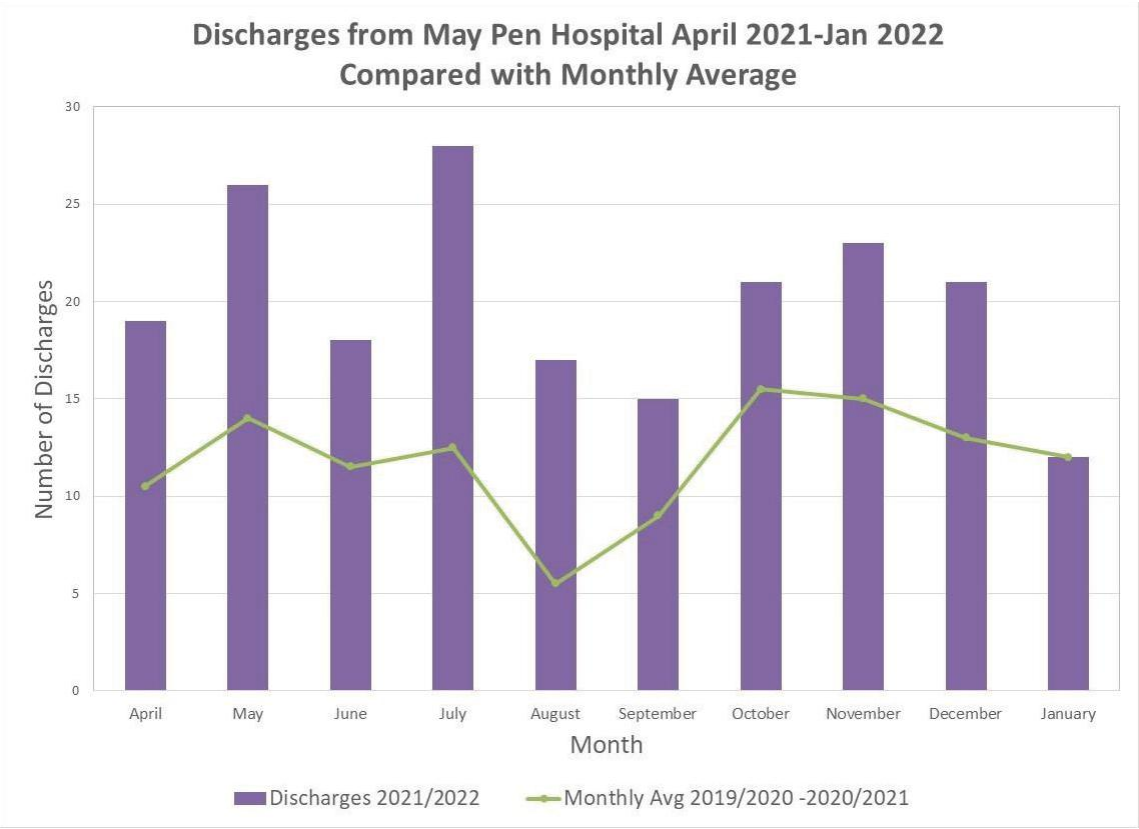


Mental Health Interventions

Madam Speaker, even before COVID-19, mental health was a significant issue in our society. It continues to be an issue of national priority, with many Jamaicans suffering in silence due to the stigma associated with mental illness.

In Clarendon, for example, there was an 68.7% increase in total psychiatric discharges from the May Pen Hospital over the April to January 2022 period when compared with the two year average over a similar period.





There was also an increase in the number of people reaching out for help through the Ministry's Mental Health and Suicide Prevention Helpline: 888-NEW-LIFE (888-639-5433), which was launched in October 2019. Between October 2019 and December 2020, the line received 888 calls – 545 of them from females and 263 from males (The sex of the other 80 was unknown).

Between January and December 2021, we saw a 53.8% increase in the number of calls received as the numbers ballooned to 1,648. Of the 1,628, some 1,121 were females and 361 males (The sex of the remaining 166 is unknown).

At the Queen Sofia Women's Counselling Centre, also in St. Catherine, there was a 172.2% increase in new patient sessions in 2021 (1,698) relative to 2020 (624). Of note is that this centre provides services to both women and children.

Among the mental health issues dealt with through the line were Emotional Distress (227); and Depression (155); Suicidal Ideation (131); and Stress (80); as well as Anxiety (71). 888-NEW-LIFE also dealt with callers with psychosis, bipolar disorder, substance abuse challenges, intimate partner/relationship issues, grief, panic attacks, and trauma. There were also cases requiring crisis intervention, among others.

Focus on Mental & Holistic Wellness

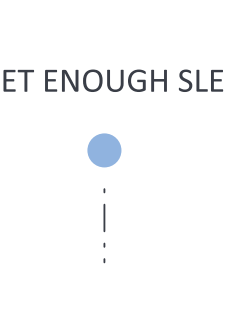
Madam Speaker, our response is to focus on Mental Wellness, and this requires an all-of-society approach. It begins with the recognition that it is normal to be mentally unwell at some point in our lives, and that We All could benefit from therapy sessions in mental wellness. If it is not anxiety or panic attacks over an incident that is near to us, it may be depression from a lingering issue that just does not go away, or doubt and fear about the unknown. If there is one thing that COVID-19 did to us, it was to induce fear and uncertainty, which threatened to destabilize our state of mind.

Madam Speaker, during this year, we must do the following:

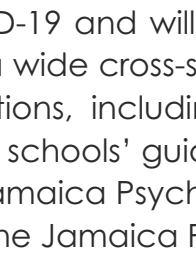
- **Promote better understanding and acceptance that mental health issues can affect all of us Madam Speaker, a specific effort will be made to enhance mental wellness in our children**
- **Support the concept and techniques of mental wellness as part of our coping mechanism**
- **Mobilize an army of Jamaicans, dubbed Holistic Health Officers, who are trained or to be trained in psychosocial support techniques for community and institutional interventions to assist Jamaicans who may just need to be heard and to give critical support to them to overcome any manifestations of mental health challenges, which could include dispute resolution and re-engaging the school or work environment**
- **Provide a mechanism for more specialist care in the public and private sectors for persons with more serious mental health challenges.**

Mental Health

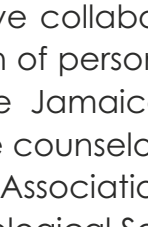
EATING WELL



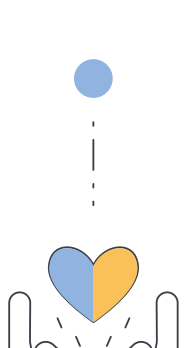
GET ENOUGH SLEEP



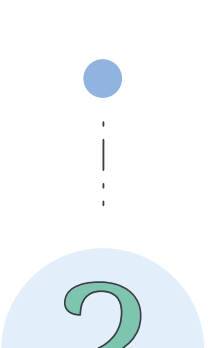
MANAGE STRESS



AVOID ALCOHOL,
SMOKING AND DRUGS



ACTIVITY
AND EXERCISE



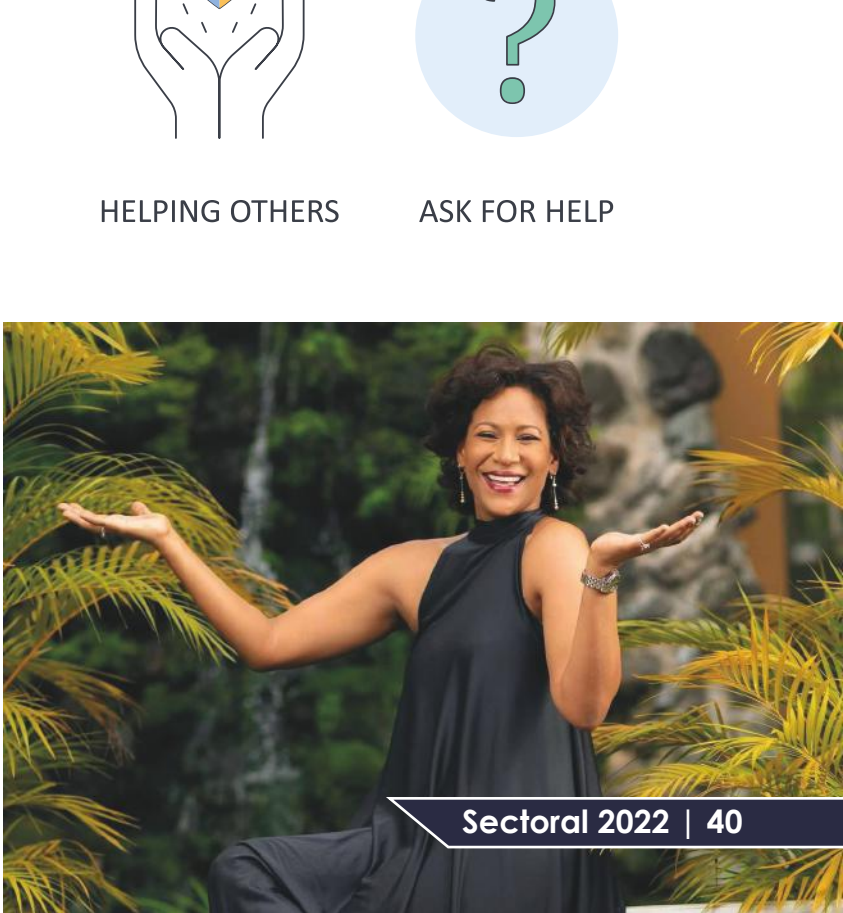
BE SOCIABLE

HELPING OTHERS

ASK FOR HELP

Madam Speaker, the new Mental Wellness programme will build on an already established programme called Reach Out Rangers, which was launched during COVID-19 and will involve collaboration with a wide cross-section of persons and institutions, including the Jamaica Red Cross, schools' guidance counselors and the Jamaica Psychiatric Association and and the Jamaica Psychological Society.

Madam Speaker I have asked Senator **Dr. Saphire Longmore**, to coordinate with a small working group this mental wellness outreach programme. She and her team will provide greater details in the coming weeks.

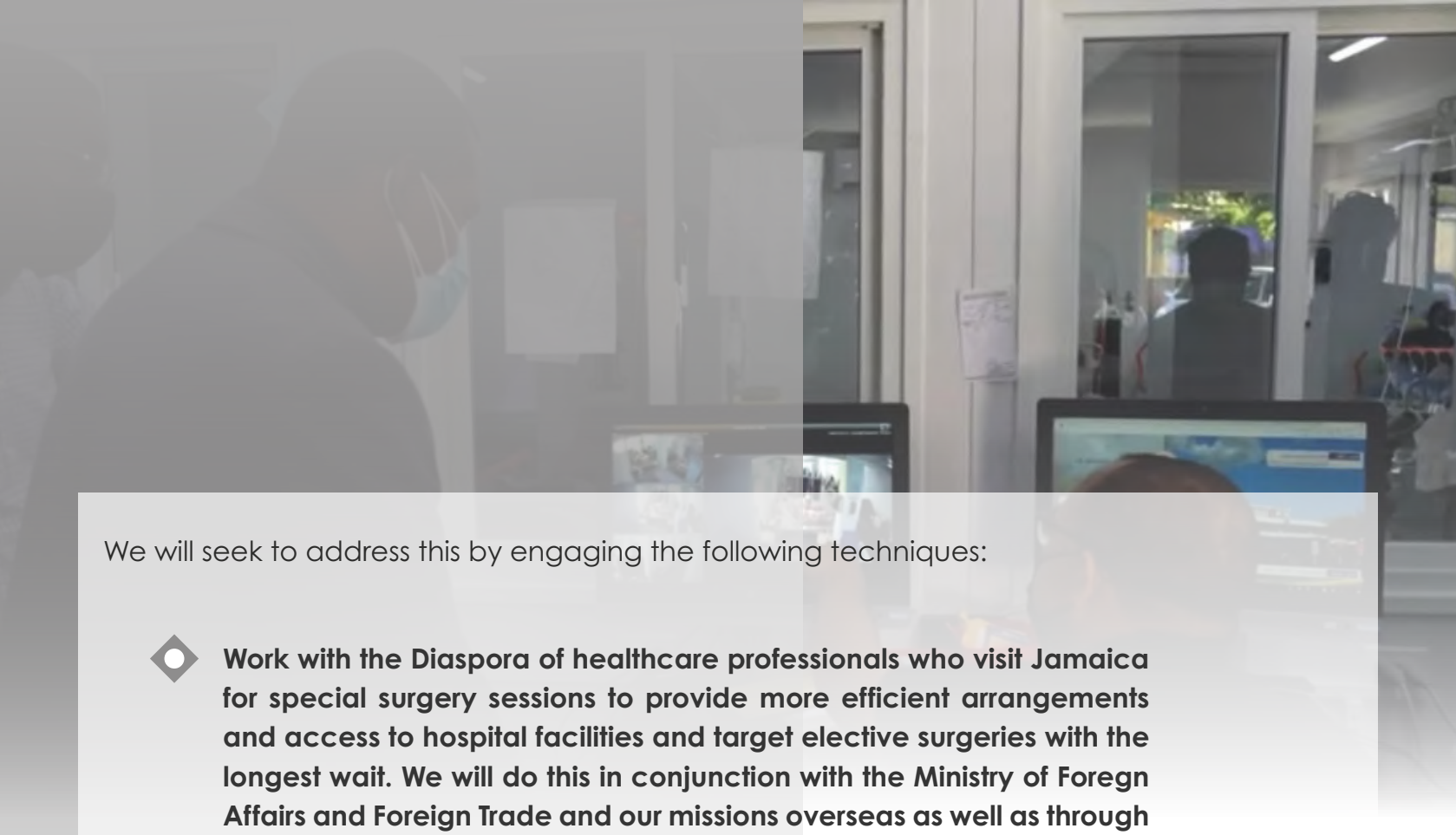


Surgery Backlog

Madam Speaker, since March 2020, many hospitals have had to suspend the normal processing of elective surgeries which has resulted in the extension of the length of time that persons wait for these operations, sometimes up to two years. One can only imagine the pain and suffering that those Jamaicans have to bear waiting for a procedure but due to the COVID-19 priorities cannot get this procedure done. Our checks reveal that the longest waits are for the following procedures:

- **Cataract (ophthalmology)**
- **Oral Cancers, Sinus Cancers, Thyroid Cancers, Cholesteatomas (ENT)**
- **Pterygium**
- **Arthroplasty**
- **Undescended Testis**

Madam Speaker, our special intervention this year CODE CARE will seek to do an additional 1,000 surgeries over the next 10 months to clear up most, if not all backlogs.



We will seek to address this by engaging the following techniques:

- **Work with the Diaspora of healthcare professionals who visit Jamaica for special surgery sessions to provide more efficient arrangements and access to hospital facilities and target elective surgeries with the longest wait. We will do this in conjunction with the Ministry of Foregn Affairs and Foreign Trade and our missions overseas as well as through our National Healthcare Enhancement Foundation.**

- **Provide approximately $300.0M to repair and where necessary maintain our operating theatre to operate more efficiently and longer hours to drive more throughput.**

- **Partner with private sector health facilities to provide surgery and recovery spaces to augment existing facilities.**

Madam Speaker, CODE CARE project will be planned and executed by the office of the Chief Medical Officer.

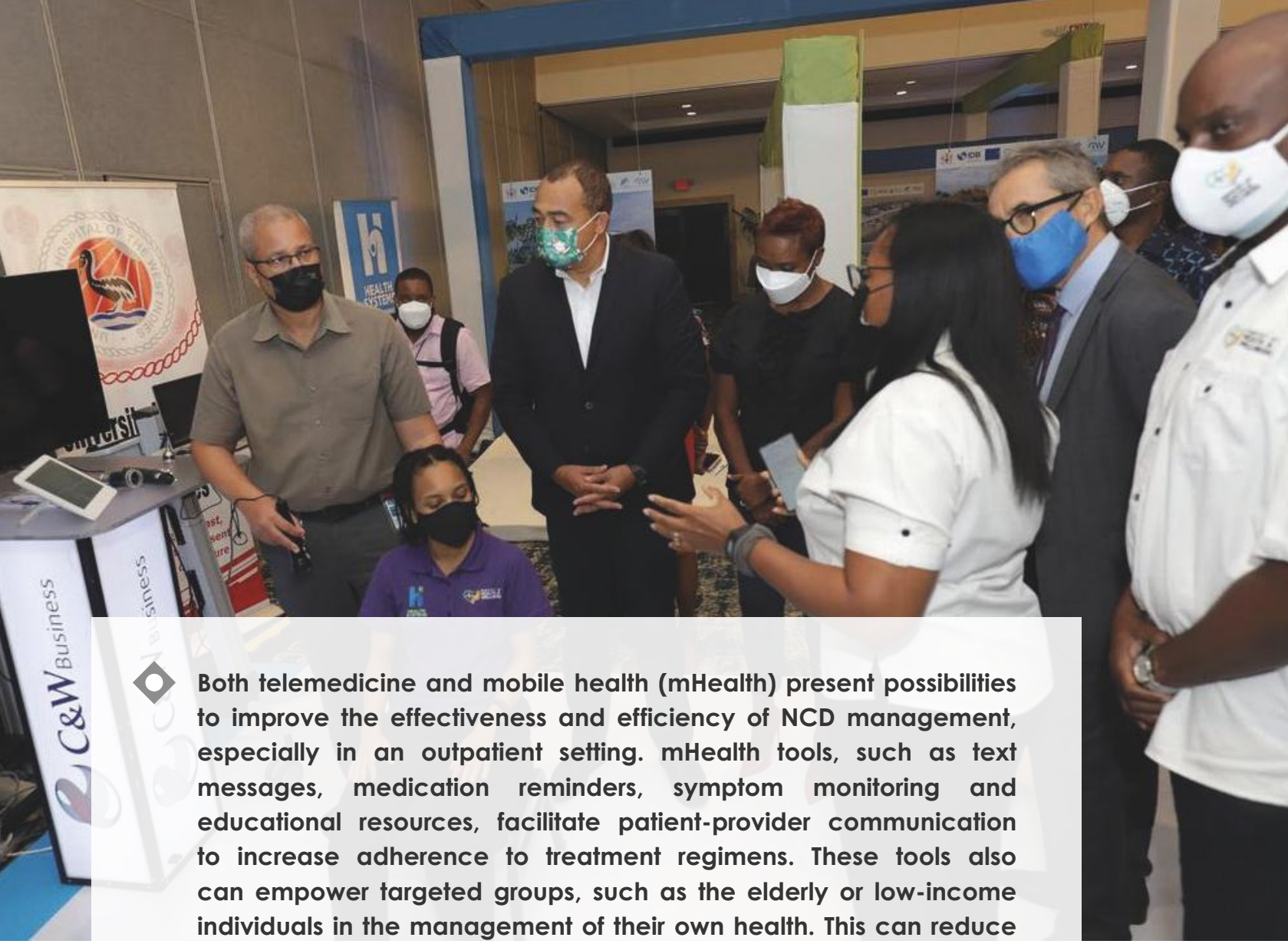
Madam Speaker, many will say that long waits for elective surgeries in health facilities is not a new phenomenon nor is it promulgated by the advent of COVID-19. This is true. However, COVID-19 has exacerbated the problem to a level where an immediate intervention must be implemented. As we build out the health facilities and expand the capacities of our major hospitals we will begin to see the reduction in many of these challenges. As we build out our resilience pathway, as outlined in the Vision for Health 2030 ten-year strategic plan, we will be able to provide greater access and a wider range of services to the Jamaican people.

E-Health Strategy

Madam Speaker, last year I spoke about the IDB-financed health information system, which will revolutionize the way we administer care to patients using technology. Today, I am happy to report that we have commenced implementation as follows:

- **The Health application was completed and launched in June/July 2021. The app will be a component of the Chronic Care Model that is currently being designed. The mHealth application is a mobile app that will allow the user to exchange information with a physician about the management of their chronic conditions. The app has three main components, namely, education; health promotion; and guidance; and allows the user to also record their vital signs.**

- **The telehealth/telementoring solution (ECHO) is being used for the training of doctors on aspects of the Chronic Care Model and for consultations on patient care, between primary care doctors and specialist consultants. Telehealth or the remote diagnosis and treatment of patients by means of telecommunications technology, can be an effective tool in the management of chronic diseases, and has been demonstrated in other jurisdictions to improve health outcomes (diabetes), empowerment and self-management (diabetes and high-risk dialysis patients). Consequently, telehealth is an enabler of increased collaborative opportunities between medical disciplines, as well as a facilitator in the combination of expertise to increase diagnostic and treatment value for the improvement in patient outcomes.**



- **Both telemedicine and mobile health (mHealth) present possibilities to improve the effectiveness and efficiency of NCD management, especially in an outpatient setting. mHealth tools, such as text messages, medication reminders, symptom monitoring and educational resources, facilitate patient-provider communication to increase adherence to treatment regimens. These tools also can empower targeted groups, such as the elderly or low-income individuals in the management of their own health. This can reduce the burden of unnecessary travel by patients to a care provider.**

- **The Electronic Health Record (eHR) System is at the second stage of the procurement process which should be concluded by the end of the second quarter of 2022/2023, with implementation commencing in the third quarter.**

We have also engaged Cable and Wireless to provide ICT Managed Network Services for over 100 health facilities. This will cost approximately J$1.56 Billion.

Madam Speaker, it should be noted that the application of this type of service is a revolutionary and transformative approach to scaling up ICT infrastructure in the public health sector. The ICT Managed Network Services will facilitate the operation of both the eHR and the telehealth solutions. Included in the ICT Managed Network Services are the provision of computers, servers, local and wide area networks and network equipment, firewall and cyber security solutions, data-centre support and maintenance services.

Staff Welfare

Madam Speaker, Cabinet has signed off on a submission to recognize our health care workers for their sterling contribution to the COVID-19 response. This recognition will take several forms. Madam Speaker, I am pleased to announce that the month of July will be recognized as Healthcare Workers Appreciation Month. The aim is to salute our healthcare workers for the sterling service in the fight against COVID-19. Healthcare workers from across the island will be recognized through a series of events and activities at the parish, regional and national levels. These events and activities include church services, family fun days and awards banquets.

Madam Speaker, Wednesday, July 13 will be declared Healthcare Worker Appreciation Day, and we invite all stakeholders to join us in celebrating our health heroes. Madam Speaker, during the month, one of the highlights will be the unveiling of a monument in honour of healthcare workers who have died as a result of COVID-19.

Conclusion

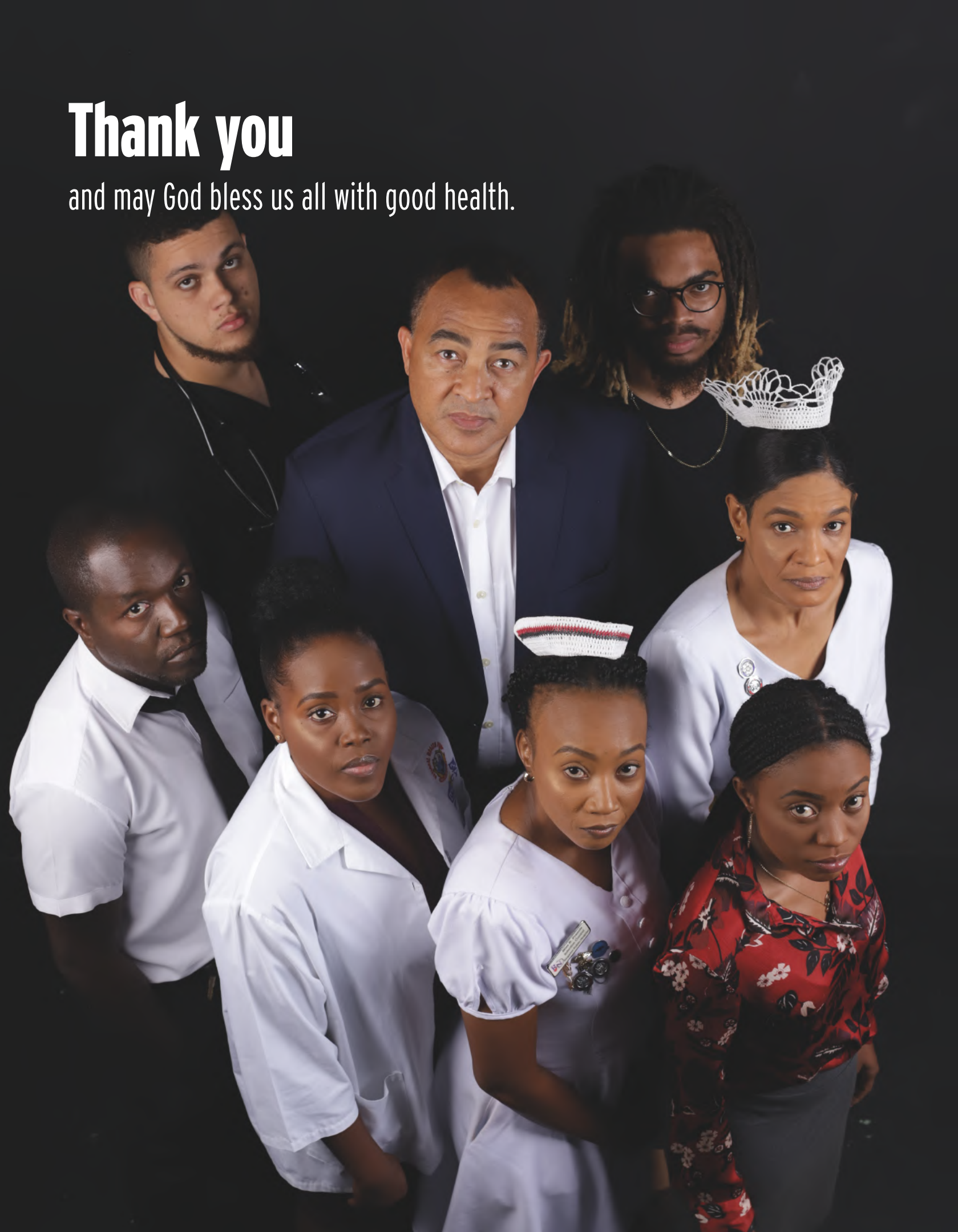
Madam Speaker, as I approach the end of this presentation, I want to say we as a health team have marshalled ourselves and this country through one of the greatest challenges and we are resolute and steadfast in our efforts to ensure that we optimize the opportunities for reform and that we create a better healthcare system, a better Jamaica, and by extension a better world.

Our Vision for Health 2030 is a manifestation of our collective understanding that without good health and good service provision in health care, there can be no sustainable development. Healthcare is an investment and as a country and as a people, we must pivot in our thinking to ensure that our investments have the greatest return in ensuring a positive and resilient future for generations to come.

This is non-negotiable and a social and economic imperative, as we re-engage the social contract that involves all citizens in this new paradigm for healthcare.

Thank you

and may God bless us all with good health.



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