SECTORAL PRESENTATION 2023

HEALTH INFRASTRUCTURE

VACCINE

PROSTHESIS

BMI

MENTAL HEALTH

DIAGNOSTICS

CODE CARE

HEALTH SCREENING

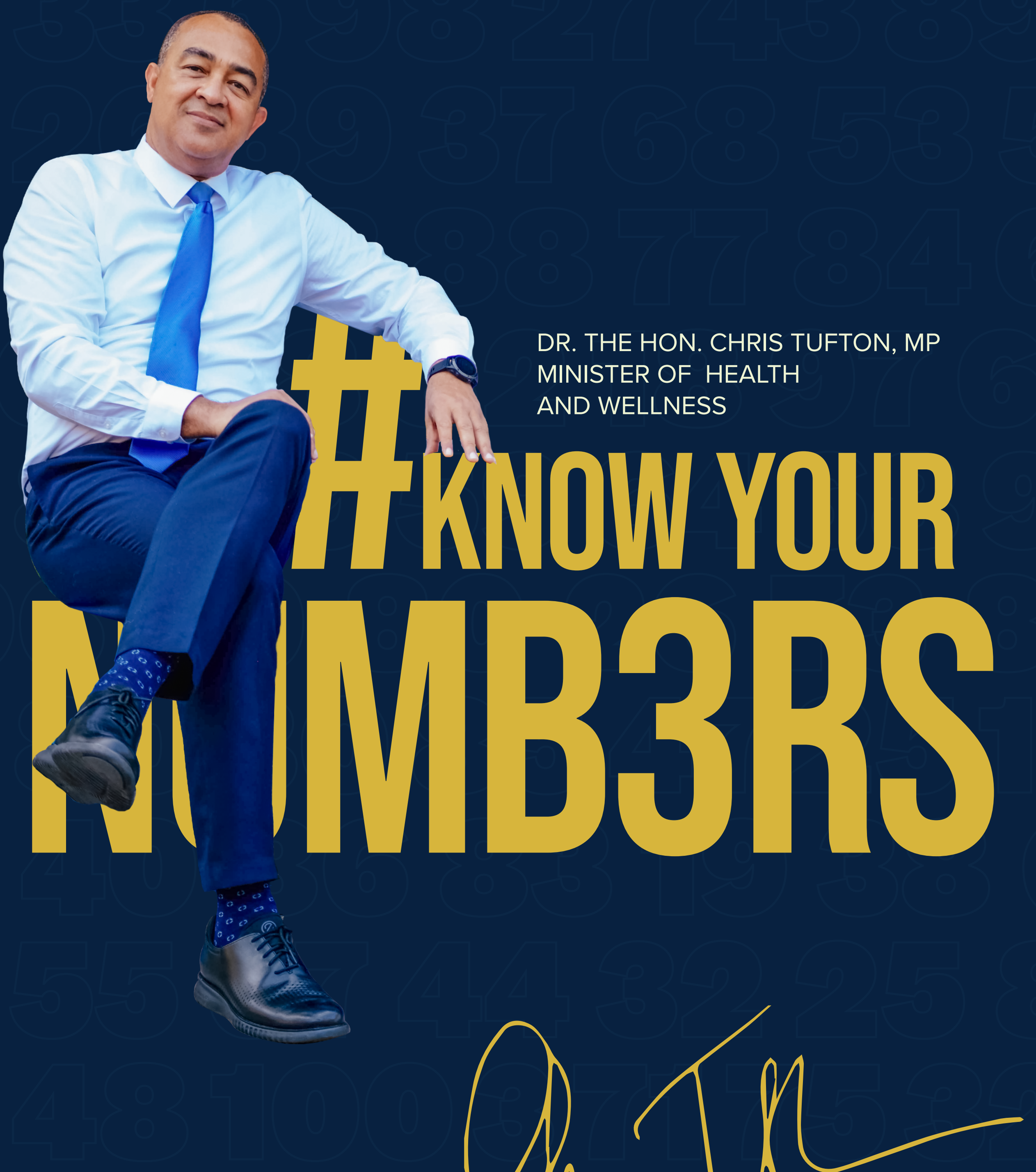
ORAL CARE

MEDICINE

FOR LIFE'S BEST CHANCES

KNOW YOUR NUMB3RS!

DR. THE HON. CHRIS TUFTON, MP MINISTER OF HEALTH AND WELLNESS



DR. THE HON. CHRIS TUFTON, MP
MINISTER OF HEALTH
AND WELLNESS

GREETINGS AND THANKS

I WOULD LIKE TO THANK THE ALMIGHTY, MY FAMILY, THE HEALTH & WELLNESS TEAM, THE HONOURABLE PRIME MINISTER AND GOVERNMENT, OUR PARTNERS, MY CONSTITUENTS, AND THE JAMAICAN PEOPLE.

HEALTH AND ECONOMIC RECOVERY

Last year, I defined the state of public health in the context of the waning impact of the COVID-19 virus and also the longer-term impact of a global pandemic that has disrupted all our lives and challenged our capacity as public health to respond. Today, while COVID-19 is not over, the impact of the Pandemic on our daily lives has diminished significantly and we are moving to a state of recovery of which we can all be proud. Significantly, fewer Jamaicans are being hospitalized and even less persons are dying from the disease. From our last weekly surveillance report, 46 Jamaicans reported COVID-19 infection compared to approximately 9,801 at the peak week of the pandemic in January 2022. We regret that some persons still succumb to the virus with 28 deaths in 2023 alone up to April 25, 2023.

COUNTRY	CONFIRMED	DEATHS	DEATHS/100,000 POPULATION
USA	103,802,702	1,123,836	341.1
UNITED KINGDOM	24,658,705	220,721	325.1
ITALY	25,603,510	188,322	311.5
TRINIDAD AND TOBAGO	189,918	4,355	311.2
SAINT LUCIA	30,004	409	222.7
BAHAMAS	37,491	833	211.8
BARBADOS	106,798	579	201.5
GUYANA	73,075	1,298	165.0
ANTIGUA AND BARBUDA	9,106	146	149.1
CANADA	4,617,095	51,720	135.2
JAMAICA	154,416	3,514	118.7

TABLE 1 | COVID-19 Cases and mortality by country

WE MANAGED COVID-19!

When compared to the rest of the world we (global comparison on COVID-19 - per capita deaths, vaccine, hospitalization, etc.) have done well.

Jamaica was among the first countries to develop and implement our Pandemic Response Plan, including:

Increasing the human resource capacity in the health system by over 2,000 personnel to include Doctors and Community Health Workers;

Expanding isolation bed capacity by some 400 additional beds available in the public health system - an approximate 10% increase;

Increasing the amount of critical equipment necessary for the delivery of health care which includes oxygen delivery systems such as high flow delivery, high dependency and Intensive Care Services as well as infection prevention and control; and

Expanding laboratory capacity for PCR and antigen testing and genomic sequencing.

The overall impact has been an overall strengthening of our health system.

There is an important point to be made here on behalf of the more than 23,000 public health team members and I feel compelled, Madam Speaker, to make it. Too often, we discuss our road to recovery, with reference to the COVID-19 virus as the obvious source of our economic woes without distinguishing the successful management of the pandemic, and the work of our health team, as part of the core reason for our early economic recovery. This is a disservice to those who have sacrificed on behalf of the Jamaican people and for the resumption of life as we know it.

We should all applaud the swiftness of our economic recovery, while never forgetting the sacrifices and efficiency of our COVID-19 management response!

Countries that were late or too gradual or too extreme in their response are still feeling the brunt of trying to restart their society. Not so here.
Long before the virus came to our shores on March 10, 2020, we managed the protection of our borders; we managed the spread of disease within the country utilising tried, tested, and proven public health measures in contact tracing and shielding of the most vulnerable; we managed our communication and stakeholder engagement, and we managed resources.

Today, Madam Speaker, Jamaica stands stronger because of what we collectively did during those very difficult years, and the very difficult decisions that had to be made. We must never undervalue or lose sight of the sacrifices of the Jamaican people who gave up their rights for the good of the country. We must never forget the commitment of the Jamaican people to the fight against COVID-19 and the heroes that emerged from the health system- Those who stood at the front line and some who paid the ultimate price so that today we can bring our country back from the brink of the abyss.

I celebrate the efforts of our healthcare workers, this administration, the entire government, and our people!

ASSESSING LONG COVID

Madam Speaker, we must note that from every action there is a reaction; and with every strong action we must expect an even stronger response. COVID-19 has impacted not only the economies of the world but also the psycho-social environment in which we all operate. It is not lost on me as Minister of Health and Wellness the seeming change in the mental wellness of the population. It is also not lost on me that the health profile of the population in terms of NCDs is moving in the wrong direction, on not all but, many fronts. Our health system must respond to these new and emerging challenges.

We note the many studies on Long COVID which are defined by the WHO as a set of symptoms experienced by individuals who have been infected with COVID-19. The most common symptoms of long COVID include shortness of breath, cognitive dysfunction, which people call brain fog, as well as fatigue. Those are the three most common. However, WHO tells us that there have been more than 200 symptoms reported in patients. The Ministry has embarked on a process, guided by the work of our multilateral partners; the WHO, on tracking and responding to the long COVID phenomenon. More will be said on this in the months to come, however, where Jamaicans experience these or other symptoms and suspect its the lingering effects of their COVID-19 experience, visit your health centre or see your doctor.

OUR SCORECARD

Last Sectoral, I announced a number of medium and longer term initiatives to restore and build out a more resilient health system. Today, I want to report on our scorecard and work-in-progress.

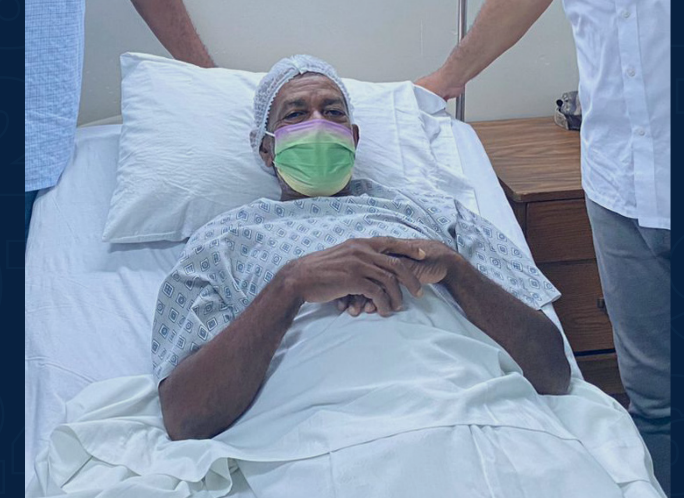
CODE CARE:

This initiative, aimed at clearing up the backlog of elective surgeries partly due to the COVID-19 pandemic, has seen over 950 surgeries taking place through Public Private Partnerships involving eight private hospitals; short term visiting medical missions primarily comprising Operating Theatre nurses from the diaspora; and special overtime sessions by our local surgery health teams. Despite some doubts expressed that this process could not work we have demonstrated that through creative thinking and determination we can join forces under the COLLABORATIVE HEALTH theme to provide relief to hundreds of Jamaicans, who were suffering in silence or aloud for years waiting on badly needed surgery.

I would like to recognize the team at the Ministry who worked to reduce our surgery backlog and particularly those who embraced the concept from the start, like Dr. Delroy Fray, Clinical Coordinator at the Cornwall Regional Hospital, a healthcare hero who has given 38 years to save lives and now sets an example of change for building health resilience. We salute Dr. Fray as a symbol of our healthcare efforts.

COMPONENT	NO# OF PATIENTS
PPP OUTSOURCING WITH 8 PRIVATE HOSPITALS	232
3 NURSING MISSIONS WITH AT THE BUSTAMANTE HOSPITAL, NOEL HOLMES AND NATIONAL CHEST HOSPITAL	71
OVERTIME	651

Madam Speaker, the Code Care Project has several arms including the procurement of equipment and supplies and repair to vital infrastructure. We have started the work to repair 15 operating theatres, with cost estimates completed, and are now looking to procure a contractor for the project. The Government is expected to spend $750M towards this effort. In the meantime, with only 50 percent of our surgery target met, we will continue Code Care this year with an additional 1,000 surgeries expected to be completed. We must reduce the backlog and show compassion and respond to those Jamaicans waiting in pain, Madam Speaker.



DIGITALIZATION:

Madam Speaker, our game changing digitalization of the health system has started with US$5.029M or J$754M contract signed for an implementation period of 18 months and support services (maintenance) of 15 years. This year, we will continue the implementation in 13 health facilities with the full rollout of the Electronic Health Record System in these facilities by early 2024. Once we have completed this implementation, the EHR will be rolled out into an additional 92 facilities that will include all 23 hospitals in the public health system.

In addition to this investment, we continue our collaboration with Cable and Wireless for Managed Network Services that will see all 105 health facilities across the island equipped with ICT infrastructure to include network and cabling for Internet and Wi-Fi connections; ICT tools such laptop and desktop computers, as well as the requisite firewall and other protections for the network that will be operationalized - this for a total of US$8.430M or J$1.264B for a contract period of 3 years to end July 2024.

These activities are a precursor to the implementation of the rollout of the EHR solution in these facilities. Already, all 13 health facilities that are to pilot the EHR have been outfitted with the necessary infrastructure and this investment will be supported by the Cable and Wireless team for the period up to the end of the contract.

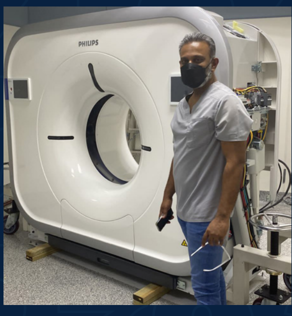
What does this mean for patient care? Shorter transaction time because patient files will be electronic rather than paper based and use of telemedicine to provide remote access for patients who need specialist care.

Madam Speaker, we have started to create a modern health system for the Jamaican people!

DIAGNOSTIC OUTSOURCING:

We have continued our PPP with diagnostic services (CT scans, MRIs, X-rays) and up to 120,000 procedures carried out to improve the lives of thousands of Jamaicans, primarily poor Jamaicans who cannot afford these services. Madam Speaker, these are the numbers, and they mean a lot to those families who are affected! In the process, the Government spent just under J$3 billion on these procedures ranging from CT scans, MRIs, and X-rays.

There are those who feel that outsourcing these life saving procedures robs the public health system of its ability to provide similar services. Madam Speaker, let me be frank and provide context. We were not providing adequate and efficient diagnostic services in our public hospitals and poor Jamaicans were suffering from long delays (weeks and even months) to diagnose their conditions, suffering while they waited. That was their reality and we needed to fix it. Persons were waiting in pain, clogging hospital beds, waiting until they could get money to do procedures privately, some even died waiting. Let's look at the numbers.



The public health system has an approximate demand of over 500,000 radiological procedures each year. I asked for an audit to be done to determine the state of readiness of our diagnostic equipment and service quality, and the numbers were concerning.

Specifically, the report found that of the total number of equipment assessed, 23% were at the end of life (EOL) stage and needed to be replaced immediately, 53% were either fairly functional or non-functional, and 81% of the fairly functional needing minor repairs, many of which were parked somewhere not being repaired. Worse, for patient service, the inhouse maintenance arrangements were suboptimal.

Madam Speaker, we could not continue like this. Too many poor Jamaicans were suffering from failing diagnostic arrangements.

And let me be clear, this did not start with this administration, Madam Speaker. The assessment showed that we needed to fix what we inherited!

We had to look at revamping the process, leading to two major recommendations that we are now pursuing. Firstly and the priority, saving lives and reducing backlog through this PPP arrangement. Madam Speaker, look at the numbers, over 120,000 procedures done to date and many lives saved in the process.

Secondly, developing a more robust repair and maintenance schedule to ensure that we get value for money from the Government's significant investment in diagnostic equipment. This includes a policy towards procurement to support extended service guarantees, training of local personnel for routine maintenance, and the option to lease rather than purchase. We have determined that an efficient lease option will lead to a more efficient public health system, so we are moving in that direction.

Accordingly, Madam Speaker, the Ministry has launched a tender process for the leasing of over 49 pieces of equipment to include MRI Machines, CT Machines, and Ultrasound Machines. The tender will require the management and maintenance under a capital lease agreement for 9 CT Scan machines, and 4 MRI machines as well as 36 Fixed and Mobile Ultrasound Units.

TABLE 2 | Equipment Proposal

#	EQUIPMENT TYPE	PROPOSAL
1	COMPUTER TOMOGRAPHY 32 SL UNITS	2
2	COMPUTER TOMOGRAPHY 64 SL UNITS	5
3	COMPUTER TOMOGRAPHY 256 SL UNITS	2
4	MAGNETIC RESONANCE IMAGING 1.5 T UNITS	2
5	MAGNETIC RESONANCE IMAGING 3T UNITS	2
6	FIXED ULTRASOUND UNITS	14
7	MOBILE ULTRASOUND UNITS	22
	TOTAL	49

This will be the first time that the Ministry of Health & Wellness would have engaged in such a venture with the Private Sector and therefore will require careful management of the procurement process so that we arrive at the best contracts for service delivery.

Madam Speaker, to manage any risks that may be associated with our internal knowledge gap, we have engaged the support of the Inter-American Development Bank (IDB) to provide the technical support as we move the process forward. This is expected to be a nine-month procurement process, barring full participation of bidders and a smooth evaluation process. Further, Madam Speaker, the selected supplier can take at least six months to supply and commission the equipment. In the interim, we must continue to utilise the outsourcing method for service delivery and augment with some purchases as we continue to provide these lifesaving services to the people of Jamaica.

MORE DOCTORS:

Madam Speaker, last year I tabled the Road Map for Primary Health Care Reform. Today I am pleased to lay on the table of this House a Ministry Paper that looks at the first cadre of health care workers that are being addressed under this reform i.e. physicians. Let me hasten to say that the plan for nurses, public health inspectors and other professions supplementary to medicine is now being finalized.

I am pleased to announce that under this new arrangement, supported by the recent compensation review processes as well as forward planning to restructure and expand services at both the primary and secondary levels, we have established over 2000 permanent posts to the cadre of physicians, representing the largest human resource investment in the doctor workforce by any administration! This we believe will impact job satisfaction, smaller patient to doctor ratios, and service quality.

These are the numbers, Madam Speaker. Permanent posts as opposed to short term contracts for 789 doctors currently in the system. New posts of 1,112 doctors to be filled over time, comprising general practitioners and specialists to support the buildout of our health services over the next three to five years. This is in addition to the 140 posts that were established to support the response to the COVID-19 pandemic. That's over 2,000 permanent posts to impact service quality for the people of Jamaica!

With these additional posts, the Ministry will now move to properly staff the different services provided in the Comprehensive, District and Community Health Centres as well as our Type C, Type B, Regional Hospitals and our Type A reference hospitals. The Ministry, working with the Regional Health Authorities, will be able to properly align the work of the different teams to provide better service quality to the public and expand the reach and scope of patient care within our health facilities.

HEALTH INFRASTRUCTURE:

This year, the Ministry has been provided with a capital budget of approximately J$6.43B, a 31% increase in what was provided for FY 2022/23. This significant increase signals the continuation of the commitment to upgrade the health infrastructure, which has already started, with much progress.

The Western Child & Adolescent Hospital is now on its fifth floor with over $450M spent so far through the grant provided by the People's Republic of China; This project is expected, based on the pace of work that is being done, to be completed in 2025. Once completed, the facility will boast the only adolescent hospital in the English-Speaking Caribbean and the second paediatric facility in the island. It will add approximately 250 beds to the compound of the CRH and several additional services as well as accommodation for staff.

The Spanish Town Hospital ground-breaking is scheduled for July 2023 at a contract price of some $6.4B to be spent over two years. This state of the art, seven storey, 100 bed facility will boast seven operating theatres, a new accident and emergency centre, a new pharmacy, as well as several other support services to include laboratory and other diagnostic services. Under these investments, the Spanish Town Hospital, as a Type B facility, will see its services expanded to include, Cardiology, Haematology/ Oncology, Gastroenterology, Ophthalmology, and Otolaryngology (ENT).

Madam Speaker, CRH is in its final phase of implementation. The Phase 3 contract has been evaluated and is to be submitted to Cabinet for consideration. This contract will see the rehabilitation of the facility as the new state-of-the-art health infrastructure in the West. The contractors will be given an ambitious timeline, and as previously announced by the Prime Minister, work is expected to be completed in 2024. The total contract price is some J$14B.

But Madam Speaker, there are a number of infrastructural improvements that go unnoticed yet are making a big impact on the quality of patient care, particularly at the primary health care level. These are stories that focus on improvements in patient waiting areas and staff facilities, and addition of basic equipment for improved patient response. These are stories that portray the benefits of partnerships for improved healthcare delivery.

Madam Speaker, since 2018, over 100 health facilities have seen significant investments right across the island, at an approximate cost of J$4.4B to rightsize and renew primary healthcare facilities. I want to use the opportunity to thank the leadership of our Regional Health Authorities who have managed the implementation of this process and our partners who have contributed to these projects, including;

- **THE NATIONAL HEALTH FUND**
- **THE CHASE FUND**
- **THE TOURISM ENHANCEMENT FUND**
- **THE PAN AMERICAN HEALTH ORGANISATION**
- **THE EUROPEAN UNION**
- **USAID**
- **UNICEF**
- **THE ROTARY CLUB**
- **FOOD FOR THE POOR; AND**
- **VARIOUS PRIVATE SECTOR AND OTHER INTERESTS.**

Madam Speaker, I am particularly proud of our Adopt-A-Clinic programme launched in 2017 to help coordinate and direct the support of the health system by persons in the Diaspora and corporate Jamaica. To date, over 43 health centres have been adopted with donations of just under $200M. I would like to thank the team, led by Mr. Courtney Cephas, for leading this charge.

SERHA	$ 1,394,677,103.54	32%
NERHA	$ 1,249,725,331.00	29%
SRHA	$ 648,631,279.65	15%
WRHA	$ 1,058,627,115.52	24%
TOTAL	$ 4,351,660,829.71	

TABLE 3 | Expenditure on Health Infrastructure by Regions since 2018

THE UNIVERSITY HOSPITAL OF THE WEST INDIES:

Madam Speaker, the University Hospital of the West Indies is the oldest medical school in the Caribbean and boasts a graduation class that can rival any institution in the world. Additionally, the Hospital serves as a major specialist facility and provides valuable support to the treatment and care of the Caribbean Community.

Madam Speaker, as a continuation of the work for the improvement of the infrastructure of our Type A facilities; J$300M has been provided in this year's budget to continue the work that has been commissioned for the construction and rehabilitation of the facility. We expect to commence this year, the work on the rerouted ring road and clearing of the site for the new six storey building.

We have appointed a project manager and designs are now complete. The next step is the procurement process for construction which we hope will commence in the 2024/25 financial year for an estimated US$30 Million facility.

This Government will build and equip the new University Hospital of the West Indies!

Madam Speaker, in summary, these capital investment projects represent over J$27Billion or US$178Million to be spent over the next 3 years. The largest capital investment since independence! That is:

JMD$14B
CRH

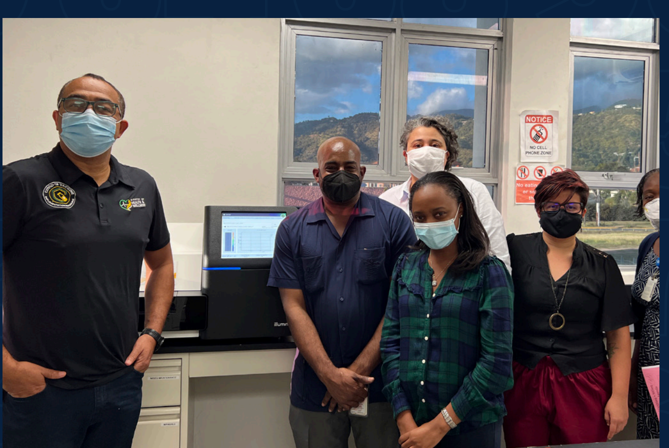
JMD$7B
SPANISH TOWN

JMD$14B
WESTERN CHILD AND ADOLESCENT

JMD$3B
UHWI

And these costs do not include those expenditures that are being undertaken in the leasing of medical equipment that will come onstream in 2024, the 10 Health Centres that will be built, renovated, or rehabilitated under the IDB and EU financed project and the continued work of the Regional Health Authorities, the National Health Fund, and the CHASE Fund.

Madam Speaker, these are not just announcements, these are Works-In-Progress!



OUR DISEASE BURDEN AND MORTALITY DATA

Madam Speaker a total of 22,022 deaths from all causes were recorded in our most recent mortality figures. Diabetes mellitus was the most frequent underlying cause of death at 13%, followed by stroke at 11%, hypertensive disease 8%, ischaemic heart disease (example heart attack) at 8%, and assault (violence/intentional injury) at 4%. Importantly Madam Speaker, NCDs were the cause of death for 16,918 individuals, almost 8 of 10 (77%) deaths that year, 2020.

TABLE 4 | Our Disease Burden and Mortality data

CONDITIONS	NO. OF DEATHS	%
DIABETES MELLITUS	2,829	13%
CEREBROVASCULAR DISEASES (STROKE)	2,474	11%
HYPERTENSIVE DISEASES	1,697	8%
ISCHAEMIC HEART DISEASES	1,689	8%
ASSAULT	934	4%
MALIGNANT NEOPLASMS OF DIGESTIVE ORGANS	919	4%
MALIGNANT NEOPLASM OF PROSTATE	736	3%
OTHER FORMS OF HEART DISEASE	530	2%
CHRONIC RESPIRATORY DISEASES	483	2%
MALIGNANT NEOPLASM OF BREAST	472	2%
TOTAL NO. OF DEATHS (TOP 10)	12,763	58%
OTHER CAUSES	9,259	42%
TOTAL NO. OF DEATHS IN JAMAICA, 5 YEARS AND OLDER	21,055	96%
TOTAL NO. OF DEATHS IN JAMAICA, AGED 5 YEARS AND YOUNGER	967	4%
TOTAL NO. OF DEATHS	22,022	

DYING YOUNG AND LOST-LIFE YEARS

When we analysed the deaths occurring in persons before their 75th birthday, we found that 12,747 (59%) persons died early in 2020. This represents 296,578 years of potential life lost in 2020, a 19% increase in the potential years of life lost or 57,645 more years lost in one year compared to a decade ago (2011). This analysis revealed that Jamaicans are dying younger.

In 2020, NCD deaths were the cause of 144,853 potential years of life lost, representing a 30% increase in potential years of life lost or 33,775 more years lost per year in a decade. This rate of increase for persons dying from NCDs was greater than from all causes (30% increase for NCDs compared to 19% for all causes).

CONDITIONS	NO. OF EARLY DEATHS	NO. OF POTENTIAL YEARS LOST	POTENTIAL YEARS OF LIFE LOST PER 100,000 POPULATION
TOP 10 MAJOR ILLNESSES	6,479	109,983	4,199
ASSAULT	928	33,098	1,264
DIABETES MELLITUS	1,359	18,087	691
CEREBROVASCULAR DISEASES	978	12,070	461
ISCHAEMIC HEART DISEASES	805	10,583	404
HYPERTENSIVE DISEASES	725	10,313	394
MALIGNANT NEOPLASMS OF DIGESTIVE ORGANS	628	8,840	338
MALIGNANT NEOPLASM OF BREAST	348	6,528	249
OTHER FORMS OF HEART DISEASE	258	4,875	186
CHRONIC RESPIRATORY DISEASES	225	3,178	121
MALIGNANT NEOPLASM OF PROSTATE	308	2,340	178

TABLE 5 | Expenditure on Health Infrastructure by Regions since 2018

Another measure of early deaths or premature mortality for NCDs is the 'unconditional probability of death between ages 30 and 70 years from cardiovascular disease, cancer, diabetes, and chronic respiratory disease, and was estimated to be 14% in the Region of the Americas in 2019. In Jamaica, the unconditional probability of death between ages 30 and 70 years from cardiovascular disease, cancer, diabetes, and chronic respiratory disease premature mortality increased by 24% from 17% in 2009 to 21% in 2020.

Table: In 2020, the risk of a 30-year-old individual living in Jamaica dying from any of the four major NCDs (CVD, cancer, diabetes, and chronic respiratory diseases) before reaching 70 years of age was:

AGE GROUP	RESPIRATORY	CANCER	CVD	DIABETES	TOTAL	POPULATION
30-34	3	47	41	13	104	221,968
35-39	3	66	64	18	151	199,078
40-44	3	92	125	44	264	166,175
45-49	13	186	199	56	454	166,086
50-54	17	256	272	135	680	152,863
55-59	23	359	404	195	981	136,228
60-64	35	493	500	263	1,291	111,210
65-69	53	520	589	300	1,462	82,766
TOTAL	150	2,019	2,194	1,024	5,387	1,236,374

TABLE 3 | 30-year-old individuals dying before reaching 70 years of age

Madam Speaker, with all the worrying and profound conclusions drawn from this data analysis ie., - the high prevalence of NCDs and risk factors; there is a low prevalence of health-seeking behaviors in our society. This is a major burden for public health. The implications are far reaching - on cost of care, economic productivity, well-being, and happiness and contentment.

Madam Speaker, in 2017 one in three (33%) women aged 15 years and older had never had a pap smear, while greater than two thirds of women had never had a mammogram.

Madam Speaker, only 28.2% of Jamaican men aged 40 years and older had ever done a digital rectal examination. In a study exploring the health seeking behavior of older males it was found that two-thirds (67%) of participants had not visited a doctor or health facility in the last year. Only thirty-five percent (35%) of participants had ever done a prostate exam.

Madam Speaker, it is estimated that the global cost of premature death is some US$5.9 Trillion. This is due to the loss of potential economic contributions by individuals who regrettably leave us before they can fully return the investments that they and the society have made to their development. In a 2019 study published in the Journal of Public Health titled "the Production losses associated with premature mortality in the European Union", it was found that "Premature mortality is a considerable economic burden for European societies…". In another 2020 research published in the Plos Journal titled "Years of potential life lost and productivity costs due to premature mortality from six priority diseases in Tanzania, 2006-2015" it was found that "Setting resource allocation priorities to … diseases that are responsible for the majority of premature deaths could potentially reduce the costs of productivity loss".

Madam Speaker, a man who loses a leg or an arm from complications due to diabetes at 50 years old could likely lose up to 70% of his earning capacity. Depending on his profession, the loss of his sight due to diabetic retinopathy is likely to immobilise his household and cause significant pressure on the family.

Madam Speaker, these are real people, and this is the real impact of morbidity due to preventable disease. We have to do more around prevention!

Last year, I spoke about the principle of Primordial prevention. While we have made some progress in areas such as the agreement on Trans-fat elimination and school nutrition policy, we still have work to do in the area of prevention as a means of controlling costs to our health budget, but even more importantly reducing ill-health and premature mortality.

In essence, we need to know our numbers **(#KnowYourNumbers)** as a first step to managing and preventing premature illness and mortality.

To address this premature mortality, we are adopting a LIFE STAGE approach to Health Promotion and Prevention to impact personal and collective healthcare. From as early as conception, expectant mother and child must be given guidance around best practices for pre- and post-natal care. Through the various stages of growth and development, the health system must facilitate persons making informed choices about their health, starting in primary care to support lifestyle practices to avoid or reduce premature mortality, and improve the best health outcome in each citizen. This is all captured in Vision 2030, but for us in public health it has implications for how we structure our health system. outcome in each citizen. This is all captured in Vision 2030, but for us in public health it has implications for how we structure our health system.

Last year, I tabled a primary health care model. As said earlier we have made some progress in moving this process forward. In this life stage approach, it is critical to deliver messages around the life stage to people where they are; community interventions are critical. Taking healthcare services to the people is necessary to guide behaviour and support healthy lifestyle practices from the very early stages of development. This is particularly more important because as indicated, our disease profile is populated with preventable illnesses and premature death.

#KnowYourNumbers!

This year we will focus on one critical component of preventing ill-health and hopefully influencing healthy lifestyle. I introduce to you our #KnowYourNumbers healthy lifestyle initiative. This is a practical response to the biggest health crisis we face today, lifestyle diseases and premature mortality.

Madam Speaker, too many Jamaicans are walking sick people because they do not know their health status.

	NUMBER OF PERSONS	DIABETES	HYPERTENSION
1	WITH CONDITION	235,653	678,451
2	AWARE OF CONDITION	106,207	377,171
3	UNAWARE OF CONDIDITON	129,446	301,280

It is estimated that 236,000 or 9% of people in the population have diabetes and only 106,000 of these or 45% are aware of their status. Furthermore, 95,030 have one or more complications related to diabetes. These complications include amputation, chronic kidney disease, and heart attack.

It is of note that approximately 679,000 or a quarter of all Jamaicans have hypertension with only 377,000 or 54% knowing their status. Over 300,000 do not know their status.

These statistics are alarming as knowing your basic health information is a critical first step in taking personal responsibility for health. What are your blood pressure numbers? what are your blood sugar numbers? what is your body mass index or what is your HIV status? These are questions to which every Jamaican must have an answer.

Madam Speaker, here is another interesting number. An estimated 75% of Jamaicans could avoid a stroke if they were aware of the warning signs through screening and took corrective action. Clinically, this is called modifiable risk factors.

So, for example, John who has high blood pressure and continues to drink his half que of alcohol each evening and to consume his corn pork and not exercise, would place himself at increased risk of a stroke. And until his doctor tells him to adjust his diet, chances are John would not know of his condition until he has a stroke or a heart attack, at which point it may be too late. Madam Speaker, we see this every day. The big challenge is, how do we get John to know he is vulnerable. To know his numbers! So that he has the best chance of taking corrective action.

The **#KnowYourNumbers!** initiative focuses on getting Jamaicans to screen at least once each year to know their health status and what they need to do to modify their behaviour to reduce illness and premature mortality. Our target is to get 500,000 screening tests done this year 2023/24. This is to provide Jamaicans with the opportunity to know what they are vulnerable to and what they need to do to correct this through lifestyle changes.

Madam Speaker, to achieve this we intend to bolster offerings of health checks and promote health screening in our hospitals and clinics across the country. Screening will become routine operating procedure through our primary reform programme, in particular our Life-Stage approach. This means, once you enter a facility for any concern or examination, you will be provided with a health screening.

Madam Speaker, the Ministry, through the RHAs, will repurpose mobile units used in COVID-19 service delivery to offer mobile screening services to the community, place of work, and play. We will partner with community leaders and civic groups, We will plan and execute community outreach to support screening, targeting the most vulnerable populations in Jamaica.

These include people living in remote, difficult, underserved and unreached areas, to assess and provide management for illness.

Core services to be offered include screening for body mass index, hypertension, diabetes, vision, cholesterol and HIV/syphilis. Expanded services will include ECG, prostate cancer, breast cancer, cervical cancer, colorectal cancer, dementia and frailty, and immunization.

In addition to clinics and health centres, we will be taking screening activities to you in your place of work, play and in communities. Mobile health clinics will be deployed to each parish and our primary health care professionals, partnering with community leaders and civic groups such as churches, schools, corporate offices, Members of Parliament, and community-based associations. We will take screening to you and encourage you to get screened as this could save your life.
The programme will also feature a pathway to care that ensures that once diagnosed with any chronic illness, persons can immediately be referred into treatment to manage the condition. A detailed "Referral Pathways for Core Screening Services" has been developed by the team in the Ministry and has been circulated to all Regional Health Authorities and Parish Health Departments to ensure that the ethical risks associated with this campaign are sufficiently managed.

Madam Speaker, I urge all Jamaicans to Know Your Numbers! and remind them - it's a lifestyle that we are promoting.

NEW LIMB, NEW LIFE
A PROSTHETIC PARTNERSHIP PROGRAMME FOR PERSONS WITH DISABILITIES IN JAMAICA.

As has been said before, one of the consequences of chronic diseases within a high trauma society is the number of Jamaicans who have lost limbs or have been maimed and are unable to integrate themselves into productive living. When you lose an arm or a leg from diabetes or a road traffic accident, not only is this a source of sadness and grief for you, your family or loved ones, but it is also a life-restricting condition.

In a 2019 study published by National Library of Medicine, National Centre for BioTechnology Information, it was found that in amputees "...socially, 90% of the patients no longer practiced leisure activities...[and] at the economic level, 87% of patients had a decreased monthly income. Factors that bear direct correlation to the functional outcome of patients were the level of amputation..." In other words, Madam Speaker, when persons are impacted by conditions such as diabetes, where they have to remove the lower limbs, there is a direct impact on the quality of life of the individual and a net negative economic impact on the person, the household, and the wider labour market.

Madam Speaker, let me remind us that the provision of healthcare is the provision of wellness. Therefore, we must provide the interventions and strategies for the thousands of Jamaicans who are negatively impacted by the outcomes of Non-communicable Diseases, one of which is amputation.

Accordingly, this year, the Ministry will be partnering with the Jamaica Council for Persons with Disabilities to provide prostheses. Through this collaboration the Ministry will make available a total of $50M to provide qualified persons with properly fitted prostheses, enabling them to return to optimal productivity and social participation.

Madam Speaker, we will show compassion to those who need a second chance but we will use their examples to encourage other Jamaicans on prevention.

SECOND CHANCE SMILES - ORAL HEALTH & DENTURES REPLACEMENT

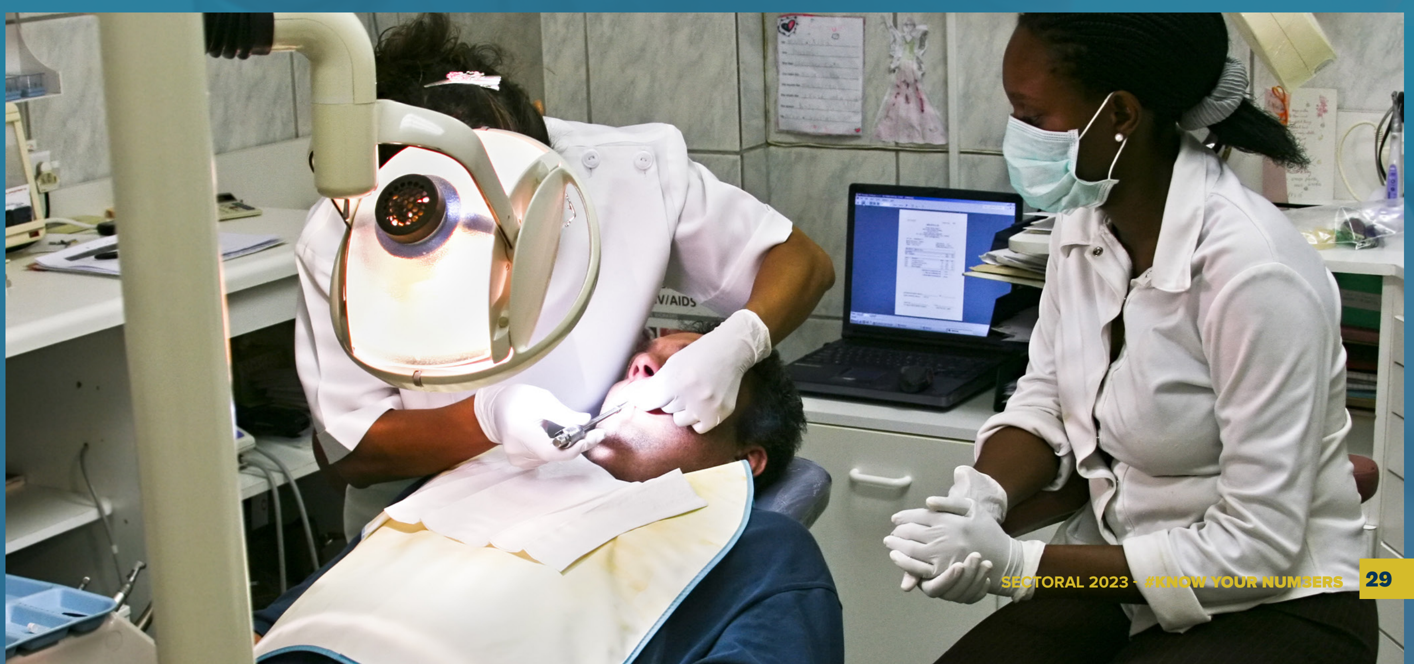
Madam Speaker, the founding principles of public health are that it should be holistic in addressing the mind and body. We are in a battle for good health that is as much about the mind as it is about the physical being. That physical being, including appearance, can motivate confidence and enhance happiness and wellbeing. How you feel can be influenced by how you look. Appearances do matter.

Public health has a duty not just to treat patients but also to treat them in a manner that aids their reintegration into society. In fact, we should help our patients/clients to reintegrate stronger, better, and more confidently so that they get another opportunity to be productive citizens and lead healthier lives for themselves, their families, and society as a whole.

Madam Speaker, I have a pet peeve that I have long wanted to address publicly and do something about. That is in the area of oral health, where there is a preference; perhaps with good reason, for extractions rather than preserving permanent teeth.

When we extract, particularly poor people's teeth, particularly when they are in the productive years of their lives, we might address the pain, but we also restrict their life chances for happiness and economic gain. That's not in keeping with principles we should represent.

Madam Speaker, a 35 year old young man without any front teeth is likely to be less employable and less likely to find the ideal partner either in the economic sphere or the social sphere, than someone of a similar age with all his working parts.



Here are the numbers. Over the past year, 62,000 extractions have had to be done as opposed to fillings. In the future, where possible, we need to give them and others a second chance.

This year, we will introduce a programme called #2ndChanceSmiles where ten thousand Jamaicans under 60 years will get an opportunity to apply for replacement dentures through our over 82 dental centres across the island. Persons who apply will get measured at these locations and orders made for manufactured dentures. We expect to spend J$60M on this programme over 18-24 months.

Madam Speaker, we will also be conducting an assessment of the oral health programme to see what measures can be implemented in the future to support tooth/teeth saving procedures instead of extractions as a first option.

We will also be continuing our school's good oral hygiene interventions and will be exploring partnerships with the private sector to promote good oral health.

SEEING CLEARLY - OPTICAL SCREENING

Madam Speaker, eye care is another underserved area in public health and healthcare generally. We all accept that a clear vision is a great enabler for economic and social prospects.

During COVID-19, the Ministry due to infection prevention control protocols had to curtail the Cuban Eye Care programme. This programme was in collaboration with the Republic of Cuba which provided not only the clinical staff, but also the equipment and replacement lenses to support the treatment of the varied eye conditions of our people. We have heard the call by the many Jamaicans who need the programme to be restarted.

Madam Speaker, I am proud to announce that in August of this year, we will see a return of the Cuban Eye Care programme to the country. It is also my pleasure to announce that we will intensify other eye care initiatives. We will explore other eye care centres in public facilities across the island. This will be achieved not only by our collaboration with our friends in Cuba, but also through the re-engagement of our local Ophthalmology Programme. It is anticipated that at least 2,000 Jamaicans will receive the much needed eyecare interventions that will mitigate blindness and the negative impact that this condition causes. This has started already with addressing the backlog of persons waiting for cataract surgery at the Kingston Public Hospital. We will continue with increasing the number of Diabetics being screened in the Diabetic Retinopathy screening programme in our primary care centres.

In addition, there is a particular area that we would like to pay special attention to this year. That's with our children in schools. Too often we misdiagnose children's learning difficulties as a sign of deviant behaviour in our schools and not recognize that it could be a consequence of vision impairment.

This year, we want to address eyecare with greater deliberateness in our primary schools across Jamaica. The aim is to visit 50 schools and to do free eye screening and where required to provide the necessary interventions. This will be done over an eighteen month period.

THE KINGSTON PUBLIC HOSPITAL

Madam Speaker, public institutional medicine was first established in Jamaica with the opening of the Kingston Public Hospital on December 14, 1776. In 1859, the hospital began offering 24-hour service seven days per week. Over that time, the KPH/VJH plant has evolved into the largest multidisciplinary hospital in the Government Health Service as well as the largest trauma centre in the public hospital system.

KPH/VJH needs a comprehensive overhaul and we have commenced with the appointment of a working committee headed by the Permanent Secretary, Dunstan Bryan and involving a number of stakeholders representing both the public and private sector for the process of review and implementation of a work programme that will culminate with the complete refurbishing and rehabilitation of the facility.

To date the team has commissioned a facilities review of the plant. This tender has been launched for a consulting firm to undertake the study and provide a costed plan for the rehabilitation of the hospital. This report should be ready by the third quarter of the financial year. In the interim, the Ministry of Health and Wellness has dedicated some J$300M to complete some minor and immediate repairs to the facility, in addition to work that is to be completed in this year for the fixing of the operating theatres under the Code Care initiative.

Madam Speaker in 2021, Cabinet gave approval for the transfer of the St. Joseph property to the Southeast Regional Health Authority. The 10.7-acre property currently houses an aged building with capacity to house 100 additional beds. It has been agreed and approved for these properties to be an annex to the Kingston Public Hospital as the St. Joseph Campus. This campus of KPH will provide specialist care in Oncology and Nephrology as a first step in creating the centres of excellence as defined in the Vision for Health 2030 Plan. Within this year, working with the committee, the development of the plan to transfer the Oncology and Nephrology services will be undertaken with the intention of providing higher quality interventions for patients who need cancer treatment as well as expanding the services for dialysis and other kidney related interventions.

Madam Speaker, COVID-19 has delayed the full commissioning of the PROMAC investments at the VJH. This year, the committee that I have appointed will lead the work of reinstating the infrastructure provided through our collaboration with the European Union and will rededicate the High Dependency Units and operating theatres that were repurposed to support our COVID-19 fight. This is to improve the hospital's ability to reduce maternal and infant mortality rate to the targets set in the sustainable development goals (SDGs).

START RIGHT INITIATIVE FOR MOTHER AND CHILD CARE

Madam Speaker, our maternal health statistics are below the SDG target of 70 deaths per 100,000 live births by 2030. Based on the Epidemiological report, Jamaica now has 145.8 deaths per 100,000 live births, which is of great concern to us in the Ministry. One of the causes of the high rates of maternal deaths is due to late presentation of mothers to antenatal care.

My colleague Member of Parliament and State Minister, the Hon. Juliet Cuthbert Flynn, has been working to reverse this trend. Already, since her appointment in 2020, she has moved to develop significant campaigns to improve maternal health outcomes. One such intervention is the 'Start Right' Initiative. The objective here is to provide adolescents and vulnerable mothers with an incentive for their full participation in the antenatal care provided in the public health system. Mothers are encouraged through our on-going public education campaign to attend at least four antenatal visits to ensure their own safety and the safety of the child.

Madam Speaker, already the Minister of State has issued 100 Snuggle Nests which are creative, safe and baby-functional loungers provided to mothers who would have complied with the antenatal health visit conditions. This year, the Ministry intends to issue 3,000 Snuggle Nests as part of our interventions to improve maternal and child health. Additionally, we will be working with our colleagues in the Ministry of Labour & Social Security to strengthen the PATH conditions for pregnant mothers, ensuring that the additional cash transfers are provided to these women can effectively incentivize this critical health seeking behaviour.

Finally, design work on the Port Antonio Hospital Maternal Ward will be completed and a tender will be launched to expand and improve the service delivery in this specialist area of the hospital.

GIVING BLOOD TO SAVE A LIFE

Madam Speaker, blood donations save lives. Over the past two years, the Minister of State, who has also been assigned to this programme in the Ministry, has been working to increase the amount of donations received and the number of volunteer blood donors. We recognize and appreciate that there is stigma and fear associated with blood donation, but the science is very clear. There are significant benefits to giving blood. One litre of blood can save three lives and in a country that is impacted by so many issues of trauma from domestic and gun violence, as well as road traffic crashes; the more blood we have in reserve, the more we increase the chances for survival.

There must therefore be a culture change and we must start with the youngest in our population. And that is why I am excited about the innovative approach being championed by the Minister of State, who has led the charge and has engaged upper school students in our high schools, as well as young adults in our universities and colleges to not only donate blood, but to become voluntary donors. Since the launch of this initiative, four schools have been visited with the collection of 85 units of blood. This is a possible 255 lives saved!

This year, the Minister of State will be expanding the programme to 20 high schools, and five universities and teachers colleges. This with the aim of collecting over 600 units of blood and increasing the database of voluntary donors by at least 20 donors.

Madam Speaker, in order to further meet the needs of our population for blood, this year the Ministry will be identifying an additional five strategic blood donor sites to increase them to 16. Parishes that are severely underserved such as St. Mary, Portland and St.Thomas will be carefully examined to identify possible sites that will allow people to not only donate but to become active donors.

To complement this objective of expanding the reach and scope of blood donation, the Ministry will be adding two mobile units. One unit will be a retrofitted COVID-19 vaccination bus, while the Ministry will launch the procurement process for a new blood collection vehicle to support the work of the National Blood Transfusion Services.

THE NHF AT 20YRS!

This year, 2023, the National Health Fund celebrates its twentieth anniversary and I believe I speak on behalf of all the members in this house in congratulating the management and staff of the NHF for fulfilling its mandate to the Jamaican people. Jamaicans are better off because of the NHF. Here are the numbers.

Last year, the National Health Fund served approximately 960,000 Jamaicans with free or subsidized medicines through 106 Drug Serv windows and 523 community pharmacies accepting the NHFCard. Over 2.8 million scripts were processed which saw approximately 8.3 million items dispensed to our customers for both outpatient and inpatient services. There were over 4.4 million claims for the NHFCard at a cost of $6.43 billion in subsidies. Twenty-eight (28) Projects were financed at $681,525,753.00: Twenty-four (24) were for new Projects valuing $654,382,457 and Four (4) were for existing projects valuing $27,143,296.

Medication costs continue to increase and compared to last FY, the budget increased for pharmacy services in the public sector by a projected 10% or $1.1 B and for the NHFCard by 21.7% or $1.59B.

CONTINUING ON SUSTAINABLE HEALTH FINANCING

Madam Speaker, a discussion around sustainable health financing has to take place. Today I table a discussion document on the cost of health care. This is a critical paper that I will be using in the coming year to conduct a series of consultations with the Jamaican people on what type of health care system they require. The paper poses very important questions that we must, as a collective, answer. The paper details:

1

The Burden of disease within the Jamaica population and based on our current health profile what costs are to be contemplated;

2

The costs of health and the gap that will be realized on the current trajectory of the sick profile of the population;

3

The issues of Universal Health Coverage and what that means in the Jamaica context;

4

The Primary Health Care Model and the strategies for prevention that are essential to sustaining the way forward; and

5

The many options for an essential package of care and what we, as a society, will need to agree on to safeguard our people for the future.

Madam Speaker, the discussion paper on Health Care Costing and the public discourse that will be undertaken will see the engagement of all stakeholders including the Private Sector, the Unions, the Church, other Non-Governmental Organisations and Non State Actors. We intend to move the conversation to the streets and lanes so as to get the widest set of opinions and thoughts as we craft the new system for health.

Madam Speaker, at the end of these consultations, we will present to this body, a green paper that answers the questions posed. This Green Paper will complement the previous paper tabled on the National Health Care Insurance and together these documents will form the essential ingredients for formalising a resilient health system for Jamaica.

We want to thank the World Bank for their contribution to the overall conversation around health financing. This year, the Bank will complement the existing body of information with the completion of a public expenditure review. This review is aimed at assessing the levels of efficiency in healthcare expenditure and providing critical information on how we as a government can strengthen the health systems with the resources that we've already received. The Ministry is eager to have the public expenditure completed so that we can have a more robust discussion and consultation with our varied stakeholders as we chart the way forward for a resilient healthcare system.

IMPROVING SERVICE - COMPASSIONATE CARE

Last year, we had 235 patient complaints through our patient management system. Of the total complaints received, 85% were issues having to do with the service received in the facilities and the remaining 15% were due to perceived negligence by healthcare workers.

While we have seen improvements based on the customer service survey done by the public sector modernization unit, there is still a long way to go. Too many Jamaicans come into our health system and are not treated with the courtesies they deserve. I am prepared to say one is too many and we must strive to address every case in a way that recognizes that patients are our customers in distress and treatment starts at the entrance to our facility.

When bathrooms are not clean or water is spilled on the floor and questions are not responded to, pain and suffering are amplified. We must do more for customer care in our public health institutions.

This year, we will expand our customer care response with an overhauled Compassionate Care Programme. The revised programme will seek to increase customer care training and situate more customer care representatives in our primary waiting areas of our hospitals. The core mandate will be to oversee and tend to the wait experience, including monitoring the wait environment to ensure patients inquiries are responded to promptly and the wait experience includes clean sanitary surroundings.

The following nine hospitals and health centres will be the primary focus of the programme in this financial year:

- **Percy Junor Hospital**
- **Port Antonio Hospital**
- **Annotto Bay Hospital**
- **May Pen General Hospital**
- **Bustamante Hospital for Children**
- **Mandeville Regional Hospital**
- **Catherine Hall Health Centre**
- **Cambridge Health Centre**
- **May Pen Type 4 Health Centre**

We will also improve access by patients to the complaints management system, through the engagement of a business processing outsourcing firm to manage,collate and refer the patient experience and to ensure that there is an effective system for tracking, recording and reporting the nature and complexity of complaints.

To achieve the expansion of the customer care function in our health facilities, the Ministry of Finance & Public Service has provided the required positions to manage and operationalise the Compassionate Care Programme in the Regional Health Authorities. As such, over 20 new posts have been created and the Regions are now actively engaged in the recruitment process to ensure that the outcome of this intervention is realised. Madam Speaker, patient-centred care is the pinnacle of an effective health system and we intend to transition our service delivery model so that we do not treat the disease but the whole person.

Additionally, Madam Speaker, the Compassionate Care Team will begin the process of training 90% of all within our health facilities in effective customer service from a public health vantage point. This training is to remind our clinicians about appropriate bedside manner; remind our administrative staff about courtesies and effective customer engagement and establish systems for our security officers in effective communications and people management.

We will also introduce unannounced and mystery audits of the wait experience with health centres and hospitals being assessed on the wait experience. We understand the need to wait for services in public health, as this happens all over the world. However, waiting can be more pleasant. It's our mission to enhance the wait experience this year.

MENTAL HEALTH-FILLING THE GAPS

Madam Speaker, COVID has taught us how fragile life is. Over three thousand five hundred deaths and thousands more are suffering from post-COVID trauma. Mental health has been a big side effect of the COVID experience. In 2019, the Ministry established our Mental Health and Suicide Prevention Helpline that has shown significant usage over the years. Since its inception, a total of 4,726 calls have been managed by our team of psychologists. For the year 2022, the Mental Health & Suicide Prevention Helpline received a total of 2,190 calls, an increase of 24% (542 calls) when compared to the 1,648 calls which were reported for the year ending 2021. For this year, already, we have received 577 calls to the helpline up to March. Additionally, in an effort to engage our youth who have suffered tremendous trauma from COVID, we have partnered with UNICEF to implement the U-MATTER Mental Health Chatline, which has conducted over 2,000 counselling sessions, treating issues such as suicidal ideation, anxiety, depression, stress and mood disorders.

Madam Speaker, this year the Ministry will be doing more, in order to enhance our community engagement with the continued collaboration with PAHO for the Problem Management Plus (PM+) intervention. Already the programme has trained 119 community members from organizations such as churches, civic groups and community based organizations, providing them with basic tools for counselling and psycho-social support. This year, the intention is to conduct ongoing recruitment and training of supervisors to provide services to more communities. The goal is to meet a target of 180 providers and 30 supervisors.

Last year, we started to address the mental health challenges by strengthening our capacities within educational institutions. Madam Speaker, we must take a proactive approach in dealing with the mental health challenges with our young people. Our colleagues in the Ministry of Education & Youth understand and are seized with the importance of providing mental health first aid so as to prevent our young people from having negative mental health outcomes. Already, through our partnership with Ministry of Education & Youth, we have trained 531 school personnel in:

1. Understanding how to optimise and maintain good mental health

2. Understanding mental disorders and their treatments

3. Decreasing stigma

4. Enhancing help-seeking efficacy, which is knowing when and where to get help and having the skills necessary to promote self-care and how to obtain good care.

Additionally, I have appointed Senator, Dr. Saphire Longmore to work along with the mental health team in the Ministry to strengthen and enhance the school engagement programme. Through this joint programme, the Ministry will be engaging at least 50 additional schools in the #DoYourShare Campaign, which prioritises the creation of safe spaces for young people who may be experiencing mental health challenges.

BELLEVUE HOSPITAL

There is another very important intervention that we intend to make this year. We will begin to implement a comprehensive overhaul of the Bellevue Hospital to address the over 400 social cases currently housed at the institution. We need to reassign these patients into a mental wellness transition facility, likely located on the grounds of Bellevue, and engage them in more rehabilitative programmes. These long-term care facilities have been proven to be effective, and economical in the treatment and care of individuals impacted by mental illness. Under the Mental Health Act and the National Health Services Act, the Ministry will be creating facilities to properly rehabilitate and reintegrate into society, individuals who have been impacted by different types of mental health challenges.

Madam Speaker, mental health as a non-communicable disease can rob our society, our communities and our families of valuable human resources. Effective reintegration programmes have been shown to not only improve the health outcomes of the individuals, but can restore broken families and thereby result in the enhancement of community life and the wider society. This intervention will see an investment in this financial year of over $150M that will result in the separation of Bellevue into two distinct institutions, a mental health rehabilitation centre and a mental health hospital for the treatment and care of acute mental health patients.

Madam Speaker, our centre for acute mental health care will boast a 100 bed facility that will not only have the most modern techniques for the treatment of mental health conditions, but will also seek to create the physical environment that supports the recovery and reintegration, and the restoration of the total person within the society. More will be said on this in the months to come.

CONCLUSION

Madam Speaker, much has been said about the work programme of the Ministry of Health and Wellness. We have made many announcements of programmes to come, but importantly we have shown that much work is taking place on the implementation of past announcements. I am proud of my team and I am proud to be a part of this Government. We have successfully managed crisis after crisis but we have also spent time to think strategically, plan and implement programmes to make healthcare more efficient for today and for the future.

We have taken the criticisms with our heads up, listening and learning where we needed to, but always pushing ahead with the conviction of doing the right thing for the people of Jamaica. Madam Speaker, that is our mission!

OUT OF MANY ONE PEOPLE
MINISTRY OF
HEALTH &
WELLNESS