



MINISTRY OF  
**HEALTH &  
WELLNESS**

**2024 | SECTORAL PRESENTATION**  
**DR THE HONOURABLE CHRIS TUFTON**  
**MINISTER OF HEALTH AND WELLNESS**  
MAY 7<sup>TH</sup> 2024 | GORDON HOUSE



**TRANSFORMATION FOR  
OUR HEALTH & WELLNESS**

*"Let's Keep Moving"*





# Health & Wellness

**Madam Speaker**, it is my honour to stand in this house for the 8th time as Minister of Health and Wellness. I would like to thank the Most Honourable Prime Minister Andrew Holness and the cabinet for their support for this historic opportunity to serve. I would like to thank my team at the Ministry of Health & Wellness (MOHW) for their dedication and commitment to protecting the health and wellness of the Jamaican people. To our strategic partners at the multilateral, bi-lateral and national levels; I express my sincere appreciation. To my constituency for their understanding and support, let me say I would not be here without you! Thank you! And last but not least to my family, for their sacrifice and dedication, I say a big thank you.

Madam Speaker, with longevity of service comes experience and with God's guidance, increased wisdom. I can truly say today, after eight years, we are very clear on our path to enhancing the health and wellness of the Jamaican people, through a strategy that has been guided by policies that promote equity, transparency, responsiveness, respectfulness and collaboration. A path that sees health and wellness as a lifestyle, linked to physical activity, proper nutrition and our state of mind or mental health, as much as, linked to hospital beds and operating theatres, doctors and nurses. Our renaming of the Ministry to include WELLNESS was to re-enforce that important theme that our health - yours and mine - starts firstly with the choices we make for ourselves. As a Government, while respecting freedom of choice, we must encourage, promote and at times legislate healthier choices.

I strongly believe that the Jamaican people today are more aware than they were eight years ago, about lifestyle choices and their personal health. It's a journey, but it's a road that's leading to somewhere positive.

I will accept that on this journey, we have not always gotten it right, but we have never stopped trying to do the right thing.

On this journey, we have had to face threats that were outside of our control but we have managed to overcome and protect the Jamaican people. Like Chik V, Zika, Dengue and the dreaded COVID-19. Yes, we lost lives, which we regret, but we saved multiples more and the lessons learnt have made us stronger and more resilient.

In a post COVID world, we have had to face inherent and legacy weaknesses in our healthcare system and strategically and operationally worked hard to correct those weaknesses.

## LEGACY CHALLENGES

Like the lack of maintenance of our health infrastructure over the decades that led to CRH collapse. We have accepted that burden on this journey and we are correcting it.

Like periodic outbreaks of infection in hospitals, businesses or communities that required an immediate response to cauterise and to correct. We have accepted those issues and we worked to overcome and avoid them in the future.

Like overcrowding in our hospitals due to bed shortages caused by decades of no new hospitals and an increase in lifestyle linked trauma cases such as - bike accidents, gunshot wounds, heart attacks, strokes and diabetes. We have accepted that legacy of neglect and are working to fix it.

## EMPATHY AND RESPONSE

As Minister of Health and Wellness, working with my team, the Prime Minister and the Cabinet of Jamaica, I have NEVER not appreciated the challenges in the system and the impact it has had on the ordinary Jamaican people. I regret, with all my heart, the pressures on the health system and its impact on ordinary Jamaicans. I have shared their burden with every call, every letter, every complaint.

## HOPE AND EFFORT

Madam Speaker, at the same time, it has been a journey over these eight years that has seen a willingness and a deliberateness to address the shortcomings in the system, more than any other eight years in our post independence history. And I am prepared to say, today, as opposed to eight years ago, the Jamaican people have improved opportunities for better health and wellness outcomes. Of the nearly Three Million

visits to our 24 hospitals and 325 health centres last year and nearly 200,000 admissions for five days or less in our hospitals, the vast majority of those experiences are positive. And the hundreds of thousands of Jamaicans who have benefited from our town and community outreach programmes, makes this journey all about positively impacting people and improving their lives.

Guided by our Vision for Health 2030 strategic plan this Government more than any other, has pursued a tangible path of transformation like any other, and the people of Jamaica are better off and will be better off for it.

## EVIDENCE AND IMPACT

**BUDGET:** In 2016/17 when we started on this journey, the budget assigned to public health was \$60.15 billion - recurrent \$55.47 billion & capital \$4.68 billion, today (2024/25) that budget has moved to \$145.14 billion, recurrent \$133.61 billion and capital \$11.53 billion. This is the largest increase recorded since independence. Madam Speaker, this translates into a 140.3% increase in the health budget between 2016/17 and 2024/25. We have acted, after recognizing the legacy of neglect over the past decades and we are putting more money in public health.



**140.3% increase in the health budget between 2016/17 and 2024/25.**



**HEALTHCARE WORKERS:** In 2016 our cadre of doctors was approximately 1,507 nurses 4,669 and community health aides 893. Today, in 2024 doctors in the establishment number 2,089, nurses 4,741 and CHAs 2,210. The Government recognized the need to improve the patient to medical worker ratio and we did just that, giving us the highest cadre of healthcare workers recorded, correcting this legacy of neglect.

**NATIONAL HEALTH FUND:** In 2016/17, the National Health Fund spent \$4.18 billion on subsidies for drugs on the NHFCard and in 2023/24 that agency provided subsidies totalling \$7.14 billion for drugs which is 97% increase in overall expenditure. The NHF has also increased the categories of chronic illnesses covered by 38% from 16 (2016/17) to 22 (2023/24).

For FY 2023/24, the NHF processed 2.9 million prescriptions amounting to 9.6 million items filled for approximately 750,000 patients. This is a 125% increase over 2016/17 when 1.3 million scripts (representing 4.4 million prescription items dispensed) were filled.

The cost to provide drugs and medical sundries to the public health sector by the NHF in 2016/17, was \$5.9 billion compared to \$15.1 billion in 2023/24, a staggering 156% increase over the period.

Madam Speaker, the NHF is providing more drugs than they have ever done before - increasing outlets, increasing prescriptions, increased drugs and increased budget. And they have done so efficiently and effectively, competing with any private sector entity, earning recognitions such as the Jamaica Stock Exchange Award for Best Website and the Financial Secretary's Award for Corporate Governance Policies, Procedures and Practices.

The Journey continues to make drugs available and affordable. It is a challenge that requires an all of society response, so this year we will need to continue a conversation with the public, and Ministry of Finance and the Public Service, the World Bank and other partners towards pivoting to institute a national health insurance scheme. We have started that dialogue - it must continue and we all have a role to play, if we are to curb cost and achieve sustainability.

## SUPPORT FOR CERVICAL CANCER SCREENING

This year the NHF is expanding its support for diagnostic tests for the early detection of cervical and prostate cancers. All Jamaican female residents who are 21 years and over, will receive a subsidy to help cover the cost of a Pap smear. The subsidy to be offered is JMD\$1,300 per test in keeping with screening guidelines. Currently, Madam Speaker, the NHF offers a subsidy for the PSA test to all male NHF Cardholders 40 years and older. The subsidy of \$1,600 for a PSA test each year, is now expanded to all male Jamaican residents 40 years and older. These new benefits on the NHFCard will come into effect on June 10, 2024.

**HEALTH CENTRE UPGRADES** : Last year we spent \$570.0 million to upgrade 45 health centres to improve conditions for our staff and patients as part of our community overhaul. But over the past eight years we have spent closer to J\$9.0B on our primary healthcare facilities upgrade. Correcting a legacy of neglect, Madam Speaker.

## NERHA

Retreat HC	\$ 25,000,000.00
Annotto Bay HC	\$ 120,000,000.00

## WRHA

Hopewell HC	\$ 14,144,592.50
Lucea HC	\$ 5,827,287.00
Cambridge HC	\$ 14,493,661.60
Catherine Hall HC	\$ 14,923,163.00
Adelph HC	\$ 11,871,780.00
Catadupa	\$ 24,521,571.00
Greenpond HC	\$ 5,600,000.00
Glendevon HC	\$ 75,000,000.00
Halls Hall HC	\$ 11,700,000.00
Ulster Spring HC	\$ 20,021,554.00
Albert Town HC	\$ 4,700,000.00
Whitehouse HC	\$ 3,921,655.00

## SRHA

Aenon Town HC	\$ 5,034,345.00
Raymond HC	\$ 1,480,000.00
Croft Hills HC	\$ 1,498,800.97
Spaulding HC	\$ 2,999,000.00
Harmons HC	\$ 5,368,983.00
Broadleaf HC	\$ 10,706,410.00
Lincoln HC	\$ 9,232,650.00
Robins Hall HC	\$ 3,495,500.00
Porus HC	\$ 1,398,700.00
Comfort Hall HC	\$ 5,000,000.00
Bellevue HC	\$ 1,882,300.00
Myersville HC	\$ 8,831,200.00
Malvern HC	\$ 32,389,285.00
Junction HC	\$ 1,502,500.00
Southfield HC	\$ 1,491,900.00

## SERHA

Morant Bay HC	\$ 4,128,450.00
Port Morant HC	\$ 31,000,000.00
Arcadia HC (Phase 2)	\$ 6,100,000.00
Yallahs HC	\$ 21,779,667.00
Rowlandsfield HC	\$ 2,000,000.00
Isaac Barrant HC	\$ 3,000,000.00
Central Village HC	\$ 11,000,000.00
Linstead HC	\$ 18,500,000.00
Troja HC	\$ 3,000,000.00
Glengoffe HC	\$ 3,000,000.00
Cumberland, Barton, Troja, Old Harbour, Sligoville HCs	\$ 7,500,000.00
Duhaney Park HC	\$ 6,500,000.00
Windward Road HC	\$ 3,100,000.00
Red Hills HC	\$ 3,500,000.00
Comprehensive HC	\$ 3,600,000.00
Chin Loy HC	\$ 2,100,000.00

I will say more about this later but importantly, the journey we must continue, will see significant upgrades to our health centres as part of our primary healthcare reform.



# HOSPITAL UPGRADES

We have embarked on the largest hospital upgrades since independence with \$1.0 billion spent last year. For example the UHWI has started a \$278.8 million construction for a redesigned ring road to facilitate the new 120, 000 square ft six storey tower coming at cost an approximate cost of \$J6B. This journey must continue to ensure UHWI remains the premier tertiary level hospital in the Caribbean region.

In addition, we have added significant equipment and diagnostic capacity to UHWI, more than any other previous period, ensuring that the facility can provide specialised services for Jamaicans and Caribbean people who need it.

## New Diagnostics Equipment Acquired by UHWI

- Nuclear SPECT and Isotope
- Ultrasound
- Interventional Suite
- MRI 1.5
- Digital Mammogram
- CT Gamma Camera for Nuclear Medicine
- CT Scanners
- Surgical Navigation System (Brain Lab)
- Echocardiogram
- Surgical Microscope
- Digital X-ray Systems



Madam Speaker, UHWI is in a better place today than it was eight years ago. We are fixing the legacy of neglect for a bigger better UHWI. The journey must continue.

**HEALTH INFORMATION SYSTEM:** We have started to network and digitise our health system for better patient service. This journey has seen 104 health facilities that are part of the managed network service contract with C&W. To date, 85 facilities have internet services installed while 47 have computers and networks installed.



Your health is not just the MOHW or the Government's business, but it's all our business, every Jamaican.



May Pen Hospital now has fully digitised patient records, while configuration and training activities are underway at the Spanish Town and St Ann's Bay Hospitals in preparation for them also going live with the EHR system later this year.

High tech hospital systems are no longer just an announcement, Madam Speaker. This project has started and is continuing with an already significant impact on the ground, improving our response to patient care and patient satisfaction. It's a journey must continue.

## **PARTNERSHIP WITH THE PEOPLE**

But there is more. Those eight years have seen programmes that have galvanised the support and participation of Jamaicans and stakeholder partners that makes public health and its operations a true partnership, involving all Jamaicans. We have strived for equity as part of correcting this legacy of neglect.

The message, I believe is getting through, that your health is not just the MOHW or the Government's business, but it's all our business - every Jamaican.

We have engaged families and communities around branded programmes that see personal health and wellness as holistic and even fun, through community outreach and participation. We are journeying with the people of Jamaica, through community outreach. This is all part of the journey of correcting the legacy of neglect.



# JAMAICA MOVES

This programme has now been fully integrated into the Ministry's community and school activities. Last year, we had targeted interventions in at least 100 schools and facilitated at least 20 major executions that would have engaged over 300 schools. For communities, more than 450 executions were done across the island to empower more than 90,000 Jamaicans with knowledge and skills to actively engage in healthy activities. This year we will continue with targeted executions in at least 100 more schools and through special activities inclusive of competitions and challenges in the workplace and community, supported by media initiatives. It is expected that over 1,000,000 Jamaicans will be directly targeted for greater awareness and engagement in healthier lifestyle practices.





# 4 KNOW YOUR NUMBERS

TAKE CONTROL OF YOUR LIFE

Knowing your **Key Health Numbers** can help you to live a longer more fulfilled life.

-  **BLOOD SUGAR**
-  **BLOOD PRESSURE**
-  **BODY MASS INDEX**
-  **BLOOD CHOLESTEROL**

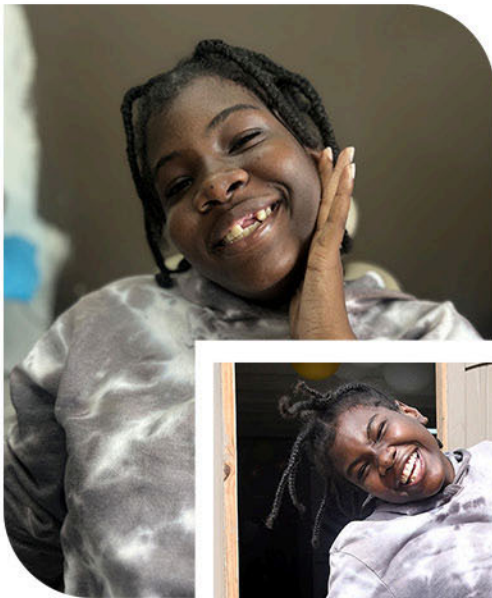


This programme has seen more than 122,000 screenings in blood pressure, blood sugar, body mass index and cholesterol. We also did eye screenings, sexual and reproductive health and oral health screenings. The results confirmed what we knew, that there is an increase in lifestyle illness with  $\frac{1}{4}$  or 25.4% of those screened receiving adverse results: 16% with elevated blood sugar levels, 43.2% with hypertension, 36.8% with high body mass index, and 4.0% with high blood cholesterol levels.

What's worse is that most of these Jamaicans were unaware of their conditions and many had to be referred to follow up with their doctors at health centres or private doctors.

Let me reiterate, health screening can save your life, getting a yearly screening is the message and **KNOW YOUR NUMBERS** is the journey we are on to carry that message and make it possible!

This year we will continue this programme as we target 400,000 screenings and follow-ups. We anticipate spending \$50.0 million over the next 18 months. Madam Speaker, we are taking screening to the Jamaican people in their communities, further ensuring equity of access to opportunities for good health.



# SECOND CHANCE SMILES

Over the past year we have done 2,000 Jamaicans with new dentures under our a Second Chance Smiles programme.



This year we will target 8,000 valued at approximately \$60.0 million. This programme has been overwhelmingly received, giving confidence to those who lose a tooth or teeth, improving their general health through proper digestion and making them more able to be integrated in the world of work.

Like Amelya, 14 year old student of Greater Portmore High School or Coreen Smith Williams, a 56 year old self-employed resident of Cockburn Gardens in Kingston 11. Their replacement dentures have given them confidence and a healthier approach to life. This journey must continue with the expansion of this programme.



# NEW LIMB NEW LIFE

This programme saw 58 Jamaicans benefiting from lower limb prosthesis at a cost of \$24 million. This year we will target another 60 persons valued at \$50 million. We will also be extending the programme for greater communication around diabetes, the causes, and how to control and prevent this debilitating illness.

A Jamaican who gets a leg also gets a second chance to work and play and have a more contented life.

Like Maintenance Technician, Alphanso Lee from Arnett Gardens, who had a right above knee amputation due to gunshot wound/trauma. Another beneficiary, Ladecia Allen, a self employed resident, who has a right below knee amputation due to diabetes.

It's a journey and we must continue!



# BETTER FOR YOU

We have relaunched our Better for You Menu with an ambassador, Miss Kimberly Nain, singer and senior policy analyst with the Ministry.

**We are present through our branded logo showing healthier options in - 24 Seven Cafe at the Jamaica Pegasus Hotel, Burger King, Island Grill, KFC, Subway, Tai Tai Ice Cream Rolls, Little Caesars Pizza, Pizza Hut and Wendy's restaurant chains.**

We will be continuing to recruit and partner with restaurants across the country this year as well as promote balanced nutrition through food based dietary guidelines and nutrition facts panel. Our team will also be joining forces with the Ministry of Agriculture, through RADA to do market pop-ups and showcase our in-season produce and explain why it's always better to eat fresh, limited processed foods. We are on a journey to show that the best medicine is linked to lifestyle choices. It's a journey we must continue.

## CODE CARE

This programme was intended to clear up the backlog of surgery cases in our hospitals due to the COVID-19 pandemic.

To date we have completed 1,588 surgeries covering Hernias, Hysterectomy, TURP (Prostrate), Cataracts and Pterygium. Seventy nine percent of those cases were waiting over one year.

Like Mr. Patrick Morris, 64 year old resident from St. James, who had been waiting two years for surgery. He is living better now after successfully completed surgeries for an enlarged prostate and bladder stones.

CODE CARE delivered for those Jamaicans! We must now return to regular scheduling.

Madam Speaker, so far seven operating theatres have been renovated, including two at the Cornwall Regional Hospital; two at the Falmouth Hospital and one at the St. Ann's Bay Hospital is scheduled to be completed in the next two months.



## JAMAICA/CUBA EYE CARE

This programme has been back, as promised, and has been bigger and better for the benefit of Jamaicans. After less than a year, the team have done 570 cataract surgeries, 352 pterygium, 899 laser surgeries for diabetic retinopathy, 81 Laser surgeries for Cataract and six laser surgeries for Glaucoma.

In addition, the technical team has done repairs to 101 equipment and installed 26 in locations across the country including KPH. This year the projections are to complete 1,000 cataract and 200 pterygium surgeries impacting some 8,500 Jamaicans and their families.

We applaud the partnership with the Government and people of Cuba and I take the opportunity to say a big thank you on behalf of the thousands of Jamaicans who have so far benefitted.

Like Mr. Lambert Brown, a minister of religion, who benefited from cataract surgery and is now better able to serve the members of his community. Arlene Webb, 52 years old female entrepreneur, is also a success story. She presented the clinic with little to no vision. Her issues started approximately 1 year ago. She was diagnosed with cataract in both eyes. Her surgery was done December 6. She was referred to laser treatment and had capsulotomy started in the right eye in March, with on-going follow-ups. Madam Speaker, we are correcting a legacy of neglect and fixing the vision of thousands of Jamaicans under this programme. This Journey will continue.



## MENTAL HEALTH & WELLNESS BENCH

Our mental health programme – through the provision of training in communities under Problem Management Plus and the promotion of safe spaces in schools with the unveiling of Wellness Benches, done as part our Wellness Check-In intervention – has so far benefited communities across the island and more than 15 educational institutions.

There have been more than 320 beneficiaries of Problem Management Plus – 271 having received training as providers and 56 from six parishes having received support from those providers.

More than 3,000 students have been reached with the Wellness Check-Ins that also feature small group sessions between vulnerable youngsters and our mental health professionals. This journey must continue as mental health is a major issue in our society.

This year, we are projecting to deploy benches to 20 additional institutions while offering training to another 40 community leaders in Problem Management Plus in order to help members of their communities to solve problems and build coping skills to manage stress.

We will also do more by upskilling and deploying an additional 4 mental health nurse practitioners and some 80 psychiatric nursing aides into the community mental health services to enable greater responsiveness to persons with mental health challenges.

## **BELLEVUE HOSPITAL**

Our scaled-up efforts to tackle mental health challenges while supporting the mental wellness of the people of Jamaica will also see the continuation of our programme to overhaul the Bellevue Hospital campus to include the relocation and upgrade of the Emergency Room and Records Department as part of its transformation into a modern, 100-bed neuropsychiatric facility.

This while also leveraging new specialist roles added last year to introduce outpatient clinics and various new psychiatric services – previously unavailable or offered on an ad-hoc basis – together with the addition of a jogging trail around the perimeter of the 50-acre property that will be available to staff, patients, residents, and the community.

Let me again remind us that mental health can and is likely to affect us all at some point in our lives. No one is immune. We must continue on this journey to mainstream our response and promote a more caring society for those affected by mental health challenges.

## **ADOPT-A-CLINIC**

This programme has seen 10 additional adoptions in the past year with 47 clinics now adopted at a value committed of \$200.0 million and an expectation this year for an additional 53 adoptions. These are relationships that we have established with diaspora and local donors who are partnering with us for the benefit of Jamaicans who use these facilities.

For example, among the adoptions is Highgate Health Centre in St. Mary, which serves approximately 20,000 community members and under the adoption has benefited from \$3.0 million for three years. The partnership will see the purchase of needed clinical and office equipment and minor infrastructure upgrades and maintenance. We cherish these partnerships and will continue the journey to our targeted one hundred health centres for adoption. Let's keep moving on this very important partnership.

## **CAPITAL PROJECTS - RENEWING OUR HEALTH INFRASTRUCTURE**

Madam Speaker, the legacy of neglect and inaction say too many healthcare buildings - hospital and health centres, run down and dilapidated. Eight years on this journey we have embarked on the largest building infrastructure upgrade on record.

Let's look at this journey we are on.

## HEALTH CENTRES

The Government invested heavily in the development of our public health centres and the journey continues with active work-in-progress taking place in 18 health centres across the four regions at a value of more than \$970.0 million.

### SERHA

Isaac Barrant Health Centre	\$ 14,156,681.00
Bath Health Centre	\$ 8,694,000.00
Trinityville Health Centre	\$ 9,205,750.00
Christian Pen Health Centre	\$ 6,000,000.00
Linstead Health Centre	\$ 10,833,000.00
Kitson Town Health Centre	\$ 50,000,000.00

### NERHA

Buff Bay Health Centre	\$ 300,000,000.00
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### SRHA

Downs Health Centre	\$ 173,523,098.00
Cumberland Health Centre	\$ 38,535,614.00
Junction Health Centre	\$ 43,540,899.00
Southfield Health Centre	\$ 29,998,997.00
Cross Keys Health Centre	\$ 149,959,555.00

### WRHA

Cambridge Health Centre	\$ 18,668,978.91
Lucea Health Centre	\$ 39,817,972.50
Type 5 Health Centre	\$ 20,165,350.00
Jackson Town Health Centre	\$ 25,000,000.00
Dias Health Centre	\$ 5,000,000
Falmouth Health Centre	\$ 35,000,000.00



Over the past eight years we have spent approximately J\$9.0B on health centre upgrades or new construction.”



And these repairs are tangible and substantial, improving the environment for better patient care and working conditions for staff. For example, the Cambridge Health Centre in North West St. James, which was recently commissioned, now boasts a fully air-conditioned facility, improved parking for staff and clients, an expanded waiting area, a new sewage system as well as a three-chair dental facility. This journey must continue.

## MORE TO COME...

That is why in the next two months we will be announcing contract awards valued at US\$9.7 million (\$J1.5B) for health centres in Old Harbour (US\$3.0 million), St Jago Park (US\$3.1 million), Greater Portmore (US\$3.6 million).

**CLARENDON:** We are now in the design phase for Mocho Health Centre, and May Pen West Health Centre and will go to market for construction by the fourth quarter of the financial year. This will complement the improvements at Chapleton and Lionel Town Hospitals.

We are currently scheduled to advertise for the expansion of May Pen Hospital by the end of the first Quarter. The estimated investment is over J\$600.0 million.

Madam Speaker, the parish of Clarendon is already seeing the transformation in our health infrastructure. The journey must continue. We must keep moving!

**ST. ANN:** We have so far completed designs for Brown's Town Health Centre and Ocho Rios Health Centre which will include improvements to these facilities such as new dental and waiting areas, ultrasound rooms and laboratories, maternal and child health areas, and immediate treatment areas, pharmacy, procedure rooms, asthma bays and mental health clinics. We anticipate investing over US\$1.5 million and will go to market by the end of the first quarter for construction to commence by March 2025.

These services will be complemented by work currently being done at the St. Ann's Bay Hospital and other health centres in the parish. This journey must continue.

## HOSPITALS

A major overhaul of our hospital infrastructure is ongoing with 21 hospitals seeing major upgrading and others in the final stages of design or procurement for announcements this year.

## CHAPELTON HOSPITAL

This past year we secured this facility with perimeter fencing but also added three (3) more doctors and nurses making a total of six (6) and eight (8) respectively to the establishment. The facility is now a twenty-four-hour 38-bed facility which now includes Maternity services, up from 16 beds. The Dietary area has now been expanded to facilitate the projected increase in inpatients. The laundry and Pharmacy have also been improved

This year, we will move to add a Laboratory and Minor Operating Theatre to the facility.

## UHWI

The ring road reconstruction has started at a cost of \$278.8 million and designs for the first tower is being completed for tendering this year at approximately US\$40.0 to include new equipment.

This tower will boast hybrid suite and operating rooms; patient reception, minor operating theatre, pharmacy, neonatal intensive care & labour ward and adolescent psychiatry. We have to ensure that UHWI continues as the premier tertiary level hospital in Jamaica and the region. The journey has started, it must continue.

## SPANISH TOWN HOSPITAL



The work continues with demolition of old buildings and the foundation of the new US\$35.0 million (J\$6.5 billion) six storey tower building to be constructed.

That journey started over a year ago with the construction and commissioning of a new lab, pharmacy and improved waiting area for patients.

The more exciting part of the journey has commenced to include construction of one hundred more beds, six operating theatres, ambulance bay; Triage and Consultation rooms; Radiology Department (equipped with MRI, X-Ray and CT Scan Rooms, among other diagnostic services); Outpatient Services, Endoscopy Unit, a Surgical Suite; an Intensive Care Unit; and Isolation Rooms.

The build out will also have a separate wing for laboratory services to include Immunology, Haematology, Serology Labs and a Blood Collection Centre. Medical staff at the Hospital will also have new lounge areas.

On completion, the STH will expand its service offerings to the St. Catherine community, with new services such as: urology, oncology, cardiology, gastroenterology, ophthalmology, and psychiatry.

This journey will mean better for the people of St. Catherine. We will keep moving!



## CORNWALL REGIONAL HOSPITAL (CRH)

We have spent, to date, \$J3.5B on all three phases of the Cornwall Regional Hospital rehabilitation. We have now commenced the third and final phase with an additional J\$5.81 billion to be spent this year. Designs are complete and works have commenced to put in the ward space and other internals to the reinforced and expanding building.

CRH will become the premiere hospital in Jamaica and the region - new wards, new beds, new equipment, new staff accommodation. And very importantly, we will ensure, this time, that we have adequate maintenance so that we never go back to where we were, due to the legacy of neglect and complacency over many decades.

### **HVAC Systems**

#### **Floor 1-5 and other sections of the main building.**

Redesign of the entire HVAC System to provide acceptable air quality for floor 1-5 and other required areas.

#### **Objectives**

- Demolition of the existing HVAC Infrastructure
- Redesign of HVAC System
- Upgrade of the HVAC infrastructure

### **PHASE 1**

#### **To prevent moisture from entering the upper section of the building**

##### **10th Floor Roof Repairs**

- Repairs to the structural elements of the 10th floor roof
- Construction of a new roof over the atrium
- Removal of the redundant MEP installations on the roof
- Comprehensive replacement of the roof covering (including insulation) to result in a completely watertight roof
- Replacement/relocation of the rainwater disposal installation
- Installation of Construction Hoist
- Containment Yard to house changing rooms for the workforce, storage and delivery, disposal area with related access.

### **PHASE 2A**

#### **7<sup>th</sup> - 9<sup>th</sup> Floor Demolition Works**

- Demolition works and structural repairs on floor 7-9

## PHASE 2B

### 1<sup>st</sup> - 6<sup>th</sup> Floor and Basement, Structural Repairs and Demolition works

- Cleaning of the Basement
- Structural repairs of basement and floors 1 to 6
- Repairs and rehabilitation of existing water tanks
- Construction of a slab between floor 5 and 6 to enclose existing atrium
- Construction of new roof to:
  - Floor 6 and floor 3 atria

## PHASE 3

### 1<sup>st</sup> - 10<sup>th</sup> Floor Rehabilitation and Redevelopment

- Mepit and Fire Installations
- Installation of new fixture, fittings
- Installation of new windows
- Construction of expanded Accident & Emergency including an upper floor for use by Ophthalmology
- Construction of a second floor in the mezzanine (old library)
- Refurbishing and expansion of the dietary department
- Facade repairs and improvements
- Construction of below grade tanks for rainwater harvesting
- Structural repairs to basement

CRH has been a long journey, punctuated with many setbacks and uncertainties, but we are on the final stretch and its a journey we will complete.



## WESTERN CHILDREN AND ADOLESCENTS HOSPITAL

The construction of WCAH is at 54% complete; the primary structure for both the main building and staff apartments are complete, while work is continuing on the secondary structure, such as the internal partition walls. The AC Duct work is currently being fabricated on site and we are on track with the electrical cable trays and plumbing works in the main building. The overhead pedestrian bridge that will connect the CRH and WCAH have been designed and approved by all parties, local and Chinese. Its construction will commence soon.

We have updated and approved the medical equipment list and the Chinese Team is in the process of procuring the elevators and other electro-mechanical equipment.

When this facility is completed it will boast 220 beds, five operating theatres and twelve specialities to include Neonatology; Paediatrics; Paediatric Cardiology; Paediatric Nephrology; Haematology/Oncology; Paediatric Surgery; Urology; Neonatal Surgery; Critical Care- Paediatrics; Paediatric Emergency Medicine; Adolescent Medicine and, Child and Adolescent Psychiatry.

Madam Speaker, when combined, CRH and Western Children and Adolescents Hospital will create the highest concentration of hospital beds and specialties in the Caribbean region. This will pave the way for better patient care, staff satisfaction, training and possibly health tourism. We must keep moving.

## **MAY PEN HOSPITAL**

We are now at the CIVIL WORKS TENDER phase and will go to market in May 2024. This will complement the improvements at Chapleton hospital as well as the work being done at the three MAY PEN WEST, MAY PEN EAST and MOCHO health centres in the parish.

Madam Speaker, the parish of Clarendon is already seeing the transformation in our health infrastructure. Total costs estimated for these projects is J\$2.0 billion. The journey must continue.

## **ST ANN'S BAY REGIONAL HOSPITAL**

We have so far completed the preliminary layouts and have commenced the process for a design firm. This new structure will see addition of a new outpatient building including Hemodialysis, Lab, Pharmacy, Physiotherapy, endoscopy, chemotherapy and refurbishing of existing outpatient facilities. A new ICU/HDU will be added after and this will be complemented by work to also be done at the St. Ann's Bay Health Centre which is also in the same phase.

## **KINGSTON PUBLIC HOSPITAL (KPH)**

The rehabilitation of KPH has started and will intensify over this year. We have so far started the process of transferring the oncology services from KPH and the Hope Institute to St. Joseph Hospital as well as selecting a Project Manager for the further development and implementation of the project.

This year we will be conducting a comprehensive technical review of the infrastructure for both KPH and VJH and undertake a comprehensive electrical rehabilitation of the facility, at an estimated cost of \$300.0 million.

KPH is one of our most critical institutions, serving over 20,000 inpatients and 300,000 outpatients each year and proven to be one of our premiere trauma hospitals on the island.

This Government will not allow this important institution to go the route of CRH due to neglect and lack of maintenance over the years. We will improve the services of KPH by fixing the perennial challenges the facility faces.

But more, the Government has given the go ahead to develop a proposal for the construction of a new KPH hospital. We are just commencing this process and it will mean a number of preparatory stages, like land acquisition and case study development. But we will commence this process this year.



## NEW APPROACH TO DIAGNOSTICS

This has been a major area for patient care and our intervention with outsourcing has had successes despite some challenges. However since the implementation of the Enhancing Health Care Services Delivery Project in September 2019, more than 150,000 diagnostic tests have been done at a total cost of \$5.5 billion. The number of patients benefiting from this programme has surpassed 90,000.

We will begin this year to phase out the Outsourcing Diagnostic Programme for a number of reasons. Firstly, we have acquired diagnostics equipment including 14 state-of-the-art X-rays, three (3) CT scan machines, two (2) digital mammograms, Surgical Navigation System, Digital X-ray Systems and Nuclear PECT and Isowe are now in the process of acquiring several pieces of equipment including multiple CBCT / Dental X Ray System, Radiological Viewing Station, PACS Server (MINI) and Ultrasound Machine Handheld.

The longer term solution, that we hope to accomplish this year, is a lease agreement for the supply, installation, maintenance, training for 49 pieces of medical diagnostic imaging equipment covering Computerised Tomography (CT) scanners, Magnetic Resonance Imaging (MRI) and Ultrasound.

The procurement process is ongoing, and the deadline for bid submission is June 30, 2024.

We are building into the system resilience. We want to end the days of broken down equipment and ensure patients are seen on time and for the best care.

It's a journey we have started and we must continue. Let's keep moving!

## HUMAN RESOURCES AND THE CASE FOR TRANSFORMATION

Madam Speaker, no one can deny our efforts at modernising our public health infrastructure.

However, we are not just building out hospitals and health centres and adding technology and equipment for better healthcare service delivery. This journey would not be complete if we did not focus on our most important resource - our people.

Madam Speaker, everything will come together on this journey, only when our healthcare workers and administrators confidently and efficiently ensure that the process works for our patients.

Madam Speaker, in this area much has been achieved. Today, I salute our healthcare workers on our country's behalf, for their commitment and sacrifice over the years. But there is so much more to be done. That journey must continue.

For starters, new posts and compensation arrangements are in effect, for the most part. This should be seen as a recognition by the Government to rightsize the organisation with a more appropriate compensation package. But even at its perfect place, this does not fully address the transformation paradigm that is needed, for better patient care.

## HUMAN RESOURCES FOR HEALTH: 2016/2017 AND 2023/2024

<b>Catergories of Staff</b>	<b>2016/2017</b>	<b>2023/2024</b>	<b>% Increase</b>
<b>Medical/Dentistry</b>	1,507	2,089	39%
<b>Nursing /Midwifery</b>	4,669	4,741	1.55%
<b>Allied</b>	716	2,437	204%
<b>Administration</b>	376	2,287	508%
<b>Support</b>	3,942	6,055	53.6%
<b>Total</b>	11,210	17,609	57%

Madam Speaker, our human resources represent our most important part of healthcare delivery. It is our people who have to combine and coordinate the infrastructure and the technology and the bedside manner skills to improve and make more efficient patient care.

But it's not just in the hiring of additional staff and increased wages and salaries or modernization of buildings, technology and equipment, that the solution to better healthcare lies.

There is a case to be made for a greater assessment and reorientation around this concept of health transformation. Transformation is not modernization. Modernization may be a necessary requirement but not sufficient to get transformation. This is where our greatest challenge lies.

New technology and buildings will not guarantee better and more efficient service. It is how we combine these technologies and utilise them to improve and make more efficient service quality in a patient centric way.

I don't think we are there yet as too many of us are yet to fully understand that real transformation means using the new tools to do things better and more efficiently to improve patient satisfaction and health outcome.

For example, we need to understand how long patients wait and why?

We need to use the tools to determine how we can improve the wait experience and shorten, where possible, the service delivery process.

We must use the health information system to make a doctor's consultation shorter and more accurate because we have the patient history on a computer screen.

We need to interrogate new approaches to improving our customer/patient service levels to improve satisfaction results as a critical part of patient therapy.

Similarly, transformation will mean using our diagnostic equipment and hospital buildings to its optimum capacity, constantly monitoring and scheduling routine servicing to avoid collapse or down time which affects patient care.

These are just a few examples of the transformation we need, based on the investments we are making in public health. The journey is yet to take us there but we are on the right path.

## **CHANGE MANAGEMENT**

This year we will deploy a Change Management Process that will accompany our significant expenditures and hiring of new personnel, to begin to stimulate a mindset change in how we provide public health services.

We will be establishing the Enabling Environment for Health and Client Services Division within our corporate office at MOHW. This Division will be focussed on Client Services/Customer Service, Client Medico-Legal Complaints, Compassionate Care as well as Environment and Human Rights functions.

The Division will facilitate the expansion of our Compassionate Care Programme to train, retrain and re-orient our staff to see the pivot that is necessary for real transformation to take place.

A transformation that is patient centric, responsive and efficient in the delivery of our services.



## TRANSFORMED APPROACH TO WORKER TRAINING AND RETENTION

There is another challenge we face as we keep moving on this journey to better healthcare. That is the mass migration of our healthcare workers.

I have a real concern that we will build new buildings, introduce new services and do not have people to man these stations. We are not unique in this regard as the real challenge is the shortage of healthcare workers that exists globally and the excellent reputation of our Jamaican workers and proximity to developed markets like North America, makes us vulnerable to the headhunters.

We have to do more to train and retain, including accepting that we also train for export, and this will have to include collaboration with external partners, including institutions outside of Jamaica.

I have already met with the UWI Principal and key personnel and institutions of training on these issues and discuss options for enhanced training and retention. I will be doing the same with the health Councils - Nursing and medical - that govern these professions.

Madam Speaker, we cannot restrict the movement of labour but we certainly can collaborate with other institutions and jurisdictions to train more people and hopefully share their skill sets between different institutions and jurisdictions.



**Dr. Barry Wint**  
**Memorial Scholarship**  
**and Development Fund**

## **Dr. Barry Wint Memorial and Development Fund - \$2.5B (5 years)**

In keeping with this mandate, I am happy to announce the **Dr. Barry Wint Memorial Scholarship and Development Fund for \$J2.5 Billion over five years at \$J500 million each year.**

**The Scholarships will be open to Jamaicans who are pursuing studies in the following areas: Nursing, Medicine, Public Health, Medical Technology, Epidemiology, Health Records Management, Hospital/Health Care Management, Information Systems for Health, Pharmacy, Dentistry and Health Economics.**

These are some of the critical groups that we need to fill the gaps in our HR requirements.

We will also be exploring overseas clinical rotations and remote faculty for expanded training in these areas.

Additionally, we are exploring the possibility of a FLEXI CONTRACT arrangements for persons who are trained jointly across jurisdictions and institutions involving institutions outside of Jamaica.

Graduate and Postgraduate students would be eligible to apply for the scholarships. The persons who are successful will have to commit and be bonded to working within the public health system for a period.

We are hoping that this facility will be available for the semester starting September of 2024. Information will be made available in the media and on the Ministry's website by July 2024.

As we train, we will embrace a wider recruitment strategy. We will be strengthening the interagency collaboration around recruitment from non traditional jurisdictions where we have shortages in specialised areas.

Madam Speaker, we are hoping that this fund will provide the impetus for the transformation of the mind that we need while improving our retention strategy for critical health care personnel.

I am making an appeal to our institutions of training to rise to the challenge, recalibrate their training curriculum to meet the practical challenges of our times in health care, forge partnerships inside and outside of the country where necessary and let's truly make the difference that only a transformed mind can lead and achieve.

Madam Speaker, In too many ways, this journey is still in its infancy, for our health and wellness sake, we must move speedily on this.

## PRIMARY CARE REFORM - TRANSFORMATION OF PEOPLE

A critical part of this transformation is getting the people we serve at the community level to see their personal and family health as important to them, and not just depend on the Government to cure them when they are ill.

It is not just the healthcare worker that needs a mind set change, rather every citizen must see and believe that it is in their interests to change their approach towards more health seeking behaviour. A Behaviour towards prevention rather than cure. Madam Speaker, we must all see ourselves as part of this journey.

Ultimately, our health is first and foremost our responsibility. However as a Government, we must see our role as being advocates for this cause, helping the people we serve to understand why this is so, and giving them the necessary support in the home and at the community levels.

We see the foundation of this effort in our **primary healthcare system** and in our **primary healthcare workers** - the first point of contact and protection for the people in their homes and at the community level.

This year we will begin a process to boost confidence and support in our primary system through major improvements in facilities and personnel and adding more services at the community levels.

I am pleased to announce that the Cabinet has approved a **NEW PRIMARY HEALTHCARE MODEL** to facilitate more interventions for healthier lifestyle and disease prevention and more treatment services at our newly classified health centres.

We will add more doctors, nurses and other categories of healthcare professionals as outlined in our new primary healthcare model. We will begin the process of rolling out three new categories of health centres; **Community, District/Parish, and Comprehensive/Parish.**

This reclassification will mean more services at each level to include areas like health promotion and education, screening, prevention and treatment - routine medicals, special clinics (for adolescent, elderly, men and women's health), rehabilitative and palliative care, ophthalmological and audiometric screening.

## OPERATION REFRESH - CITIZEN TRANSFORMATION

Our attempts for community mindset transformation must include restoring our community health centres to a look, feel and utility that attracts community participation and support. Our aim is to ensure that every health centre and healthcare worker generates confidence in our citizens to visit these facilities rather than bypass them for the hospital in the town square.

In support of this, we will be embarking on a **J\$1.0B programme over the next 18 months to enhance the look, feel and utility of selected health centres across the country as part of the mindset or transformation we are seeking in every Jamaican citizen.**

Called **OPERATION REFRESH** we will move to standardise the look and feel of our facilities, through signage and colour schemes as well as improving areas of wait and staff quarters and where necessary adding sustainable features like solar panels for energy efficiency, air conditioning and improved sanitary conveniences for more comfortable wait.

We want our health centres to be a source of pride and our citizens to expect and experience improved customer experience. This is the journey we are on, and the journey we must continue.

**The second component of OPERATION REFRESH will be driven by our Community Health Aides who, with a redefined job description, will be activated to interface more within committees and homes.**



Our CHAs number approximately 2,200 and they are usually the first public health point of contact at the community and home levels. As part of the reform process we are revising to support more community activations, including community and home visits.

For example, visiting homes and giving support to the senior citizens and pregnant mothers, conducting screening and giving basic psychosocial support. This all done under the supervision of the public health nurse.

The journey we are on assumes that good health begins at home and in the communities and as the stewards of good health we must go more frequently where the people are. That is the substance of primary health care.

This journey for a mindset change is what will bring about real transformation.

## TRANSFORMATION THROUGH POLICY AND LEGISLATION

The Government's use of moral suasion has to be bolstered by policy and legislation.

This year we will continue and conclude legislation around Comprehensive Tobacco Control, effective regulation of Natural Health Products, including nutraceuticals, The Funeral Homes amendments and Advanced Practice Registered Nurse Practitioners for Prescriptive Rights. These are all game changing and should assist behaviour change for better health outcomes.



We are also moving ahead with the elimination of trans fats and are in discussion with the Ministry of Industry Investment & Commerce (MIIC) on an approach to front of package labelling sensitization. We will continue and hope to conclude the school nutrition policy in collaboration with the Ministry of Education & Youth (MOEY) and will begin this year to start a process of sensitisation of the school administrators and cafeteria owners on menu options for balanced meals for our children. This journey must continue.

## CONCLUSION

Today, we have shown the links between all our critical health policies and programmes and our mission to modernise and transform our response to healthcare services. We have done so through significant planning and expenditures for new buildings, technology, equipment and more doctors and nurses and healthcare workers. We will be offering support for more training and engaging in greater interaction at the community level. It has been a journey that was worth the effort as Jamaicans are better off for it.

We cannot stop now. Too many exciting opportunities are on the way and so many already delivered. The Jamaican people are discerning, as they know we have not stopped trying, even with the challenges we have had to face. Let's continue the journey. Let's keep moving!

Thank you.

**LET'S CONTINUE THE JOURNEY.  
LET'S KEEP MOVING!**

**Thank you.**



MINISTRY OF  
**HEALTH &  
WELLNESS**