



Jamaica Population Health Status Report

2000 - 2022

National Epidemiology Branch
Ministry of Health and Wellness, Jamaica 2024



Ministry of Health and Wellness, Jamaica 2024

Short extracts from this publication may be copied or reproduced for individual use, without permission, provided the source is fully acknowledged. Reproduction that is more extensive or storage in a retrieval system, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, requires the permission of the Ministry of Health & Wellness.

Published by

Ministry of Health & Wellness

10-16 Grenada Way, Kingston 5
Jamaica

Telephone: 1-888-ONE-LOVE

E-mail: info@moh.gov.jm

Website: www.moh.gov.jm



ISSN 0799-6985
MARCH 2024

TABLE OF CONTENTS

Message from the Minister of Health & Wellness	i
Message from the Permanent Secretary, Ministry of Health & Wellness	ii
Message from the Chief Medical Officer, Ministry of Health & Wellness	iii
Message from the National Epidemiologist, Ministry of Health & Wellness	iv
Executive Summary	1
Introduction	3
Sociodemographic	4
Health Status	10
Risk Factors	19
Service Coverage	29
Health Systems	35
Abbreviations	43
Definitions	44
Monitoring and Evaluation Map	53
Data Sheets	55
Acknowledgements	61

MESSAGE FROM THE MINISTER OF HEALTH & WELLNESS



DR. THE HON. CHRISTOPHER TUFTON, MP

MINISTER OF HEALTH AND WELLNESS

I welcome this report as the Ministry and its partners can gain valuable insights into Jamaica's healthcare system, enabling them to make informed decisions, allocate resources effectively, and design targeted interventions to enhance the health and well-being of the Jamaican population. This report provides snapshot of health trends and serves as a valuable tool in narrowing health gaps in Jamaica and preventing illness among the most vulnerable.

An overarching goal for the Ministry of Health and Wellness is to achieve optimal health for all Jamaicans and eliminate health disparities and tracking historical trends in healthcare is an essential step to achieving this desired outcome.

This aligns strongly with our Vision for Health 2030 Plan, which provides a description of key strategic goals and outcomes to be sought and takes into consideration resource implications and financing strategy, and the organizational frameworks required to implement the same. The Vision for Health 2030 Plan supports efforts to increase accountability, transparency and effectiveness in the work done by the Ministry and was developed using a consultative approach involving key stakeholders in health and other sectors. It is based on Jamaica's current health situation, emerging health trends, national and global priorities.

I congratulate the team on this body of work as this will provide policy makers with valuable insights to make informed decisions, allocate resources efficiently, and design targeted interventions to enhance the health and well-being of the Jamaican populace. I look forward to the many discussions and presentation, as well as the propriety programmes and plans that will enminate from this Report.

MESSAGE FROM THE PERMANENT SECRETARY, MINISTRY OF HEALTH & WELLNESS



DUNSTAN E. BRYAN
PERMANENT SECRETARY

Jamaica remains vulnerable to natural and human-induced hazards, such as hurricanes, earthquakes, floods, storm surge, drought and fires, and their related impact on the social and economic fabric of society. This vulnerability is one of the greatest challenges to the achievement of sustainable development, of which health is a major priority.

It is against this background that the Population Health Status Monitoring Report becomes an invaluable tool that will provide us with useful information for planning and prioritizing programmes in keeping with the vision and of the Ministry as we lead the national effort to promote and protect the rights of every Jamaican to access healthcare services that support their optimal health and well-being.

The 2023–2024 report focuses on highlighting the health status of the Jamaican population over the last two decades, 2000–2022, which provides an overview of the country’s health status, a thoughtfully selected list of health indicators of more than 100 health indicators were used to highlight areas where the country is doing well or areas of health that need improvement.

The indicators selected span various domains, including sociodemographic, health status, risk factors, service coverage, and health systems.

It is through publications like the Population Health Status Monitoring Report and others emanating from the Ministry of Health & Wellness that the health sector is able celebrated numerous successes in health and the prevention, management, and control of diseases.

I congratulate the National Epidemiology Branch on its commitment to making this publication available and I look forward to the discussions and policy positions that will be forthcoming.

MESSAGE FROM THE CHIEF MEDICAL OFFICER, MINISTRY OF HEALTH & WELLNESS



DR. JACQUILINE BISASOR-MCKENZIE, CD

CHIEF MEDICAL OFFICER

As the world continues to evolve into a more data-driven one, reliance upon health-related data becomes fundamental to improving people's health outcomes. Population health status monitoring therefore plays a vital role in advancing societies through health systems research that paves the way for significant discoveries; and enables evidence-based policymaking to support improvements in healthcare.

As the Ministry of Health and Wellness moves to strengthen its health systems, it is keen to become more responsive in its efforts to reduce mortality, illness and disability among the population. Key to those efforts is the assessment and monitoring of population health, which generates the kind of information that is essential for the successful operation of health systems for the public good.

The 2023-2024 Population Health Status Monitoring Report provides an overview of Jamaica's health status and unveils trends over a 22-year span from 2000 to 2022. This kind of surveillance is critical to the public health system, providing reliable information for risk assessment and up-to-date monitoring data for varying health threats.

The value of population health status monitoring cannot be overstated, given the emergence of new diseases and lifestyle changes that affect people's health and well-being. The findings of this report are sure to add to the development of public health by better guiding our coordination of national strategies to combat public health threats.

It is expected that through this publication we will gain fresh insights, unearth new findings, build on existing research, and take note of the best practices that will redound to the benefit of our people, communities and nation at large.

MESSAGE FROM THE NATIONAL EPIDEMIOLOGIST, MINISTRY OF HEALTH & WELLNESS



DR. KAREN WEBSTER-KERR

PRINCIPAL MEDICAL OFFICER, NATIONAL EPIDEMIOLOGIST

The National Epidemiology Branch is pleased to present this Population Health Status Monitoring Report, which represents the first in a series of annual reports that aim to provide a comprehensive measure of the health and wellbeing of the Jamaican population.

I congratulate the team on its valiant effort in collating and publishing this incredible body of data that will have a far-reaching impact on the policies that the Ministry of Health & Wellness will propose as it seeks to achieve the best health outcome for all Jamaicans.

The Ministry believes in the science and its impact on healthcare delivery. This publication set the tone for reflection and sharing of Population Health data with the aim of creating a more resilient healthcare system for the people of Jamaica.

The Report is intended to pave the way for relevant and effective policies, even as the country is confronted with new and emerging diseases, to which our cadre of healthcare professionals must respond to in a timely and efficient manner to safeguard the nation's health.

In keeping with the strategic direction of the Ministry to strengthen partnerships in health, the Report highlights the Ministry's commitment to involving all stakeholders, by widening the access to this health information. Additionally, the publication provides invaluable data to guide improvements in programme planning and service delivery.

Once again, my congratulations to the team, as we demonstrate the Ministry's commitment to enhancing its own research capacity while supporting the efforts of others whose investigative interests align with public health priorities.

EXECUTIVE SUMMARY

Overview

This Population Health Status Monitoring report is the first in a series of annual reports that aim to provide a comprehensive measure of the health and well-being of the Jamaican population. The 2024 report highlights the Jamaican population's health status over the last two decades, 2000–2022. To provide an overview of the country's health status, a thoughtfully selected list of just over 100 health indicators was used to highlight areas where the country is doing well or areas of health that need improvement. This will aid in evidence-based decision-making as the indicators provide evidence of inequalities, gaps, and progress in health status.

Selected Indicators

The selected indicators span various domains, including sociodemographic, health status, risk factors, service coverage, and health systems. The indicators were further grouped into specific health topics: mortality, fertility, demographics, nutrition, screening, and health financing.

Data Sources

The data sources used to compile the data points for the indicators reported in this report vary. Most indicators were calculated using local data or extracted directly from surveys and technical reports.

Summary of Findings

Sociodemographic

The Jamaican population increased by 5.5% from 2.59 million in 2000 to 2.73 million in 2019.

In 2022, Jamaica's unemployment rate was 6.6%, compared to 15.5% in 2000.

Health Status

In 2021, Jamaica's fertility rate was 1.9 live births per woman, compared to 2.5 in 2002.

In 2022, the stillbirth rate in Jamaica was 14.1 per 1 000 live births compared to 15.2 per 1 000 live births in 2003.

Since 2016, Jamaica's maternal mortality ratio has remained above 100 per 100 000 live births, with the highest rate reported in 2021 at 211.3 per 100 000 live births.

Since 1991, no indigenous measles cases have been confirmed in Jamaica.

Risk Factors

In 2018, 4.1% of Jamaican children 0–5 years were stunted, 3.3% were wasted, 2.6% were underweight and 5.9% were overweight.

In 2017, 76.6% of sex workers reported that they used a condom with their most recent paid client.

In 2019, 76.6% of Jamaicans had access to treated water sources.

In 2017, an estimated 33.8% of Jamaicans 15 years and older had hypertension.

In 2021, about 17.1% of Jamaican women and girls aged 15 to 49 years experienced physical, sexual, or psychological violence.

Service Coverage

In 2021, skilled healthcare personnel, such as nurses, doctors, or midwives, attended to 99.8% of births occurring in Jamaica.

In 2021, 97.0% of children under one-year-old received the BCG vaccine against tuberculosis, while 90.0% received the DPT3-cv vaccine to protect against diphtheria, pertussis, and tetanus. Eighty-eight percent of Jamaican children received the recommended first dose of measles-containing vaccine (MMR1) by their second birthday.

At the end of 2022, of the estimated number of persons living with HIV in Jamaica, 91.0% are aware of their status. Of that number, 53.0% are on antiretroviral therapy (ART), and of those on ART, 77.0% are virally suppressed.

In 2017, among Jamaican women aged 30-49 years, 51.9% reported having done a pap smear in less than three years, while 78.7% of Jamaican men aged 40 years and older reported that they had ever done a PSA Blood test to screen for prostate cancer.

Health Systems

In 2017, the ART retention rate was 79.9% compared to 75.0% in 2000.

In 2022, there were 644 383 visits to specialist outpatient departments in public hospitals.

Between 2020 and 2022, there was an increase in the health worker density for physicians, nurses, pharmacist and dentist.

In 2016, the births of 99.3% of Jamaican children under five years were registered with the Registrar General's Department.

In 2021, the Jamaican government funded 71.2% of healthcare spending.

In 2019, the Ministry of Health and Wellness, Jamaica (MOHW) published its ten-year strategic plan, the Vision for Health 2030, which outlines the intentions and communicates the vision of a healthcare delivery system for the Jamaican population.

Navigating the report

This report has five chapters based on the health domains, with each chapter further segmented into health topics, each having health indicators relevant to that topic. The chapters contain charts and infographics, which visually represent the data.

Additionally, technical notes are included in each chapter to explain specific indicators. Definitions of each indicator, a monitoring and evaluation map, and datasheets are included at the end of the report.

Challenges

In some instances, this report used secondary data sources from agencies outside the MOHW; therefore, this document does not provide the methodologies used to calculate these indicators.

Although we aimed to report on data from 2000 to 2022, not all indicators had data available for all years. Therefore, this report was structured around available data points.

Conclusion

Through this report, stakeholders can gain valuable insights into Jamaica's healthcare system, enabling them to make informed decisions, allocate resources effectively, and design targeted interventions to enhance the health and well-being of the Jamaican population.

INTRODUCTION

Population health status refers to the overall health and well-being of a group of people within a particular geographic area, which involves assessing and analysing various health indicators and outcomes to understand the health of a population.¹

An overarching goal for the Ministry of Health and Wellness is to achieve optimal health for all Jamaicans and eliminate health disparities.² Tracking historical trends in healthcare is essential to achieving this desired outcome for the Jamaican population. This process involves monitoring key health indicators such as birth rates, morbidity, health care financing, risk factors, life expectancy, etc., categorised into five health domains: health status, risk factors, service coverage, health system and sociodemographic.

Health status indicators such as mortality and fertility rates quantify health problems and define or monitor health priorities and goals. A risk factor is anything that increases an individual's chances of developing a disease. Indicators grouped as risk factor indicators indirectly influence health and are sometimes associated changeable lifestyles. Service coverage indicators measure the proportion of people receiving the health services they require without resulting in financial hardship. Indicators that measure health systems assess the quality of health services. They provide actual processes of providing health care and include indicators such as diagnostic activities, treatment, care and human resources.

For this health report, over a hundred simple, practical, and relevant health indicators were selected across these five domains to highlight the health status of the Jamaican population from 2000–2022. Each health indicator in this report stands alone, but , they provide insights into significant factors shaping our lives towards health. For instance, disaggregation of mortality indicators by age and sex offers insights into how death rates vary among different age groups and between sexes within a population. These indicators are crucial in understanding health disparities and informing healthcare and public health policies. They reveal that certain age groups and sexes may be more vulnerable to specific health conditions and diseases, helping to effectively target interventions and allocate resources to improve overall population health and reduce inequalities.

This report and serves as a valuable tool in narrowing health gaps in Jamaica and preventing illness among the most vulnerable.

This report aims to provide data on health indicators to offer Jamaicans a glimpse into our nation's health. Additionally, it provides policymakers with valuable insights to make informed decisions, allocate resources efficiently, and design targeted interventions to enhance the health and well-being of the Jamaican populace.

Sources

¹United States Environmental Protection Agency

²Vision for Health 2030 Ten Year Strategic Plan 2019-2030



Sociodemographic

Demographics

- Total population
- Annual population growth
- Crude death rate
- Population by sex
- Births
- Dependency ratio
- Population by age
- Crude birth rate
- Urban population
- Deaths

Socioeconomic

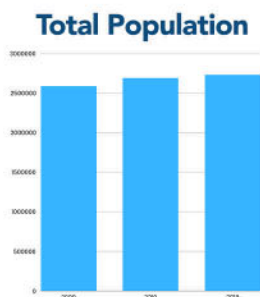
- Annual GDP growth
- Prevalence of poverty
- GINI Index
- Inflation rate
- Unemployment rate

Demographics

The Jamaican population increased from 2.59 million in 2000 to 2.73 million in 2019.

Jamaica's population

The Jamaican population increased by 5.5% from 2.59 million in 2000 to 2.73 million in 2019.¹



Population by sex

Jamaican men and women are equally represented in the Jamaican population.¹



Population by age

In 2019, there were 576 738 Jamaicans under the age of 15 compared to 261 750 Jamaicans over the age of 65. However, between 2000 and 2019, the child population decreased by 31.7% while the elderly population grew by 32.6%.¹

Did you know?

In 2019, individuals aged 20-24 years represent the largest proportion of the Jamaican population (9.4%).¹

Urban population

Data from the last census in 2011 shows that approximately 54.0% of the Jamaican population resided in urban areas.²



Annual population growth

Jamaica's population growth rate has remained below 1.0%, declining from 0.6% in 2000 to 0.1% in 2016, and 2022 was zero.²

Annual Population Growth Rate (%)



Sources

¹Statistical Institute of Jamaica

²Economic & Social Survey Jamaica 2000-2022

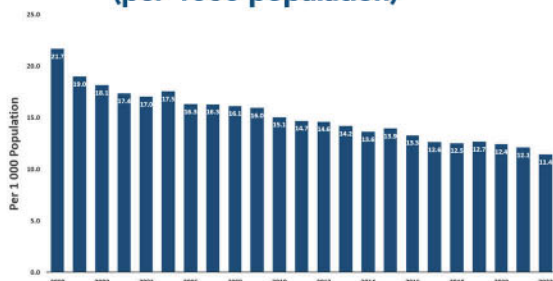
Births

The total number of live births in Jamaica declined over the last 20 years. In 2021, there were 31 276 live births compared to 40 508 in 2010 and 56 134 in 2000.¹

Crude birth rate

Jamaica's crude birth rate declined by 10.2 percentage points from 21.7 per 1000 population in 2000 to 11.4 per 1000 population in 2022.¹

Jamaica's Crude Birth Rate (per 1000 population)



Deaths

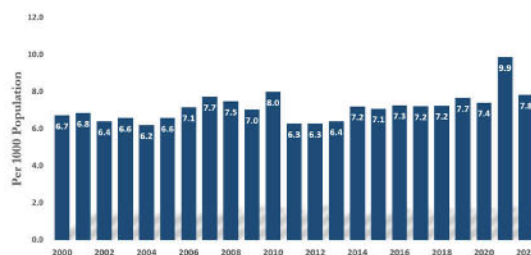
In 2022, 21 390 deaths were recorded in Jamaica. The highest number (26 974) of deaths between 2000 and 2022 was recorded in 2021.¹



Crude death rate

Jamaica's crude death rate was highest in 2021, with approximately 9.9 deaths occurring in every 1000 persons in the population. However, this decreased to 7.8 deaths per 1000 population in 2022.²

Jamaica's Crude Death Rate (per 1000 population)



Dependency ratio

The dependency ratio can be disaggregated into child dependency ratio and elderly dependency ratio. Child dependency ratio is the number of children 0 – 14 years of age per 100 working age population (15 – 64 years), and the elderly dependency ratio is the number of persons over 65 years per 100 working age population.

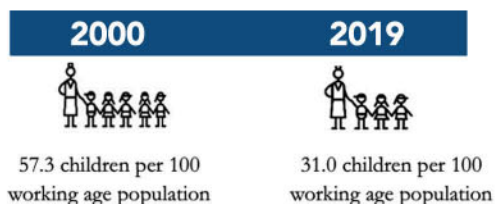
In 2019, Jamaica's total dependency ratio was 48.1 per 100 working-age population, declining from 72.7 per 100 working-age population in 2003.³

Did you know?

A low dependency ratio is desirable, as it indicates that there are more working-age adults in the labour force who can support the young and the elderly.

Child dependency ratio

The number of Jamaican children between 0 -14 years dependent on the working population declined from 57.3 to 31.0 dependents between 2000 and 2019 for every 100 working adults.¹



Elderly dependency ratio

In 2019, the elderly dependency ratio was 14.5 seniors per 100 working-age Jamaicans, compared to 15.4 per 100 working-age Jamaicans in 2000.¹

2019 Dependency per 100 working age population



Technical Notes

Up to the publication of this report, the 2019 population estimates were the latest available data produced by the Statistical Institute of Jamaica (STATIN). Therefore, indicators calculated for years beyond 2019 were done using the 2019 mid-year population estimates.

Sources

¹Jamaica Surveys of Living Condition (JSLC) 2000 – 2010, 2012-2019

Socioeconomic

In 2022, Jamaica's unemployment rate was 6.6%, compared to 15.5% in 2000.¹

Annual GDP growth (SDG 8.1.1.)

The SDG target 8.1 aims to sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries.²

The annual gross domestic product (GDP) is used to gauge the health of a country's economy. An increase in the GDP indicates that the economy is doing well. In 2022, Jamaica's annual GDP growth rate was 5.2% compared to 0.8% in 2000.¹



GINI Index

The GINI Index measures economic inequalities in a population.³ In 2019, the GINI index for Jamaica was reported at 36.7% compared to 39.7% in 2000.⁴

Did you know?

The GINI index ranges from 0 to 100 %. Zero represents perfect equality and 100% perfect inequality.

Inflation

Inflation is the rate of increase in prices over a given period.⁵

Jamaica's annual average inflation rate over the past two decades has been as low as 2.4% in 2016 and as high as 22.0% in 2008. In 2022, the inflation rate was 10.4%.⁶

Inflation rate



Sources

¹Compiled using data from Statistical Institute of Jamaica and Economic & Social Survey Jamaica 2000-2022

²United Nations, Sustainable Development Goals

³The World Bank

⁴Statistical Institute of Jamaica

⁵International Monetary Fund, Inflation on the rise

⁶Economic & Social Survey Jamaica 2000-2022

Unemployment rate (SDG 8.5.2)

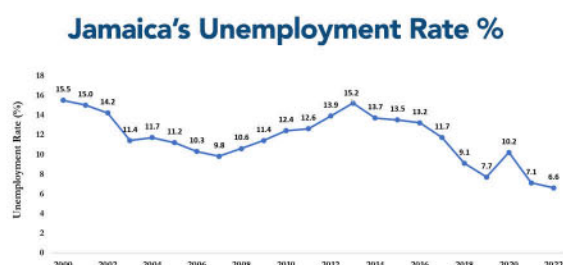
To reduce unemployment rate is a key indicator towards achieving the sustainable development goal (SDG) 8.5 target which is to by 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.¹

Jamaica's unemployment rate has decreased over the last 22 years. In 2022, Jamaica's unemployment rate was 6.6%, compared to 15.5% in 2000.² In 2022:

5.2% of Jamaican males were unemployed.

8.2% of Jamaican females were unemployed.

Jamaica's youth (14 – 24 years) unemployment rate was 16.7%.²



Prevalence of poverty (SDG 1.2.1)

The SDG target 1.2 aims to reduce by at least half the proportion of men, women, and children of all ages living in poverty in all its dimensions by 2030.¹ The Prevalence of poverty in Jamaica between 2000 and 2019 was highest in 2013 at 24.6 per cent and lowest in 2007 at 9.9 per cent.

In 2019, the prevalence of poverty was 11.0%. The prevalence in rural areas (14.2%) and other towns (13.3%) was three times higher than the prevalence in Kingston Metropolitan.³

-  **Kingston Metropolitan Area (KMA) - 4.7%**
-  **Rural Area -14.2%**
-  **Other Towns -13.3%**



Technical Notes

Annual GDP growth:

Notes from ESSJ for 2021 and 2022 estimates: "Due to the unavailability of real GDP data at the time of writing, Total Gross Value Added in Basic Values at Constant Prices is used as a proxy for real GDP".

Youth Unemployment Rate:

This is the percentage of unemployed individuals aged 14 to 24 years, compared to the total labour force (the sum of employed and unemployed) within the same age range. However, it should be noted that a significant portion of individuals in this age group may be outside the labour market, such as youths who are studying full-time and, therefore, are not actively seeking employment.

Poverty incidence:

Data was obtained from Jamaica's Survey of Living Conditions; the survey was not filed in 2011 or 2020; the last publication was in 2019. The older publication region is disaggregated into the following regions (KMA, Other Urban, and Rural), while in the latest publications, the region is disaggregated into (GKMA, Other Urban, and Rural).

Sources

¹United Nations, Sustainable Development Goals

²Compiled using data from Statistical Institute of Jamaica and Economic and Social Survey of Jamaica 2000-2022

³Jamaica Survey of Living Conditions (2000-2010, 2012-2019)

Health Status



Fertility

- Total fertility rate
- Adolescent birth rate

Mortality by age and sex

- Life expectancy at birth
- Under-5 mortality rate
- Infant mortality rate
- Neonatal mortality rate
- Stillbirth rate



Mortality by cause

- Maternal mortality ratio
- Deaths from communicable diseases, maternal, perinatal & nutritional conditions
- Deaths from non-communicable diseases
- Premature non-communicable disease mortality
- Tuberculosis mortality rate
- AIDS-related mortality ratio
- Mortality from unintentional poisoning
- Death rate due to traffic injuries
- Number of deaths, missing persons and persons-affected by disaster per 100,000 people
- Hypertensive disease mortality
- Cerebrovascular disease mortality
- Ischaemic heart disease mortality
- Diabetes mellitus mortality
- Respiratory disease mortality
- Cancer mortality rate
- Breast cancer mortality rate
- Cervical cancer mortality rate
- Corpus uteri cancer mortality rate
- Prostate cancer mortality rate
- Colorectal cancer mortality rate



Morbidity

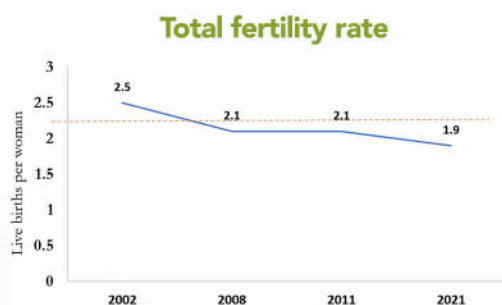
- New cases of vaccine-preventable disease
- HIV prevalence
- HIV incidence rate
- TB incidence rate
- Cancer incidence by type of cancer

Fertility

In 2021, Jamaica's fertility rate was 1.9 live births per woman compared to 2.5 in 2002.¹

Total fertility rate

In 2021, Jamaica's fertility rate was 1.9 live births per woman, compared to 2.5 in 2002. Jamaica is below the fertility replacement level of 2.1 children per woman.^{1,2}



Adolescent birth rate (SDG 3.7.2)

The adolescent birth rate is a key indicator for achieving the SDG target 3.7, which aims to ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.³

In 2021, Jamaica's adolescent fertility rate was 34.6 births per 1 000 females aged 15 to 19. This is a decrease from 79.0 births per 1 000 females in 2002.^{1,2}

Adolescent Fertility Rate

79.0 per 1 000 females in 2000



34.6 per 1 000 females in 2021



Sources

¹Reproductive Health Survey (2002, 2008, 2021)

²Multiple Indicator Cluster Survey (2005, 2011)

³United Nations, Sustainable Development Goals

Mortality by age and sex

In 2022, the stillbirth rate in Jamaica was 14.1 per 1 000 live births compared to 15.2 per 1 000 live births in 2003.¹

Life expectancy at birth

The average life expectancy at birth in 2022 was 74.2 years, a two-year increase compared to 72.2 years in 2000. A long life expectancy reflects well on many social and environmental factors that can influence the health of Jamaicans.

Child mortality rate (SDG 3.2.1 & 3.2.2)

Improving child survival is an important way to build a healthy future. The SDG target 3.1 is to end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births.²

Child Mortality Rate in Jamaica, 2000 – 2021 (per 1 000 live births)

Under-5 mortality ³	
2000	2021
16.4	19.0
Infant mortality rate ³	
2000	2021
13.2	17.7
Neonatal mortality rate ³	
2000	2021
9.2	14.6

Stillbirth rate

In 2022, the stillbirth rate in Jamaica was 14.1 per 1 000 live births compared to 15.2 per 1 000 live births in 2003.¹



Mortality by cause

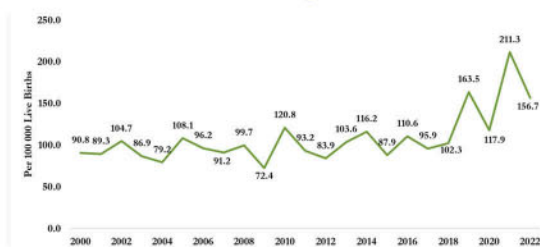
Since 2016, Jamaica's maternal mortality ratio has remained above 100 per 100 000 live births, with the highest rate reported in 2021 at 211.3 per 100 000 live births.¹

Maternal mortality ratio (SDG 3.1.1)

The SDG target 3.1 is to reduce global maternal mortality to 70 per 100 000 live births by 2030.² In the last two decades, Jamaica's maternal mortality ratio has not fallen below 70 per 100 000 live births. The closest figure to this was reported in 2009, when the maternal mortality ratio was 72 per 100 000 live births.¹

Since 2016, Jamaica's maternal mortality ratio has remained above 100 per 100 000 live births, with the highest rate reported in 2021 at 211.3 per 100 000 live births.¹ This marked increase in 2021 was attributed to the COVID-19 pandemic.¹

Maternal Mortality Ratio (MMR)



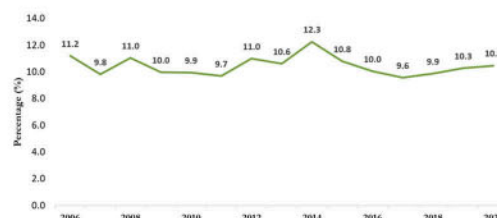
Deaths from communicable disease, maternal, perinatal & nutritional conditions

The proportion of deaths resulting from communicable diseases (including influenza, HIV, TB and dengue), perinatal and nutritional conditions between 2006 and 2020 declined from 11.2% to 10.5%.³

Did you know?

Communicable diseases are caused by bacteria, viruses, fungi, or parasites and can spread from person to person from direct contact, respiratory droplets, contaminated food or water, vectors like mosquitoes, and sometimes through the air.

Deaths from communicable, maternal, perinatal & nutritional conditions



AIDS-related mortality ratio

AIDS is the late stage of the Human immunodeficiency virus (HIV) infection that attacks the body's immune system. Between 1982 and 2022, there were 40 929 cases of HIV reported to the national surveillance programme, including 13 604 deaths (33.2% of total reported cases of HIV). The mortality rate from AIDS was 10.4 per 100 000 in 2021 compared to 23.8 per 100 000 in 2000.⁴

Sources

¹Ministry of Health & Wellness, National Surveillance Unit

²United Nations, Sustainable Development Goals

³Estimates calculated from Registrar General's Department line list data (2005-2021)

⁴Estimates calculated using data from National Surveillance Unit & Statistical Institute of Jamaica

Tuberculosis mortality rate

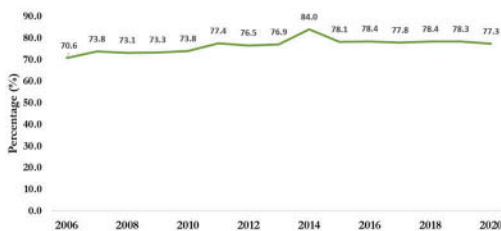
Tuberculosis mortality rate declined from 0.8 per 100 000 population in 2005 to 0.1 deaths in 2021. In that year (2021), data from RGD shows that tuberculosis was responsible for 2 deaths in Jamaica.¹

Deaths from non-communicable diseases

Non-communicable diseases such as diabetes and cardiovascular diseases are the leading causes of death in Jamaica.² In 2020, the proportion of all deaths attributed to NCDs was 77.3%. This equates to 17 014 (males, 8 874; females, 8 140) Jamaicans dying that year from NCDs.³

Although the total number deaths from NCDs was higher in males than females, proportionately more females (84.9%) died from NCDs than males (71.4%) in 2020.³

Deaths from non-communicable diseases

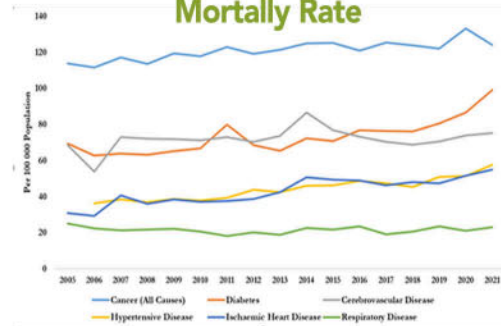


Premature non-communicable disease mortality (SDG 3.4.1)

The SDG target 3.4, aims to by 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.⁴

The probability of a 30-year-old Jamaican dying before their 70th birthday from cardiovascular diseases, cancer, diabetes, or chronic respiratory disease was 21.0% in 2020 compared to 19.4% in 2000.¹

Disease Specific Age Standardised Mortality Rate



Hypertensive disease mortality

Hypertensive disease was the fourth leading cause of death in Jamaica in 2021. Between 2006 and 2021, there were upward trends in the number of deaths that resulted from hypertensive disease. In 2021, 58 persons in every 100 000 Jamaicans died from hypertensive disease, with more males (61 per 100 000 population) dying from it than females (44.2 per 100 000 population).¹

Cerebrovascular disease mortality

Cerebrovascular diseases are categorised as conditions that affect blood flow to the brain. These accounted for 75.3 deaths in every 100 000 population in 2021. Cerebrovascular diseases were the third leading cause of death in the population. Between 2005 and 2021, deaths caused by these diseases were consistently higher in males than females.¹

Ischaemic heart disease mortality

Many Jamaicans die from ischaemic heart disease annually, with the number of deaths increasing each year. In 2005, 30 people in every 100 000 Jamaicans died from ischaemic heart disease, compared to 54.9 in 2021. The number of deaths from the disease was higher in males than females.¹

Diabetes mellitus disease mortality

Among the leading causes of death in Jamaica, diabetes mellitus accounted for 99 deaths per 100 000 population in 2021 and was the second leading cause of death in that year. Deaths from diabetes mellitus between 2005 and 2021 have been higher in Jamaican females than males. During this time, the number of deaths for both sexes increased. In 2021, the disease was responsible for the deaths of 87 females and 110 males per 100 000 populations.¹

Respiratory disease mortality

Deaths from respiratory diseases have declined from 25.2 per 100 000 population in 2005 to 23.0 in 2021. During that same period, deaths were higher in males than females.¹

Cancer mortality rate

Deaths from cancer in Jamaica increased from 113.8 per 100 000 in 2005 to 124 per 100 000 in 2021.¹ The deaths of males compared to females from cancer show a great disparity, with more males dying from cancer each year than females. In 2021, 143.0 men per 100 000 population,

compared to 108.4 women per 100 000 population, died from cancer.¹

Breast cancer mortality rate

Breast cancer is the leading cause of death due to cancer in Jamaican women. In 2021, 439 women died from breast cancer. This equates to 28.2 deaths per 100 000 women compared to 20.1 deaths per 100 000 women in 2000.¹



Cervical cancer mortality rate

In 2021, the number of Jamaican women who lost their lives due to cervical cancer was 155, corresponding to 10.0 deaths per 100 000 women. This is a decrease from 12.6 in 2000.¹

Corpus uteri cancer mortality rate

Often referred to as endometrial cancer, cancer of the uteri accounted for 19.7 deaths per 100 000 Jamaican women in 2021 compared to 18.0 per 100 000 women in 2008.¹

Prostate cancer mortality rate

In 2021, prostate cancer was the seventh leading cause of death among Jamaicans and was the leading cause of cancer deaths. Prostate cancer was responsible for the death of 766 men in the same year. In other words, 49.6 men per 100 000 Jamaican males died from prostate cancer compared to 46.3 per 100 000 males in 2000.¹



Sources

¹Estimates calculated using data from Registrar General's Department & Statistical Institute of Jamaica

Colorectal cancer mortality rate

Colorectal cancer, commonly referred to as colon cancer. In 2000, in every 100 000 Jamaicans, 8.5 people died from colon cancer, which increased to 13.4 in 2021. This equates to 422 deaths from colon cancer in 2021.¹

Mortality from unintentional poisoning (SDG 3.9.3)

By 2030, SDG target 3.9 aims to substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.²

In 2019, 0.2 Jamaican in every 100 000 people died of unintentional poisoning; this was the same in 2000.¹



Death rate due to traffic injuries

In 2000, road traffic crashes accounted for 12.9 deaths per 100 000 population in Jamaica. By 2020, this increased to 16.1 per 100 000 population.³



12.9 per 100 000 in 2000

16.1 per 100 000 in 2020

Number of deaths, missing persons and persons affected by disaster per 100 000 people (SDG 1.5.1, 11.5.1, 13.1.1)

The number of deaths, missing persons and persons affected by disaster is a key indicator that supports three SDG targets:

SDG target 1.5 - by 2030, build the resilience of the poor and vulnerable exposed to climate-related extreme events;²

SDG target 11.5 - by 2030, significantly reduce the number of deaths and the number of people affected by disasters and;²

SDG target 13.1.1 - to strengthen resilience and adaptive capacity to climate climate-related and natural disasters in all countries.²

Number of Deaths, Missing Persons and Persons Affected by Disasters

Year	Adverse Weather Events	Number of Deaths	Number of Missing Persons	Number of Persons Affected
2002	Flood Rains	0.3	0.0	50 021
2004	Hurricane Ivan	0.6	0.0	14 009
2005	Hurricane Dennis & Emily	0.3	0.0	12 521
2005	Hurricane Wilma	0.1	0.0	13 669
2007	Hurricane Dean	0.2	0.0	6 744
2008	Tropical Storm Gustav	0.4	0.0	16 842
2010	Tropical Storm Nicole	0.5	0.1	18 873
2012	Hurricane Sandy	0.1	0.0	25 150
2017	March to June Rains	0.0	0.0	90 613

Technical Notes

AIDS-related mortality ratio: Data used to calculate AIDS mortality were obtained from the National Surveillance Unit and the population data from STATIN. The AIDS mortality rates for 2019 and 2020 include deaths for which the date of death was

unknown and was assigned to these reporting periods pending further investigation. Therefore, these estimates were excluded.

Morbidity

Since 1991, no indigenous measles cases have been confirmed in Jamaica.¹

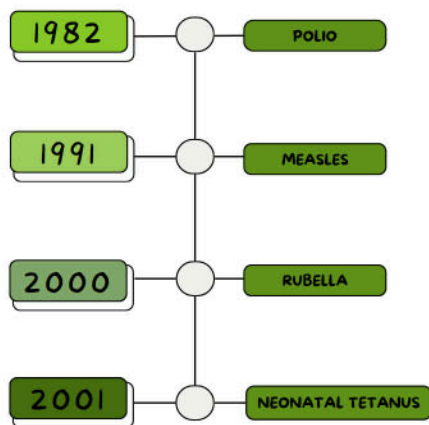
New cases of vaccine-preventable diseases

Diseases that can be prevented with vaccines are referred to as Vaccine-preventable diseases (VPDs) and are usually caused by bacteria and viruses. They are transmitted through respiratory droplets, direct physical contact, and or faecal-oral matter.

Since 1991, no **indigenous measles** cases have been confirmed in Jamaica¹

The **last endemic case** of neonatal tetanus was reported in Jamaica in 2001¹

Vaccine Preventable Diseases Last Reported Cases



HIV prevalence

In 2022, the prevalence of HIV in Jamaicans aged 15 – 49 years was 1.3%.

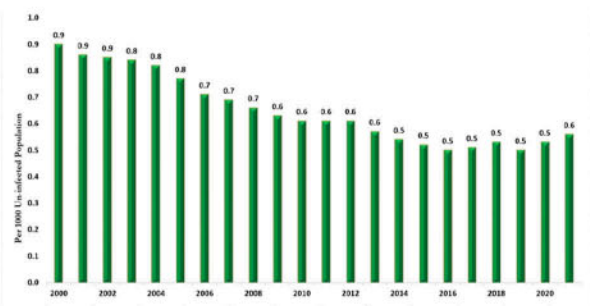
There were an estimated 30 000 persons living with HIV in Jamaica.²



HIV incidence rate (SDG 3.3.1)

The SDG target 3.3 aims to end the epidemics of AIDS and TB by 2030. There were 786 cases of persons newly diagnosed with HIV that were reported to the national surveillance programme in 2021.¹ Based on UNAIDS estimates, the HIV incidence rate in 2021 was 0.6 per 1 000 uninfected population, compared to 0.9 per 1000 uninfected population in 2000.²

HIV Incidence Rate



Sources

¹Ministry of Health & Wellness, National Surveillance Unit

²UNAIDS Estimates

³United Nations, Sustainable Development Goals

TB incidence rate

TB incidence rate is a key indicator towards the SDG target 3.3.¹ TB incidence rate in 2022 was 3.0 cases per 100 000, compared to 3.2 cases per 100 000 general population in 2007.²

Cancer incidence by type of cancer

Cancer is one of the most prevalent non-communicable diseases in Jamaica, with a self-reported prevalence of 0.8% in 2019 and an estimated 16 080 persons being diagnosed.³ According to data from Globocan, prostate cancer had the highest estimated incidence rate at 87.6 per 100 000 population in 2020.⁴

Type of Cancer	Age-adjusted per 100 000 pop
Prostate cancer incidence rate	87.6
Breast cancer incidence rate	66.9
Corpus uteri incidence rate	23.3
Cervical cancer incidence rate	21.6
Colorectal cancer incidence rate	21.1
Lung cancer incidence rate	14.2
Stomach cancer incidence rate	5.8

Technical Notes

Cancer incidence by type: The 2020 estimates were produced by GLOBOCON using data obtained from the University of the West Indies (UWI) Cancer Registry.



RISK FACTORS



Nutrition

- Early breastfeeding rate 0-5 months of age
- Children under five years who are stunted
- Children under five years who are underweight
- Early initiation of breastfeeding
- Children under five years who are wasted
- Anaemia prevalence in women of reproductive age (15-49)
- Incidence of low birth weight among newborn
- Children under five years who are overweight



Infections

- Prevention of HIV in key populations



Environmental Risk Factors

- Population using safely managed drinking water services



Non-Communicable Diseases Risk Factors

- Prevalence of alcohol use consumption
- Tobacco use among persons
- Overweight and obesity in adults
- Raised blood pressure among adults
- Overweight and obesity in adults
- Raised blood glucose/diabetes among adults
- Salt intake
- Insufficient physical activity in adult



Injuries/harmful Traditional Practices

- Intimate partner violence prevalence
- Non-partner sexual violence prevalence
- Seat-belt wearing rate
- Motorcycle helmet wearing rate
- Prevalence of unintentional injuries

Nutrition

In 2018, 4.1% of Jamaican children 0 – 5 years were stunted, 3.3% were wasted, 2.6% were underweight and 5.9% were overweight.¹

Breastfeeding

Breastfeeding is highly recommended for infants from birth to at least the first six months of age. Breast milk is uniquely suited to meet a baby's nutritional needs and provides a range of health benefits.²

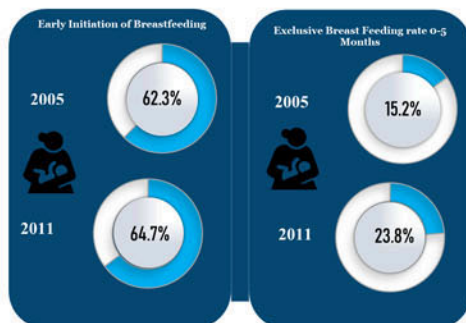
Exclusive breastfeeding rate 0-5 months of age

In 2011, 23.8% of children were exclusively breastfed before six months.³



Early Initiation of Breastfeeding

64.7% of newborns were breastfed within the first hour of birth.³



Malnutrition in children under five

The SDG target 2.2 aims to end all forms of malnutrition by 2030, which includes stunting and wasting.⁴ Stunting refers to a condition in which a child is too short for their age, indicating long-term undernutrition and impaired growth, while wasting is a child being too thin for their height, usually due to acute Malnutrition in Children.⁵

Children under five years who are stunted

In 2018, 4.1% of children under five years were stunted compared to 4.2% in 2000.¹

Children under five years who are wasted

In 2018, 3.3% of children under five years were bwasted compared to 2.2% in 2000.¹

Children aged under five years who are underweight

In 2018, 2.6% of children under five years were underweight compared to 5.1% in 2000.¹

Children aged under five years who are overweight

In 2018, 5.9% of children under five years were overweight compared to 5.4% in 2000.¹



Incidence of low birth weight among newborn (<2500g)

In 2021, 11.6% of newborns had a low birth weight compared to 11.9% in 2009.¹

Babies born with a low birth weight are at a higher risk of dying during their first month of life. These babies are also more likely to experience growth problems and other health issues such as NCDs.

Anaemia prevalence in women of reproductive age(15-49)

Anaemia prevalence is a key indicator in achieving the SDG target 2.2 to eliminate malnutrition by 2030.²

The prevalence of anaemia in women of reproductive age (15 - 49 years) in 2017 was 28.5%.³

Incidence of low birth weight among newborn

2009	2015	2021
11.9%	9.7%	11.6%



Sources

¹Ministry of Health & Wellness, Policy Planning and Development Division: Estimates Calculated from Hospital Monthly Statistical Report

²United Nations, Sustainable Development Goals

³Jamaica Health & Lifestyle Survey (2017)



Infections

In 2017, 76.6% of sex workers reported that they used a condom with their most recent paid client.¹

Prevention of HIV in key populations

- In 2017, 76.6% of sex workers reported that they used a condom with their most recent paid client.¹
- In 2017, 65.4% of men who have sex with men (MSM) reported that they used a condom during their last sexual encounter compared to 75.5% in 2011.²
- In 2021, 50.8% of women and 77.6% of men 15 – 49 years who had sex with multiple partners in the last 12 months reported that they used a condom at their last sexual encounter.^{1,3}

Per cent of women and men (15-49 years) with multiple partner in last 12 months who used condom at last sex

	2004	2008	2021
Male	66.9	66.4	77.6
Female	53.8	52.1	50.8



Environmental Risk Factors

In 2019, 76.6% of Jamaicans had access to treated water sources.¹

Population using safely managed drinking water services

Diarrhoeal diseases have been linked to contaminated and unsafe drinking water. The SDG target 6.1 aims to achieve universal and equitable access to safe and affordable drinking water for all by 2030.²

In 2019, 76.6% of Jamaicans had accessed treated water sources, which includes water from indoor or outdoor taps/pipes, public standpipes, bottled water and trucked water from private public-owned companies.¹



Technical Notes

Population using safely managed drinking water services

Estimates were obtained from the Jamaica Survey of Living Conditions. The proportion of households using improved drinking water services (water from indoor or outdoor taps/pipes, public standpipe, bottled water and trucked water from private or public-owned companies) is a proxy indicator by which access to safe drinking water services is measured.

Sources

¹Jamaica Survey of Living Condition (2014 -2015, 2019)

²United Nations, Sustainable Development Goal

Non-Communicable Diseases Risk Factors

In 2017, an estimated 33.8% of Jamaicans 15 years and older had hypertension.

Prevalence of alcohol use (15+ years) (SDG 3.a.1)

The prevalence of alcohol use by Jamaicans 15 years and older was 68.2% in 2008. This decreased to 60.7% in 2017. In both years, the prevalence of alcohol use was greater in males (2008, 84.1%; 2017, 75.5%) than in females (2008, 53.0%; 2017, 46.6%).¹

Prevalence of alcohol use (15+ years)

2008	2017
68.2%	60.7%

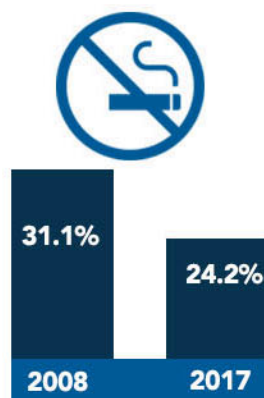
Prevalence of Alcohol use in students (13-17 years)

In 2017, data from the Global School Health Survey showed that 14.9% of Jamaican students 13-17 years were currently consuming alcohol. More male students (19.1%) than female students (11.0%) drank alcohol.²

Tobacco use among persons 15+ years

In 2017, 24.2% of Jamaicans 15 years and older reported currently using tobacco compared to 31.1% in 2008. Tobacco use in 2017 was higher in males (39.8%) than females (10.1%).¹

Tobacco use among persons 15+ years



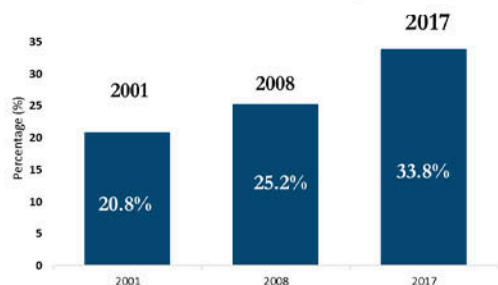
Tobacco use among students (13-17 years)

In 2017, almost half (48.9%) of students 13 – 17 years reported current tobacco smoking (i.e.cigarettes). More male (58.7%) than female (39.9%) students smoked tobacco.²

Raised blood pressure among adults (15-74 years)

Hypertension is a leading factor in cardiovascular disease. It is a chronic condition that occurs when the pressure in your blood vessels is consistently high (140/90 mmHg or higher).¹ In 2017, an estimated 31.5% of Jamaicans 15 to 74 years had hypertension.²

Percentage of Jamaica adults (15-24) with raised blood pressure



Raised blood glucose /diabetes among adults (15-74 years)

Diabetes is one of the most common chronic diseases in Jamaica. In 2017, approximately 236 191 Jamaicans 15 years and older had diabetes. In that same year, diabetes was more prevalent in Jamaican females than males.³

The proportion of Jamaican adults aged 15 to 74 years with raised glucose (≥ 7.0 mmol/L) increased from 7.1% in 2001 to 10.2% in 2017.²

Raised blood glucose (15 – 74 years)



Overweight and obesity in adults (15-74 years)

In 2017, approximately 25.1% of Jamaicans, aged 15 to 74 years were overweight, compared to 28.9 % who were obese.² Individuals who are overweight or obese have abnormal or excessive fat that may affect their health. An overweight adult has a body mass index (BMI) greater or equal to 25, and an obese adult has a BMI greater or equal to 30.⁴

Overweight and Obesity in Adults

	2001	2017
Overweight	26.1%	25.1%
Obesity	19.7%	28.9%

Salt intake

Recommended salt intake is less than 5g or one teaspoon of salt daily. Exceeding this limit may lead to high blood pressure and increase the likelihood of developing heart disease and stroke.³ In 2017, the average salt intake among Jamaicans was 9.0g, almost 2 teaspoons of salt per day.²

Did you know?

67.0% of Jamaicans consume more than the recommended 1-teaspoon (5g) of salt per day.²

Sources

¹ Hypertension-World Health Organization (WHO)

² Jamaica Health and Lifestyle Survey (20001, 2008 & 2017)

³ Ministry of Health & Wellness, 2023 Vitals, Non-communicable Diseases Edition

⁴ World Health Organization, Obesity and Overweight

Insufficient physical activity in adults (15 - 74 years)

In 2017, 34.7% of Jamaicans aged 15 to 74 years and older had low physical activity levels compared to 34.4% in 2001.¹ Engaging in physical activity can lower the risk for chronic non-communicable diseases such as stroke and diabetes.²

Did you know?

It is recommended that adults should do at least 150-300 minutes of moderate-intensity aerobic physical activity per day.³



Injuries/Harmful Traditional Practices

In 2021, about 17.1% of Jamaican women and girls aged 15 to 49 years experienced physical, sexual, or psychological violence.¹

Intimate partner violence prevalence (SDG 5.2.1)

The SDG target 5.2 aims to eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual, and other types of exploitation.²

In 2021, about 17.1% of Jamaican women and girls aged 15 to 49 years experienced physical, sexual or psychological violence by a current or former intimate partner.^{1,3}

Non-partner sexual violence prevalence (SDG 5.2.2)

The proportion of girls aged 15 years and older who were subjected to sexual violence by persons other than an intimate partner is a key indicator in achieving the SDG target 5.2.²

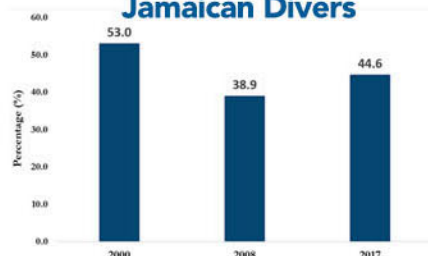
In 2016, approximately 3.0% of Jamaican women experienced sexual violence by someone other than their partner.³



Seat-belt wearing rate (15-74 years)

In 2017, 44.6% of Jamaican drivers aged 15 to 74 years, reported that they always wear their seatbelt while driving compared to 53.0% in 2001. In 2017, 37.8% of front-seat passengers reported that they always wear a seatbelt.⁴

Seat-belt Wearing Rate - Jamaican Drivers



44.6% of Jamaican drivers always wear their seatbelt

Motorcycle helmet wearing rate (15-74 years)

In 2017, 8.4% of motorcyclists reported that they always wear a helmet while riding compared to 6.0% in 2001.⁴

Motorcycle helmet-wearing rate (%)

Year	2001	2008	2017
Rate (%)	6.0	4.0	8.4

Sources

¹Reproductive Health Survey (2002, 2008, 2021)

²United Nations, Sustainable Development Goals

³Women's Health Survey (2016)

⁴Jamaica Health and Lifestyle Survey - 2017 (Unpublished data)



Prevalence of unintentional injuries (Age 15+ years)

Less than 3.0% of Jamaicans 15 years and over reported suffering from unintentional injuries due to falls, burns and animal bites in 2017. Unintentional injuries were higher in males than females.¹

Males	Females
-------	---------



3.2%



1.4%



SERVICE COVERAGE



Reproductive, maternal, newborn, child and adolescent

- Unmet need for family planning
- Antenatal care coverage (at least four visits)
- Births attended by skilled health personnel
- Contraceptive prevalence rate (15-49)
- Women accessing prenatal care in the first trimester



Immunization

- Immunization coverage rate by vaccine for each vaccine in the national schedule



HIV and Tuberculosis

- People living with HIV who know their status
- HIV viral load suppression
- Per cent of HIV-positive TB patients on ART (antiretroviral therapy)
- Prevention of mother-to-child transmission
- 95-95-95 Target
- Antiretroviral therapy (ART) coverage
- Percent of TB patient with known HIV status
- Percent of all registered TB patients who had documented HIV status recorded and who are HIV-positive



Screening and Preventive

- Cervical cancer screening
- Prostate cancer screening
- Breast cancer screening

Reproductive, maternal, newborn, child and adolescent

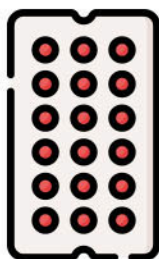
In 2021, skilled healthcare personnel, such as nurses, doctors, or midwives, attended to 99.8% of births in Jamaica.¹

Unmet need for family planning (15-44 years)

The proportion of Jamaican women with unmet family planning needs was 7.2% in 2021. This indicator measures the percentage of women who are in union, fertile and sexually active but are not using any modern method of contraception.²

Contraceptive prevalence rate (15-49 years)

In 2021, 60.6% of Jamaican women who were married or in other partnered relationships reported that they or their partner currently use a method of contraception.²



69.1 % in 2002

72.5 % in 2008

60.6% in 2021

Antenatal care coverage (at least four visits)

Antenatal care coverage shows that approximately 83.6% of Jamaican women received at least four antenatal care services from a healthcare provider in 2021 compared to 87.0% in 2008.^{3,4}

Women (15-49 years) accessing prenatal care in the first trimester

In 2021, 47.2% of Jamaican women were able to access prenatal care services such as routine health checks, nutrition counselling, ultrasound scans and blood tests for anaemia and sexually transmitted infections in their first trimester of pregnancy. This is compared to 60.6% in 2008.²



47.2% of Jamaican women received prenatal care in their 1st trimester

Proportion of births attended by skilled personnel (SDG 3.1.1)

The proportion of births attended by skilled personnel is a key indicator towards achieving SDG target 3.1: to reduce the global maternal mortality ratio to less than 70 per 100 000 live births.⁵

In 2021, skilled healthcare personnel, such as nurses, doctors, or midwives, attended 99.8% of births in Jamaica compared to 97.2% in 2003.¹

In 2021, skilled healthcare personnel attended to 99.8% of births in Jamaica.

Sources

¹Registrar General's Department

²Reproductive Health Survey (2002, 2008, 2021)

³Reproductive Health Survey (2008, 2021)

⁴Multiple Cluster Indicator Survey (2011)

⁵United Nations, Sustainable Development Goals

Immunization

In 2021, 97.0% of children under one-year-old received the BCG vaccine against tuberculosis, while 90.0% received the DPT3 vaccine to protect against diphtheria, pertussis, and tetanus. Eighty-eight percent of Jamaican children received the recommended first dose of measles-containing vaccine (MMR1) by their second birthday.¹

Immunization coverage rate by vaccine for each vaccine in the national schedule

A component of SDG target 3.b is to support access to affordable essential medicines and vaccines by monitoring the proportion of the target population covered by all vaccines included in their national programme.²

Jamaica's immunization schedule offers vaccination against 12 vaccine-preventable diseases, as recommended by the World Health Organization (WHO). Most of these vaccine doses are delivered in the first year of life, along with booster doses at later stages.

Jamaica established the Expanded Programme on Immunization (EPI) in 1978. The programme aims to achieve greater than 95.0% coverage for all recommended vaccines. Jamaica has successfully eliminated poliomyelitis in 1982, measles in 1991 and rubella in 2000, while the last case of congenital rubella syndrome was recorded in 1998.³

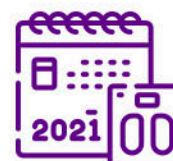
Jamaica's Immunization Schedule			
AGE OF CHILD	TYPE OF VACCINE GIVEN		
Birth	BCG		
6 weeks	1 st Polio	1 st DPT/Hepatitis B/Hib (Pentavalent)	
3 months	2 nd Polio	2 nd DPT/Hepatitis B/Hib (Pentavalent)	
6 months	3 rd Polio	3 rd DPT/Hepatitis B/Hib (Pentavalent)	
12 Months	1 st MMR		
18 months	2 nd MMR	1 st Booster Polio	1 st booster DPT
FOR ENTRY TO NURSERY AND BASIC SCHOOL, ALL THE ABOVE VACCINES ARE NECESSARY			
4-6 Years	2 nd Booster Polio	2 nd Booster DPT	
FOR ENTRY TO PRIMARY SCHOOL, ALL THE ABOVE VACCINES ARE NECESSARY			

88.0% MMR1 coverage of 1-year-old¹

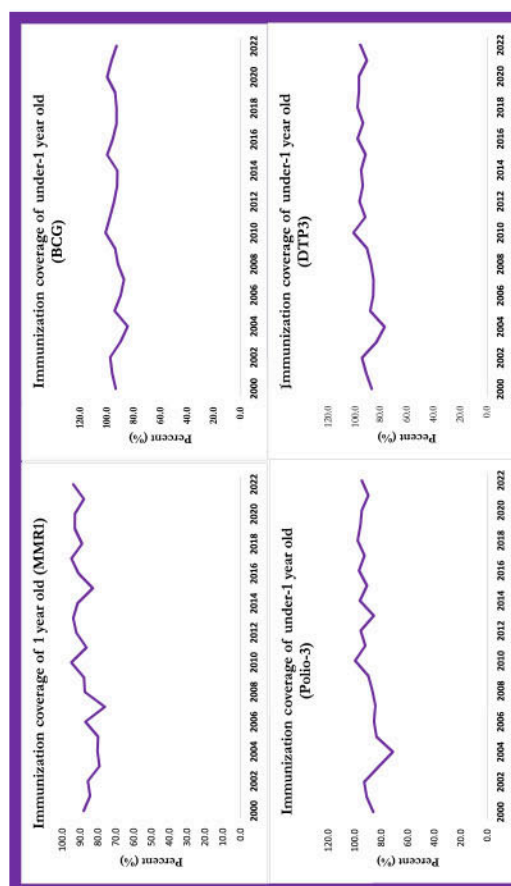
97.0% BCG coverage of under-1-year-old¹

90.0% DPT3 coverage of under-1-year-old¹

90.0% Polio-3 coverage of under-1-year-old¹



Immunization coverage



Sources

¹Economic & Social Survey of Jamaica (2000-2022)

²United Nations, Sustainable Development Goals

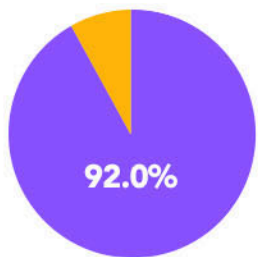
³Case Study: Checking vaccination status at entry to, or during, school

HIV and Tuberculosis

At the end of 2022, of the estimated number of persons living with HIV in Jamaica, 91.0% are aware of their status. Of that number, 53.0% are on antiretroviral therapy (ART), and of those on ART, 77.0% are virally suppressed.¹

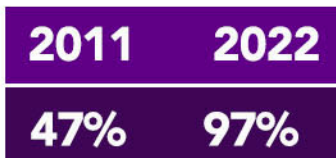
People living with HIV who know their status

In 2022, an estimated 92.0% of Jamaicans living with HIV were aware of their status compared to 69.0% in 2010. Jamaicans who are aware of their status can access the necessary HIV care and treatment services and live a healthy life.²



Prevention of mother-to-child transmission

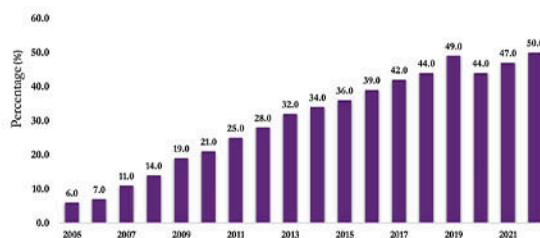
To prevent the transmission of HIV from mother to child, pregnant women with HIV are given antiretroviral and are provided an alternative option to breast-feeding. Antiretroviral therapy coverage of HIV among pregnant women increased from 47.0% in 2011 to 97.0% in 2022.²



Antiretroviral therapy (ART) coverage

In 2022, 50.0% of Jamaicans living with HIV had accessed antiretroviral therapy (ART) coverage. This access to ART increased from 6.0% in 2005.²

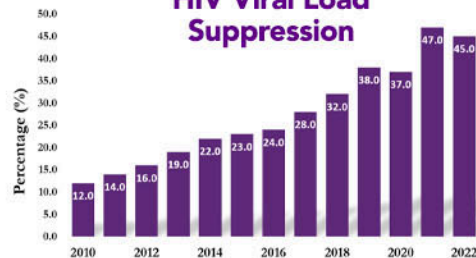
Antiretroviral Therapy coverage rate

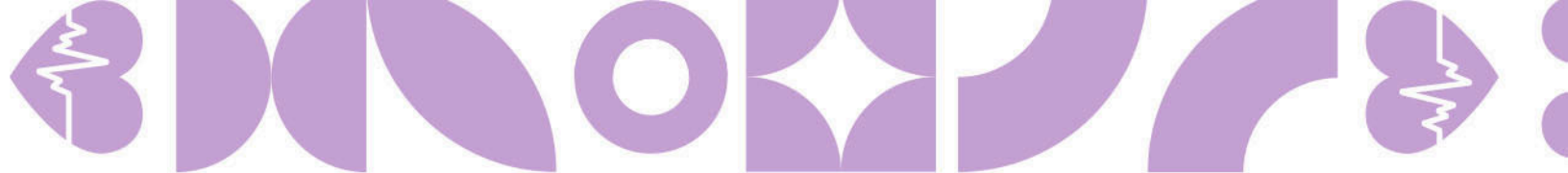


HIV viral load suppression

Persons living with HIV can lower their viral load to undetectable levels if they consistently take their HIV medications. Between 2010 and 2022, HIV viral load suppression in Jamaicans living with HIV increased from 12.0% to 45.0%. During this period, females 15 years and older had a higher HIV viral load suppression rate than males 15 years and older.²

HIV Viral Load Suppression





95-95-95 Target

The 95-95-95 target set by the Joint United Nations Programme on HIV/AIDS aims for 95% of individuals with HIV to be aware of their HIV status, 95% of those diagnosed to undergo continuous antiretroviral therapy, and 95% of those on antiretroviral therapy to achieve viral suppression by the year 2030.¹



At the end of 2022, of the estimated number of persons living with HIV in Jamaica, 91.0% are aware of their status. Of that number, 53.0% are on antiretroviral therapy (ART), and of those on ART, 77.0% are virally suppressed.²

Percent of TB patient with known HIV Status

In 2022, 69.9% of new and relapse TB patients had an HIV test result recorded in a TB registry compared to 87.2% in 2014.³

Percent of all registered TB patients who had documented HIV status recorded and who are HIV-positive

Of the 69.9% of TB patients with a recorded HIV test result in 2022, 17.2% were known to be HIV positive.³

Percent of HIV-positive TB patients on ART (antiretroviral therapy)

In 2022, of the 17.2% of TB patients who were known to be HIV positive, all were on ART while being treated for TB.³



Sources

¹Enhancing Public Health - Science Centers for Disease Control and Prevention

²Ministry of Health & Wellness, HIV/STI/TB Unit programmatic data

³Ministry of Health & Wellness, National Surveillance Unit: Estimates calculated from TB reports



Screening and Preventive

In 2017, among Jamaican women aged 30-49 years, 51.9% reported having done a pap smear in less than three years, while 78.7% of Jamaican men aged 40 years and older reported that they had ever done a PSA Blood test to screen for prostate cancer.

Cervical cancer screening (30-49 years)

Cervical cancer is one of the most common gynaecological cancers among Jamaican women. In 2020, there were a reported 386 new cases of cervical cancer.¹

There are two main screening methods for cervical cancer: pap smears and human papilloma virus (HPV) tests. In 2017, among Jamaican women aged 30-49 years, 51.9% reported having done a pap smear in less than three years while 34.2% reported that the last time they did a pap smear was over three years ago.^{1,2}

Did you know?

The recommended age for Jamaican women to start screening for cervical cancer is 21. In 2017, 44.2% of Jamaican women aged 21 years and older reported doing a pap smear with in the last three years.²

Breast cancer screening (40+ years)

In 2017, 7.9% of Jamaican women 40 years older reported that they had done a mammogram less than a year ago. While 28.1% reported doing a mammogram over one year.²

Prostate cancer screening (40+ years)

It is recommended that Jamaican males screen for prostate cancer annually beginning at age 40.³ Prostate cancer screening can be by testing for prostate-specific antigen (PSA) levels or by digital rectal exam (DRE). Testing for PSA levels in the blood is the preferred screening method for prostate cancer in Jamaica.

In 2017, 78.7% of Jamaican men aged 40 years and older reported that they had ever done a PSA Blood test to screen for prostate cancer. In that same year, 12.7% of Jamaican men aged 40 years and older reported doing a DRE in less than a year. While 27.4% reported doing a DRE over one year.²

78.7% of Jamaican men 40 years and older did a PSA blood test to screen for prostate cancer

HEALTH SYSTEMS

Quality & Safety of Care Indicators

- ART retention rate (12 months)

Utilization and Access

- Outpatient service utilization
- Hospital bed density
- Bed occupancy rate
- Mean length of stay

Health Workforce

- Health worker density and distribution

Health Information

- Birth registration
- Ill-defined and unknown causes of death
- Mortality garbage codes

Health Financing

- Total current expenditure on health as % of gross domestic product
- Out-of-pocket expenditure as % of total health expenditure
- General government health expenditure as a % of GDP
- Private expenditure on health as a % of total health expenditure
- General government health expenditure as % of total health expenditure

Governance

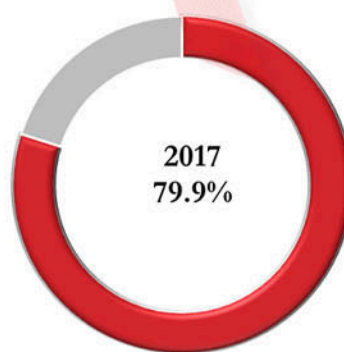
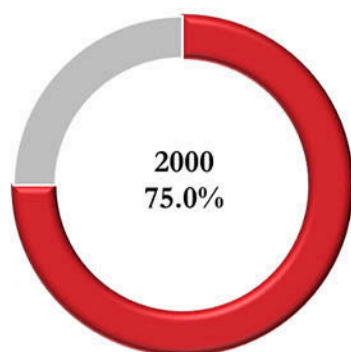
- Existence of national health sector policy/strategy/plan

Quality & Safety of Care

In 2017, Antiretroviral Therapy (ART) retention rate was 79.9% compared to 75.0% in 2000.¹

ART retention rate

In 2017, the ART retention rate was 79.9% compared to 75.0% in 2000. This rate represents the percentage of adults and children with HIV who are alive and are on ART at 12 months after initiating treatment.¹



Utilization and Access

In 2022, there were 644 383 visits to specialist outpatient departments in public hospitals.

Outpatient service utilization

In 2022, there were 644 383 visits to specialist outpatient departments in public hospitals. This is equivalent to 2 119.0 out of every 10 000 Jamaicans accessing outpatient departments in public healthcare facilities, reflecting an increase from 1 176.1 persons per 10 000 population in 2000.¹

2119.0 per 10 000 jamaicas in 2022

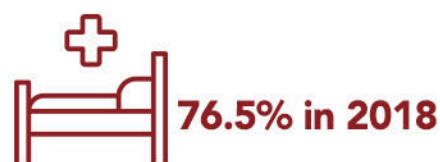
1176.1 per 10 000 jamaicas in 2000

Hospital bed density

In 2018, Jamaica had 17.5 hospital beds per 10 000 population, compared to 18.7 beds per 10 000 population in 2006.¹

Bed occupancy rate

The percentage of hospital beds occupied by patients in Jamaica in 2018 was 76.5% compared to 74.9% in 2000.^{1,2}



Mean Length of Stay

In 2022, Jamaicans admitted to public health facilities spent an average of 6.6 days. While in 2006, people spent an average of 6.6 days and 5.0 days in 2012.¹

Technical Notes

Indicators under “utilization and access” measure health care service and utilization in public health facilities. Data from private health facilities are not reported.

Sources

¹Ministry of Health & Wellness, Policy Planning and Development Division

²Hospital Monthly Statistical Report

³Economic & Social Survey of Jamaica (2000-2005)

Health workforce

Between 2020 and 2022, there was an increase in the health worker density for physicians, nurses, pharmacists and dentists.

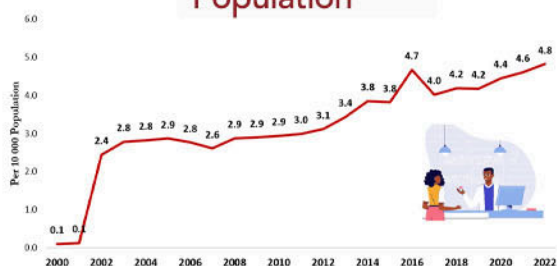
Health worker density

Health worker density is a key indicator for SDG target 3.c, which aims to substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least-developed countries and Small Island developing States.¹

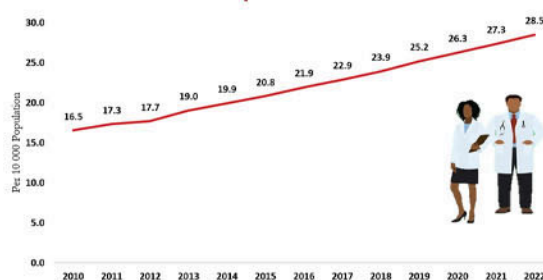
Health worker density evaluates whether there are enough healthcare workers to meet the population's healthcare needs and whether these resources are distributed effectively to ensure access to healthcare services in various areas. Health workers include, among other professionals, doctors, nurses, and pharmacists. Between 2020 and 2022, there was an increase in the health worker density for physicians, nurses, pharmacist and dentists.²



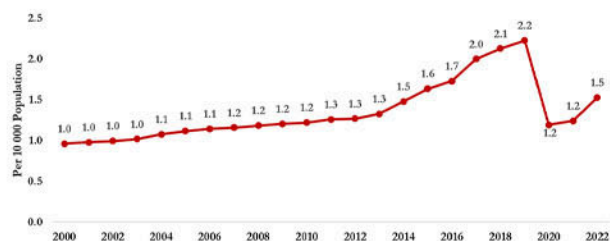
Pharmacists Per 10 000 Population



Physicians Per 10 000 Population



Dentists Per 10 000 population



Healthcare Professionals	2020 (Per 10 000 population)	2021 (Per 10 000 population)	2022 (Per 10 000 population)
Physicians	26.3	27.3	28.5
Nurses & Midwives	17.5	18.3	17.7
Pharmacists	4.4	4.6	4.8
Dentists	1.2	1.2	1.5

Health Information

In 2016, the births of 99.3% of Jamaican children under the age of 5 years were registered with the Registrar General's Department.^{1,2}

Birth registration

The SDG target 16.9 aims to provide legal identity for all, including birth registration, by 2030. In 2016, the births of 99.3% of Jamaican children under the age of 5 years were registered with the Registrar General's Department compared to 97.1% in 2000.^{1,2}



Mortality garbage codes

A garbage code refers to anything marked as a cause of death on a death certificate that cannot officially kill you. In 2020, 13.8% of such entries were made on death certificates in Jamaica, compared to 16.2% in 2006.⁵

Ill-defined and unknown causes of death

The International Classification of Diseases codes (ICD-10 codes: R00-R99) are used to classify deaths in which the underlying cause of death is unknown. During 2021, only 0.3% of deaths that were registered corresponded to ill-defined and unknown causes of death (ICD-10 codes: R00-R94 and R96-R99). This is a decrease from 2.7% in 2006.⁴



Sources

¹Jamaica's Survey of Living Condition (2000-2010, 2012-2016)

²Multiple Indicator Cluster Survey (2005, 2011)

³United Nations, Sustainable Development Goals

⁴Estimates calculated from Registrar General's Department line list data (2005-2021)

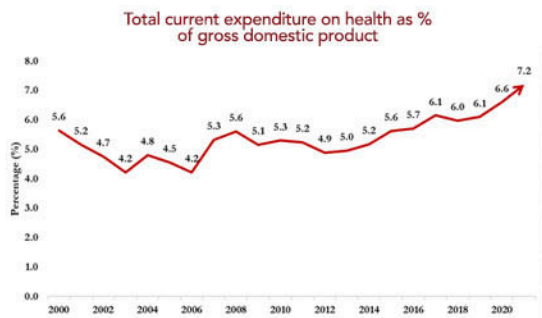
⁵Estimates calculated using data from Registrar General's Department & Statistical Institute of Jamaica

Health financing

In 2021, the Jamaican government funded 71.2% of healthcare spending compared to 56.5% in 2000.¹

Total current expenditure on health as % of gross domestic product

Jamaica spent the highest percentage of gross domestic product on health care in 2021 at 7.2%.^{1,2}



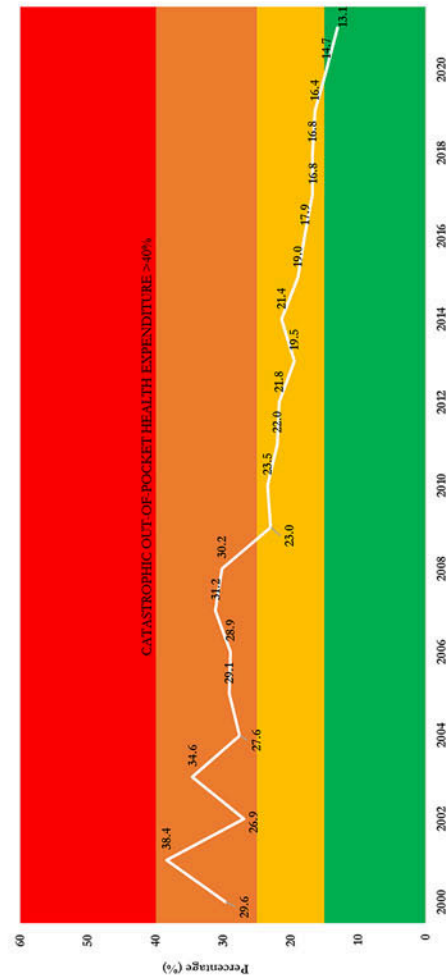
General government health expenditure as % of total health expenditure

In 2021, the Jamaican government funded 71.2% of healthcare spending compared to 56.5% in 2000. This includes funding from government budgets, taxes, social insurance contributions, and other government sources.^{1,2}

Out-of-pocket expenditure as a % of current health expenditure

Out-of-pocket expenditure as % current health expenditure

In 2000, approximately 29.6% of Jamaican households paid direct expenses to health care providers.^{1,2} In May 2007, Jamaica introduced a no-user fee policy for children under 18 years and for all in April 2008. In 2008, out-of-pocket expenditure was 30.2%, which decreased to 13.1% in 2021.^{1,2}



General government health expenditure as a % of GDP

In 2021, 5.1% of government resources were used to fund Jamaica's health expenditure.^{1,2} Government expenditure on health should at least be 5.0% of GDP.³



General government health expenditure as a % of GDP



Private expenditure on health as a % of total health expenditure

The percentage of healthcare costs that individuals and private entities pay for out of their own pockets or through private insurance in 2020 was 29.0%.^{1,2}

Private expenditure on health as a % total health expenditure



Sources

¹World Health Organization National Health Accounts Estimates (2000 – 2020)

²Economic & Social Survey of Jamaica (2008 - 2017)

³Civil Society Mechanism for Universal Health Coverage (UHC) 2030 (2019)

Governance

In 2019, the Ministry of Health and Wellness, Jamaica, published its ten-year strategic plan, the Vision for Health 2030, which outlines the intentions and communicates the vision of a healthcare delivery system for the Jamaican population.¹

Existence of national health sector policy/strategy/plan

The Ministry of Health and Wellness produces a Strategic Business Plan/Cooperate Plan that is submitted annually to the Ministry of Finance and Public Service (MOFPS) and the Office of the Cabinet.¹⁻³ In addition, the Health Ministry in 2019 published its Vision for Health 2030-Ten Year Strategic Plan 2019-2030.¹ These plans outline the country's goals and objectives for its healthcare system.

The Vision for Health 2030 provides a clear and comprehensive roadmap for developing and improving Jamaica's healthcare services. It aims to enhance the quality, accessibility, and sustainability of healthcare, reduce health disparities, and ultimately improve the overall health and well-being of Jamaica's population between 2019 and 2030.¹



Sources

¹Ministry of Health & Wellness, Vision for Health 2030 Ten Year Strategic Plan 2019-2030

²Ministry of Health & Wellness, Strategic Business Plan

³Ministry of Health & Wellness, Cooperate Plan

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BCG	Bacille Calmette-Guérin
BMI	Body Mass Index
CMO	Chief Medical Officer
DPT3-cv	Diphtheria tetanus toxoid and pertussis
EPI	Expanded Programme on Immunization
ESSJ	The Economic & Social Survey of Jamaica
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
IHR	International Health Regulations
KMA	Kingston Metropolitan Area
MMR1	Measles, Mumps, and Rubella
MSM	Men who have sex with men
NCDs	Non-communicable Diseases
NEB	National Epidemiology Branch
PAHO	Pan American Health Organization
PEP	Primary Exit Profile
PS	Permanent Secretary
RGD	Registrar General's Department
STATIN	Statistical Institute of Jamaica
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VPDs	Vaccine-Preventable Diseases
WHO	World Health Organization

Definitions

Indicator Names

Definitions

Sociodemographic Demographics

Total population

The population of a country, territory or geographic area, total or for a given sex and age group, at a given point in time.

Population aged 65 and over (%)

The proportion of the population 65 years of age and over as a percentage of the corresponding population of a country, territory, or geographic area at a specific point of time, usually mid-year.

Population aged < 15 years (%)

The proportion of the population under 15 years of age and over as a percentage of the corresponding population of a country, territory, or geographic area at a specific point of time, usually mid-year.

Urban Population

Proportion of a country's population, territory or geographic area that resides in areas defined as urban at a given time.

Annual population growth

The annual average rate of change of population size, for a given country, territory, or geographic area, during a specified period. It expresses the ratio between the annual increase in the population size and the total population for that year, usually multiplied by 100. The annual increase in the population size is defined as a sum of differences: the difference between births less deaths and the difference between immigrants and emigrants, in a given country, territory or geographic area in a given year.

Births

Total number of estimated births expected in a specific year, for a given country, territory, or geographic area.

Crude birth rate

The ratio between the number of births in a population during a given year and the total mid-year population for the same year, usually multiplied by 1 000.

Deaths

Total number of estimated deaths expected in a specific year, for a given country, territory, or geographic area.

Crude death rate

The ratio between the number of deaths in a population during a given year and the total mid-year population for the same year, usually multiplied by 1 000.

Dependency ratio

The average number of economically dependent population per 100 economically productive population, for a given country, territory, or geographic area, at a specific point in time. In demographic terms, an economically dependent population is defined as the sum of the population under 15 years of age plus the population 65 years of age and over; an economically productive population is defined as the population between 15 and 64 years of age, for the same country, territory, or geographic area, at the same specific point in time.

Socioeconomic

Annual GDP growth

Annual percentage growth rate of GDP at market prices based on constant local currency. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for the depreciation of fabricated assets or for the depletion and degradation of natural resources.

GINI index

The GINI measures the income inequality of a national economy. The GINI is zero if everyone has the same income and is 100 if a single person has all the income.

Inflation rate

Inflation as measured by the consumer price index reflects the annual percentage change in the cost to the average consumer of acquiring a basket of goods and services that may be fixed or changed at specified intervals, such as yearly.

Indicator Names

Definitions

Sociodemographic

Socioeconomic

Unemployment rate

The number of members of the total population or of a given sex of the economically active population, who are unemployed but are available to work and seeking employment. This includes members who have lost their jobs and those who have voluntarily left work, at a specific point in time, expressed as a percentage of the economically active population in total or by sex. An economically active individual is considered employed if he or she falls into one of the following categories: has in-currency or in-kind paid employment, is self-employed, works in a family business, or is not working temporarily for a particular reason.

Health Status

Fertility

Total fertility rate

Mean number of children a woman would have by age 50 if she survived to age 50 and was subject, throughout her life, to the age-specific fertility rates observed in a given year. The total fertility is expressed as the number of children per woman. Total fertility is computed as the sum of age-specific fertility rates divided by 1000.

Adolescent birth rate

Annual number of births to females aged 10–14 or 15–19 years per 1000 females in the respective age group. It is also referred to as the age-specific fertility rate for women aged 15–19 years.

Mortality by age and sex

Life expectancy at Birth

The average number of years that a newborn could expect to live if he or she were to pass through life exposed to sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory or geographical area.

Under-five mortality rate

The probability of a child born in a specific year or period dying before reaching the age of 5 years, if subject to age-specific mortality rates of that period, expressed per 1000 live births.

Infant mortality rate

The probability that a child born in a specific year or period will die before reaching the age of 1 year, if subject to age-specific mortality rates of that period, expressed as a rate per 1000 live births.

Neonatal mortality rate

The probability that a child born in a specific year or period will die in the first 28 days of life (0–27 days) if subject to age-specific mortality rates of that period, expressed per 1000 live births

Stillbirth rate

Number of stillbirths per 1000 total births. Stillbirths can occur antepartum or intrapartum. In many cases, stillbirths reflect inadequacies in antenatal care coverage or intrapartum care. For purposes of international comparison, stillbirths are defined as third-trimester fetal deaths (≥ 1000 g or ≥ 28 weeks).

Mortality by cause

Maternal Mortality ratio

The number of maternal deaths in a given year and the number of live births in that same year for a given country, territory, or geographic area, as reported by the national health authority. Maternal death is defined as the death of a woman while pregnant or within the 42 days after the termination of that pregnancy, regardless of the length and site of the pregnancy, due to any cause related to or aggravated by the pregnancy itself or its care but not due to accidental or incidental causes (ICD-10: A34, O00-O95, O98-O99).

Deaths from communicable diseases, maternal, perinatal & nutritional conditions

The total number of deaths from communicable diseases in a population of a given sex, after removing the effect of differences in the age distribution, divided by the total number of this population, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Health Status

Mortality by cause

Deaths from non-communicable diseases

The total number of deaths from non-communicable diseases in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Premature non-communicable disease mortality

Unconditional probability of death between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases.

Tuberculosis mortality rate

Estimated number of deaths caused by TB in a given year, expressed as a rate per 100 000 population.

AIDS-related mortality rate

Estimated number of adults and children who have died due to AIDS-related causes in a specific year, expressed as a rate per 100 000 population.

Mortality from unintentional poisoning

Number of deaths from unintentional poisonings (per 100 000 population), for the year indicated.

Suicide rate

Suicide rate per 100 000 population in a specified period.

Death rate due to traffic injuries

Number of road traffic fatal injury deaths per 100 000 population

Number of deaths, missing persons and persons affected by disaster per 100,000 people

Deaths: Number of people who died during the disaster, or directly after, as a direct result of the hazardous event.

Missing: Number of people whose whereabouts are unknown since the hazardous event. It includes people who are presumed dead although there is no physical evidence. The data on the number of deaths and number of missing are mutually exclusive.

Affected: People who are affected, either directly or indirectly, by a hazardous event.

Directly affected: People who have suffered an injury, illness or other health effects; who were evacuated, displaced, relocated or have suffered direct damage to their livelihoods, economic, physical, social, cultural and environmental assets.

Indirectly affected: People who have suffered consequences, other than or in addition to direct effects, over time due to disruption or changes in economy, critical infrastructures, basic services, commerce, work or social, health and psychological consequences.

Hypertensive disease mortality

The total number of deaths from hypertensive diseases in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Cerebrovascular disease mortality

The total number of deaths from cerebrovascular diseases in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Ischaemic disease mortality

The total number of deaths from ischaemic heart disease in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Diabetes mellitus mortality

The total number of deaths from diabetes mellitus, in the total population or of a given sex and/or age, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.



Indicator Names

Definitions

Health Status

Mortality by cause

Respiratory disease mortality rate

The total number of deaths from respiratory diseases in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Cancer mortality rate

The total number of deaths from cancer in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Breast cancer mortality rate

The total number of deaths from breast cancer in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Cervical cancer mortality rate

The total number of deaths from cervical cancer in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Corpus uteri cancer mortality rate

The total number of deaths from corpus uteri cancer in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Prostate cancer mortality rate

The total number of deaths from prostate cancer in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Colorectal cancer mortality rate

The total number of deaths from colorectal cancer in the total population or of a given sex, divided by the total number of this population, after removing the effect of differences in the age distribution, expressed per 100,000 population, for a given year, in a given country, territory, or geographic area.

Morbidity

New cases of vaccine-preventable diseases

Number of confirmed new cases of vaccine-preventable diseases that are included in the WHO recommended standards for surveillance of selected vaccine-preventable diseases, and vaccine-preventable diseases reported on the WHO-UNICEF reporting form in a specified period.

HIV prevalence

Percentage of people living with HIV. Prevalence measures the frequency of existing disease in a defined population at a specific time.

HIV incidence rate

Number of new HIV infections per 1000 uninfected population. The incidence rate is the number of new cases per population at risk in a given period.

TB incidence rate

Estimated number of new and relapse TB cases (all forms of TB, including cases in people living with HIV) arising in a given year, expressed as a rate per 100 000 population.

Cancer incidence by type of cancer

Number of new cancers of a specific site/type occurring per 100 000 population.

Risk Factors

Nutrition

Exclusive breastfeeding rate 0-5 months of age

Percentage of infants 0–5 months of age (<6 months) who are fed exclusively with breast milk.

Early initiation of breastfeeding

Percentage of newborns breastfed within 1 hour of birth in a specified period.

Indicator Names

Definitions

Risk Factors

Nutrition

Incidence of low birth weight among newborn

Percentage of live births that weigh less than 2500 g.

Children under 5 years who are stunted

Percentage of stunted (moderate and severe) children aged 0–59 months (moderate = height-for-age below -2 standard deviations from the WHO Child Growth Standards median; severe = height-for-age below -3 standard deviations from the WHO Child Growth Standards median).

Children under 5 years who are wasted

Percentage of wasted (moderate and severe) children aged 0–59 months (moderate = weight-for-height below -2 standard deviations of the WHO Child Growth Standards median; severe = weight-for-height below -3 standard deviations of the WHO Child Growth Standards median).

Children under 5 years who are overweight

Prevalence of weight-for-height in children aged 0–59 months is defined as above +2 standard deviations of the WHO Child Growth Standards median.

Children under 5 years who are underweight

Number of children aged 0 to 59 months who are below -2 standard deviations from the median for weight-for-age for the WHO child growth references.

Prevalence of anaemia in women aged 15–49, by age and pregnancy status

Percentage of women aged 15–49 years with a haemoglobin concentration less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking.

Infections

Prevention of HIV in key populations

Sex workers: % reporting condom use with most recent client.
Men who have sex with men: % reporting condom use at last anal sex with a male partner.

Injection drug users: needles/syringes distributed per person.

General population: % of women and men who had more than one partner in the past 12 months who used a condom during their last sexual intercourse

Population using safely managed drinking water services

Population using an improved drinking water source (piped water into dwelling, yard or plot; public taps or standpipes; boreholes or tube wells; protected dug wells; protected springs, rainwater, packaged or delivered water) which is located

Cancer incidence by type of cancer

Number of new cancers of a specific site/type occurring per 100 000 population.

Environmental risk factors

Population using safely managed drinking water services

Population using an improved drinking water source (piped water into dwelling, yard or plot; public taps or standpipes; boreholes or tube wells; protected dug wells; protected springs, rainwater, packaged or delivered water) which is located on-premises, available when needed, and free of faecal and priority chemical contamination.

Non-communicable diseases risk factors

Prevalence of alcohol use

Total alcohol per capita is the total amount (sum of recorded alcohol per capita three-year average and unrecorded alcohol per capita) of alcohol consumed per adult (15+ years) in a calendar year, in litres of pure alcohol. Recorded alcohol consumption refers to official statistics (production, import, export, and sales or taxation data), while unrecorded alcohol consumption refers to alcohol, which is not taxed and is outside the usual system of government control. In circumstances in which the number of tourists per year is at least the number of inhabitants, tourist consumption is also taken into account and is deducted from a country's recorded alcohol per capita.



Indicator Names

Definitions

Risk Factors

Non-communicable diseases risk factors

Tobacco use among persons

The percentage of the population aged 15 years and over who currently use any tobacco product (smoked and/or smokeless tobacco) on a daily or non-daily basis. Tobacco products include cigarettes, pipes, cigars, cigarillos, water pipes (hookah, shisha), bidis, kretek, heated tobacco products, and all forms of smokeless (oral and nasal) tobacco. Tobacco products exclude e-cigarettes (which do not contain tobacco), "e-cigars", "e-hookahs", JUUL and "e-pipes".

Raised blood pressure among adults

Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure \geq 140 mmHg and/or diastolic blood pressure \geq 90 mmHg), and mean systolic blood pressure.

Overweight and obesity in adults

Percentage of adults (18+ years) who are overweight (defined as having a BMI \geq 25 kg/m²) and obese (defined as having a BMI \geq 30 kg/m²).

Raised blood glucose/diabetes among adults

Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years or on medication for raised blood glucose (defined as fasting plasma glucose value \geq 7.0 mmol/L (126 mg/dL) or on medication for raised blood glucose among adults aged 18+ years).

Salt intake

Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.

Insufficient physical activity in adults

Age-standardized prevalence of insufficiently physically active persons aged 18+ years (percentage of adults aged 18+ years not meeting any of the following criteria: 150 minutes of moderate-intensity physical activity per week; 75 minutes of vigorous-intensity physical activity per week; an equivalent combination of moderate- and vigorous-intensity physical activity accumulating at least 600 metabolic equivalent minutes per week (minutes of physical activity can be accumulated over a week but must be of a duration of at least 10 minutes).

Injuries/harmful traditional practices

Intimate partner violence prevalence

The proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months.

Non-partner sexual violence prevalence

The proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 2 months.

Seat-belt wearing rate (%)

National estimate of the proportion of car occupants (i.e. drivers and passengers) who use seat-belts.

Motorcycle helmet-wearing rate (%)

Estimate of the proportion of helmet use among users of motorized two-wheelers.

Prevalence of unintentional injuries

Prevalence of persons who required medical attention for different types of injuries.

Service Coverage

Reproductive, maternal, newborn, child and adolescent Indicators

Unmet need for family planning

The percentage of women of reproductive age (15–49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern contraceptive method.

Contraceptive prevalence rate

Percentage of women aged 15–49 years, married or in union, who are currently using, or whose sexual partner is using, at least one method of contraception, regardless of the method used.

Antenatal care coverage (at least 4 visits)

Percentage of women aged 15–49 years with a live birth in a given period who received antenatal care, four times or more times from any provider.

Births attended by skilled health personnel

Percentage of live births attended by skilled health personnel during a specified period.

Indicator Names

Definitions

Service Coverage

Reproductive, maternal, newborn, child and adolescent Indicators

Women accessing prenatal care in the first trimester

The number of pregnant women who have received a health care visit by a health professional from the first trimester of their pregnancy, expressed as a percent of the live births, in a given year.

Immunization Indicators

Immunization coverage rate by vaccine for each vaccine in the national schedule

Percentage of the target population that has received the last recommended dose of the basic series for each vaccine recommended in the national schedule. This should include all vaccines within a country's routine immunization schedule (e.g., Bacillus Calmette–Guérin (BCG); polio; pneumococcal conjugate vaccine (PCV); rotavirus; diphtheria, tetanus, pertussis (DPT3-cv) containing vaccines, Hepatitis B containing vaccines, Haemophilus influenzae type b containing vaccines; measles-containing vaccine (MCV); rubella containing vaccines; human papillomavirus (HPV);

HIV and Tuberculosis

People living with HIV who know their status

Percentage of people living with HIV who know their status.

Prevention of mother-to-child transmission

Percentage of HIV-positive pregnant women provided with ART to reduce the risk of mother-to-child transmission during pregnancy.

Antiretroviral therapy (ART) coverage

Percentage of people living with HIV currently receiving ART among the estimated number of adults and children living with HIV.

HIV viral load suppression

Percentage of people on ART who are virologically suppressed (VL level \leq 1000 copies/mL).

Tested TB patients HIV-Positive

Number of registered TB patients with documented HIV status on the TB register who are HIV-positive, expressed as a proportion of the total number of all registered TB patients with documented HIV status over the reporting period.

HIV test results for TB patients

The number of new and relapse TB patients who had an HIV test result recorded in the TB register is expressed as a percentage of the number registered in a specified period.

HIV-positive new and relapse TB patients on ART during TB treatment

The number of HIV-positive new and relapse TB patients who received antiretroviral therapy (ART) during TB treatment, is expressed as a percentage of those registered for TB treatment in a specified period.

95-95-95 Target

95% of all people living with HIV to know their HIV status, 95% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95% of all people receiving antiretroviral therapy to have viral suppression by 2030.

Percent of TB patients with known HIV status

Percentage of TB patients who had an HIV test result recorded in the TB register.

Percent of all registered TB patients who had documented HIV status recorded who are HIV positive

Number of registered TB patients with documented HIV status on the TB register who are HIV-positive, expressed as a proportion of the total number of all registered TB patients with documented HIV status over the reporting period.

Percent of HIV-positive TB patients on ART

Number of HIV-positive TB patients who started on or continued previously initiated ART during



Indicator Names

Definitions

Service Coverage

Screening and preventive Indicator

Cervical cancer screening

The proportion of women aged 30–49 years who report they were screened for cervical cancer using any of the following methods: visual inspection with acetic acid/vinegar (VIA), pap smear, and human papillomavirus (HPV) test.

Breast cancer screening

Percentage of women 45–64 years old who have a screening mammogram within 12 months as a proportion of the eligible population.

Prostate cancer screening

The number of pregnant women who have received a health care visit by a health professional from the first trimester of their pregnancy, expressed as a percent of the live births, in a given year.

Health Systems

Quality & Safety of Care Indicators

ART retention rate

Percentage of adults and children with HIV alive and on ART at 12 months (or 24, 36, 48 and 60 months) after initiating treatment among patients initiating ART during a specified time.

Utilization and access Indicators

Outpatient service utilization

Number of outpatient department visits per person per year.

Hospital bed density

Total number of hospital beds per 10 000 population in a geographic area.

Bed occupancy rate

Percentage of available beds that have been occupied over a given period

Mean length of stay

The number of days (on average) that a patient spends in the hospital.

Health workforce Indicators

Health worker density and distribution

The number of new and relapse TB patients who had an HIV test result recorded in the TB register is expressed as a percentage of the number registered in a specified period.

Health Information Indicators

Birth registration

The proportion of children under 5 years of age whose births have been registered with a civil authority.

Ill-defined and unknown causes of death

The number of deaths registered in a given year for which the underlying cause of death corresponds to ill-defined and unknown causes of death (ICD-10 codes: R00-R94 and R96-R99), expressed as a percentage of the total registered deaths in the same year, in a given country, territory, or geographic area.

Mortality garbage codes

The number of deaths registered in a given year for which the underlying cause of death corresponds to garbage codes is expressed as a percentage of the total registered deaths in the same year, in a given country, territory, or geographic area.

Health financing Indicators

Total current expenditure on health as % of gross domestic product

The total current expenditure on health as a percentage of gross domestic product. Share of general government expenditures on health from domestic sources of GDP.

Out-of-pocket expenditure as % current health expenditure

The share of total current expenditure on health paid by households out-of-pocket, expressed as a percentage of total current expenditure on health (this is the households' out-of-pocket expenditure).

Indicator Names

Definitions

Service Coverage

Health financing Indicators

General Government Health Expenditure as a % of GDP

The share of general government expenditures on health from domestic sources expressed as a percentage of GDP.

Private expenditure on Health as a % of Total Health Expenditure

The level of private expenditure on health expressed as a percentage of total expenditure on health.

General Government Health Expenditure as % of Total Health Expenditure

The level of general government expenditure on health (GGHE) expressed as a percentage of total expenditure on health (THE).

Governance

Existence of national health sector policy/ strategy/ plan

Existence of a comprehensive national health sector policy/ strategy/ plan with goals and targets, updated within the last 5 years.



Monitoring and Evaluation Map

Input	Output	Outcome	Impact
<p>Demographic Total population Dependency ratio Population <15 years Population 65 years and over Urban population</p> <p>Socioeconomic Annual population growth rate Annual GDP growth GINI index Inflation Prevalence of poverty</p> <p>Utilization and access Hospital bed density</p> <p>Health workforce Health worker density and distribution</p> <p>Health Information Birth registration Ill-defined and unknown causes of death Mortality garbage codes</p> <p>Health financing Total current expenditure on health as % of gross domestic product Out-of-pocket expenditure as % current health expenditure General Government Health Expenditure as a % of GDP Private expenditure on Health as a % of Total Health Expenditure General Government Health Expenditure as % of Total Health Expenditure</p>	<p>Quality & Safety of Care ART retention rate</p> <p>Utilization and access Outpatient service utilization Bed Occupancy Rate Mean Length of Stay</p>	<p>Nutrition Exclusive breastfeeding rate 0-5 months of age Early initiation of breastfeeding Incidence of low birth weight among newborns Children under 5 years who are stunted Children under 5 years who are wasted Children aged under 5 years who are overweight Children aged under 5 years who are underweight Anaemia prevalence in women of reproductive age</p> <p>Infections Prevention of HIV in key populations</p> <p>Environmental risk factors Population using safely managed drinking-water services</p> <p>Non-communicable diseases risk factors Prevalence of alcohol use Tobacco use among persons Raised blood pressure among adults Overweight and obesity in adults Raised blood glucose/diabetes among adults Salt intake Insufficient physical activity in adults</p> <p>Injuries/harmful traditional practices Intimate partner violence prevalence Non-partner sexual violence prevalence Seatbelt wearing rate Motorcycle helmet-wearing rate Prevalence of unintentional injuries</p> <p>Reproductive, maternal, newborn, child and adolescent Unmet need for family planning Contraceptive prevalence rate Antenatal care coverage (at least 4 visits) Births attended by skilled health personnel Women accessing prenatal care in the first trimester</p> <p>Immunization Immunization coverage rate by vaccine for each vaccine in the national schedule</p>	<p>Demographic Crude birth rate Crude death rate Death Birth Unemployment rate Youth Unemployment rate</p> <p>Fertility Adolescent birth rate Total Fertility Rate</p> <p>Mortality by age and sex Life expectancy at birth Under-five Mortality Rate Infant Mortality rate Neonatal mortality rate Stillbirth rate</p> <p>Mortality by cause Maternal mortality ratio Deaths from communicable disease TB mortality ratio AIDS-related mortality ratio Deaths from non-communicable diseases Premature non-communicable disease mortality Hypertensive disease mortality Cerebrovascular disease mortality Ischaemic disease mortality Diabetes mellitus disease Respiratory disease mortality Cancer mortality rate Breast cancer mortality Cervical cancer mortality Corpus uteri cancer mortality rate Prostate cancer mortality Colorectal cancer mortality Mortality from unintentional poisoning Death rate due to traffic injuries Number of deaths, missing persons and persons affected by disaster per 100,000 people</p> <p>Morbidity New cases of vaccine-preventable diseases HIV prevalence HIV incidence rate TB incidence rate Cancer incidence by type of cancer</p>

Monitoring and Evaluation Map

Input	Output	Outcome	Impact
		<p>HIV/TB People living with HIV who know their status Prevention of mother-to-child transmission Antiretroviral therapy (ART) coverage HIV viral load suppression Tested TB patients HIV-Positive HIV test results for TB patients HIV-positive new and relapse TB patients on ART during TB treatment 95-95-95 Target Percent of TB patients with known HIV status Percent of all registered TB patients who had documented HIV status recorded and who are HIV positive Percent of HIV-positive TB patients on ART</p> <p>Screening and preventive care Cervical cancer screening Breast cancer screening Prostate cancer screening</p>	



Demographic																						
Sociodemographic Indicators 2000-2022																						
Unit of Measurement	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2022
Total Population ¹	2589393	2605556	2616253	2624405	2634445	2643601	2653942	2662484	2671994	2681386	2690824	2699223	2706454	2711603	2714519	2717564	2720616	2723713	2728432	2732537	—	—
Female Population	1315317	1328287	1327405	1331519	1336536	1339756	1343870	1347983	1352103	1356221	1360334	1364080	1367420	1369788	1371027	1372269	1373584	1375791	1378564	1381023	—	—
Male Population	1274076	1282689	1287848	1293176	1298509	1303845	1309172	1314498	1319831	1325165	1330491	1335843	1341004	1346105	1351246	1356423	1361642	1367282	1373168	1379814	—	—
Crude Birth Rate ²	6.7	6.8	6.4	6.6	6.2	6.6	7.1	7.7	7.5	7.0	8.0	8.0	8.3	6.4	7.2	7.1	7.3	7.2	7.2	7.7	7.4	9.9
Crude Death Rate ³	72.7	73.3	71.8	71.8	72.1	72.1	69.5	66.4	63.6	64.1	64.5	51.9	56.5	56.0	56.3	57.7	56.3	44.6	44.6	48.1	—	—
Dependency Ratio ⁴	57.3	57.2	56.0	56.2	56.6	55.1	52.5	51.1	47.6	48.9	48.0	39.6	41.6	41.3	41.1	42.1	40.5	31.6	31.0	31.0	—	—
Child Dependency	15.4	16.1	15.8	15.6	15.5	17.0	16.9	15.3	16.0	15.2	16.4	12.3	14.9	14.7	15.2	15.6	15.8	13.0	13.6	14.5	—	—
Elderly Dependency	84.937	84.910	82.221	81.302	79.885	78.401	77.047	75.612	74.098	72.784	71.389	69.754	68.921	66.924	64.873	62.942	61.260	60.032	58.824	57.638	—	—
Population <15 Years ⁵	32.6	32.3	31.6	31.0	30.3	29.7	29.0	28.4	27.8	27.1	26.5	25.8	25.1	24.5	23.9	23.2	22.5	22.0	21.6	21.1	—	—
Population <15 years (per cent of total pop)	197373	199657	201558	203473	205391	207309	209225	211141	213059	214987	216893	220260	223046	225944	228947	231991	234574	239254	249034	261750	—	—
Population 65 Years & Over ⁶	7.6	7.7	7.7	7.8	7.8	7.8	7.9	7.9	8.0	8.0	8.1	8.2	8.3	8.4	8.6	8.8	9.0	9.2	9.3	9.6	—	—
Urban Population ⁷	50.0	52.0	52.0	52.0	52.0	52.0	52.0	52.0	52.0	52.0	52.0	52.0	54.0	54.0	54.0	54.0	54.0	54.0	54.0	54.0	54.0	54.0
Annual Population Growth Rate ⁸	0.6	0.5	0.3	0.5	0.4	0.4	0.3	0.3	0.4	0.4	0.3	0.3	0.3	0.2	0.2	0.2	0.1	0.0	0.0	0.0	0.0	0.0
Births ⁹	56134	49490	47464	45559	44843	46370	43245	43385	43112	42782	40568	39073	39553	38480	36996	37900	36160	34423	34209	34632	33941	31276
Deaths ¹⁰	17423	17825	16728	17267	16332	17413	18900	20550	19966	18855	21593	16936	16998	17350	19557	19249	19761	19661	19762	20937	20238	21300
SOCIOECONOMIC																						
Annual GDP Growth ¹¹	0.8	1.5	1.1	2.3	1.4	1.0	2.7	1.4	-0.8	-4.3	-1.5	1.7	-0.6	0.5	0.7	0.9	1.4	1.0	1.9	0.9	-0.9	4.6 ⁶
Unemployment Rate ¹²	15.5	15.0	14.2	11.4	11.7	11.2	10.3	9.8	10.6	11.4	12.4	12.6	13.9	15.2	13.7	13.5	13.2	11.7	9.1	7.7	10.2	7.1
Female	10.2	10.3	9.9	7.8	7.9	7.6	7.0	6.1	7.3	8.6	9.2	9.3	10.3	11.0	10.1	9.9	13.2	8.4	6.7	5.8	8.7	5.4
Male	22.3	21.0	19.6	16.0	16.4	15.8	14.5	14.3	14.6	14.8	16.2	16.7	17.8	20.0	18.1	17.7	17.7	15.4	11.9	9.9	12.0	8.2
GINI Index ¹³	n/a	33.0	30.8	27.2	26.4	25.3	23.6	23.7	25.9	27.1	30.8	30.1	34.0	37.7	34.2	32.8	36.6	28.2	24.1	20.6	25.7	21.9
Inflation (Annual Average) ¹⁴	39.7	39.1	42.1	39.3	39.0	38.9	37.9	36.8	37.6	37.8	39.4	39.0	39.9	40.9	37.9	38.0	35.2	37.5	36.2	36.7	—	—
Prevalence of Poverty ¹⁵	8.2	7.0	7.1	10.1	13.5	15.1	8.5	9.3	22.0	9.6	12.6	7.5	6.9	9.4	8.3	3.7	2.4	4.4	3.7	3.9	5.2	10.4
KM/A or GKM/A	18.7	16.8	19.7	19.1	16.9	14.8	14.3	9.9	12.3	16.5	17.6	n/a	19.9	24.6	20.0	21.2	17.1	19.5	12.6	11.0	—	—
Other Taxes	9.9	7.6	10.4	9.5	14.3	9.6	9.4	6.2	7.0	12.8	14.4	n/a	19.7	17.8	15.3	14.3	11.9	17.7	9.2	4.7	—	—
Rural Area	16.6	13.3	18.7	15.8	7.8	7.2	9.2	4.0	10.7	10.2	11.6	n/a	16.6	20.0	16.2	14.7	16.0	19.8	12.0	13.3	—	—
Urban Area	25.1	24.1	25.1	24.2	22.1	21.1	19.8	15.3	17.0	22.5	23.2	n/a	21.3	31.3	24.9	28.5	20.3	20.2	15.0	14.2	—	—

Mortality by Age & Sex																							
Health Status Indicators 2000-2022																							
Unit of Measurement	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2022	
Life Expectancy at Birth ¹⁶	72.2	72.0	72.0	72.3	72.7	72.7	72.7	72.7	72.7	72.7	72.7	72.7	72.7	72.7	73.1	74.1	74.1	74.3	74.3	74.2	74.2	74.2	
Under-Five Mortality Rate ¹⁷	16.4	16.9	15	14.3	13.8	15.5	14.9	15.8	14.9	12.6	15.9	16.9	17.4	18	20.5	19.6	17.4	18.4	19.4	20.5	17.7	19.0	
Infant Mortality Rate ¹⁸	13.2	14.1	10.0	10.6	10.0	10.4	13.4	14.1	13.8	11.4	14.5	15.3	15.9	16.6	19.0	18.5	15.8	16.7	16.6	18.9	16.6	17.7	
Neonatal Mortality Rate ¹⁹	9.2	8.2	8.3	7.0	7.6	9.7	13.4	12.3	13.5	12.4	12.4	13.1	13.1	13.1	13.8	16.7	16.0	12.7	14.1	13.8	15.2	13.8	
Stillbirth Rate ²⁰	—	—	—	—	—	15.2	13.5	14.2	11.5	13.8	14.6	12.1	12.6	15.6	14.6	14.5	13.6	13.8	14.6	13.9	14.6	14.0	14.1
Fertility																							
Adolescent Birth Rate ^{21, 23}	—	—	79.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34.0	
Total Fertility Rate ^{22, 23}	—	—	2.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	
Morbidity																							
New Cases of Vaccine-Preventable Diseases ²⁴	Count	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Mumps	Count	10.0	9.0	11.0	4.0	1.0	3.0	2.0	0.0	0.0	0.0	1.0	4.0	0.0	0.0	0.0	2.0	3.0	0.0	0.0	0.0	0.0	
Neonatal Tetanus	Count	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Diphtheria	Count	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Rubella	Count	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Polio	Count	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
HIV Prevalence ²⁵	Per cent	1.6	1.5	1.5	1.5	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.3	1.3	1.3	1.3	
Adults (15-49 years)	Per cent	0.7	0.7	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.5	
Young People (15-24 years)	Per 1000 population	0.9	0.9	0.9	0.8	0.8	0.8	0.7	0.7	0.7	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	
TB Incidence Rate ²⁶	Per 100,000 population	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Health Status Indicators 2000-2022

Morbidity

Cancer incidence, by type of cancer⁶

Unit of Measurement	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Age-adjusted per 100 000 pop	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Age-adjusted per 100 000 pop	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Age-adjusted per 100 000 pop	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Age-adjusted per 100 000 pop	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Age-adjusted per 100 000 pop	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Age-adjusted per 100 000 pop	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Age-adjusted per 100 000 pop	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Breast cancer incidence rate

Cervical cancer incidence rate

Prostate cancer incidence rate

Colorectal cancer incidence rate

Lung cancer incidence rate

Stomach cancer incidence rate

Mortality by Cause

Unit of Measurement	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maternal Mortality Ratio ⁷	90.8	89.3	104.7	86.9	79.2	108.1	96.2	91.2	99.7	72.4	120.8	93.2	83.9	103.6	116.2	87.9	110.6	95.9	102.3	163.5	117.9	211.3	156.7
TB Mortality Ratio ⁸	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AIDS-related Mortality Ratio ⁸	23.8	22.5	26.0	25.0	25.1	19.6	16.4	12.1	16.2	15.2	16.1	14.5	13.7	11.2	12.0	11.5	17.3	17.1	14.0	-	-	10.4	-
Deaths from Communicable Disease, Maternal, Perinatal & Infant ⁹	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Deaths from Noncommunicable Disease ⁹	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Male	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Premature Noncommunicable Disease Mortality ⁹	19.4	19.2	17.8	18.0	18.6	18.6	16.3	17.1	14.7	17.1	16.8	17.5	17.2	17.4	18.7	19.1	19.0	18.9	19.4	19.2	21.0	21.1	-
Male	20.7	20.1	18.8	19.5	18.7	20.5	17.8	18.4	15.1	18.3	17.8	18.9	18.5	18.7	19.9	20.6	21.1	18.4	18.4	18.8	22.7	22.9	-
Female	18.1	18.4	17.0	16.6	17.9	16.6	14.9	15.9	14.9	15.7	15.8	16.1	15.9	16.0	17.5	17.6	16.9	19.3	20.4	19.6	19.3	19.2	-
Mortality from Unintentional Poisoning ⁹	0.2	0.2	0.2	0.0	0.2	0.5	0.3	0.0	0.0	0.1	0.2	0.0	0.1	0.0	0.4	0.0	0.0	0.2	0.2	0.2	0.4	0.3	0.2
Death Rate Due to Traffic Injuries ¹⁰	12.9	13.8	15.6	14.8	13.6	12.3	13.9	12.9	12.8	12.9	11.8	11.4	9.6	11.3	12.2	14.0	13.9	11.8	14.3	16.1	15.8	17.8	17.9
Number of deaths, missing persons and persons affected by disasters per 100,000 people ¹¹	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Number of deaths	-	-	0.3	-	0.6	-	-	0.2	0.4	-	0.5	-	0.1	-	-	-	-	-	-	-	-	-	-
Number of missing persons	-	-	0.0	-	0.0	-	-	0.0	0.0	-	0.1	-	0.0	-	-	-	-	-	-	-	-	-	-
Number of persons affected	-	-	50021	-	14000	-	-	6744	16842	-	18873	-	25150	-	-	-	-	90613	-	-	-	-	-
Cerebrovascular Disease Mortality ⁵	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Male	-	-	-	-	-	68.6	53.7	72.9	72.1	71.8	71.3	73.0	70.4	73.7	86.6	76.8	73.2	70.4	68.7	70.6	73.9	75.3	-
Female	-	-	-	-	-	70.5	53.2	71.6	70.4	73.6	74.7	76.3	71.0	76.3	90.2	79.9	78.2	75.6	75.0	76.8	82.7	82.3	-
Diabetes Mellitus Mortality ⁵	-	-	-	-	-	65.5	54.0	73.5	72.7	69.2	68.2	69.4	69.8	70.8	83.1	73.4	68.1	65.3	62.7	64.6	65.7	68.0	-
Male	-	-	-	-	-	69.5	62.7	63.9	63.2	65.3	66.8	79.9	68.6	65.5	72.2	70.7	76.8	76.3	76.0	80.6	86.6	99.2	-
Female	-	-	-	-	-	58.7	51.3	55.5	51.5	54.5	58.7	68.9	60.1	56.8	59.7	59.8	68.7	68.7	69.4	71.4	77.0	86.9	-
Respiratory Disease Mortality ⁵	-	-	-	-	-	78.4	72.5	71.3	73.2	74.4	74.0	89.1	76.1	73.3	83.0	79.9	83.6	82.5	81.5	88.2	95.0	109.6	-
Male	-	-	-	-	-	25.2	22.5	21.3	21.7	22.1	20.7	18.2	20.1	18.8	22.6	21.7	23.5	19.1	20.6	23.6	21.1	23.0	-
Female	-	-	-	-	-	40.9	34.6	33.6	33.4	34.5	33.1	29.0	30.6	29.9	34.1	33.2	37.9	29.4	30.2	36.9	31.9	35.8	-
Age-adjusted per 100 000 pop	-	-	-	-	-	11.6	12.0	10.7	11.7	11.7	10.2	9.2	11.0	8.9	12.6	11.8	10.7	10.0	12.5	12.1	11.5	11.8	-

Immunization		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
Unit of Measurement																									
Immunization coverage rate by vaccine for each vaccine in the national schedule ¹⁴																									
Immunization coverage of 1 year old (%), MMR1	Per cent	88.1	84.6	85.8	79.2	80.4	80.0	87.2	76.2	87.5	88.0	95.0	86.5	92.3	94.0	91.5	83.0	91.0	95.0	89.0	93.0	93.0	95.0	88.0	
Immunization coverage of under-1 year old (%), BCG	Per cent	93.6	96.4	97.8	90.2	84.7	94.5	89.9	87.4	92.1	94.1	101.5	98.0	95.0	92.7	92.5	100.0	96.0	93.0	93.0	94.0	100.0	97.0	97.0	
Immunization coverage of under-1 year old (%), DTP3	Per cent	86.4	90.4	93.7	83.1	76.8	87.5	85.3	85.1	87	90.1	100.2	91.4	95.6	93.1	94.4	91.0	97.0	93.0	97.0	96.0	96.0	90.0	90.0	
Immunization coverage of under-1 year old (%), Polio-3	Per cent	86.1	91.0	93.0	82.2	71.3	83.6	85.6	84.8	87.0	90.0	100.0	92.3	95.8	86.0	96.4	91.0	97.0	93.0	98.0	96.0	95.0	90.0	90.0	
HIV																									
Unit of Measurement																									
People living with HIV who know their status ¹⁴																									
Males (15+)	Per cent	-	-	-	-	-	-	-	-	-	-	69.0	73.0	77.0	79.0	82.0	84.0	87.0	89.0	90.0	93.0	95.0	93.0	92.0	
Females (15+)	Per cent	-	-	-	-	-	-	-	-	-	-	-	69.0	73.0	76.0	79.0	82.0	85.0	88.0	88.0	91.0	94.0	92.0	92.0	
Prevention of mother-to-child transmission ¹⁴	Per cent	-	-	-	-	-	-	-	-	-	-	-	79.0	83.0	85.0	87.0	89.0	91.0	93.0	93.0	96.0	98.0	95.0	94.0	
Antiretroviral therapy (ART) coverage ¹⁴	Per cent	-	-	-	-	47.0	65.0	85.0	85.0	-	83.0	86.3	49.9	87.8	88.2	86.4	90.0	-	97.0	97.9	97.8	96.0	95.0	97.0	
Males (15+)	Per cent	-	-	-	-	-	6.0	7.0	11.0	14.0	19.0	21.0	25.0	28.0	32.0	34.0	36.0	39.0	42.0	44.0	49.0	44.0	47.0	50.0	
Females (15+)	Per cent	-	-	-	-	-	-	-	-	-	-	-	24.0	27.0	28.0	31.0	33.0	36.0	37.0	39.0	42.0	49.0	40.0	45.0	
HIV viral load suppression ¹⁴	Per cent	-	-	-	-	-	-	-	-	-	-	12.0	14.0	16.0	19.0	22.0	23.0	24.0	28.0	32.0	38.0	37.0	47.0	45.0	
Males (15+)	Per cent	-	-	-	-	-	-	-	-	-	-	-	14.0	16.0	17.0	20.0	21.0	23.0	25.0	29.0	34.0	33.0	43.0	41.0	
Females (15+)	Per cent	-	-	-	-	-	-	-	-	-	-	-	14.0	16.0	22.0	24.0	25.0	27.0	32.0	36.0	43.0	41.0	52.0	50.0	
95-95-95 Target ¹⁴	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	92.0	
95% PLHIV who know their status	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	53.0	
95% of PLHIV who know their status to be on ART	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	77.0	
95% of PLHIV on ART to be virally suppressed	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HIV/TB																									
Unit of Measurement																									
Per cent TB Patient with Know HIV Status ²⁵	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	87.2	64.1	54.4	82.6	79.3	66.7	29.5	100.0	69.9
Per cent of all registered TB patients who had documented HIV status recorded who are HIV-positive ²⁵	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25.3	22.7	50.0	20.0	15.4	14.0	77.8	14.0	17.2
Per cent of HIV-positive TB patients on ART (antiretroviral therapy) ²⁵	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	94.7	100.0	89.3	55.0	20.0	100.0	14.3	100.0	100.0
Screening & preventative care																									
Unit of Measurement																									
Cervical cancer screening (30-49 years) ²³	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Less than 3 years ago	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
More than 3 years ago	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Breast cancer screening (40 years and older) ²³	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Less than 1 year	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 year or more	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prostate cancer screening (40 years and older) ²³	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Prostate-Specific Antigen Test	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Digital Rectal Exam (DRE)	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Less than 1 year	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 year or more	Per cent	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Health Systems Indicators 2000-2022																							
Unit of Measurement	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
ART retention rate ²⁶	75.0	—	—	—	—	—	—	—	87.6	—	91.0	—	—	—	60.1	58.8	80.4	79.9	—	—	—	—	—
<i>ART at 12 months</i>																							
Utilization & access																							
Unit of Measurement	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Outpatient service utilization ¹⁶	1776.1	1796.3	1705.1	1455.0	1913.6	1805.1	1833.2	1836.2	2102.3	2209.0	2108.4	2328.7	2453.7	2470.8	2130.0	2347.3	2406.8	2363.2	2342.9	2358.2	1762.0	1809.2	2119.0
Hospital bed density ¹⁶	—	—	—	—	—	—	18.7	18.3	17.3	17.4	18.5	18.4	17.5	17.2	17.7	17.9	17.9	17.7	17.5	17.8	18.0	17.9	17.9
Bed Occupancy Rate ¹⁷	74.9	81.8	76.6	87.8	73.3	54.6	51.3	53.0	61.1	67.2	61.0	61.9	67.8	73.6	75.7	73.0	76.5	66.2	76.5	87.3	70.0	71.9	62.2
Mean Length of Stay ²⁷	—	—	—	—	—	—	6.6	5.6	5.5	5.4	—	5.8	5.0	5.5	5.7	5.9	6.9	6.1	6.2	5.9	6.5	6.6	6.6
Health workforce																							
Health Worker Density and Distribution ²⁸																							
<i>Physicians</i>																							
Per 10,000 population	—	—	—	—	—	—	—	—	—	—	16.5	17.3	17.7	19.0	19.9	20.8	21.9	22.9	23.9	—	—	25.2	26.3
<i>Nurses/Professionals</i>																							
Per 10,000 population	0.1	0.1	2.4	2.8	2.8	2.9	2.6	2.9	2.9	3.0	3.1	3.4	3.8	3.8	4.7	4.0	4.2	4.2	4.4	4.2	4.4	4.6	4.8
<i>Pharmacists</i>																							
Per 10,000 population	1.0	1.0	1.0	1.0	1.1	1.1	1.1	1.2	1.2	1.2	1.2	1.3	1.3	1.3	1.5	1.6	1.7	2.0	2.1	2.2	2.2	1.2	1.5
<i>Dentists</i>																							
Health information																							
Birth registration ^{3,13}																							
Per cent	97.1	94.5	95.9	—	96.4	89.0	91.3	95.6	97.8	—	98.1	—	99.5	—	99.1	—	99.3	—	—	—	—	—	—
Ill-defined and unknown causes of death ⁹																							
Per cent	—	—	—	—	—	—	2.7	1.3	1.0	1.0	0.9	0.8	0.6	0.3	0.3	0.4	0.5	0.5	0.6	0.4	0.5	0.3	—
Mortality garbage codes ⁵																							
Health financing																							
Unit of Measurement																							
2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
Per cent	5.6	5.2	4.7	4.2	4.8	4.5	4.2	5.3	5.6	5.1	5.3	5.2	4.9	5.0	5.2	5.6	5.7	6.1	6.0	6.1	6.6	7.2	—
Total current expenditure on health as % of Gross Domestic Product ²⁹																							
Per cent	3.2	2.4	2.8	2.0	2.5	2.2	2.0	2.7	3.0	2.9	3.0	3.1	2.8	3.0	3.1	3.6	3.6	4.1	3.9	4.0	4.5	5.1	—
General Government Health Expenditure as a % of GDP ²⁹																							
Per cent	43.3	52.9	41.1	50.8	46.7	49.5	50.9	48.1	45.8	40.3	38.6	39.8	39.0	39.3	35.3	34.8	32.5	33.3	33.2	30.2	27.4	—	—
Private expenditure on Health as a % of Total Health Expenditure ²⁹																							
Per cent	56.5	46.6	58.2	48.5	51.5	49.1	47.5	50.1	52.6	57.3	57.5	59.1	57.0	60.0	59.3	63.3	63.6	66.1	65.2	68.3	71.2	—	—
General Government Health Expenditure as % of Total Health Expenditure ²⁹																							
Per cent	29.6	38.4	26.9	34.6	27.6	29.1	28.9	31.2	30.2	23.0	23.5	22.0	21.8	19.5	21.4	19.0	17.9	16.8	16.8	16.4	14.7	13.1	—
Out of pocket expenditure as % of Total Health Expenditure ²⁹																							
Governance																							
Unit of Measurement																							
2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
Existence of National Health Sector policy/strategy/plan ^{30,31,32}																							
N/A																							
Vision for Health 2030: Ten Year Strategy 2019-2030																							
Ministry of Health Strategic Business Plan 2015-2018																							

Data sources: ¹ Statistical Institute of Jamaica (STATIN). ² Estimates Calculated using data from Statistical Institute of Jamaica. ³ Jamaica's Survey of Living Conditions (2000-2010, 2010-2019). ⁴ Economic & Social Survey Jamaica (2000-2022). ⁵ Estimates calculated using data from Registrar General's Department (numerator) & Statistical Institute of Jamaica (denominator). ⁶ Registrar General's Department. ⁷ Ministry of Health & Wellness, National Surveillance Unit (numerator) & Statistical Institute of Jamaica (denominator). ⁸ Estimates calculated from RGD's line list data (2005-2021). ⁹ National Road Safety Council of Jamaica. ¹⁰ Jamaica's Voluntary National Review Statistics (VNR Statistics). ¹¹ Jamaica's Voluntary National Review Statistics (VNR Statistics). ¹² Reproductive Health Survey (2002, 2008, 2021). ¹³ Multiple Indicator Cluster Survey (2005, 2011). ¹⁴ UNAIDS Estimates. ¹⁵ Jamaica Cancer Society: GLOBOCAN Estimates. ¹⁶ Ministry of Health & Wellness, Policy Planning and Development Division: Estimates Calculated from Hospital Monthly Statistical Report. ¹⁷ Jamaica Health and Lifestyle Survey (2001, 2008, 2017). ¹⁸ HIV/AIDS Knowledge, Attitude, Behavior & Practices Survey (2004, 2008, 2012). ¹⁹ PLACE Study (2017). ²⁰ 876 Study (2017). ²¹ Global School-based Health Survey (2017). ²² Women's Health Survey (2017). ²³ Jamaica Health and Lifestyle Survey, 2017 (Unpublished data). ²⁴ Ministry of Health & Wellness, HIV/SI/TB-HSTU programme data. ²⁵ Ministry of Health & Wellness, National Surveillance Unit: Estimates Calculated from TB report. ²⁶ Ministry of Health & Wellness, ARV Monitoring Database. ²⁷ Ministry of Health & Wellness, Policy Planning and Development Division: Monthly Clinical Summary Report 2006-2022. ²⁸ Estimates calculated using data from Medical Council of Jamaica, Pharmacy Council of Jamaica, Nursing Council of Jamaica, Dental Council of Jamaica (numerator) & Statistical Institute of Jamaica (denominator). ²⁹ Estimates calculated using data from: Medical Council of Jamaica, Pharmacy Council of Jamaica, Nursing Council of Jamaica, Dental Council of Jamaica (numerator) & Statistical Institute of Jamaica (denominator). ³⁰ WHO, National Health Accounts (data supplied by Jamaica). ³¹ Ministry of Health and Wellness 10 year Strategic Plan. ³² Ministry of Health and Wellness, Corporate plan

Editorial Team

Mrs. Nicole Martin-Chen
Ms. Samantha Anderson
Mrs. Ashlae Bingham

Editorial Review

Dr. Karen Webster-Kerr
Dr. Andriene Grant
Dr. Ardene Harris
Mr Hector Burrowes
Dr. Tyrone Roberts
Mr. Jovan Wiggan
Ms. Romae Thorpe
Dr. Kara Yap
Dr. Yohann White

Acknowledgements

The Health Status Monitoring Unit of the Ministry of Health and Wellness is grateful for the support of its stakeholders for their contribution. This includes but is not limited to;

Departments within the Ministry of Health and Wellness

Technical Services Division
Policy, Planning and Development Division
National Epidemiology Branch
Health Services Planning & Integration Branch
Health Promotion & Protection Branch
Public Relations & Communications Unit
National Surveillance Unit
Epidemiological Research and Data Analysis Unit
HealthGIS
HIV/STI/TB Unit
Nutritional Unit
Environmental Health Unit
Family Health Unit
Non-communicable Disease & Injury Prevention and Control Unit

Agencies and Institutions:

Planning Institute of Jamaica
Statistical Institute of Jamaica
Registrar General's Departments

