

# **JAMAICA:** **Country Experience in Advancing** **Towards Universal Health Coverage**

**“A journey and not a destination”**

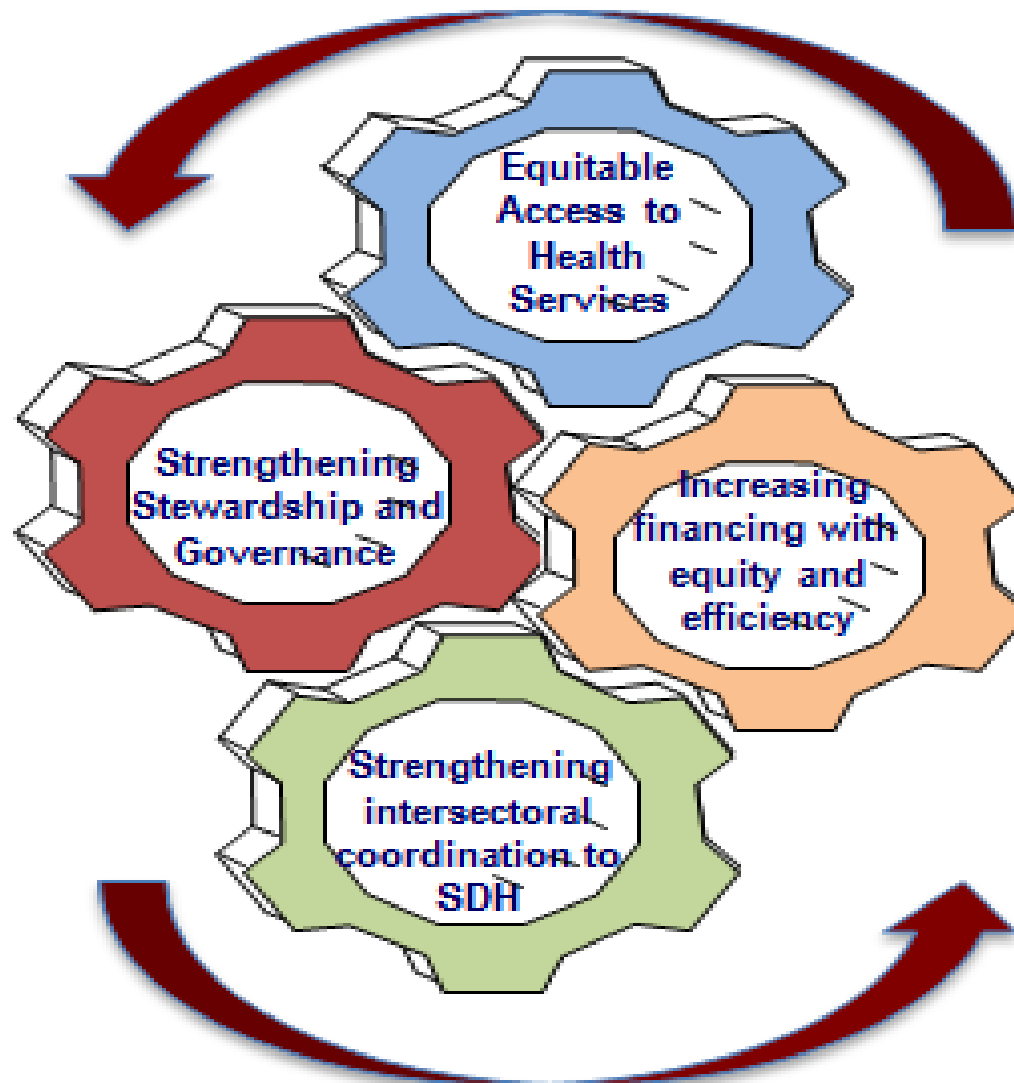
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# Universal Health Coverage

- The World Health Organization (WHO) defines Universal Health Coverage as a situation where all people have access to the quality health services they need without incurring financial hardships.
- This implies that all people and communities have access, without any kind of discrimination, to comprehensive, equitable, quality **health\_services**, without exposing users to financial difficulties.
- This requires implementing policies and actions with a multi-sectoral approach to address the social determinants of health and promote a society-wide commitment to fostering health and well-being.

# UHC DIMENSIONS- Four Strategic Lines





# JAMAICA-PROFILE

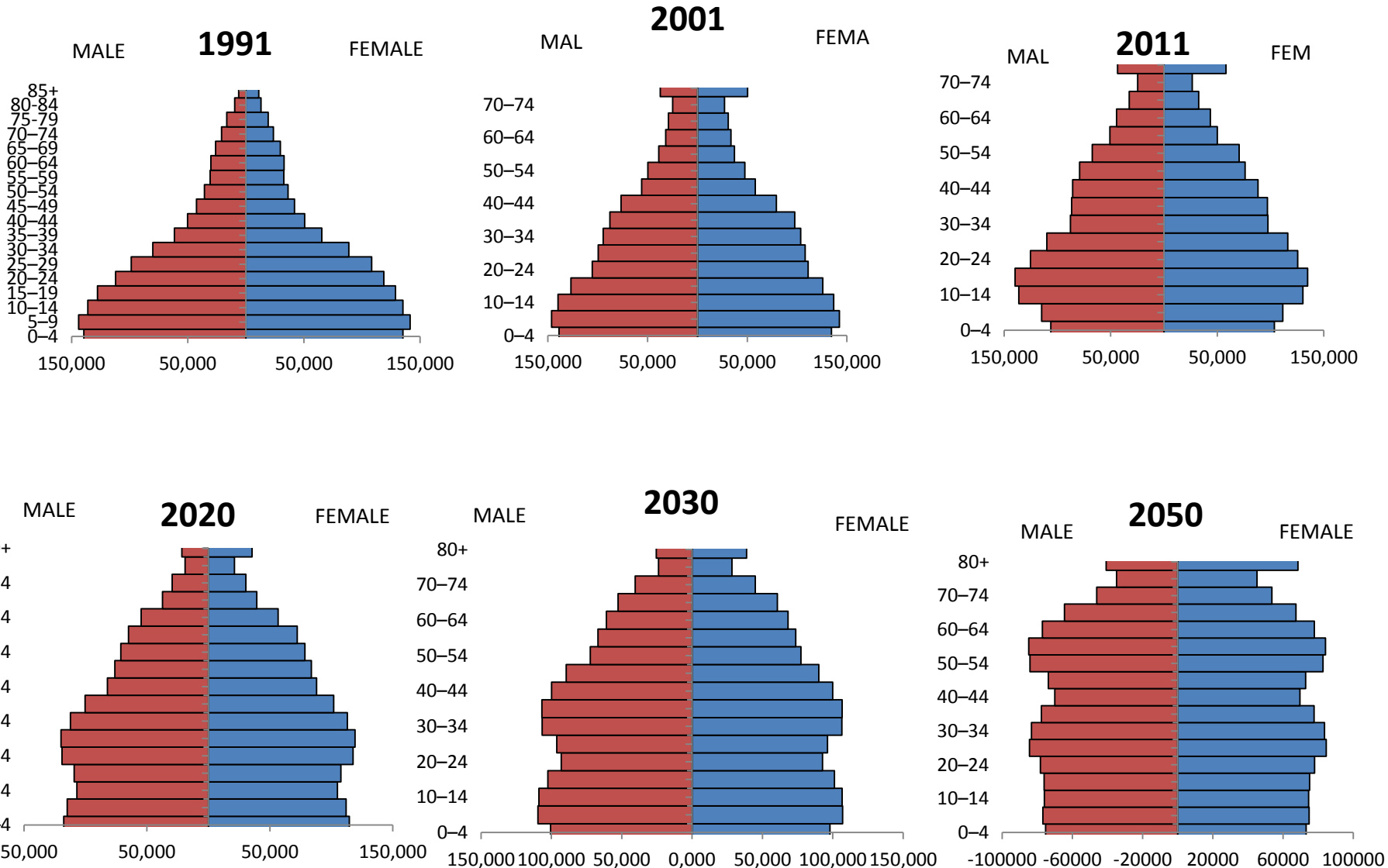
- 3<sup>rd</sup> largest country in the Greater Antilles situated in the Caribbean Sea
- 10,990 square kilometres (4,240 square miles)
- Population: 2.80 M (est. 2013)
  - Projection: 2.85 M (2030)
  - Under 15 yrs (%): 27 (2013)
  - Over 60 yrs (%): 11 (2013)
  - Living in urban areas (%): 54
- Gross Domestic Product (GDP): 14.6 B (US\$) (2013)
- Total expenditure on health as a % of GDP (2013): 5.9
- Network of 317 Primary Health Care Centres / 25 Public Hospitals / 13 Parish Public Health Departments / Regional Health Authorities

# Jamaica: Population Health Profile

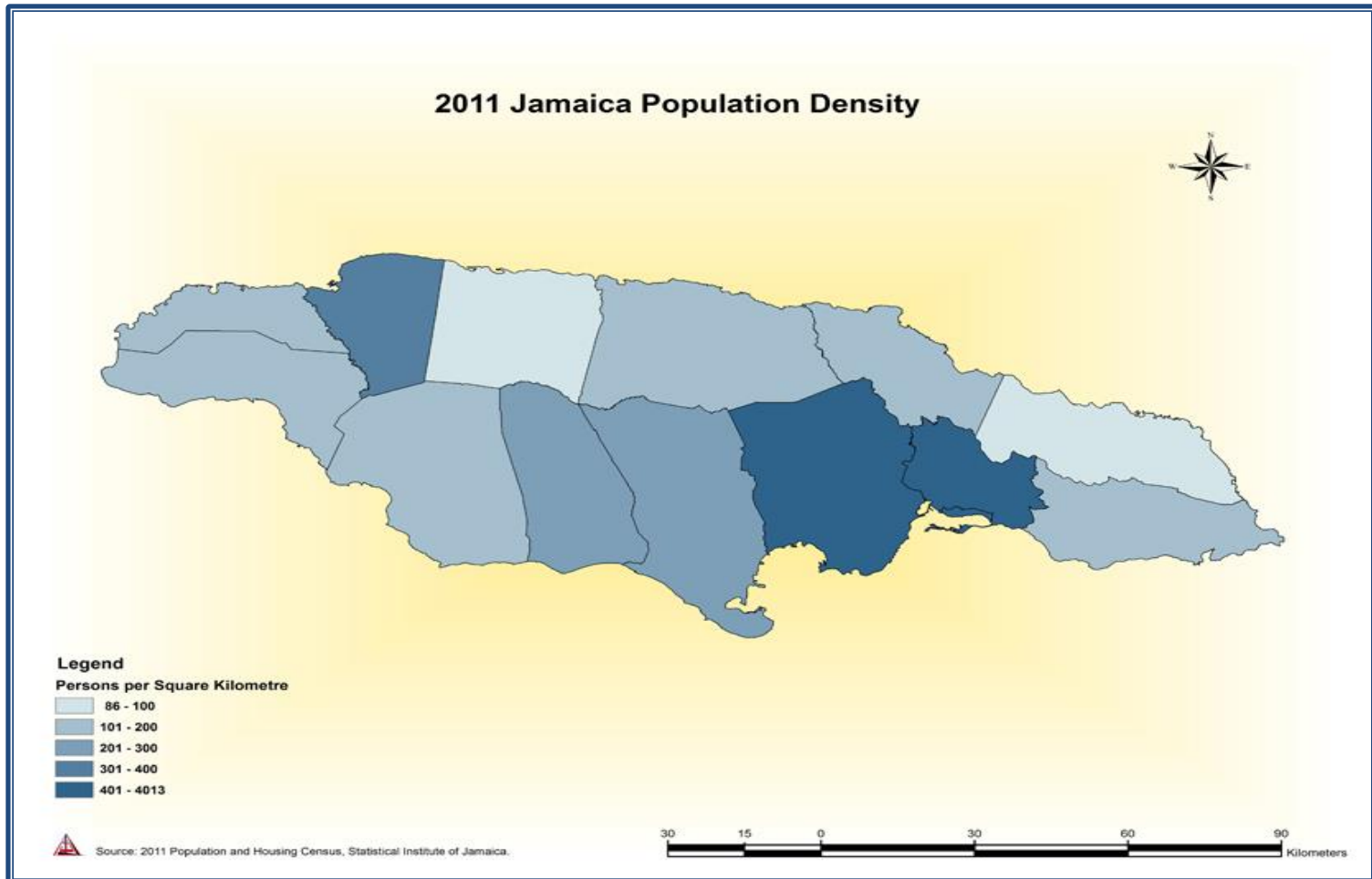
- Life expectancy: 72 / 77 yrs (M:F - 2012)  
66.5 / 70 yrs (M:F – 1970)
- Crude Birth Rate: 15.1 / 1000 (2012)  
16.7 / 1000 (2008)
- Crude Death Rate: 6.5 / 1000 (2012)  
6.3 / 1000 (2008)
- Total Fertility Rate: 2.4 / 1000 (2012)  
5.6/1000 (1970)
- Infant Mortality Rate: 14.6 / 1,000 live births (2009)  
24.5 / 1,000 live births (2001)

# Population Structure : Guiding Policy

## Imperatives Towards UAH / UHC



# Jamaica - Population Density - 2011



# Ministry of Health's Strategic Policy Priorities:

The strategic policy priorities of the Ministry of Health are to

- Enhance health sector governance (leadership, management and accountability);
- Ensure access to health care services;
- Provide quality assurance in the delivery of health services to the population;
- Reduce injury, disability and premature deaths from preventable illness, and to lessen the severity of the impact of non-preventable ones.



# **POLICY-POLITICAL COMMITMENTS**

- **1975 - Establishment of Island Medical Services**
- **Alma Ata (1978)—Primary Health Care and Health for All**
- **UN (2000)—Millennium Development Goals with health priorities**
- **CARICOM (2001) – ‘The Health of the Region is the Wealth of the Region’**
- **Caribbean Cooperation in Health I, II, III—‘Investing in Health for Sustainable Development’**
- **WHA Resolution 58.33 (2005)— Sustainable health financing, universal coverage and social health insurance**
- **International Health Regulations (2005)**
- **WHA Resolution 64.9 (2011) – Human Resources for UHC**
- **PAHO Directing Council Resolution CD53.R14 (2014)—Strategy for Universal Access To Health / Universal Health Coverage**

# Setting the National Framework

- **National Development Plan: Vision 2030**
  - “ Jamaica, the place of choice to live, work, raise families and do business”**
  - 21 year long-term Development Plan executed using a 3 year Medium Term Socio-Economic Framework approach**
  - Strategic Roadmap to advance Jamaica to developed country status by 2030**
  - 4 National Goals – Goal 1: Jamaicans are Empowered to Achieve Their Fullest Potential**
  - 15 National Outcomes – Outcome 1 of Goal 1: A Healthy and Stable Population**

# Jamaica's Health System and UHC:

## Key Policy Interventions

- **Service Delivery:**
  - **Primary Health Care (PHC)**
    - 1978 – Primary Health Care: The Jamaica Perspective: A Reference Manual for primary Health Concepts and Approaches in Jamaica
  - **Primary Health Care Renewal Policy**

**New Approach approved by Cabinet in January 2015**

**Revises the framework and structure for Primary Care**

**Service Delivery: 340 to 275 Health Centres for efficiency**

**Streamlines the framework for access to a basic package of services / Revises the nomenclature of Health Centres**

**Underpinned by the Linkages System to allow for referrals between levels of care**

# Jamaica's Health System and UHC:

## Key Policy Interventions

- **Service Delivery:**
  - **Secondary Care Services**
    - Maternal Health
    - Operating Theatres
    - Neonatal Health
    - Intensive Care
    - Accident and Emergency
  - **Vital, Essential and Necessary (VEN) List of Pharmaceuticals – Revised periodically**

# Jamaica's Health System and UHC

- **Health Financing**

- A move towards a **National Health Insurance Plan (NHIP)** was attempted circa 1999. This was a direct response to a need to offer financial coverage and protection to all Jamaicans.
- A total shift to NHIP was too costly at the time, therefore the **National Health Fund** was established which focused on financial protection for Non-Communicable Diseases (NCD) patients with the provision of pharmaceuticals in the Public Sector
  - Jamaica Drugs For the Elderly
  - Institutional Benefits Programme
- There have also been numerous adjustments to the User Fees (Out of Pocket payments) component in the public health sector.

# User Fees in Jamaica

Type of GOJ Intervention	Time period/ Year
Revised Fees	1968
Removed	c.1975
Reintroduced	1984
Adjusted Upwards	1993
Adjusted Upwards	1999
Adjusted Upwards	2005
Removed for children under 18 years	May 2007 to March 2008
Abolished for all public patients	April 2008 -

# Other steps towards UAH/UHC

- Health System Strengthening: Key initiatives
  - Executing a National Health Information System Strengthening and e-Health Strategic Plan, 2014 - 2018
  - Human Resources Development
    - Cadre rationalization
    - National Manpower Plan for the health sector
  - Creation of Centres and Systems of Excellence
    - Primary Health Care Health Centres
    - Cancer Care System of Excellence
  - Upgrading of Health Infrastructure

# UHC AND Non-Communicable Diseases (NCDs)

- Universal Health Coverage is critical to attaining the 9 voluntary targets on NCDs.
- In Jamaica, NCDs are the leading cause of mortality and morbidity accounting for the largest number of hospital discharges.
- The four major diseases -NCDs (cardiovascular disease, diabetes, chronic respiratory disease and cancer) - 70% of all deaths in 2010 - 34% of the NCD deaths - persons < 70 years.
- Implementation of the NCD Strategic and Action Plan, 2013 – 2018.



# UHC AND Non-Communicable Diseases (NCDs)

- The 2001 estimated cost (direct and indirect) for managing Diabetes and Hypertension in 2010 was 5.87% of GDP
- Risk factor reduction – tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol - has been a major strategy towards UHC
  - Tobacco Legislation – 15 July 2013 – Includes Ban on Smoking in Public Places
    - Development of Comprehensive Legislation is moving ahead

# HEALTH INITIATIVES: TOWARDS UNIVERSAL HEALTH COVERAGE

- Infant and Young Child Feeding Policy
  - Breastfeeding is a high priority
- National Food Based Dietary Guidelines – May 2015
- Physical Activity Guidelines – May 2015
- Implementation of Flagship programmes, e.g. Framework Convention on Tobacco Control, IHR (2005) and Expanded Programme on Immunization -95% coverage (current)

# Towards Achieving UAH/UHC

- In late April 2015, the MOH in collaboration with PAHO hosted a 2- day high level national dialogue on UAH/UHC- over 100 stakeholders from private sector, public sector, civil society, academia, international development partners, etc.
- Determined the elements of the Roadmap for the way forward

# Towards Achieving UAH/UHC

The objectives of the high level dialogue were:

- To build a common understanding of the concept of UA/UHC and of the current situation in Jamaica among key stakeholders
- To mobilize broad national support for the advancement of UA/UHC
- To identify jointly with stakeholders the critical areas for intervention in Jamaica
- To provide the groundwork for developing the roadmap
- To strategically position the Ministry of Health to ensure leadership in the advancement of UHC and in developing a road-map towards its achievement.

# Challenges on the Road to UHC

- Macro-economic outlook
  - Spending cuts associated with IMF conditionalities
  - Staff rationalization linked to efficiency
  - Retrenchment of donor funds for key programmes, e.g. HIV / STIs

# Challenges on the Road to UHC

- Human Resource capacity:
  - HRH strategy and cadre developed in the 1970s
  - This has resulted in increase staff costs because of inefficient employment arrangements
  - A Manpower Plan is to be developed to link staffing needs with current and future demographic and demand trends, in the context of Primary Health Care renewal and UAH / UHC

# Challenges on the Road to UHC

- **Structural:**
  - Small Island Developing State with vulnerability to various hazards, climate change threats, drugs-arms transshipment
  - Dependent on tourism and imports, in particular foods
- **Epidemiological shifts and drifts:**
  - Epidemiological transition
  - Managing new, emerging and re-emerging diseases
    - Chikungunya
    - Ebola Virus Disease
    - Zika Virus
  - Dominant NCDs
  - Injuries – Intentional and un-intentional

# THE WAY FORWARD – 2015 and beyond

- Governance and Leadership
  - Political Will
  - Strong Technical Expertise and Commitment
- Health as integral to development
- Development of a Strategic Roadmap to achieve Universal Access to Health / Universal Health Coverage
- Development of a 10-year Strategic Plan for the Renewal of Primary Health Care - 2015
- Research: Gap analysis in access to health care services, including projections based on macro-economic, epidemiological and demographic changes



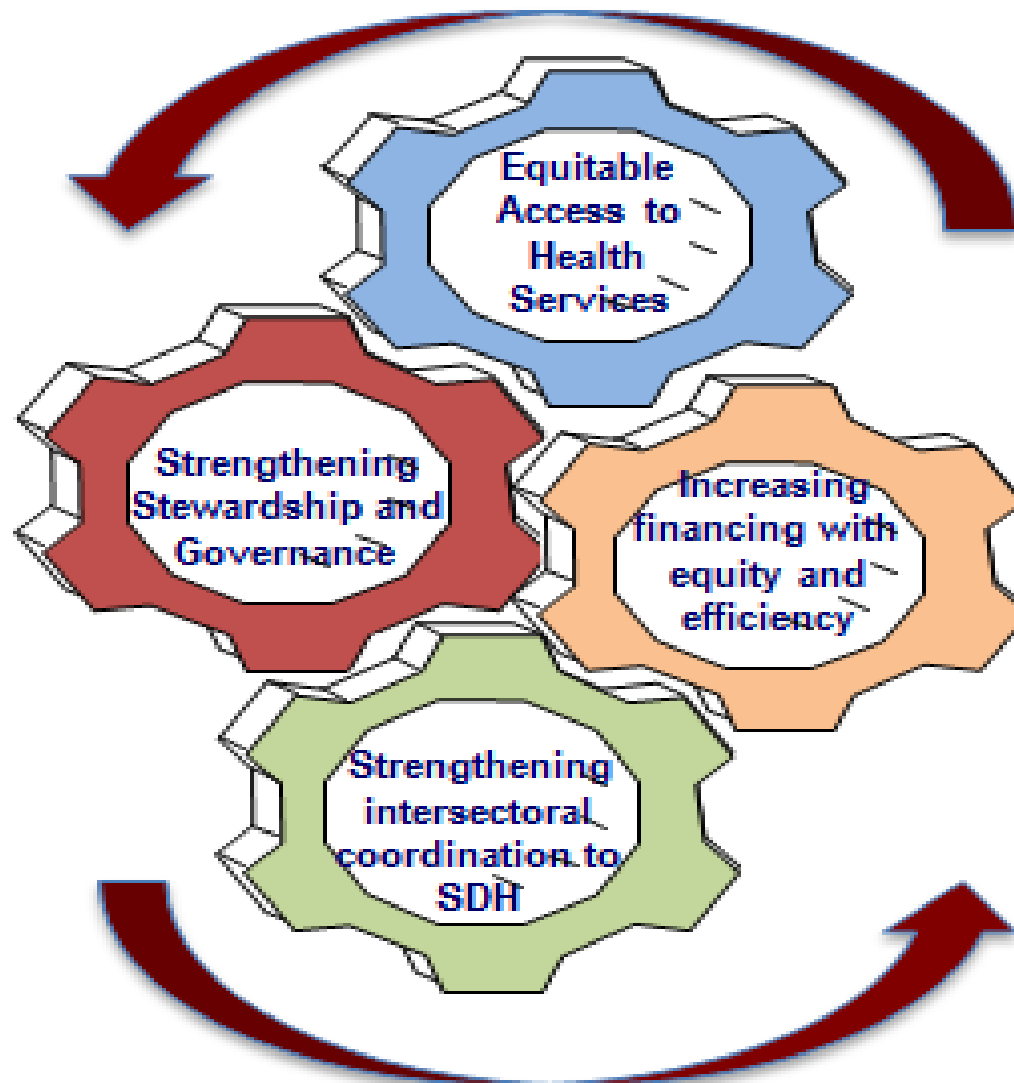
# THE WAY FORWARD – 2015 and beyond

- Exploration of feasible and acceptable options for increasing the level of investment in health
- Strengthen Health Systems
  - Centrality of Primary Health Care
  - Infrastructure upgrading and maintenance
  - Financing mechanisms to ensure access
  - Public – private partnerships
- Focus on the Social Determinants of Health
- Strong and sustained engagement of all key sectors and partners – public and private sector
- Advocacy and Communications

# Key Strategies to Move Towards UHC

- Implementation of Vision 2030 – National Development Plan
- Health System Strengthening
- Policy Direction and Supportive Legislation
- Re-Alignment of Ministries of Health
- Health Financing Reform
- Renewal of Primary Health Care
- Global, Regional and National Actions on NCDs
- Building Partnerships - Engaging the Private Sector and other sectors, e.g. NGOs for opportunities to increase access and efficiency
- Rationalization of the Health Sector Structure and staff cadre
- Health Promotion and Education for Behaviour Change

# UHC DIMENSIONS- Four Strategic Lines



THANK YOU FOR YOUR ATTENTION!!

