

## DRAFT TC ABSTRACT

### I. Basic project data

▪ Country:	Jamaica
▪ TC Name:	Institutional Strengthening to the Ministry of Health to Improve National Surveillance, Prevention and Control of Infectious Diseases
▪ TC Number:	JA-T1102
▪ Team Leader/Members:	Donna Harris (SPH/CJA) Team Leader; Janet Jean Quarrie (CCB/CJA); Ian Ho-A-Shu (SPH/CTT); Graham Williams (FMP/CJA); xx (LEG/SGO); and Martha Guerra (SCL/SPH)
▪ Type of Support/ Project Type:	Client Support
▪ Operation Supported by the TC:	N/A
▪ Reference to Request: (IDB docs #)	TBA
▪ Date of TC Abstract:	October 27, 2014
▪ Beneficiary:	Ministry of Health, Jamaica
▪ Executing Agency and contact:	Ministry of Health
▪ IDB Funding Requested:	\$250,000
▪ Local counterpart funding, if any:	None
▪ Disbursement period:	18 months (execution period: 12 months)
▪ Required start date:	November 30, 2014
▪ Types of consultants:	Firms and Individuals
▪ Prepared by Unit:	SPH/CJA
▪ Disbursement Responsibility Unit:	CCB/CJA
▪ Included in Country Strategy (y/n):	Y
▪ TC included in CPD (y/n):	Y
▪ GCI-9 Sector Priority:	Special needs of less developed and small countries

### II. Objective and justification

**2.9** This TC aims to strengthen the public health capacity of the Ministry of Health (MOH) to prevent and control the spread of infectious diseases. Specifically, the TC will by improve national surveillance systems, establish an institutional coordination mechanism, develop strategies and implement specific actions to prepare for the potential threat of Ebola Virus Disease (EVD) and control the current outbreak of the Chikungunya virus (Chik-V).

**2.10 The potential impact of EVD and the current effects of the Chik-V on the Jamaica tourism dependent economy can be significant.** The Tourism sector in Jamaica currently contributes approximately 7.7% to GDP directly and 25.6% indirectly.<sup>1</sup> In terms of employment, the sector directly accounts for 7% of the labour force and indirectly 23.4%. Drawing on the experience of Mexico in 2009 where the swine flu outbreak<sup>2</sup> resulted in a decline in tourist arrivals by 50% compared to the previous period, the Jamaica authorities anticipate that an Ebola scare will have a similar devastating effect on its Tourism Sector. The Chik-V on the other hand is having a

<sup>1</sup> World travel and Tourism Council, and Caribbean Tourism Organization, 2014.

<sup>2</sup> In April 2009, WHO had announced a phase 5 pandemic with origins in Mexico.

major impact on labour productivity. Although to date according to recent CARPHA report there are only 59 confirmed cases and 325 suspected cases in Jamaica,<sup>3</sup> anecdotal evidence suggests that the numbers far exceed the confirmed cases, also threatening Jamaica's thriving tourism industry and the economy as a whole.

**2.11 Jamaica has made significant progress managing the threat of infectious over the past three decades.** A marked decline in communicable diseases and improvements in the overall health and wellbeing of the population are a direct result of public health policies and improvements in the primary health care system. Immunization, long recognized as one of the most effective interventions in public health, was expanded under the Jamaica Expanded Program on Immunization (EPI) initiative in 1978 and became one of Jamaica's most successful public health services programmes. The policy of making immunization mandatory for school enrollment has contributed to achieving immunization goals. Immunization coverage for major vaccines is now recorded at an average of 87%. Notwithstanding, Jamaica still experiences persistence of certain infectious diseases.<sup>4</sup> In the last decade, there have been three outbreaks of dengue (2007, 2010, 2012/13) identified by the MOH. In 2006 after 44 years of eradication of malaria, Jamaica experienced an outbreak. The MOH mounted an emergency response for control using the strategies of early case identification, prompt treatment, vector control, public education and inter-sectorial collaboration. The country was declared malaria free by the World Health Organization in 2012.<sup>5</sup>

**2.12 The Chikungunya epidemic in Jamaica has presented a major public health threat.** The local transmission of the Chik-V was identified on 5 August 2014 and the strategies and activities which are being implemented are in keeping with the Caribbean Sub-Regional plan. The MOH has projected that approximately 30 to 60 per cent of the Jamaican population may become affected by the virus by the end of the outbreak. The enhanced surveillance system also revealed that up to October 18, 2014, 2,854 notifications were received in the National Epidemiology Unit, of which 820 were classified as suspected, with 69 of these confirmed. However, there have been several widespread anecdotal reports which attest to the negative impact of the virus on productivity, school attendance (teachers and students), general health status and the overall quality of life of Jamaicans, especially among the vulnerable population (elderly and children and the poor). Cases have been confirmed in the parishes of KSA, St. Catherine, St. Thomas, Portland, St. Mary, St. Ann, Trelawny and St. James.

**2.13 The threat of the Ebola Virus Disease presents a major public health challenge for Jamaica.** The World Health Organization has indicated that as of 14 October 2014, there have been 9,216 cases and 4,555 deaths in seven Ebola-affected countries: Guinea, Liberia, Sierra Leone, Nigeria, Senegal, Spain and the United States of America. Given its high travel traffic as a preferred tourist destination, high volume of travel among the Caribbean nations and between the region and North America, the risk of the EVD reaching Jamaica is high. The World Health Organization has declared Ebola as a Public Health Emergency of International Concern based on the risk of international spread through travelers and trade. An outbreak of Ebola in Jamaica can impose a major burden on the population, the public health system and the economy. There is a major cause for concern with respect to tourism as an outbreak of the EVD will result in the cancellation

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<sup>3</sup> Chikungunya Update #37, October 13 2014, Caribbean Public Health Agency. (CARPHA).

<sup>4</sup> Victora and Rodrigues, 2008

<sup>5</sup> World Malaria Report 2012:

[http://www.who.int/malaria/publications/world\\_malaria\\_report\\_2012/wmr2012\\_full\\_report.pdf](http://www.who.int/malaria/publications/world_malaria_report_2012/wmr2012_full_report.pdf)

of plans to travel to the island. There is already evidence that it can affect individual decisions to travel. A recent poll in the US found that 45% of Americans said they would avoid international travel due to the EVD threat. This will put further strain on the severe fiscal challenges being experienced in the Jamaican economy given the high contribution of tourism to the economy especially, the reliance on the US tourist.<sup>6</sup> Like most countries in the region, Jamaica is not in a position to respond adequately to EVD.

**2.14 Global trends show emergence of new and resurgence of old infectious diseases.** Despite a century of often successful prevention and control efforts, infectious diseases remain an important global problem in public health, causing over 13 million deaths each year.<sup>7</sup> Evidence shows an increase in the emergence and re-emergence of diseases with about 30 new diseases being identified in late 20<sup>th</sup> century diseases such as SARS and avian influenza, while resurgence of old ones such as tuberculosis and cholera are evident. Jamaica is not immune to this trend and like many other countries in the region the MOH acknowledges that its public system needs to be strengthened in order to effectively respond. In particular, there is need to strengthen national surveillance systems and establish sustainable mechanisms to early-identify and respond to potential health security threats.

**2.15 Country strategy (CS) and IDB-9.** This TC is in line with 2012-2014 Country Strategy (GN-2694) that supports the GOJ in preserving social stability and mitigating economic and fiscal measures on the poor and vulnerable. In terms of GOJ priorities, the TC is fully aligned to the GOJ health strategy outlined in the National Strategic Plan (Vision 2030) and supports the Government's efforts to manage the epidemiological transition. This TC is also aligned with the Ninth General Capital Increase (IDB-9 [CA-511]) strategic priority, focusing on the needs of the less developed and small countries and also to the Health and Nutrition Sector Framework (GN-2735).

**2.16 Country programming.** Technical assistance to support the MOH has been identified in the Jamaica 2014 CPD dated November 2013 in Annex III, where the indicative TC pipeline is detailed.

### III. Description of activities and outputs

3.1 The GOJ has requested TC funds and has identified the following components as priorities for improving its public health capacity:

3.2 **Component 1: This component will strengthen the Ministry of Health's public health capacity within the MOH to prevent and control the spread of infectious diseases.** There will be two areas of investment: (i) strengthening surveillance systems to monitor current and emerging infectious diseases and (ii) establishment of an institutional coordination mechanism to respond to periodic outbreaks. The component will also fund consultants who will prepare a national action plan to prepare the government for the potential threat of EVD and a national vector control plan to deal with all vector borne diseases, including Chik-V, dengue, malaria and cholera.<sup>8</sup>

3.3 **Component 2: Forge the preparation of a communications strategy and implementation of a public education programme.** This component supports the MOH Risk Communication Strategy, for both the Chik-V and EVD as a significant element of its National Plan of Action. The strategy

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<sup>6</sup> Contribution of tourism to GDP is: Direct contribution 7.7% and indirect contribution 25.6%. Employment in tourist sector is: direct 7% and indirect 23.4%.

<sup>7</sup> Nature 406, 762-767, 17 August 2000

<sup>8</sup> MOH has identified cholera as a threat due to flow of illegal immigrants from Haiti.

will be a collaborative effort with representatives of various Ministries, Departments and Agencies, the Pan American Health Organization and other key partners. This component will fund technical assistance to develop and launch a public education program to sensitize the general public about the diseases, symptoms and associated risk factors and ultimately aim at changing behavior. The program will include, but not be limited to public service announcements, media campaign, placement of banners and billboards, press releases and use of technology (cell phones) and social media to deliver health messages.

**3.4 Component 3: Training of Health Professionals and support to emergency response centers.**

This component seeks to recruit, train and build capacity among public/community health providers per parish. This component will also seek to build capacity in all the parishes through train the trainer’s workshop, development of trainer’s manuals and tool kits. In collaboration on PAHO,<sup>9</sup> this component will also strengthen the preparedness of emergency response centers by providing limited supplies of protective gear, equipment and materials, including protective suits and masks. In addition, this component will fund the training of immigration and port health staffs in screening, since points of entry are critical to prevention and early detection of infected persons.

**IV. Indicative Budget**

Component	Description	IDB (J\$)	Counterpart (J\$)	Total (J\$)
1	This component will strengthen the Ministry of Health’s public health capacity to prevent and control the spread of infectious diseases	60,500		60,500
2	Forge the preparation of a communications strategy and implementation of a public education programme on Ebola and Chik-V	129,540		129,540
3	Training of Health Professionals and provision of supplies to Emergency Response Centers	54,960		54,960
	Contingencies	5,000		5,000
<b>Total</b>		<b>250,000</b>		<b>250,000</b>

**V. Executing agency and execution structure**

5.1 As the Program’s Executing Agency, the MOH will be responsible for coordinating all technical, financial, procurement, and administrative tasks related to the project. The MOH will appoint and fund from national resources a Project Manager responsible for program implementation, including: (i) presenting the annual operating plan and progress reports to the Bank; (ii) managing compliance of program’s outputs/activities, (iii) the procurement and processing of the contracts required for the implementation of the agreed program interventions; and (iv) the financial management of the program.

**VI. Environmental and Social Classification “C”**

6.1 The safeguard policy filter categorized this loan as ‘C’. Environmental and social impacts are likely to be positive for beneficiaries who have increased access to health services (See Filters).

<sup>9</sup> PAHO is already providing technical support to MOH on preparing for EVD. They will assist with sourcing and procuring supplies for emergency centers.