

TC ABSTRACT

I. Basic project data

▪ Country:	Jamaica
▪ TC Name:	Strengthening Health Systems in Jamaica
▪ TC Number:	JA-T1092
▪ Team Leader/Members:	Donna Harris (SPH/CJA) Team Leader; Tiphani Burrell-Piggott (SPH/CTT); Janet Jean Quarrie (CCB/CJA); Graham Williams (FMP/CJA); Javier Jiménez (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:	June 20, 2014
▪ Beneficiary:	Jamaica
▪ Executing Agency and contact:	IDB executing
▪ IDB Funding Requested:	US\$250,000
▪ Local counterpart funding, if any:	None
▪ Disbursement period:	24 months (execution period: 18 months)
▪ Required start date:	August 31, 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

- 2.1 This TC aims at implementing some of the recommendations from the IDB-funded technical study on reform and financing of Jamaica's health system¹, and therefore TC will support the MOH's ability to provide affordable and quality healthcare through strategic development planning for the health sector, including revitalizing plans to renew primary care, with a focus on non-communicable diseases (NCDs) prevention and control.
- 2.2 **Organization of the health system.** Jamaica's health system involves a mix of public and private sectors. The public sector is comprised of 24 hospitals and 322 health centers. The Ministry of Health (MOH) sets health priorities, policy, and is responsible for planning, monitoring, and evaluation; and four decentralized regional health authorities (RHAs), are responsible for health service delivery. Private sector healthcare complements public sector in terms of providing greater access to some quality and specialized care. It comprises physicians, specialists, private labs,

¹ IOS Partners. GOJ. (2013). Sustainable Financing and Reform of the Health Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica. Some of the recommendations include (a) a reformulated essential packages of services to respond to the projected health conditions of the Jamaican population; (b) Based on the recommended interventions for the prioritized diseases, as determined by the Health Needs Assessment, an essential Package of Benefits was proposed based primarily on evidence-based cost-effective prevention interventions developed for countries of all income levels, and seeks to reduce the disease burden and costs through considering the cost-effectiveness, feasibility and timeliness of their implementation; (c) recommendation on three coverage levels – essential, enhanced, ultimate; (d) reorient health system towards emphasizing strengthening primary health care, promotion and prevention; diversifying sources of health financing.

pharmacies, nine small hospitals; and NGOs that provide ambulatory care. In an effort to improve health outcomes, increase health equity, and reduce the financial risks associated with ill-health (particularly for the poor and vulnerable), the GOJ took steps towards Universal Health Coverage (UHC) by establishing the National Health Fund (NHF) in 2003, and abolishing health user fees in 2008. The government of Jamaica (GOJ) continues to seek measures to improve population health, increase health system efficiency and reduce long-term healthcare costs.

2.3 Health context. Consistent with global health trends, Jamaica has experienced general improvements in key health indicators. Between 1970 and 2010, life expectancy increased from 68 to 74 years, infant mortality fell from 48 to 20 (per 1000 live births), and the crude death rate fell from 9 to 6.6 (per 1000 deaths)². These successes can be attributed to, among other factors, improvements in public health care services.

2.4 Epidemiological transition and non-communicable diseases (NCDs). The epidemiological and demographic transition, largely due to population aging and changes in lifestyle habits and health behavior, has resulted in sharp increases in NCDs. Recent data indicate that hypertension, diabetes, cerebrovascular disease (stroke), heart disease, cancer, and respiratory illness (asthma) account for 68%³ of all deaths in Jamaica. Evidenced-based interventions for these six NCDs center on addressing shared behavioral risk factors: tobacco use, harmful alcohol intake, unhealthy diet and physical inactivity. According to WHO, these four risk factors are responsible for the majority of NCD deaths. It is also estimated that 80% of heart disease, stroke and type-2 diabetes and 40% of cancer can be avoided through healthy diets, regular physical activity and avoidance of tobacco use⁴. Further, the high prevalence of obesity and overweight, an intermediate NCD risk factor, suggests that the burden of NCD in Jamaica is likely to increase if steps are not taken to reverse these trends. Currently 65% of adult females and 38% of males are overweight or obese, and 8% of children <5 are overweight. 60% of Jamaicans are hypertensive or pre-hypertensive and 12% are diabetic, with diabetes prevalence expected to increase by 18% in the next 10 years given the current trends. 65% of the population uses alcohol and 15% smoke cigarettes. 46% of adults engage in low or no physical activity, and 21% of youth are inactive. A high percentage of Jamaicans also consume less than the recommended portions of fruits and vegetables, consume large amounts of sugar sweetened beverages, and have elevated waist circumferences. In addition, the prevalence of asthma is 21% in adults and 24% in children, resulting in a significant burden on emergency rooms and hospital budgets. The economic impact of NCDs will be substantial, given the increasing epidemic among working-age adults. International evidence⁵ also suggests that the burden of NCDs will compound poverty and derail development gains in low and middle income countries (LMIC).

2.5 Evidence-Based approaches. The large evidence base^{6, 7, 8} on effective and cost-effective interventions for NCDs control, recognizes prevention and high-quality patient management, as part of primary care, as essential components for controlling NCDs. The Jamaican National Strategic Plan for NCDs⁹ and the National Development Plan¹⁰ is aligned with these evidence-based approaches which build on recommendations by WHO, PAHO, CARICOM, and UN, and which

² Duncan Goffe, D. (2014). Proposal for the Renewal of Jamaica's Primary Care System and Services. MOH.

³ PAHO (2011). NCD Disease Project, NCDs in the Americas/ WHO (2011). NCD Country Profiles.

⁴ Jamaica MOH. (2012). Strategic Plan for NCD Prevention and Control in Jamaica 2012-2017.

⁵ Atun et al. (2013). Improving responsiveness of health systems to non-communicable diseases. Lancet.

⁶ WHO (2010). Package of essential noncommunicable disease interventions for primary health care in low-resource settings.

⁷ Maher D, Ford N. (2011). Action on noncommunicable diseases: balancing priorities for prevention and care. Bull WHO; 89: 547

⁸ WHO (2007). Prevention of cardiovascular risk: guidelines for assessment and management of cardiovascular risk.

⁹ Jamaica MOH. (2012). Strategic Plan for NCD Prevention and Control in Jamaica 2012-2017.

¹⁰ PIOJ. (2009). Vision 2030 Jamaica. National Development Plan.

embrace an integrated approach, with community, patient, healthcare team and health system as vital players in the NCD response. This NCD plan, to be implemented, prioritizes the strengthening of primary care services; NCD public education campaigns; advocacy for policy change; realigning the competencies of the health workforce for NCD control; building capacity for generating NCD data; evaluating the role of gender; and creating multisector partnerships. Three key elements are: (i) identifying and addressing modifiable risk factors; (ii) screening for common NCDs; and (iii) diagnosis, treatment, follow-up and, when necessary, referral of patients with common NCDs, using standard protocols. Effective evidence-based approaches to reduce the NCD burden in LMIC include cost-effective methods for early detection of NCDs using inexpensive technologies; non-pharmacological and pharmacological approaches for modification of NCD risk factors; and affordable medications for prevention and treatment of heart attacks, strokes, hypertension, diabetes, cancer and asthma. If effectively delivered, these approaches reduce medical costs, improve quality of life and productivity.

- 2.6 **Renewing Primary care to address NCDs.** A functioning primary care system is a critical avenue to prevent disease and advance population health. Primary healthcare provides an effective mechanism for early disease detection and cost-effective treatment for early diagnosed cases. Renewal of Primary Health Care is central to GOJ NCD strategy. The current primary care system is fragmented, under-resourced, and underperforming. The demonstrated underperformance of Jamaica's primary care system¹¹ is evidenced by: (i) patients bypassing health centers to attend costly hospital emergency rooms for non-emergencies; and (ii) the large number of hospital admittances for avoidable complications associated with diabetes, and other NCDs. Also contributing to this underperformance is the shortage in key primary care staff, who are trained in NCD management. Consequently, the Jamaican health system requires an urgent reorganization and strengthening of primary healthcare services to: (i) expand the supply of preventive health services and (ii) increase the demand for and utilization of primary care services. Further, following evidence-based guidelines, the primary care renewal implementation plan should resource all health clinics with the basic package of primary care services. This presents a significant opportunity for efficiency, and is also a requirement echoed in the recent IOS Partners evaluation and action plan, which notes that the Jamaican health system should re-orient budget and activities towards reconfiguring the network of providers to allow primary care clinics to act as the primary care system's gateway and to generate all necessary transfers. This TC will create a comprehensive 10 year Strategic Development Plan for the health sector, including an operationalized implementation plan for primary health care renewal; and will be complemented by NCD screening activities.
- 2.7 **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 strategy aims to improve access to care, particularly to the poor and vulnerable and is captured as part of the overall safety net strategy. 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).

¹¹ Jamaica MOH. (2013/2014). Redesigning Jamaica's Primary Healthcare System. PPT presentation.

2.8 **Country programming.** This TC 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 improved public health.

3.2 **Component 1: Creating a comprehensive 10 year Strategic Development Plan for the health sector.** this 10 year plan will present (i) A monitoring and evaluation plan; (ii) An implementation plan to roll out the strategic plan for NCDs prevention and control; (iii) A plan for National NCDs registries to complement the cervical cancer registry; and (iv) An operationalized implementation (roll out) plan for the primary health care renewal and detailed action steps to facilitate the renewal of the primary care system with a focus on health promotion and disease prevention. Action steps should include: (1) a review of gaps in existing primary care services provided by clinics and hospital; (2) an inventory of the required system and service improvements for optimal primary care service delivery; (3) the development of a human resources plan for optimal primary care delivery; (4) development of clinical guidelines and protocols for top 10 cases of visits and discharges; (5) A redefinition of services delivered by provider and reorganization of the referral rules; (6) A reconfiguration of the clinical network of providers in order to improve clinical management and use of resources and to ensure that all points of entry into the healthcare system (all clinics) are prepared to offer the basic package of primary healthcare services. All *district and community health centers* should focus on providing expanded, improved, and accessible primary care; *parish and comprehensive health centers* should focus on providing both primary and secondary care inclusive of diagnostic, pharmaceutical and specialty health services; and *mobile health services* should focus on providing primary care services to hard-to-reach populations. This implementation plan should build on recommendations from prior assessments and technical work including: *Sustainable Financing and Reform of the Health Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica*; *Proposal for the Renewal of Jamaica’s Primary Care System and Services*; *Strategic Plan for NCD Prevention and Control in Jamaica 2012-2017*; *National Development Plan, Vision 2030 Jamaica*.

3.3 **Component 2: NCD screening policy, screening protocol, and training modules. Objective:** To develop a comprehensive routine screening program for NCDs in all primary care clinics, to identify and treat persons with NCDs or NCD risk factors. **Activities:** Develop a National comprehensive screening policy. Develop a screening protocol for NCDs and NCDs risk factors. Target NCDs are: diabetes, heart disease, cerebrovascular disease (stroke), cancers, hypertension, chronic respiratory illness (asthma and COPD). Target NCD modifiable risk factors are: unhealthy diet, harmful alcohol intake, tobacco use, physical inactivity. Intermediate modifiable risk factors are: obesity/overweight, raised blood pressure, raised blood glucose. Develop a training plan and training modules for health care workers to promote and execute NCD screening in all clinics.

IV. Indicative Budget

Component	Description	IDB US\$	Counterpart	Total US\$
Component 1	Comprehensive 10 year Strategic Development Plan for health sector including the roll out/ implementation strategy for the renewal of primary health care	\$160,000		\$160,000
Component 2	NCD screening policy, screening protocol, and training modules	\$85,000		\$85,000
	Contingencies	\$5,000		\$5,000
Total		\$250,000		\$250,000

V. Executing agency and execution structure

- 5.1 The Executing Agency (MOH), has requested that the IDB execute this TC to minimize delays in execution. The Bank will contract the appropriate consultant services to perform the technical work under this TC.

VI. Environmental and Social Classification

- 6.1 The safeguard policy filter categorized this project as 'C'. Environmental and social impacts are likely to be positive for beneficiaries who have increased access to health services (See [Filters](#)).