THE MINISTRY OF HEALTH

HEALTH CARE

A PARADIGM SHIFT

Dr. the Hon. Chris Tufton

SECTORAL PRESENTATION

WEDNESDAY
MAY 3, 2017

ACKNOWLEDGEMENTS

Mr. Speaker, this marks the second occasion on which I have been privileged to address this Honourable House as Minister with the portfolio responsible for the health of our Nation. I would like to thank the Most Honourable Prime Minister for his continued confidence in me to serve as Minister in this critical area. I place on record that I have received support from my Cabinet colleagues, and other members of this House, in what has been a difficult year in the health sector. You have been fair in your deliberations Mr. Speaker and I commend you on this.

The staff of the Ministry of Health must also be commended for remaining committed to the cause and for enduring the many challenges we have faced. I have demanded a lot from them over the period and they have continually risen to the occasion.

To the people and executive of West Central St. Catherine, my first commitment is to you as you are the reason I am able to have a place in this Honourable House. I would like to mention specifically my three councilors – McCook, Johnson and Suku and my special assistants Omar Francis and Nicole Ebanks and office staff, Raquel Wright and Yvette McDonald.

To my wife, Naedene, and three children, Charles, Kimberly and Adam, I want to thank you for being my fortress and for your continued unwavering support .

A Summary of
Highlights of key initiatives

Mr. Speaker, given the structure and time allotted for these sectoral debates, I cannot possibly speak to all the matters concerning public health. I have therefore tabled a report with details on what I consider important areas on which the public should be updated. This report also acts as a scorecard of commitments made and kept by the administration in this portfolio area.

Please allow me to briefly refer to some of the highlights in this Annual Report;

- **In the area of health prevention we launched the Jamaica Moves campaign to promote increased physical activity along with proper nutrition as a preventative measure against Non Communicable Diseases, NCDs;**
- **As we continue to tackle NCDs, we now have in hand the report from the National Food Task Force with recommendations that will be actioned including national consultations, starting this year;**
- **We have completed the report on mental illness and homelessness and are now developing a working programme to tackle this major public health challenge in our country;**
- **The Pan American Health Organization (PAHO) has completed a comprehensive report on Health Information Systems and are now developing a schedule for implementation which we hope to begin this calendar year;**
- **Our Adopt-A-Clinic Programme has been developed and we are now engaged in robust negotiations with local and Diaspora interests for approximately 60 clinics to be adopted;**
- **Our public private partnership for Drug Serv windows has seen 17 private pharmacies now dispensing drugs against prescriptions written for public health patients and to date over 7000 prescriptions have been filled, reducing the need to wait for hours in some cases to get prescribed drugs.**
- **In the area of Oral Health, we launched our National Dental Sealant and Fluoride Garnish Programme in schools, resuming what was abandoned about 20 years ago, an important initiative to improve good oral hygiene in our population;**
- **We have launched a Mosquito Control and Research Unit, a collaboration between our Vector Control Unit at the MOH and the University of the West Indies through their departments of Nuclear Sciences and Tropical Medicine. This collaborative effort will focus on applied research to tackle the continued threat of mosquito borne diseases that are a serious public health challenge. The United States Agency for International Development (USAID) will fund the engagement of an Entomologist for one year to head up this entity;**
- **On the issue of the medical marijuana industry, we have provided an update on the role of the MOH and indicated our intention to launch a public education campaign this year targeting vulnerable groups such as children, pregnant mothers and motorists.**

Mr. Speaker, these and other important public health issues and achievements by this administration over the last year are addressed in the report tabled in this House today. I ask my colleagues and the media to review and update themselves accordingly. Over time we will elaborate further on these issues however, we are open to any discussions needed.

Transparency in Public Health
Vitals Quarterly publication

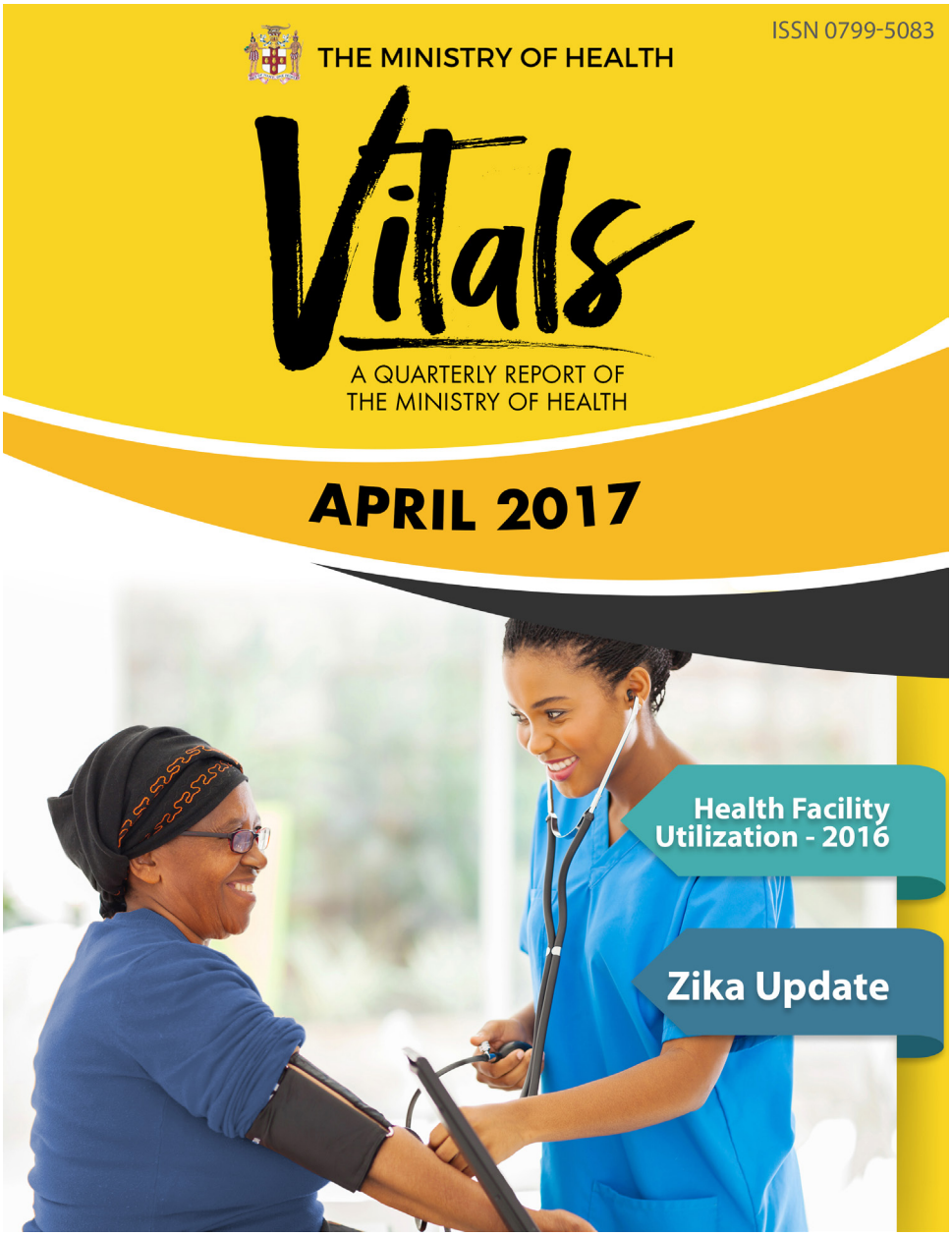
Mr. Speaker, during the course of the last year many questions were asked and headlines written expressing concerns about issues in the public health sector. Too often, conclusions were drawn based on inadequate or inaccurate information. I fully respect the rights of stakeholders in the media or the Opposition or anywhere else, to probe and to seek clarification and answers, as this is an important part of our democratic tradition.

In the interests of transparent and accountable governance, the Ministry has developed a document, which will be published quarterly called VITALS, which will provide important data to the public, on the performance of the sector. I am happy to table the first publication here today.

We hope that this document will provide information to those groups or individuals who require it, and importantly also, act as a tool of performance accountability for the individuals and processes responsible for the delivery of public health.
I encourage my colleagues, the media and other stakeholders to use this publication to get important vital statistics on public health and to use this as a basis to satisfy any curiosity they may have; but also to further probe any issues they think may need further analysis. Mr. Speaker public health is everybody's business, whether good news or bad news, we should never give the impression that we have anything to hide.

OUTLINE OF PRESENTATION

Mr. Speaker, I would like to spend the rest of my time addressing five critical areas of public health. These are - the patient customer service experience , our hospital infrastructure , efforts at enhancing financing of public health for sustainability, update on reform, and our attempts at coping with critical personnel challenges.



The Customer Experience

Mr. Speaker, last year we had 1,318,846 visits to our hospitals and 1,561,104 visits to our health centres or clinics. Of the hospital visits, 669,962 were for the Accident and Emergency, A&E; 338,293 Diagnostic Imaging Services (including X-Rays CT, MRI), 6,028,027 Laboratory tests, and 189,374 were admitted to hospital for care. For patients admitted, the average stay in our hospitals was approximately 6 days and we discharged over 95% (95.5%) of our patients back to their families.

Let me say here and now that our public health system of approximately 1,322 doctors; 4,669 nurses and midwives; 185 Dental Staff; 2,569 paramedical and allied health worker; and 2,622 administrative and support staff performed very well, saving many lives in the process.

Unfortunately, we rarely hear when things go well, when lives are saved, or even the acts of heroism that are carried out. Like Nurse Davia Tucker and the staff at Bustamante Hospital for Children, who saved kids in the Intensive Care Unit, ICU when an unexpected explosion resulted in a fire.

I would like to say on behalf of the Jamaican people, thank you to the workers in the public health system who very often have to go beyond the call of duty to save lives and to respond to the country's public health needs. Mr. Speaker, with all the challenges in public health, let us not allow the good to be the enemy of the bad!

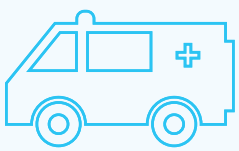
Mr. Speaker, at the same time, we do recognize that there are times when we can and must do better, to improve patient care. The average wait time for A&E is approximately two hours, and for surgeries, one to 18 months! I am prepared to say at times people die waiting!

Long delays and at times the absence of compassion in how we administer service can oftentimes give the impression that generally the system is unresponsive and worse, that we do not care.

Mr. Speaker, we have to change this and where complacency exists, we have to reform and transform to achieve alertness, kindness and responsiveness. Mr. Speaker, we have started and will continue this focus this year.

185
Dental Staff

1,322
Doctors



2,569
Paramedical &
Allied Health Workers

2,622
Administrative &
Support staff

4,669
Nurses and Midwives

Reducing Waiting Time in Emergency Department Project

Mr. Speaker, as promised, last year we embarked on a programme to reduce wait time and enhance the patient service experience, starting with our Accident and Emergency Departments.

Six hospitals and their closest health centres were targeted. The hospitals selected were Kingston Public, Bustamante Hospital for Children, Spanish Town, St. Ann's Bay, Cornwall Regional, Mandeville, and May Pen Hospitals.

These emergency rooms were targeted because they represent approximately half the total visits to Emergency Departments annually, island wide. The objective of the programme is to improve the processing of patients who visit A&E. This is achieved through improvements in the triage process to determine the genuine emergency cases and transfer of those cases that are determined not to be emergencies to the targeted health centres on the programme. Further, we upgraded the customer service area to give quicker attention to persons who come in to the A&E.

Mr. Speaker, we also strengthened the health centres to facilitate the increased traffic by extending opening hours, increasing the physical capacity to manage more patients, and increasing the range of services offered.

As part of the restructuring we started a process to standardize patient flow to triage including computerization of the process, improved and increased physical facilities for waiting and triage and established customer service areas to provide advocacy and support for patients. The health centres that have benefited from this are; Slipe Road Comprehensive, Glen Vincent, St. Jago Park, St. Ann's Bay, Mount Salem, Mandeville and May Pen Health Centres.

Mr. Speaker, the health centres at Greater Portmore and Savanna-La-Mar were not originally part of project but they used the opportunity make the improvements as well.

Mr. Speaker, the project commenced in May 2016. The estimated cost was $353 million dollars of which $228 million was for additional staff and $88 million was for infrastructure, furniture and equipment.

Critical to this improved process Mr. Speaker was extended opening hours in all of the health centres on the programme. Some go all the way up to 10 p.m. but the average extra time is four hours. The extended waiting hours in all the targeted health centres were fully implemented in October 2016.

Mr. Speaker, I am happy to report that under this new arrangement, 35,000 visits were recorded in the extended hours of service in the health centres up to the last month. This represents a 17% increase in utilization of these health centres. The extended hours allowed persons to be able to visit the health centres after regular work hours, thus decreasing the visits to the hospital emergency rooms and also decreasing the day-time congestion at some of the health centres.

In fact, Mr. Speaker, the number of visits to the health centres during the extended hours have been increasing, month over month. Approximately 50% more patients are going to those health centres during the extended hours when compared to the first month of the new arrangement. This is an important observation as it suggests that Jamaicans are willing to go to health centres rather than to clog the A&E. It is, Mr. Speaker, a step in the right direction, as we seek to encourage increased utilization of these primary care facilities.

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From our one-on-one interactions and informal interviews with patients, they have expressed satisfaction with the expansion of the facilities in the hospitals and health centres and the increased access to services such as pharmacy, laboratory services, radiology and ECGs. In addition, staff morale has improved due to general improvements in workspaces.

Mr. Speaker over the next year we will put in place facilities to track time to triage in all seven hospitals. This information will be used to identify and correct issues that contribute to long triage times.

We will now move to continue computerization of the triage process in four other hospitals, namely; May Pen, Mandeville, Spanish Town and St. Ann's Bay Hospitals in 2017/2018. Training in triage and customer service will also be done in all hospitals in 2017, to ensure an efficient and transparent triage process in hospitals and to correct some issues that contribute to long triage times. This is expected to further decrease the time that patients wait in the Emergency Departments.

Mr. Speaker, an additional four hospitals and four health centres will be targeted for interventions in 2017/2018. These are Savanna-La-Mar, Princess Margaret, Black River and Annotto Bay Hospitals and the nearest Health Centres – Sav-La-Mar, Morant Bay, Black River and Annotto Bay.

We are working to improve patient customer care – reducing waiting time and improving access and patient support which we believe will impact positively on the system.

Public/Private Sector Pharmacy Partner Programme

Mr. Speaker, on Monday December 19, 2016 the Pilot Public/Private Sector Pharmacy Partner Programme was launched in May Pen, Clarendon then extended to Kingston and Montego Bay. Under this programme the filling of prescriptions for public patients is outsourced to selected private pharmacies. Currently there are 17 pharmacies participating in the pilot programme: in May Pen (5), Kingston (7) and Montego Bay (5). The pilot phase is anticipated to be completed by June 2017. Once the pilot programme is completed we will incorporate lessons learnt into the model to ensure efficient operations. There will be a phased roll out island-wide starting in the 2017-2018 Financial Year. Approximately fifty private pharmacies will be included in the programme.

Impact of the Programme

Mr. Speaker, in the first 12 weeks (up to April 1, 2017) over 7,000 prescriptions were filled and with an estimated value of $5000 for each prescription, approximately $35 million in value has been accessed by public patients.

Mr. Speaker, I am very proud of the National Health Fund (NHF) and the work they have done towards this partnership. This is a real example of a Public Private Partnership for the benefit of the Jamaican people, particularly, the most economically vulnerable Jamaicans. They will now have the option to access drugs supplied free of cost in the public system, through private pharmacies, without the long wait times.

Customer Service improvements at Drug Serv Pharmacies
Mr. Speaker, while the outsourcing of the filling of public prescriptions by selected private pharmacies has increased a number of service locations, Drug Serv Pharmacies, are also introducing several initiatives to improve customer service. These initiatives are currently in effect and will be expanded in the current Financial Year:

Drop off and pick up service
This service is available at all 17 Drug Serv Locations. During the last Financial Year over 12% or 124,000 prescriptions were filled using the drop-off and pick up service;

Implementation of an automatic scheduling of drug refill for patients regularly accessing NHF pharmacies
This service was introduced in the 3rd Quarter of the last Financial Year and to date approximately 6,000 prescriptions have been filled using this service;

Electronic submission of prescriptions via What's App
was introduced in the 4th Quarter of 2016-17 and is a centrally operated service with pick-up at any Drug Serv location. To date over 800 patients have accessed this service, which will be promoted more aggressively this year. The WhatsApp number is 532-5007.

It is anticipated that these three service improvement initiatives will account for 35% of out-patient services at NHF Drug Serv Pharmacies for this Financial Year.

In addition, express/ priority service for patients with one item on their prescriptions to be dispensed is available at all locations as well as an assessment of prescriptions within 10 minutes of arriving at a pharmacy.

Mr. Speaker, in terms of drugs dispensing for our public patients, the NHF and the MOH have invested in people, systems, and procedures that are as modern as any facility in the world to give better and more efficient customer service to our patients.

Volunteerism and Compassionate Care
Mr. Speaker, another critical customer service issue that we must improve is how to address complaints from patients or clients who interact with the public system as well as how we administer service to include compassion or to show empathy to those we serve.

Last year, I announced our intention to launch a Compassionate Care Initiative, aimed at improving the quality of customer service delivery.

To achieve this, the Ministry started a pilot programme at the Kingston Public Hospital, as well as developed a Compassionate Care and Volunteerism Policy and an action plan for implementation in all Regional Health Authorities (RHA). The policy has been submitted to Cabinet and we are awaiting consideration and approval.

Mr. Speaker, charity and volunteerism is a critical part of health care delivery systems worldwide. There are people and institutions who have the time and inclination to give

back and to serve. We must encourage it and facilitate it. Churches, Non-Governmental Organizations (NGOs) as well as unconnected individuals are willing to get involved. The other component is customer service training for staff members particularly those who interface with patients. This year we will embark on the reorientation of staff at all levels of the health system. All Regional Boards and other stakeholders will also be sensitized.

Complaints Secretariat

Mr. Speaker, complaints reported by patients or their relatives about the quality of service in public health is always concerning to us. Let me say, given the number of visits that we received (2015: 2,821,747; 2016: 2,881,966) and the number of complaints that have been lodged to the Ministry (2015: 140; 2016: 173), complaints to overall visits represent approximately 0.005% and 0.006% for 2015 and 2016 respectively. This data suggests that we are not performing badly even though one complaint is one too many. At the same time however, I am also willing to accept that not everyone who is dissatisfied lodges a complaint, so the figure is most likely higher.

Of the 140 complaints received in 2015, 16% were resolved, 17% were closed, 58% still under investigation, and 9% awaiting additional information. During the corresponding period in 2016 where 173 complaints were lodged, 28% were resolved, 26% were closed, 44% still under investigation, and 2% awaiting additional information. Mr. Speaker we must do better to resolve disputes or complaints more speedily than is now the case now.

When complaints were disaggregated by category, the highest proportion in 2016 were due to Quality of Clinical Care (QCC) (26%), Access (19%), Communications (14%) and Corporate Services (to include administrative actions of a hospital/ health service, state of physical surroundings/environment, concerns (general condition of public bathrooms/waiting area, telephone services) (14%). In the same period in 2015 they were Access (21%), QCC (21%), Corporate Services (13%), Professional Conduct (12%) and Communications (11%).

Mr. Speaker, the majority of complaints regarding Health Care Workers over the two periods under consideration saw complaints being made mostly against doctors followed by nurses and then administration. There is a clear need to relook at our processes and procedures for addressing complaints to ensure a speedy response but also to ensure fairness and transparency.

BREAKDOWN OF COMPLAINTS 2015 AND 2016

CATEGORY OF COMPLAINTS	YEAR	
	2016	**2015**
Quality of Clinical Care	• Negligence (25%) • Inadequate treatment/therapy (33%)	• Negligence (50%) • Inadequate treatment/therapy (20%)
Access	• Delay in admission, service or treatment (32%) • Inadequate resources/lack of service (32%) • Refusal to provide services (21%)	• Waiting list delay (25%) • Wefusal to provide services (25%), inadequate resources/lack of service (25%) • Delay in admission, service or treatment (24%)
Corporate Services	• Administrative actions of a facility (66%).	• Administrative actions of a facility (73%).

Just as every Jamaican has the right to accessible health care, likewise, everyone who enters our facilities should be treated with respect, courtesy and dignity.

Similarly, hospital staff, including doctors and nurses must be given similar respect and courtesies. We have had too many incidences of hostility and event violence against health care workers. This has to stop.

In keeping with transparent and accountable governance of the process, the ability to lodge complaints and the resolution to those disputes will be given high priority this year.

Mr. Speaker, I have appointed a Clients Complaints Overseer headed by a senior member of my office staff. This individual will firstly review the current process by which complaints are lodged and dealt with, with the view of making recommendations to improving that process, by establishing the appropriate protocols. The Clients Complaints Overseer will also be responsible to assess monthly reports and be empowered to investigate or follow-up any unresolved issues involving patients and a public health institution. Part of the process will be to educate the population as to what the procedure is to lodge a complaint. Notices will be placed in the public spaces of the hospitals and we will promote our dedicated toll free number: **1-888-CALL -MOH** or **1-888-225-5664**.

Currently Mr. Speaker, complaints are lodged firstly at respective health care facilities. If the issue is not solved at that level, it goes to the Regional Health Authority. If that fails, it comes to Central Ministry. However a complainant can exercise the option of calling the toll free number that is manned by the Central Ministry.

Mr. Speaker, even with the challenges we have in the system, we must do more to enhance the quality of patient care. Our patients are our customers, and our mandate is to serve them. These measures outlined will hopefully go a long way to do just that.

Infrastructure/
CORNWALL REGIONAL HOSPITAL

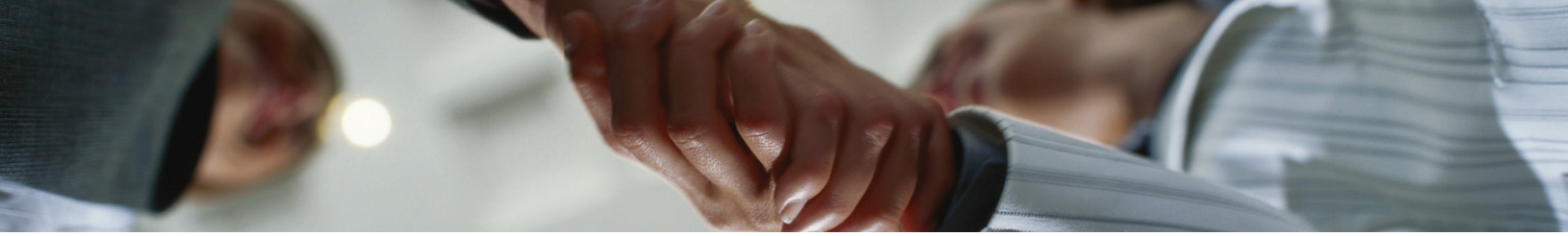
Mr. Speaker, the near closure of the Cornwall Regional Hospital (CRH) in St. James is perhaps the biggest challenge we faced in public health in 2016/2017. The importance of that facility cannot be overstated, as it is the only "Type A" hospital outside of the Corporate Area, which means it is the only one in Western Jamaica. Consequently, its serves the people of Trelawny, St. James, Hanover and even Westmoreland and St. Elizabeth.

We can say today we are no longer in that danger zone of trying to figure out this crisis. We are at a point at which the path forward is clearer. Our first task was to secure the health and safety of our health care staff and patients, while preserving service levels for the thousands of Jamaicans who depend on this facility. Mr. Speaker, it has not been an easy task but we consulted, communicated, monitored, and planned for the short, medium and long term, to address the longstanding issues at CRH.

Today, all outpatient services have been re-located and we are seeing up to 600 patients each day from locations other than the main building that is under investigation and repair. Most of our supporting services, like lab services, have been relocated and are operational.

The biggest challenge was inpatient care, and we have now relocated parts of this service, while securing a section of the facility that would be difficult to relocate.

Mr. Speaker, we have now confirmed United Nations Office



for Project Services, UNOPS, as project managers for the rehabilitation process, we have selected a contractor under a limited tender process who will design a new vent system and UNOPS will proceed as part of its mandate to assess and manage the corrective measures for plumbing, electrical and general building repairs. We will also be replacing to a digital system, the x-ray diagnostic unit. Mr. Speaker, UNOPs will also be looking at the work flow of the facility and provide training for capacity building in critical areas such as maintenance.

This process is expected to last for at least a year, however, I am convinced that once completed CRH will be in great shape to continue delivering quality health care service to citizens.

Mr. Speaker, the staff; medical and administrative, at CRH have demonstrated; on this issue the hard work and dedication that is typical of our public health practitioners. I would like to salute them for their efforts in managing this crisis. There were times when the pressure mounted and tensions ran high, but their resolve was clear and focused and that was to carry out their mandate to serve the Jamaican people.

Additionally, there are so many other stakeholder groups that to date have been crucial to this process. Allow me to mention these organizations. The Pan American Health Organization, United States Embassy, the Ministries of Local Government, Education and National Security, the Jamaica Defence Force, the Urban Development Cooperation, Food for the Poor, Missionaries for the Poor, the West Jamaica Conference of Seventh Day Adventists, St James Municipal Corporation, the Holy Trinity Church, Barnett Clinic, Montego Bay Hospital, and Sam Sharpe Teacher's College. I want also say thanks to the people of Western Jamaica who have shown tremendous restraint and understanding during this period. I say on behalf of the Government and people of Western Jamaica, thank you for caring.

Permit me Mr. Speaker to single out the Opposition and in particular its spokesperson on Health member Horace Daley. To date, the Opposition has acted responsibly on this issue. I commend them and encourage them to continue.

Infrastructure Deficiencies

Mr. Speaker, the CRH experience is symptomatic of how we have generally approached the maintenance of health infrastructure. We react to a crisis rather than act proactively to avoid a crisis.

Frankly speaking, this reactionary approach is a norm for us when it comes to our personal health care as well. We go to the doctor only when we can't help it and even when lifestyle habits are predictably bad for us, we ignore until it's too late. With just 20% of our population with health insurance, we ignore planning for the time we need it. This is a dangerous posture, particularly in an environment with spiraling health costs.

Sustainable Prevention

Mr. Speaker, our current attitude to the public health administration and individual health care calls for a major paradigm shift. We MUST get our country to focus on prevention rather than cure. Prevention in ensuring personal health. Prevention to avoid the collapse of our health infrastructure.

In support of this paradigm or attitudinal shift, there are three fundamental areas that this administration will focus its attention in support of sustainable prevention, Mr. Speaker.

1. We will embark over the next two years on a major overhaul of our current health infrastructure, by repairing, replacing and upgrading a number of critical infrastructure across the country.

2. We will complete and begin implementation of the Ten Year Strategic Plan which among other things will restructure the organizational arrangement of public health to strengthen areas such as maintenance, project management, procurement and inventory control, as well as relook at the efficiency of the current Regional Health Authorities.

3. Thirdly, we will expand the National Health Insurance Scheme under the NHF, focusing on stakeholder participation and the need for taking personal responsibility.

National Health Fund/KPMG Viability Study

Mr. Speaker, in terms of the first objective (scoping, repairing, upgrading, replacing) critical infrastructure, it is our intention to utilize $3.5 billion, over two years, primarily from the reserves of the NHF to facilitate this expenditure.

Let me pause here to say, this will not be at the expense of the viability of the NHF. Frankly, it is in keeping with the mandate of the Fund. Currently, the NHF has $10 billion dollars in reserves. We commissioned a KPMG study to determine that entity's viability based on future expenditures and projected revenue streams. Following that Study we can conclude that with a withdrawal of up to $3.5 billion, that entity would be able to meet its obligation for up to ten years, all other things being equal.

Mr. Speaker, that's good enough for us at this time as given pending reforms we are comfortable that revenue streams will be bolstered. What is important is that we cannot continue to limp along with an ailing infrastructure and pretend that we are able to respond to the health challenges our people face. We have to do something and we need to do it now.

MOH Priority Project 2017/2018

Mr. Speaker, the following are a few of the projects that will be undertaken over the next two years starting immediately;

a. Upgrading of Cornwall Regional Hospital, as discussed earlier;

b. Technical scoping work to be done on Spanish Town, St Ann's Bay and Mandeville hospitals with a view to progressively upgrade these facilities from Type B to Type A;

c. Technical and scoping work on May Pen Hospital to upgrade from type C to Type B;

d. The commissioning by June this year of the Linear Accelerator (cancer treatment centre) at CRH and by 1st quarter of 2017 the similar facility at St Joseph's Hospital. We will also be doing the scoping work for the St Josephs facility to be developed as a possible PPP for a Centre Of Excellence in Oncology;

e. Construction of the Ministry of Health's Corporate Headquarters via public/private/partnership. This will enhance efficiency and management and will result in significant savings for the Government as the Ministry presently occupies multiple locations within the Corporate Area. On this issue the Ministry has already received first-round approval from PIMC, for the preparation of a business case study.

f. Begin construction of the Children and Adolescent Hospital in Western Jamaica – A gift of the Chinese government, but where we will bear some preliminary costs towards preconstruction and project management;

g. Collaborate with the University Hospital of the West Indies to develop a Centre of Excellence with specific focus on cardiology and Neurology;

Other projects

Mr. Speaker, in addition, we will immediately embark on a number of smaller but important projects that are critical to the efficient functioning of many of our health institutions. The estimated cost of these projects is $600 million dollars. Project planning activities have been completed and we will therefore be able to start these projects in short order. Among these projects are:

MINISTRY OF HEALTH PRIORITY PROJECTS 2017/2018

NO.	PROJECT	RECIPIENT	PROJECT SUM	PROJECT READINESS
1	Procurement of two (2) Mental Health buses	MOH	$12M	Ready
2	Health Information System (Complete outstanding project @ Black River & Darliston)	MOH	$10M	Ready
3	Upgrade of Elevators at NCH, KPH & Spanish Town Hospital (SPH)	SERHA	$39.7M	Ready (Grant Request being prepared)
4	Completion of Isolation area at SPH	SERHA	$27M	Ready (Grant Request being prepared)
5	Kitson Town Health Centre upgrade	SERHA	$69.5M	Ready for procurement as Grant request was approved in March
6	Buff Bay Community Hospital/Health Centre: Demolishing of old structure	NERHA	$6M	Ready
7	Project development: St. Ann's Bay Comprehensive Health Centre & Expansion of St. Ann Health Dept.	NERHA	$8M	Ready (Grant Request being prepared)
8	Procurement of Critical Equipment for Hospitals in St. Ann, St. Mary & Portland	NERHA	$50M	Ready (Grant Request being prepared)
9	Repairs to roof at May Pen Hospital	SERHA	$50M	Ready (Grant Request being prepared)
10	Infrastructure & Roof repairs to Maternity/Delivery area at Chapleton Hospital	SERHA	$15	Ready (Grant Request being prepared)
11	Repairs to roof at Mandeville Hospital	SERHA	$35M	Ready (Grant Request being prepared)

Update on Reform

Mr. Speaker, the health reform process that involved the regionalization of health authorities that took place in 1998 has never had a comprehensive evaluation. Partial studies were done in 2004, and 2007. In 2012 an in-depth process was started, financed by the Inter-American Development Bank, IDB. Preliminary results and recommendations were reviewed by the MOH and an in-depth analysis was initiated in 2016, particularly in the following areas:

- Improving efficiency and effectiveness;
- Health care financing;
- The development of a strategic plan, implementation plan with costing, and monitoring metrics to assess progress in the health sector.

Currently, there is an ongoing study financed by the IDB in collaboration with MOH, World Health Organization, and the World Bank. The deliverables will include:

- A ten year National Strategic Plan;
- A three year Implementation Plan with costings and
- Indicators to monitor progress/achievements. (This should be completed prior to year-end).

This process of restructuring the health system will among other things, provide data on human resource requirements and will guide the public sector reform process regarding the needs and appropriateness of human resource for the health system, in addition to providing future requirements for health professionals.

The data now being collected will also guide the restructuring of the system of health delivery in Jamaica, looking closely at the RHAs and ensure greater efficiency, effectiveness and the improved quality of care and services.

Mr. Speaker, I am hoping to be in a position this year to announce an overhaul of the RHAs. Anecdotally, let me say there is going to be a need for consolidation through either shared services or the possible merging of Authorities. The reality is that there is too much duplication in the system, and in areas such as maintenance, procurement and project management there is limited capacity. This has led to inefficiencies and waste. I anxiously await the recommendations of the consultants and will keep this House informed as I am updated.

National Health Insurance

Mr. Speaker, the discussion around free health care has generated mixed reviews from various stakeholders and commentators. There is a practical recognition that increasing health care costs and the Government's inability to afford the ideal expenditure of approximately 6% of GDP, according to WHO benchmark standards, has not been possible. Frankly speaking, if free means long delays, poor quality or no access for critical services it is easy to appreciate why many persons question the practicality of the term 'free healthcare'.

Mr. Speaker, we must be honest with ourselves and with the people of Jamaica. Health care is not free. The fundamental question is - who pays? It is my belief that the Government has a responsibility to ensure that no Jamaican who cannot afford health services is left to die for a lack of access to such service. In other words, we must guarantee, as a country Universal Access to ALL. We should never return to the days when poor Jamaicans are afraid to go to the hospital because they don't have the user fee to pay at the registration window.

However, as Jamaicans we must begin to understand the importance of taking personal responsibility for our personal health. Personal responsibility means healthy habits of diet and exercise, getting regular check ups to know your health status, and critically also Mr. Speaker, personal responsibility means contributing to your health care costs once you are in a position to contribute.

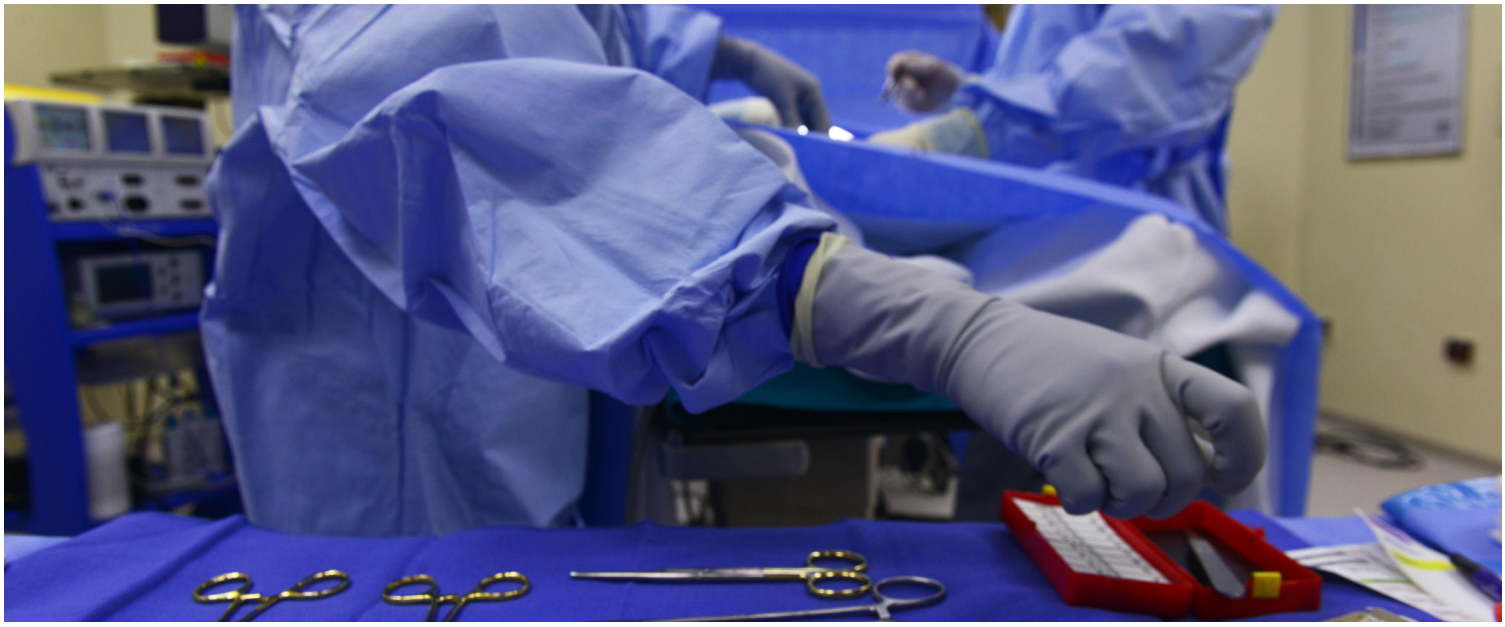
Mr. Speaker as stated last year, the work on the National Health Insurance Scheme(NHIS) has started. A NHIS is an appropriate response to the impracticality of a literal interpretation of free health care. Free health care is unworkable without an NHIS.

Mr. Speaker, the work is progressing. Consultants from WHO/PAHO have generated a first report looking at NHIS options for Jamaica. We are now in the process of recruiting another internationally experienced consultant who will work with the committee that has been established to drive the deliverables of a NHIS.

We intend to have a plan this year and will update this House accordingly on an implementation schedule.

> "An NHIS is an appropriate response to the impracticality of a literal interpretation of free health care. Free health care is unworkable without an NHIS."

Health Care Professionals



Mr. Speaker, an important component of the Ten Year Strategic Plan is to assess the personnel requirements of the health system with a view to achieving optimal levels of suitable personnel in the areas they are needed.

As a country, we have done well in the training of health care professionals but have been a victim of poor retention. Our nurses are the most recruited internationally resulting in a crisis in service delivery, particularly in certain areas of specialization. Earlier this year I raised the issue at an Executive Board Meeting of the WHO in Geneva, Switzerland and received support for my recommendation for countries to collaborate in the training and employment placement of specialist nurses.

Mr. Speaker this is not just a challenge for Jamaica but also a global challenge. In fact the WHO is projecting that by 2030, the world will need a further 40 million health care professionals to respond adequately to global health needs.

We support the mobility of labour, but we are also challenged by the critical shortages that we face. The calls to train more, ignores the reality of a lack of clinical space to train more. We can train more on our own only if we upgrade our infrastructure (hospitals) to allow international standards for clinical training. So while we move to do that, collaboration is key.

We have started that process by engaging the United Kingdom (UK) Government to develop a collaborative effort between both countries for nurses training. The programme will see nurses begin their training here in Jamaica and completing that training in the UK. So far, the discussions are going well. I am hoping to have an announcement within the next three months on the progress of these discussions.

Mr. Speaker, we are also moving to improve retention of our specialist nurses by increasing the cadre of nurses in the establishment. Too many of our nurses work on contracts, do not have the benefits that permanent staff enjoy and the security of tenure they deserve. We have had discussions with the Ministry of Finance (MOF) and a Cabinet Submission has been prepared to increase the cadre of nurses.

Mr. Speaker I'm happy to announce that the cabinet as approved an immediate increase in the establishment of the cadre of specialists nurses by 300 posts. Additionally, during this year the Ministry of Heath will be working with the Ministry of Finance (MOF) to determine a further increase in keeping with the reform and modernization of the public health sector.

Mr. Speaker our health care professionals are key to quality service delivery. This Government recognizes their value and will do more to improve their terms of work.

Conclusion

Mr. Speaker, the challenges are many and so are the health needs of the population. We probably will not actualize the real budget needed to effectively run our health care system. In the meantime, we continue to do the best we can to ensure that we are on the right path to universal access.

I implore the people of the country to start taking their health into their own hands and living better lifestyles. We must move from the curative paradigm to one where prevention becomes the new and lasting order of health care in this country.

May God continue to bless Jamaica, land we love!


JAMAICA MOVES
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THE MINISTRY OF HEALTH