



MINISTRY OF HEALTH

SECTORAL PRESENTATION 2016

BY
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MINISTER OF HEALTH

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INVESTING IN THE FUTURE:
"IMPROVING COMMUNITIES,
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ACKNOWLEDGEMENTS

Mr. Speaker, I thank you for the opportunity to speak on my assigned portfolio of Health. First, allow me to thank the Most Honourable Prime Minister for affording me the opportunity to serve in this capacity; my Cabinet colleagues for their support and; the Members of Parliament for their collaboration. A unified approach is one that is crucial in tackling the modern day health challenges that we face as a country.

I want to also place on the record my appreciation and gratitude to the team at the Ministry of Health for their commitment and dedication sometimes in trying circumstances. Similarly I thank our bilateral and multilateral partners, individuals and organizations (both local and overseas) who give selflessly through charities, volunteers who have agreed to serve on boards and specially named committees all energized by the shared vision of a better public health system for Jamaicans.

Mr. Speaker, I use this opportunity to also thank the people of West Central St Catherine and my constituency management team, without whom I would not be before you making this presentation. I say to them, I look forward to getting to know you better and working together for the greater good of West Central St Catherine and the entire Jamaica.

Mr. Speaker, finally I must also thank my wife Neadene, sons Charles and Adam and daughter Kimberly, who are here this evening, for their unwavering support.

VISION FOR HEALTH

Mr. Speaker, research shows that healthy people make for productive citizens and productive citizens make for a thriving economy and society.

Our challenge however, as a country is to, in the first instance:

- encourage all Jamaicans to pursue a healthy lifestyle – maintaining a balanced diet - which includes avoiding excessive consumption of fats, salts, sugars, tobacco, alcohol or any other substance abuse;
- Secondly, in pursuit of a healthy lifestyle, Jamaicans need to be encouraged to engage in regular physical activity,
- Thirdly, we need to encourage our citizens to get regular screening and check-ups so they can be properly aware of the status of their health,
- and finally we need to prepare a public health care system – primary, secondary and tertiary (clinics and hospitals), to adequately treat personal health issues as they occur.

We also, Mr. Speaker, see as critical the Ministry's role in encouraging our citizens to live lives that encourage greater awareness of the environment and the critical link between the environment and the health of the community and its inhabitants.

Mr. Speaker, we live in a globalized world where the status of our health is largely influenced by the choices one makes, how they interact with others, and how they exist within their natural environment.

We may recall the spread of Ebola from Africa to the western hemisphere, the slow but devastating emergence of Chikungunya and now the Zika virus. We also continue to battle other infectious diseases linked to hygiene such as the flu – H1N1 in particular.

In addition, Mr. Speaker, the impact of violence and trauma on our health services are also costly and add to the challenges of public healthcare provision.

As a nation we tend to be aggressive on our roads, aggressive towards each other and unfortunately this aggression often translates into the need for healthcare in our accident and emergency rooms.

NON-COMMUNICABLE DISEASES



Mr. Speaker, additionally, the increase in non-communicable diseases continues to place great stress on our health sector.

Mr. Speaker, non-communicable diseases, or NCDs, are currently the biggest threat to our health sector and economy. Diseases such as diabetes, high blood pressure, cancers, heart disease and risk factors such as obesity continue to weigh heavily on the health system.

Take obesity for example. Obesity is the most common risk factor in Jamaica, with more than 60 percent of Jamaicans aged 35 to 54 being either obese or overweight.

Mr. Speaker, we are paying dearly for these challenges.

A 2011 study by the World Bank entitled "Public Policy and the Challenge of Chronic Non Communicable Diseases" estimated that the direct and indirect cost for Jamaica to treat diabetes and hypertension alone amounts to some US\$452 million per year. These are just two of the NCDs that are of major concern. But more generally, it's further estimated that an individual suffering from any of the NCDs spends approximately one third of household per capita expenditure on health care services and the purchase of pharmaceutical drugs.

Mr. Speaker, another study commissioned by the Ministry of

Health in 2012 titled “Sustainable Financing and Reform of the Health Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica” indicated that the country is presently undergoing demographic and epidemiological transitions. To support this conclusion this study suggested the following:

- With Jamaicans living longer and mortality rates declining, our citizens will have a greater lifetime exposure to non-communicable diseases;
- Non-communicable disease-related prevalence and deaths have increased steadily across the entire Jamaican population in the last ten years;
- By 2030 the prevalence of diabetes among persons between the ages of 15 and 74 would be expected to increase by 47%;
- By 2030, it is likely that the prevalence of hypertension will be twice of that observed in 2000;
- By 2030 the number of accidents and emergencies to be dealt with in Jamaican hospitals is expected to double;
- The number of outpatient care cases is expected to increase by 39% and the number of surgeries performed is expected to increase by 58%.

Mr. Speaker, a more recent study commissioned by the Pan American Health Organization and conducted by the Harvard School of Public Health in 2016 indicates that NCDs and Mental Health will cost Jamaica \$26.3 billion (or \$8,976 per capita) dollars in lost output over the next 15 years (2015 to 2030).

Health Financing Dilemma

Mr. Speaker, given all these trends, there are certainties about the future of Jamaica’s health care that as a country we need to accept and address.

- Firstly, the need for Jamaicans to accept that their own health is firstly about taking personal responsibility - responsibility for themselves, their lifestyle and how they interact with their environment;
- Personal health care costs will inevitably increase over time, due to longer life-expectancy and greater risks posed by both communicable and non-communicable diseases;
- The Government’s capacity to adequately finance public health care will increasingly be challenged, unless we are able to grow our economy well beyond our current rates of growth;
- And finally, stakeholder participation, including personal health insurance, Public Private Partnerships (PPPs), and Charities are going to be increasingly critical to supplement Government allocation towards reaching the adequate provision of health care in Jamaica.

Mr. Speaker, we currently allocate 3.3% of GDP from the Government’s coffers towards health care and if the private sector provisions are added we are at 5.9% of GDP. Mr. Speaker, based on international benchmarking best practices, the World Health Organization (WHO) indicates that we should ideally be at 8%. In fact, while we are 3.3% and the WHO recommends at least 8%, the United States, Canada and United Kingdom are at 17%, 10% and 8% respectively. We will need to significantly increase our allocation in order to be to offer the same services we are offering today by 2030.

Universal Access but with Limitations

Mr. Speaker, this Administration is committed to Universal Access to Health care for our people. No Jamaican should be denied access to any clinic or hospital under the public health system if they cannot afford it. We remain committed to that principle.

At the same time, it is important as a people and a country that we more precisely define what Universal Access means, since it may mean different things to different people, and somewhere in that mix of definitions and interpretations, disappointments and frustrations will arise.

We need to clarify in order to adjust expectations. We must be frank and accept, for example, that often times under Universal Access, quality is inconsistent due to limited resources and in some cases structural deficiencies. The manifestations of this inconsistency includes long waiting times at hospitals for accidents and emergencies, surgeries and diagnostics, shortages of bed space and ICU units and a chronic shortage of key medical personnel such as specialist nurses and doctors, particularly in the rural parts of the country.

Mr. Speaker, this Administration has inherited a health sector that lacks sufficient coherence and strategic direction, and too often, appears to be in denial of the realities confronting it. This is not to devalue the significant contribution of the nearly sixteen thousand Jamaicans who work and make sacrifices daily to attend to the sick and suffering who interface with hospitals and clinics, but rather a commentary on the need for frank dialogue and strategic direction that recognizes our realities, projects a path for improvement and optimizes the resources of all stakeholders to offer the best possible service to the public. In effect Mr. Speaker, public health care provisions in this country need review and reform.

Strategic Review and Reform

Mr. Speaker, let me say, the last Administration mooted the need for reform and we have embraced it and commenced the process of a ten year strategic plan to provide a strategic direction and focus on the future of public health, given the challenges we face and are likely to face as a country.

This committee is headed by Dr. Ernest Pate former PAHO/WHO Representative to Jamaica.

The general objective of this strategic plan is to strengthen the strategic development planning process for the health sector, focusing mainly on the continued roll-out of the Primary Healthcare Renewal Programme and tackling Non Communicable Diseases as part of an integrated health service delivery model.

This includes 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 are prepared to offer the essential package of primary healthcare services.

This strategic review and planning process will also include a

policy review of the governance mechanism for the sector and particularly the functionality of the Regional Health Authorities with the aim of defining the most efficient approach to managing the delivery of healthcare across the country.

Additionally, Mr. Speaker, and in support of this strategic review process, a World Bank led benchmarking cost review has commenced. This is intended to examine and benchmark the cost associated with the administration of health care in different areas so we can get a feel of whether we are spending optimally at the different levels of healthcare provision, even with the limited resources. This will facilitate taking the necessary steps to reapportion expenditures to ensure the greatest levels of efficiency.

Mr. Speaker it is our intention to have the ten year development plan costed so that we will know what is required to develop the sector. We also intend to have an implementation strategy and a monitoring and evaluation framework for the plan to ensure that the agreed approach



is consistently implemented and we have robust indicators to tell us if we are deviating from our path in achieving the planned outcomes.

Other Reviews

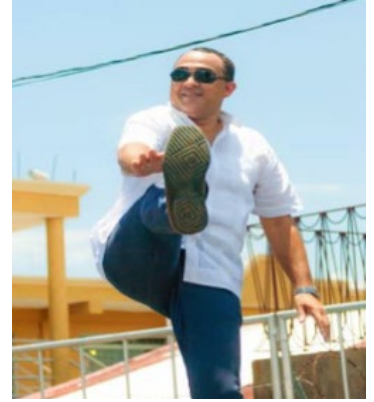
Mr. Speaker, we are also embarking on a number of other strategic review and reform processes. In the area of Private Public Partnership (PPP) we are developing a policy specific to PPP's in the provision of diagnostic services - a critical source of patient wait in the hospitals - and hospital build-out and expansion, another reason for a less than satisfactory service. We are currently reviewing a report on working hours by doctors with a view to optimizing patient care.

These reviews, Mr. Speaker, will in the months to come create greater clarity on how we need to proceed in the provision of public health care and hopefully will allow us to provide a better service to Jamaicans needing this care.

JAMAICA MOVES!

Mr. Speaker, I am a firm believer that prevention is better than cure. So before we start complaining about the insufficient number of hospital beds, we need to embrace a culture of

healthy lifestyles to prevent people from getting into those



beds. Many NCDs are directly related to physical inactivity, 21- 25% of breast and colon cancers, 27% of diabetes and 30% of heart diseases are all directly linked to the lifestyle of the patient.

According to the Jamaica Health and Lifestyle survey, nearly half of Jamaicans are classified as having low levels of physical activity. This has also led to an epidemic of obesity.

Mr. Speaker, it is time for us to get Jamaica Moving!

In this regard we will be launching the JAMAICA MOVES (#JaMoves) National campaign. This will be an aggressive call to action for Jamaicans to become more active. The campaign will promote, educate and develop programs to get Jamaicans moving both through traditional and nontraditional media.

This initiative will focus on community level interventions to facilitate increased physical activity among the population. As part of this drive we will be developing walking trails in each parish and organizing and piggy backing on walking and running groups to increase social support and motivation for physical activity.

Mr. Speaker, throughout the year, we will also implement several other initiatives around Jamaica Moves and a media campaign to support our activities. We also intend to collaborate with other private and public sector entities, such as the Ministry of Education and community based organizations to transmit the message, that an increase in physical activity reduces the risk of illness and supports the general wellbeing of all citizens.

Focus on Nutrition

Mr. Speaker, the latest Health and Lifestyle Survey indicated that three quarters or more of Jamaicans aged 15-74 consumed one or more bottles of a sweetened beverage per day with rural dwellers consuming more than urban dwellers. 99 % of Jamaicans are currently consuming below the daily-recommended portions of vegetables. The consumption pattern for fruits was similar to vegetables in that less than 2% of individuals are meeting the recommended daily intake.

Mr. Speaker, to encourage and educate Jamaicans about proper nutrition we will be promoting the Food Based Dietary Guidelines.

This is a set of nutrition and health related recommendations, meticulously crafted and carefully designed specifically for Jamaicans. It was developed in an effort to provide nutrition and health related recommendations to promote healthy eating and lifestyle habits amongst the population. It focuses on foods indigenous to Jamaica, portion sizes, food groups and eating patterns that will provide the required nutrients to promote health and prevent chronic diseases.

Mr. Speaker, we will also be revitalizing our efforts to operationalize the Food Industry Task Force towards reducing salt and sugar content in processed food and outlining caloric values on labels so that the public can make an educated choice.

Mr. Speaker I am happy to announce that an icon in this field, Dr. Fitzroy Henry has agreed to chair the Task Force and we look forward to the early commencement and outcome of their deliberations.

Tobacco Use

Mr. Speaker, tobacco use is a major contributor to NCDs especially cancer. The indication that we have gotten of the level of tobacco use among young people even children is frightening. The Secondary School Survey of 2013 showed an increase in the use of tobacco among students. Almost 30% of the students reported that they had smoked cigarettes at some point in their lives. The Global Youth Tobacco Survey conducted by the National Council on Drug Abuse showed that the percentage of children who reported needing to smoke first thing in the morning increased from 5.9% in 2006 to 13.4% in 2010.

This indicates that there are youth who are seriously dependent on nicotine and are likely to suffer from associated health challenges later in life. Children who started to smoke before the age of 10 years increased from 18.7% in 2006 to 20% in 2010.

Mr. Speaker, while we continue to encourage persons not to start smoking, we still have to provide support for those who want to quit. The Ministry of Health through the NCDA in collaboration with its partners scaled up the National Cessation programme with the development of a directory of tobacco cessation service providers; set-up a toll free helpline and trained a critical mass of health care professional trainers in the National guidelines for the Management of Nicotine Use Disorders.

Mr. Speaker, the Public Health (Tobacco Control) Regulations, 2013 was a good start. However we will now have to focus on increasing public education and enforcement of the Regulations especially in business establishments.

Mr. Speaker, despite the bold steps taken by the previous Administration to implement the Tobacco Regulations banning

smoking in public spaces, Jamaica is still not compliant with the requirements of the FCTC and we must now take an all of Government approach to looking at the need to establish comprehensive tobacco legislation.

Marijuana

The use of marijuana continues to be embedded in aspects of the Jamaican culture and it remains the most commonly used illicit drug with a lifetime prevalence of 13.5% among the general population (2008 Jamaica Health and Lifestyle Survey) and 20.7% among secondary school students (2013 National Secondary School Survey, NCDA/OAS). Mr. Speaker, the average age of first use of marijuana was 12 years old as reported from the same study above. Local and international studies confirm that there are potentially serious implications for the health and well-being of people who use cannabis.

Ninety percent (90%) of the adolescents seen in the NCDA's drug treatment program are referred due to problems associated with marijuana use. Moreover, treatment reports reflected a 54% increase in students enrolled in a ganja prevention programme called "STEP-UP" since the decriminalization of possession of 2 ounces or less of ganja. Ongoing island-wide surveillance in Drug Treatment Centres also reveals that 50% of the clients are in treatment for marijuana use.

Mr. Speaker, despite the hype around relaxation of restrictions and the potential benefits to society from easing of these restrictions and from the manufacturing of various bi-products, from a public health perspective, I want to urge caution, that we take care as legislators to balance the need to explore and experiment with the need for public education and follow through on legislation in order to minimize the potential for abuse particularly on our youth.

Recent Amendments to the Dangerous Drugs Act necessitate a comprehensive strategy to address the implications of these changes for various groups in the Jamaican society especially our youth. The NCDA had proposed and presented a comprehensive public education campaign to the Cabinet Ganja Sub-committee which was accepted and should have been funded by the participating Government agencies and Ministries. Of the \$321 million needed for this comprehensive education campaign only twenty percent (20%) was received and expended. The Ministry of Health is the only Ministry to have contributed significantly to the Public Education campaign and additional funding was received from the United States Embassy through the International Narcotics Legislation (INL). Mr. Speaker, I firmly believe that based on the evidence being presented here there needs to be a comprehensive relook and implementation of the amendments to the Dangerous Drugs Act, the impact it is having and will have on the health services and that funding be urgently put in place to ensure a robust prevention and control programme in this regard.

Alcohol

Globally, alcohol consumption is the third largest risk factor for disease and disability. It is also a causal factor in sixty (60) types of diseases and injuries and a component cause in 200 others (WHO, 2011). In 2008 sixty-five percent (65%) of the

population 15-74 years showed current use of alcohol, whilst in 2013 the National School Survey showed that 64% of Jamaican secondary school students have used alcohol at some point in their lifetime. Students reported engaging in alcohol consumption mainly at social events (35%) and sporting events (20%). The study also revealed worrying trends regarding binge drinking among this population. When compared to their Caribbean counterparts, Jamaican secondary school students are among the top three Caribbean islands with the highest prevalence of heavy binge drinking (10.8%).

Mr. Speaker, my Administration intends to take on this challenge and will be developing through dialogue a national alcohol policy aimed at tackling under-aged drinking, advertising to minors and the harmful use of alcohol as it relates to causing motor vehicle accidents and diseases.

REDUCING WAITING TIME



Mr. Speaker, a major challenge for Jamaicans who interface with the public health system is the time it takes for them to see a doctor and get treated. A health access study undertaken in 2013 by the Caribbean Policy Research Institute indicates that a major concern of both medical staff and patients is the length of time persons have to wait to see a doctor. This leads to both patient and staff frustration and also a lack of confidence in the system.

Mr. Speaker, over the past two months we conducted time and motion studies in the Accident & Emergency (A&E) Units in a number of hospitals and concluded that the majority of patients in our hospitals waited more than one hour just to be assessed or triaged, with some waiting in excess of three hours. This does not include the time it takes to see a doctor after that initial assessment. We need to reduce waiting time in our hospitals.

A&E pilot study

Mr. Speaker, as of July we will be piloting in six major health centers and eight hospitals an intervention to reduce the time

it takes for a patient to see a doctor, starting with the Accident & Emergency departments. This pilot will involve improving the process of customer service and assessment and redirecting non-emergency cases to the closest designated primary care health centre.

Involved in this pilot are Cornwall Regional, Savanna La Mar, St. Ann's Bay Regional, Kingston Public, Spanish Town, Mandeville Regional and May Pen Hospitals, as well as the Bustamante Hospital for Children.

For example the closest and designated health centres to these hospitals are Mount Salem in St. James, St. Ann's Bay, Comprehensive and Glen Vincent in Kingston, St. Jago Park in St. Catherine, Mandeville in Manchester and May Pen in Clarendon.

These health centers have been resourced to extend opening hours up to 10pm and equipped to provide additional diagnostic and pharmacy services to facilitate the redirection of persons who can be managed in the primary care setting from the A and E to these clinics. We will be carefully monitoring this intervention to determine its success with the hope of extending to all hospitals.

This project is expected to cost \$350 million.

Specialist Clinics and Surgeries

Mr. Speaker, we recognize that this may not impact the waiting time in some of our specialist clinics and also the waiting time for surgery. We are therefore reviewing the use of our operating theaters including the number of effective hours they operate, state of repairs needed and equipment, and the availability of the relevant staffing with the aim of ensuring that this resource is maximized, and accordingly, waiting time is reduced.

Last year we performed over 66,000 surgeries in the public health sector. This performance level is inadequate based on the number of persons that are still waiting especially for elective surgeries. Mr. Speaker we must increase the number of surgeries performed each year in order to reduce the backlog of patients waiting for this potential life-saving intervention. Mr. Speaker, the Association of General Surgeons will be critical in assisting us to reduce this backlog. We will also look at including private hospitals as support while we seek to improve our facilities, increase the number of personnel and use resources more efficiently.

Doctors Hours Review

Mr. Speaker, as said earlier, I want to announce that we have received the report of the Task Force examining the hours and conditions of work of our physicians and I want to thank the committee chaired by Dr. Carl Bruce for the excellent work conducted.

We are reviewing the report and recommendations and intend to have further discussion with the stakeholders and the Ministry of Finance to implement the agreed recommendations. My initial impression is that if implemented this could lead to better and safer working arrangements for our doctors and an

increase in the number of doctors employed within the system leading to greater throughput of patients in some areas and further reduction in waiting time.

EXPANSION OF PHARMACY SERVICES

Pharmacy services

Mr. Speaker, another cause of wait time in the public health system is the wait for drugs at our Drug Serv and Hospital pharmacies.

The National Health Fund has moved into some hospitals and will also begin moving into the health centres as part of our efforts to improve the delivery of pharmacy services. The idea is to have 24-hour pharmacy service in some hospitals and extended hours in some health centres.

Mr. Speaker, it is our aim to have pharmacy services in Jamaica that are technology-driven, customer-focused and efficiently managed. A major initiative to achieve this is the partnerships we will be seeking with private pharmacies to facilitate wider access to the filling of prescriptions and reducing the time persons wait to access their drugs. Patients would therefore not need to go to a hospital or Drug Serv pharmacy to access NHF drugs.

Mr. Speaker, there is a network of over 500 private pharmacies across the island – one close to every health centre. Such a partnership if determined to be economically efficient would have a major effect in providing greater access to pharmaceutical supplies. I have charged the Board of the NHF to quickly review the efficiency to be gained through such a PPP and to make recommendations on its implementation in this fiscal year.

Additionally, I am pleased to announce that the NHF has approved a 100% increase in the subsidy on pharmaceuticals covered under the NHF card programme for beneficiaries between the ages 0 – 18 years.

The current subsidy rate is averaging 40% and costs the National Health Fund (NHF) approximately \$26 million annually. The move to an average subsidy of 80% is projected to cost the NHF in the region of \$70 million annually.

The approval came after careful analysis by the Medical Review Sub Committee of the Board and after verification that this initiative could be adequately financed for the foreseeable future.

The impact of this on the 10,850 NHF beneficiaries in this age group is significant as it will reduce the out of pocket expenditure and assist in broadening access to vital medicines.

The proposed implementation date is Monday, September 1, 2016.

Diagnostic Services

Mr. Speaker, we do recognize the issues we face with waiting time for diagnostic services. The Ministry has made several

attempts at improving this area and over the past year we have implemented significant repairs, procurement of spare parts and established routine maintenance schedules for most of our biomedical equipment resulting in a reduction in the down time for these. We however, recognize that there is still a capacity gap not only in the availability of the equipment but also the specialists required to operate and maintain them particularly as you move out of the South East Region.



While the Ministry of Health and several hospitals have agreements in place for the utilization of private services there is no uniformed or organized outsourcing plan. I am happy to announce that we are putting in place a programme to contract private providers to take up more of the provision of specialist diagnostic services in a bid to reduce waiting time.

This will be done in keeping with the PPP policy of the Government ensuring adequate quality and accuracy is maintained as we look to outsource some services such as CT, MRI and special lab services such as histopathology. Mr. Speaker, I want to emphasize that this is not to replace our current capacity but to augment what we have in place recognizing also the budgetary constraints that we face.

Critical Care Nurses

A major challenge we face is the shortage of critical care nurses. Our nurses are well trained and highly respected in the Caribbean and around the world. As a consequence, we are constantly competing with recruitment agencies representing hospitals and other health care facilities in North America and Europe. This has led to shortages in our healthcare system.

Currently we have 137 critical care nurses and we need 240.

This year we intend to train fifty percent more critical care nurses as part of increasing supply in the system. We will also, be initiating a drive to bring back retired nurses who can further contribute to the system. Where shortfall still remains, Mr. Speaker, we have no choice but to continue the process of recruiting nurses from overseas to boost our existing supplies.

Expanding Bed Capacity

Mr. Speaker, it was recently pointed out in the press that we had close to 700 persons who are homeless presently occupying beds in our hospitals, with most at Bellevue and close to 200 at other hospitals. I want to announce that we have initiated

discussions with the relevant agencies and Ministries of Government and I want to single out my colleague from Local Government who has pledged his support for this project. We intend to work to establish within the infirmaries additional housing facilities to take on these persons from the hospitals providing them with the necessary social support to ensure that they are cared for. Mr. Speaker we also intend to ensure that their medical care is looked after while they are placed in these facilities. Mr. Speaker, I have established a Committee chaired by Dr. Earl Wright, who is tasked with working with agencies such as Food for the Poor which has also pledged its support, the National Health Fund and I must also report that I have commenced exploratory talks with the NHT to garner the required funding for this project. Moving these persons out of the hospitals will reduce the waiting time for beds.

HEALTH TECHNOLOGY



Electronic Health Records

Let me now turn my attention to another major area of concern in the sector – that of health records. Health records have been one of the issues that have caused delays in how we address patients' needs. We hear the complaints of patients and their representatives – misplaced or lost health records, misfiling, damage, late and incomplete reports and the manual update of records just becomes very tedious. These issues affect continuity of care and impact on the time patients wait for their health issues to be addressed.

Mr. Speaker, this Administration is moving away from the current manual system in keeping with the Government's e-Government approach.

We already have the Requirement Specifications for a Document Management & Imaging System (DMIS) solution for digitizing paper medical records. What this will do is convert

clinical documentation into an electronic image to facilitate easy retrieval and viewing. This will greatly reduce the time taken for patient registration and improve the work flow between various categories of healthcare providers within and between health facilities. Major benefits may be seen at the Accident & Emergency Department, Out-Patients' Specialty Clinics as well as Primary Care settings.

Let me accept that is an initially expensive and medium term objective, but we are starting the process. Already, the University Hospital of the West Indies has embarked on a process to digitize its patient records. We are working with the management at UWI to determine the most suitable approach to do the same across the general public healthcare system.

We are also learning from the pilot that saw the Black River Hospital and the Santa Cruz and Darliston Health Clinics being digitized, a project that started some three years ago.

Mr. Speaker, we are very clear in our mandate to move towards digitization of patient records as a precursor to electronic administration of public health.

Telemedicine



More immediately Mr. Speaker, we are moving quickly to improve and make a part of our daily routine the use of telemedicine technology. Telemedicine allows a medical practitioner to remotely diagnose and treat patients. This will allow remote diagnosis and consultations as well as the storage of images and files in real time reducing the burden on hospitals and the time patients have to travel and wait for care.

I am pleased to announce that a team is in place and discussions are being held to see how we can properly integrate this into our facilities. In the coming weeks, that team will visit Panama, where this technology is widely used, to see how it works and hopefully to collaborate with one of our major communications providers to establish this platform for broad access by our doctors and healthcare professionals.

We have also commenced limited use of the technology at the Bustamante Hospital for Children, May Pen and Black River

hospitals as well as the University Hospital of the West Indies and KPH.



HEALTH INSURANCE PARTNERSHIPS

Mr. Speaker, when user fees were abolished in 2008, the Government retained the requirement to collect private health insurance at facilities.

Unfortunately some hospitals discontinued doing so. We will be moving quickly to ensure that collection from health card holders is a norm, rather than an exception.

This week I signed the approval for the gazetting of revised fees, to be collected from private insurers who interface with the public health system.

I have already met with and will continue the dialogue with the private personnel and general insurers, as well as the representatives of the government personal health insurance scheme to ensure that this transition takes place smoothly and acts in the interests of the provision of better health care service.

NATIONAL HEALTH INSURANCE SCHEME

Mr. Speaker, these measures are a precursor to a more comprehensive reform and introduction of a National Health Insurance scheme.

I have established a committee chaired by Mr. Christopher Zacca to revisit the feasibility and develop plans for a National Health Insurance scheme for the country. The NHI scheme will provide a more equitable and sustainable solution for financing the sector.

CHARITIES

Mr. Speaker, last year we had almost 200 charitable missions with a value of approximately US\$3.1 million supporting health care initiatives in Jamaica. The fact is our health care provisions would be challenged further without the contributions of these charities. We have to make it easier for people to give charitably, and find a way to encourage them to give more.

In keeping with that objective, Cabinet has approved a policy on gift and charity in support of public health care and we are moving to strengthen the health and wellness foundation within the Ministry to provide critical information and support to local and overseas charities who wish to give to worthy health related causes.

Further Mr. Speaker, this year we intend to pitch a critical programme around support for our primary health care facilities targeting the involvement of our charities.

This programme will be called Adopt-A-Clinic and will seek to establish a supporting relationship between a charity and the maintenance of a particular health clinic. The intention is to have the Ministry maintain the personnel standards and procedures while the sponsor ensures the facility has all the necessary upkeep and equipment to service patients.

Mr. Speaker, we will strengthen our partnership with Charities as we seek to improve the provision of health care.

ONGOING INITIATIVES

Mr. Speaker, there are a number of legacy initiatives which we intend to continue through to completion, in the interest of improving public health services.

Much work has been done so far under the Programme for the Reduction of Maternal and Child Mortality –PROMAC sponsored by the European Union.

The overall objective of the project is to provide support to Jamaica in attaining Millennium Development Goal 4 “Reducing Child Mortality” and 5 “Improving Maternal Health”. The post 2015 agenda and now the Sustainable Development Goals demand that we continue on this trajectory to make further improvements but from a broader perspective specifically as it relates to SDG 3, which speaks to ensuring healthy lives and promoting wellbeing for all, at all ages.

As part of the project we will establish five (5) Maternal and six (6) neonatal High Dependency Units (HDUs) in six (6) referral hospitals in Jamaica - Mandeville Regional, Victoria Jubilee, Cornwall Regional, Spanish Town and St. Ann’s Bay Hospitals as well as the Bustamante Hospital for Children. On Friday, Mr. Speaker, we handed over the first set of equipment for the HDU to be established at the Mandeville Regional hospital.

The establishment of HDUs and the provision of supporting specialized equipment to those facilities represent planned

expenditure of approximately €12.9 million or about sixty (60) percent of the entire PROMAC €22 million budget. In financial terms, this represents the largest expenditure category under the project which is the biggest capital investment in the health sector over the last two decades.

In addition, we have a number of new projects expected to be completed this year:

The long awaited Bustamante Hospital cardiac facility will be completed this year and last week we signed a Memorandum of Understanding with Chain of Hope and partners to facilitate the procurement of equipment valued at US\$1.5 million for the facility.

The Cancer Treatment Centre at Cornwall Regional is expected to be completed this year and the Cancer Treatment Centre at St. Joseph's hospital is to be completed next year. This represents an investment of over US\$14 million, an astronomical investment in the lives of persons with cancer in this country.

We also expect to begin work soon on the construction of a new headquarters for the Ministry of Health on the grounds of the St. Joseph's hospital, which will not only house the administrative wing of the Ministry but also, a PPP entity to provide high technology diagnostic services for Jamaica and the Region.

COMPASSIONATE CARE

Mr. Speaker, I would like to close by mentioning one more initiative we would like to pursue. This initiative will focus not so much on the science of medicine but rather the Psychology of medical practice. We would like to open up the hospital and public health care system to greater participation from volunteers under the theme of Compassionate Care. Mr. Speaker we need to restore compassion to public health and to change public perception so that there is support for this very important service. The truth is doctors, nurses, and administrators cannot, under the circumstances, do this alone. Patient care and particularly recovery and customer service care could be greatly enhanced by more hands and kind hearts. Someone could read a book or newspaper, comb a patient's hair or even make a cup of tea. This could go a long way to a patient's psychological mindset and in turn recovery process.



We want to invite volunteers into the system, and will review and make official a volunteer policy, which includes longer visiting hours, to guide this. These persons would however, have to be guided by the medical personnel on duty at the time.

CONCLUSION

Mr. Speaker, we have taken some time to assess the challenges faced by the sector; we have examined the existing projects and programmes being implemented.

We have acknowledged and harnessed those which are good and will integrate them into the new ten year strategy.

We are revising those that need to be revised but most importantly we are implementing new strategies that put the individual at the centre of care.

We reaffirm the need for individual responsibility but we are also strengthening the partnership with the people to ensure the best possible outcome.

