



Presentation on Jamaica's Progress towards the Millennium Development Goals - with a focus on Public Health

The Annual Ministerial Review, UN Economic and Social Council Geneva, 7 July 2009





Location of Jamaica

Latitude 180N/Longitude 770W, south of the Tropic of Cancer

Population

- 2.66 M
- 92.4% Black
- 6.2% Mixed
- 1.4% Other (inc. East Indian, Chinese, White & Mid. Eastern)
- Life expectancy 71.4 yrs

Small Island Developing State

- Natural Disaster Hotspot
- 95% of total area at risk (World Bank 2005)
- Ranked 3rd out of 75 countries with 2 or more hazards (Ibid.)

Physical Assets

- Arable land
- Modest mineral resources
- High levels of biodiversity
- Outstanding scenic beauty
- White beaches

BACKGROUND



Middle Income Country

- US\$4,816.7 GDP per capita (2007)
- HDI Rank: 101

Narrowly – Based FE Earnings

- Remittances
- Tourism
- Bauxite (together 85%)

Heavy Debt Burden

- 111.3% Debt to GDP ratio
- 56.5% of Budget to Debt Servicing

THE ECONOMY

MDG TARGETS: SCORES FOR GOALS 1-7

ACHIEVED

- Reduction in absolute poverty
- Reduction in hunger
- Universal access to primary education

CHALLENGES

Poverty reduction is fragile: causes include growth of informal sector, relatively low inflation, increase in remittances – all under threat from global recession.

Major quality and equity issues in early childhood and primary education, including rural attendance problems associated with poverty.

ON TRACK

- Universal access to reproductive health
- Halt/reverse spread of HIV/AIDS
- Universal access to treatment for HIV/AIDs
- Halt/reverse spread of malaria &
 TB
- Universal access to potable water & basic sanitation

Targets which are on track represent solid gains despite remaining challenges

LAGGING

- Gender equality and empowerment of women
- Reduction of biodiversity loss

CHALLENGES

Underperformance of males at all levels of education, low level of representation of women in national parliament (13%), high unemployment rate among women (twice that of men).

While elimination of ozone depleting substances has been achieved, there is lag in integration of principles of sustainable development, and slippage in CO₂ omissions.

FAR BEHIND

- Reduction of child mortality
- Reduction of maternal mortality

CHALLENGES

Data are problematic but Jamaica has comparatively low child & maternal mortality rates, hence 2/3 & ³/₄ target reductions are more difficult. Shortage in midwife cadre (47%), due to professional migration, has negatively impacted resources.

Maternal deaths from direct causes have been halved, but deaths from indirect causes (heart disease, HIV/AIDS, NCDs, unsafe abortions) have increased by 83%.

SLIPPING

• Significant improvement in the lives of slum dwellers

CHALLENGES

The slippage in quality of life of urban slum dwellers is of great concern. Inner city areas are often violence & injury hotspots. Deterioration can impact many MDGs.

Over 10 yrs the urban population has increased from 35% to 52% (1991 & 2001 Censuses). Data on quality of life is from the UN and is estimated from a 2002 survey. There is no local collection of data – this needs to be addressed.

FOCUS ON PUBLIC HEALTH 1

Meeting the Challenges of Primary Health Care

PRIMARY HEALTH CARE

Well-developed primary health care system, reaching deep into rural areas, following a 1977 decision prior to Alma Ata Declaration.

Focus on equity, access & social justice. User fees abolished in 2007.

Innovative developments in relation to health team.

Now developing a renewed primary health care strategy to meet challenges of sustainability, costeffectiveness & quality in face of increased demand.

STRATEGY OF RENEWAL

- Innovative health financing
- Infrastructure upgrading
- Re-engineering of human resources
- Improved information systems
- Better trained leader/managers
- Public/private partnerships
- Community empowerment

INNOVATIONS IN THE HEALTH TEAM

MOH Policy: "No highly trained person should spend time routinely doing tasks that could be undertaken by a lesser trained person"

- Nurse Practitioner
- District Midwife
- Psychiatric Aide
 - Community Health Aide

- Peer Educator
- Social Worker
- Behaviour
 Change
 Communication
 Agent

Doctor
Nurse
Pharmacist
Medical Technologist
Environmental
Health Officer

- Pharmacy Technical Asst.
- Laboratory Technical Asst.

- Contact Investigator

- Vector Control Officer

FOCUS ON PUBLIC HEALTH 2

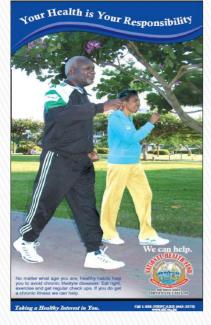
Providing Universal
Access to Vital Essential
& Necessary (VEN)
Drugs

THE NATIONAL HEALTH FUND (NHF)

- A government agency, established in 2003. Jamaica is the first country in the world to have an innovative health fund of this kind.
- Main focus is the provision of individual benefits; presently by way of pharmaceuticals.



- Allocates some funding (depending on availability) to its Institutional Benefits Programme for:
 - public health emergencies, e.g. hurricanes, vector control;
 - institutional strengthening, e.g. Health clinic infrastructure, ambulances, training;
 - grants for health-linked NGOs, e.g. Road Safety Council, Heart Foundation.





Health walk, new primary health clinic and health fair; examples of activities sponsored by NHF. Healthy lifestyles & personal responsibility are promoted.

- Subsidises drugs for 15 chronic illnesses.
- Pays 80% of reference price for all drugs with the appropriate active ingredients.
- Patient obtains higher subsidy on generic drugs while NHF avoids manipulation by market forces.
- Clients 60 years and over receive free drugs for 10 chronic illnesses under the Jamaica Drugs for the Elderly Program (JADEP).
- Provides diabetics with free testing machines.
- Timely payment system ensures participation by over 95% of private pharmacies.
- NHF converting its transaction processing system into a health record database for over 400,000 clients.

FOCUS ON PUBLIC HEALTH 3

Combating the HITY/AIDS Epidemic

Recognizing the AIDS epidemic to be a development concern as well as a health issue, the MOH has implemented a multi-faceted response

Major pillars of response

Increased access to antiretrovirals Health system strengthening

- Integrated program
- Improvedlab. capacity

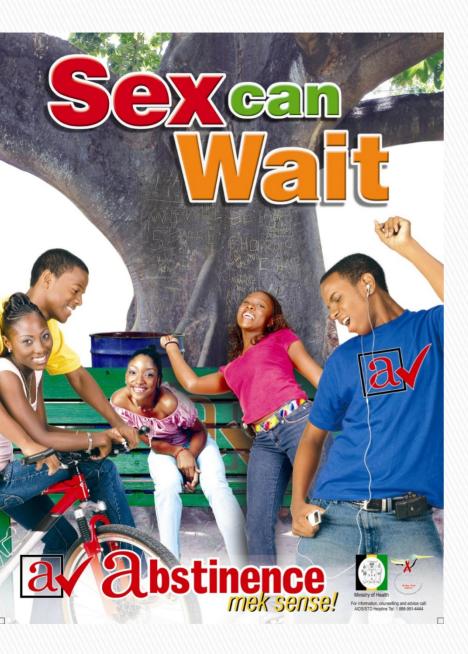
Building partnerships and creating a supportive environment

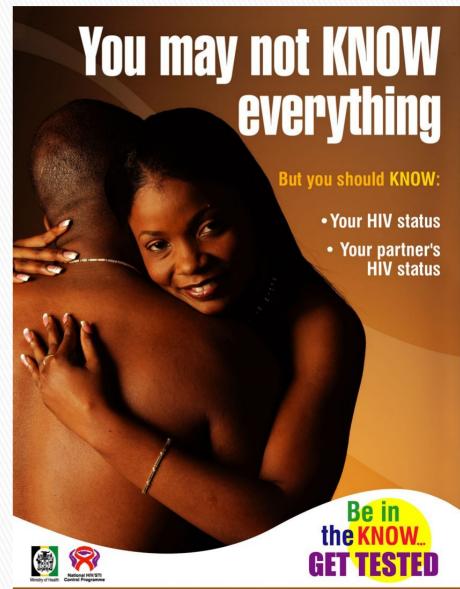
Workplace policies

Communications

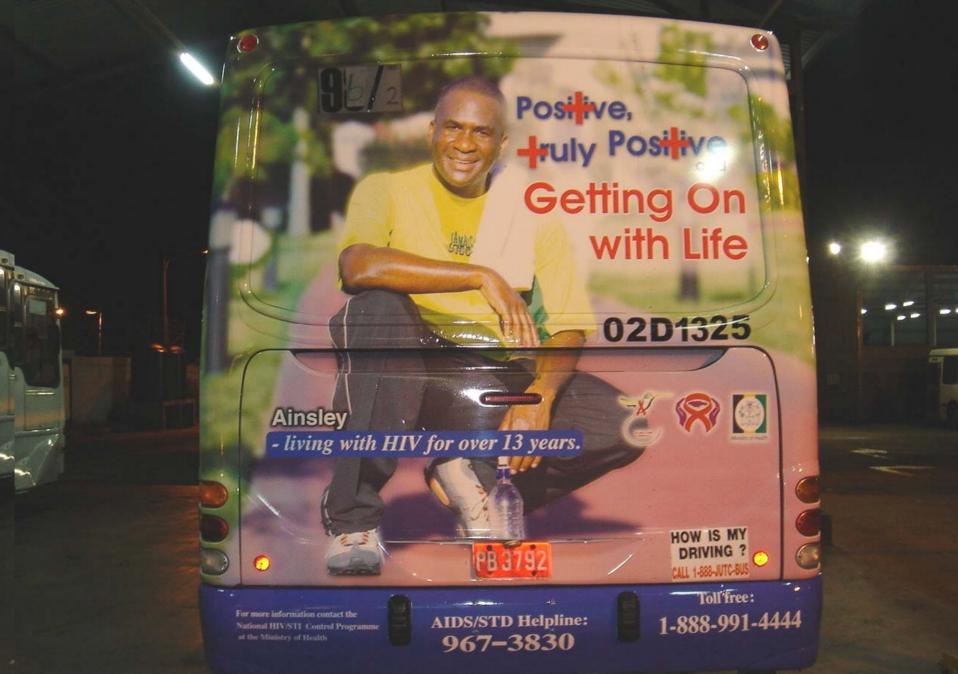
- Community outreach
 - Public education

Prevention campaign posters





Anti-Discrimination campaign - back of bus



FOCUS ON PUBLIC HEALTH 4

Tackling Challenges to the Health and Well Being of Children

Early childhood care & development from 0-8 yrs has been integrated under the Ministry of Education

- ► The National Strategic Plan (NSP) for the Jamaican Child 0-8 yrs has been launched with a five year plan (2008– 2013).
- Collaboration with the Min. of Health is critical. Joint plans are already in place to develop a child health passport for continuity of care, and support and guidance to parents.
- ▶ The NSP includes closer monitoring of growth, nutrition. development and family and child risk screening through primary health care clinics.



36 MONTHS

ANTENATAL

THE CHILDHOOD COM



- Referral Services eg. Home Visiting

Family & Child Risk Screening

Referral Services eq. Path Programme

-> Referral Services eg. Specialist Antenatal Care

PROCESS 1 Parenting Support

PROCESS 3

PROCESS 2 Preventive Health Care

BIRTH

National Strategic Plan (NSP) for

THE JAMAICAN CHILD

0-8 YEARS

18 MONTHS





── Referral Services eg. Child Intervention Services

ENTRY TO EARLY CHILDHOOD INSTITUTIONS



PROTESS A High Quality ECIs

PROCESS 5 Trained EC Teachers



Parenting Support

PROCESS 3 Family & Child Risk Screening
Referral Services eg. Path Programme,
Child Intervention Services

- Referral Services eq. Home Visiting



CHILD HEALTH CLINIC

4 - 5 YEARS SCHOOL READINESS

EVALUATION

PROCESS 1



PROCESS 2 Preventive Health Care Referral Services eg. Specialist Health Care

PROCESS 3 Family & Child Risk Screening

→ Referral Services eg. Path Programme, Child Intervention Services



6 YEARS
TRANSITION TO PRIMARY SCHOOL

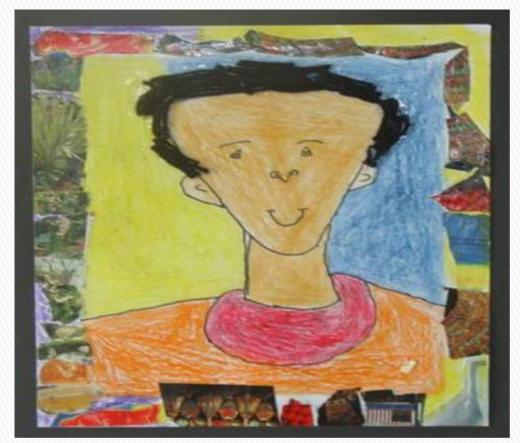
As part of the response to MDG #4 to reduce child mortality, an experimental Child Abuse Mitigation Project (CAMP) was set up in the national Bustamante Hospital for Children

CAMP Bustamante's objectives

- To develop & implement a hospital-based model to identify and refer victims of violence - succeeded
- To improve parenting skills & conflict resolution - partially succeeded
- To develop & implement an intervention model within the child's environment through interaction with existing community based programs partially succeeded

Set up 2004-2008 by MOH in collaboration with UNICEF

- Small staff of social workers & one psychologist
- Investigated total 1,284 cases from A&E (4 per 1,000) - physical assault (65%), sexual assault (28%), gunshot wounds (7%)
- Selected clients attended weekly classes or summer camps
- Parental education classes held
- Assessed a best practice. Ended for lack of funding. MOH hoping to restart and expand.





Children's Art created during CAMP Bustamante summer camps and Saturday classes





Working with Vulnerable Jamaican Youth

Presented at The UN Annual Review Meeting, Geneva, Switzerland By:

Claudette Richardson-Pious, Executive Director Children First Agency - July 2009

nildren First at a Glance

- ▶ A unique and innovative community action organization
- Provides life changing programmes for at-risk children and their families in varying circumstances
- Community and national outreach programmes

Children First at a Glance

- Formerly a welfare project of Save the Children UK
- Commenced in 1989 with 50 street boys in Spanish
 Town Jamaica's first capital
- Transformed to an independent non-governmental organization in 1997
- Serves over 3,850 direct vulnerable youngsters annually



Our Major Programmes

- Child Rights Education
- Remedial Education emphasis on numeracy and literacy
- Vocational and Entrepreneurial Skills Training
- Life Skills Education
- Career Development and Job Placements
- Adolescent Reproductive Health Information and Services
- Counseling and Referral Services
- Parenting Education



The Youth Wellness Centre Project



- ➤ Targets youth 17 24 years who resides in depressed urban and rural communities
- Supports youth who are at risk of becoming or are engaged in illicit activities: gangs, violence, drugs, prostitution
- Provides skills training, work experience placement and employment opportunities



Youth Wellness Centre Participants





Empowering Older Citizens Project



- Empowers seniors in targeted communities to access government social services
- Access to income generational activities
- Revival of senior citizens clubs
- Bridging the generational gap



MAN Project "Before" Mural





Male Awareness Now (MAN) Project

- Addresses the impact of culture and the need for resocialization of young men's behaviour and attitudes
- Targets groups of 100 males ages of 14-24 years from specific communities, where poverty is high and there are many social problems



Remedial Education Project

- ➤ Targets youth 10 16 years, who have dropped out of the formal school system or haven't been to school
- Directly serves 435 youngsters annually
- At risk of becoming or are engaged in illicit activities – including the worst forms of child labour



Our Remedial Education Project





Skills Training Project - Videography





Skills Training Project - Photography





Skills Training - Information Technology



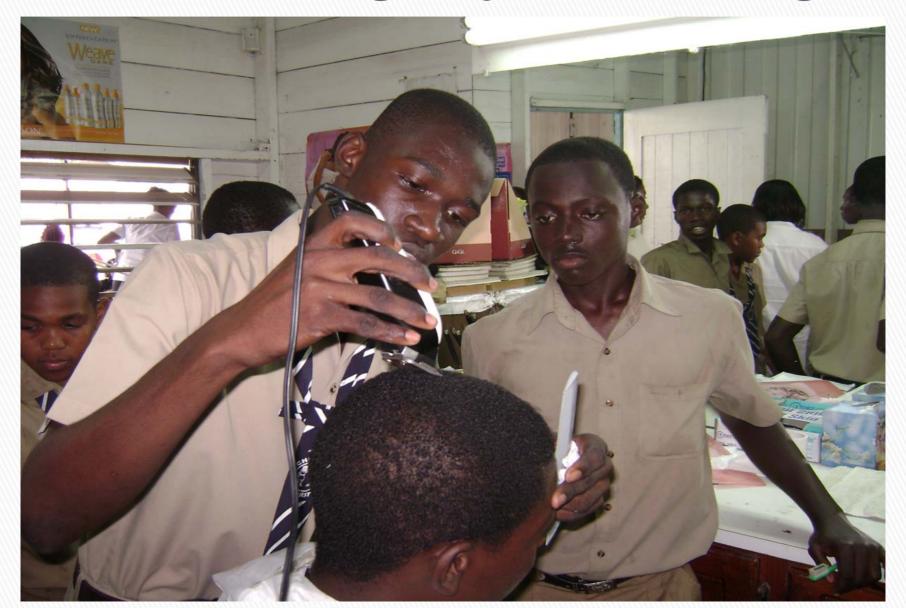


Skills Training Project - Cosmetology





Skills Training Project - Barbering



The Mobile Reproductive Health and Information Service - Bashy Bus



General Overview

HIV/AIDS is a global concern and in Jamaica the number of cases of AIDS has been steadily increasing, particularly in the parishes of St Catherine, St Ann and St James, where there are high rates of internal migration and population movement as a result of urbanization and tourism



The Bashy Bus Project

- Provides young people with information and access to youth friendly services
- Offers voluntary counselling and testing for HIV
- Team comprises of young people who are trained to deliver youth friendly initiatives in a non-threatening manner





ashy Bus Project Overview

- The bus is marketed as a safe space where young people can learn about youth issues including healthy lifestyle, violence prevention, sex and sexuality
- Provides a wholesome environment, which is free from abuse and exploitation
- Provides a space where they can access essential sexual and reproductive health services at a low or no cost.







Providing Access to ARH Information









Impact of Bashy Bus Services Aug 08 - May 09

- Sensitized a total 41,914 individuals; 11,970 adults, 28,944 adolescents/children
- Provided access to "free" Voluntary Counseling and Testing for 2,148 persons including adolescents
- The publication of the Bashy Bus Baseline Research and completed the follow up assessment





Bashy Bus International Recognition

- Winning the coveted award (August 2006) Young Investigator Award Women, Girls and HIV, for the Bashy Bus baseline research Abstract (sponsored by UNICEF) at the XIII International Conference on HIV/AIDS in Canada
- ▶ Capturing the 2008 Anthony N. Sabga Caribbean Award for its innovativeness as the Caribbean's first mobile adolescent friendly clinic







Making a Positive Difference in the Lives of Jamaica's Youth

Our Contribution to meeting the MDG'S

▶ Through our various holistic programmes, we have contributed to our nation's progress towards meeting the MDG's and other internationally agreed development goals

- Our Main Focus Areas

 - Education Poverty Reduction
 - Health (HIV/AIDS)
- Child Rights

- Gender Equality Crime and Violence Reduction

RECOMMENDATIONS RE. HEALTH MDGS

GOAL 6: Combat HIV/AIDS, Malaria and Other Diseases

NEW TARGET

 Have halved by 2015 the incidence of chronic non-communicable diseases (NCDs).

NEW INDICATOR

Prevalence of chronic non-communicable diseases, by sex & age.

RECOMMENDATION TO ECOSOC

ECOSOC recommend to the UN General Assembly that it convene a special session on non-communicable diseases bearing in mind the tremendous burden of disease on the world's population.

CONCLUSION

Greatest long term challenge in meeting MDG targets is the debt burden:

- -111% of GDP
- 4th highest in the world
- consumes 57% of Budget

Other critical cost areas:

- -improving environmental conservation
- -disaster mitigation, more urgent in context of climate change

Burden of debt makes it virtually impossible to make significant headway in:

- Educational transformation
- Full primary health care renewal
- Youth vulnerability
- Urban decay

With the added pressure of global recession, deterioration in all MDG areas seems inevitable.

More development aid is needed to prevent deterioration

MOVING TOWARDS THE MDGS

Vision 2030: Jamaica National Development Plan

Financing for implementation of e-health/ m-health; Application of IT to health insurance, e-pharmacy, tele-monitoring; Structured arrangements re. migration of nurses/teachers

Debt forgiveness, Debt equity swaps,
Affordable, concessionary financing, e.g. for
renewal of primary health care