



# **SECTORAL PRESENTATION**

## **2015-2016**

**HON. DR. FENTON FERGUSON, CD, DDS, FICD, MP**  
MINISTER OF HEALTH

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**'BUILDING ON THE FOUNDATION:  
SECURING THE FUTURE FOR A HEALTHIER JAMAICA'**



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## ACKNOWLEDGEMENTS

**M**r. **Speaker**, I thank the Almighty God for his continued care and protection. I am grateful to the Most Honourable Prime Minister for believing in me and supporting me through all the challenges. I will continue to give my best to her and to the people of Jamaica. I am grateful to the people of Eastern St. Thomas without whom I would not have the privilege of addressing this Honourable House for more than 22 years. I will continue to serve them as long as they will have me. **Mr. Speaker**, I must thank my team of Constituency Executive members, Councillors – three of whom are here today Mathison, Hutchinson and Bryan along with Care-taker Councillor Bailey. Divisional Executives, PD workers and volunteers, Friends of Eastern St. Thomas, Support Staff at the Constituency Office and Parliamentary and Party Colleagues.

I thank my family for being my rock and my late mother whose belief in me was unquestionable. Her support and encouragement made me what I am today. I thank my fiancée, Blossom, for her understanding of the life of a Politician and for standing by me through thick and thin.



**Mr. Speaker**, this past year was a challenging one for the health sector but I received considerable support from the team at the Ministry of Health, Agencies and Regional Health Authorities. I acknowledge the audacious leadership of my Permanent Secretary, Dr. Kevin Harvey who took the reins of the Ministry less than a year ago but has already made a positive impact. I want to thank former PS Dr. Jean Dixon for her knowledge, experience and steady guidance during the first two years and eight months. I also thank the Acting Chief Medical Officer, Dr. Marion Bullock DuCasse; Directors of the Ministry, the Boards of Management, my Advisors and support staff, led by Valda.

**Mr. Speaker**, I want to thank all our local partners, the Pan American Health Organization, NGOs, UN Agencies and members of the Diaspora who over the years have stood by us and worked with us to achieve our goals. I also acknowledge the Governments of Argentina, Brazil, Canada, China, Cuba, Japan, Spain, the United States and Venezuela, as well as the European Union for their assistance and support.

## CONSTITUENCY OF EASTERN ST. THOMAS

**Mr. Speaker**, with respect to the constituency of Eastern St. Thomas, my time allows me to mention only a few of the many projects that are in the pipeline, such as:

- The Bath to Hordley road funded by the Sugar Transformation Programme will begin soon
- The Harbour Head Bridge – out to tender
- The Rudolph Elder Park – plans well advanced – will be upgraded to standards no less than our Emancipation Park
- The three Housing Schemes at Hampton Court, Duckenfield, and Stokes Hall Phase 2 – far advanced
- The Southern Coastal Highway from Harbour View to Port Antonio which will open up the length and breadth of St. Thomas.

I thank the Ministers from St. Andrew Southern and North West Clarendon for the Harbour Head Bridge in Pear Tree River and the Southern Coastal Highway which they have now placed on high priority.

## INTRODUCTION

**Mr. Speaker**, no country can achieve growth and development without considerable investment in the health of its people. While we have many challenges, we cannot take a Band-Aid approach towards fixing our problems. We must take a strategic approach to health in preparing the road map for the future. This Administration recognizes health as a developmental imperative, and so we continue to put policies and systems in place to develop and transform the health sector into one that can adequately respond to prevailing needs.

**Mr. Speaker**, Jamaica, over the years, has had a very strong record of accomplishment in health care. Despite the less than ideal per capita expenditure on health each year, Jamaica's health outcomes are remarkable when measured in both life expectancy and quality adjusted life expectancy. The data reveals that Jamaica has outperformed its regional neighbours relative to its comparative investment in health. For example, Jamaica's Health Adjusted Life expectancy is greater than both Trinidad and Tobago and Guyana, both of which invest a greater portion of their GDP in health. Jamaica has an average life expectancy of 74 years, a figure that is largely impacted by motor vehicle accidents and other non-health care related factors. Further, in 2004, PAHO/WHO evaluated Jamaica's public health system using nine essential public health indices. Jamaica scored a remarkable 75 and ranked ninth in the world.

**Mr. Speaker**, this year, the Government has provided a major increase in the health budget to facilitate further improvement in infrastructure and services. This year, the Ministry of Health received \$7.2 billion more than the previous financial year for a total allocation of \$48 billion, up from last year's \$40.8 billion, reflecting an 18% increase. **Mr. Speaker**, last financial year we received for capital A \$1.273 billion, and for this financial year we have received \$1.725 billion, an increase of \$452 million (36% increase).



**Mr. Speaker**, our Capital B moved from \$906 million to \$1.2 billion, an increase of \$294 million (approximately 32% increase). Our total budget last year was \$42.9 billion against the current financial year of \$50.9 billion an overall increase of \$8 billion (18.6% increase). **Mr. Speaker**, we are building on this solid foundation to secure the future for a healthier Jamaica.

## ACHIEVEMENTS OF THE MINISTRY OF HEALTH

**Mr. Speaker**, over the last three years, I have been on a path to rebuild Jamaica's health sector and put us in a place where we can move steadily towards our Development Goals. In 2014/2015 we completed:

- The Claremont Centre of Excellence at a cost of \$64.3 million
- Exchange Health Centre at a cost of \$57 million with the help of CHASE
- Santa Cruz Centre of Excellence Phase 2 at a cost of \$113 million
- Junction Health Centre upgraded at a cost of \$10.1 million
- Golden Spring Health Centre at a cost of \$41.4 million with support from JSIF and CHASE
- James Hill Health Centre – at a cost of \$46.8 million
- Nannyville Health Centre at a cost of \$51.5 million.

**Mr. Speaker**, I am pleased that we were able to complete the health centre at the insistence of the MP, from South East St. Andrew, as it was started since the 1970s and was languishing but is now open for the first time.



**Mr. Speaker**, this year, we intend to undertake work on:

- Grange Hill Health Centre in Westmoreland
- Comprehensive Health Centre in St. Andrew
- Christian Pen in St. Catherine and Runaway Bay in St. Ann will get brand new Health Centres
- Maxfield Park Health Centre will be renovated
- Design work for a new Health Centre in Port Maria in St. Mary and expansion for the Stony Hill Health Centre will begin soon

**Mr. Speaker**, we have also revitalised secondary care. We upgraded sixteen (16) hospitals at a cost of over \$1.28 billion including:

- St. Ann's Bay Regional – \$170 million
- Port Antonio – \$58.9 million
- Mandeville Regional – \$166.6 million
- Percy Junor – \$18.4 million
- May Pen – \$67.7 million
- Black River – \$13.4 million
- KPH & VJH – \$221.2 million
- Bustamante – \$195.8 million
- Bellevue – \$53 million
- Princess Margaret – \$60 million
- Linstead – \$55.7 million
- Cornwall Regional – \$51.5 million
- Falmouth – \$75 million
- Noel Holmes – \$45.6 million

This year, we will undertake work at twelve secondary care facilities costing some \$460 million.

**Mr. Speaker**, in terms of other achievements, we:

- Developed and will continue to implement the five-year National Strategic and Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs), 2013-2018.
- Trained workers in the Regional Health Authorities, who are now collecting data on cancer as part of the new islandwide Cancer Registry.
- We have an agreement with Radiation Oncology Centre of Jamaica to provide radiation treatment to cancer patients at no cost to them.
- With PAHO and the Brazilian Government's support we procured a High Performance Liquid Chromatography machine for the Sickle Cell Unit of the University of the West Indies to screen all pregnant women and newborns for sickle cell disease.

- We launched the Food Based Dietary Guidelines with the aim to improve nutritional well-being and food consumption.



- We launched the Physical Activity Guide and Toolkit for the Workplace and the Physical Activity Daily Guide for Health Care Providers.
- We conducted a Joint Needs Assessment in collaboration with PAHO and WHO to identify gaps in the full implementation of the Framework Convention on Tobacco Control.
- We are developing an Implementation & Communication Plan for the Public Health (Tobacco Control) Regulations, 2013. Jamaica has received funding from the Convention Secretariat of the WHO FCTC to the tune of US\$29,000 to assist in further implementation of the Treaty.
- We engaged Dr. Corne Van Walbeek, internationally renowned tobacco tax specialist, to undertake an Economic Impact Study, to assess the economics of tobacco control in Jamaica.
- Nineteen brand new ambulances have been added to the existing fleet – the first since 2007 – at a cost of eight hundred and eighty four thousand US dollars (US\$884,323).
- Two additional brand new ambulances are to be handed over soon to the Mental Health Programme through assistance from the CHASE Fund.

As a result of all of these strategies, last year we saw **1,637,910** visits in Primary Health Care, **707,501** outpatient visits and **1,380,749** hospital visits. We have also dispensed **2,968,227** pharmacy items and conducted **5,968,227** lab tests and **66,321** surgeries.

**Mr. Speaker**, in this new financial year, we will be focusing on:

- A sustained vector control programme
- The adolescent health programme
- Continuing work on the National Health Information System
- Strengthening oral health
- Procuring 16 additional ambulances
- Developing cancer care
- Acquisition of Linear Accelerators

**Mr. Speaker**, I want to assure you and the other members of this Honourable House that in almost every aspect of our work, we have undertaken to ensure intersectoral collaboration.

We work very closely with PAHO, the Centers for Disease Control and other health agencies.

We worked with the Opposition, Academia, Health Sector Groups and Associations, our internal stakeholders and the people of Jamaica for the nine health financing consultations that were done across the country.

We worked with the PSOJ, PAHO, the Governments of Cuba and Canada, several health groups, NGOs including Food for the Poor and companies such as Supreme Ventures Limited, Caledonia Outdoor Advertising, National Outdoor Advertising and Tank-Weld for Ebola Preparedness.

We hosted at least two Interministerial meetings on tobacco and had a Town Hall Meeting involving the then head of the Convention Secretariat of the FCTC, Dr. Haik Nicogolian.

We worked with, sought advice and looked at some of the examples of best practice from Sunnybrook Health Sciences Centre, "Sick Kids" hospital, Columbia University and Chain of Hope UK.

We had expert consultations and meetings with the WHO and direct meetings with Director, Margaret Chan, to discuss NCDs.

**Mr. Speaker**, I am presently an alternate member of the Board of the Global Fund and I have had several bilateral meetings with Executive Director, Mark Dybol, to discuss future funding for Jamaica and the Caribbean's HIV/STI Programmes.

We had consultations with experts from the Inter-American Development Bank to determine the burden of illness and what to expect over the next 20 years in Jamaica, and just last week we concluded a High Level Dialogue on Universal Health Coverage and Universal Access that included a Mission team from PAHO Washington and CARICOM and involved several local stakeholders.

So, **Mr. Speaker**, I am not on a frolic of my own when I am making decisions, pronouncements and putting in place interventions to improve the health of the Jamaican people. I seek the services of the experts who are internationally recognised in their field to bring evidence-based interventions that will lead to long term and sustainable development of the health sector.

## RELOCATION OF THE MINISTRY OF HEALTH

**Mr. Speaker**, as you know, the Ministry of Health had to relocate from Oceana last year, and so we now occupy several offices. I want to apologise to our clients who may still be having difficulty contacting us. We are still in transition and not yet fully settled but the work continues. Members of the public can call us at 633-7400/7433.

## INTEGRATED VECTOR MANAGEMENT

**Mr. Speaker**, chikungunya presented a major challenge for the nation from the outbreak began in July last year. It was a difficult time for all of us and I want to express my deepest sympathies to those who have been affected. I know there are still persons, especially those with arthritis and sickle cell who continue to experience the effects of the disease. Please feel free to be in touch with our health facilities. I am happy that we were able to control this epidemic within a reasonable timeframe in keeping with that seen in other countries.



I want take this opportunity to stress that Jamaicans need to begin taking personal responsibility for their health and, in doing so, protect themselves against vectors including mosquitoes.

While the Government must lead, this really requires individuals to keep their surroundings clean, especially since the mosquitoes breed mostly in and around the home, schools, churches, work places and other locations that people generally gather. The Ministry will very soon be embarking on a comprehensive programme of vector control including a public education campaign which has already started and will be intensified.

## CANCER CARE

**Mr. Speaker**, in our effort to reduce premature deaths from NCDs by **25% by 2025**, the Ministry is in the process of designing and developing a Cancer Care System of Excellence to be located at the St. Joseph's Hospital, where one of two Linear Accelerators for radiation treatment will be housed. **Mr. Speaker**, I am pleased to announce that Cabinet has approved the award of the contract for the LINACs, and only this morning a contract was signed with Varian Medical Systems for over **US\$14M (US\$14,465,747.10)**.

I want to thank the NHF, CHASE, the Vincent HoSang Family Foundation, the Montego Bay Association of Administrative Professionals and the Montego Bay Chamber of Commerce for contributing to this remarkable venture, which will see costs for a full course of radiation treatment moving from \$1.8 million in the private sector, without Government support, to zero for the most vulnerable.

## ORAL HEALTH

**Mr. Speaker**, we have significantly upgraded the physical dental plant and the quality of oral health services at the four Centres of Excellence, which are now providing comprehensive dental care to our citizens. The Ministry is also collaborating with the North East Regional Dental Examination Board (NERB) and ADEX – The American Dental Examination Body to help us to establish a National Dental Examination Board that will ensure the highest quality in dental exams. Jamaica has become the first country outside of the USA mainland to become a member of ADEX. This means that some of our graduates will be able to practise in the US, and we can begin to look at options regarding training for export. **Mr. Speaker**, shortly, I will be meeting with the Ministry of Education, along with the leadership of UWI and UTECH to resolve some challenges that are impacting the Oral Health training programme.

## ADOLESCENT HEALTH

### Human Papillomavirus (HPV) Vaccine

**Mr. Speaker**, cancer of the cervix is the second-leading cancer in the country with HPV genotypes 16 and 18 estimated to contribute to over 60% of the cases. In Jamaica, the occurrence of this disease is 28 per 100,000 population with a mortality rate of 13.2 per 100,000. By vaccinating teenage girls against HPV, we will decrease death and disability associated with

cervical cancer in a cost effective and practical way. We are now exploring introducing this vaccine and I will be making a further announcement on this, shortly.

### **Child and Adolescent Hospital in Western Jamaica**

**Mr. Speaker**, a Chinese delegation was in the island for about three weeks in March and prepared an initial proposed design for the construction of the Child and Adolescent Hospital in Western Jamaica. I know this project is dear to the Most Hon. Prime Minister. She requested technical assistance from China and gave a commitment to building a modern, state-of-the-art facility. The hospital will result in quicker access to diagnosis and treatment for children and adolescents, more efficient use of resources and a reduction in waiting time for treatment. It will also be the only facility in Jamaica to provide services for children from 0-18 years old.



### **Ganja**

**Mr. Speaker**, with the amendment to the Dangerous Drugs Act this year, we have significantly strengthened the budget of the National Council on Drug Abuse (NCDA). While I laud and support the opportunities that will arise through research and medical marijuana, I am deeply concerned about children and adolescents. We have, therefore, increased the budget to the NCDA with a realignment of an additional \$10 million to make it \$20 million overall. This sum will be used to beef up the work of the NCDA and in particular public education. We will be working closely with the Ministries of Education and National Security.

## NATIONAL HEALTH INFORMATION SYSTEM

**Mr. Speaker**, I am happy to announce that we began implementing the National Health Information System and E-Health Strategy. The pilot project to put in place the Electronic Patient Administration System (ePAS) is being implemented in two facilities – Santa Cruz and Darliston Centres of Excellence, with Health Records staff as the initial users since October 2014 and over 13,000 individual patient records created. The ICT Infrastructure to support the ePAS at both facilities is also in place.

**Mr. Speaker**, the ePAS represents the foundation of a national Electronic Health Record system. Each patient will have a single electronic health record with a unique Universal Person Identifier. So, **Mr. Speaker**, if you walk into Santa Cruz for care, your data will be electronically captured, and if you then go to Darliston, all of your information would be readily available. We will eventually link all our facilities so that we can have continuity of care and easily accessible patient records for more efficient and effective service. This year, we will receive \$30 million from the NHF to complete implementation at Santa Cruz Centre of Excellence, Black River Hospital and St. Elizabeth Health Department.



Moreover, the National Health Information Network's Wide Area Network Design is complete, through consultation with eGov Jamaica Limited, and the Universal Service Fund commissioned connectivity points at 59 of 60 sites at a cost of \$26 million through support from MSTEM.

## PRIMARY HEALTH CARE RENEWAL POLICY

**Mr. Speaker**, while our network of over 300 health centres and 24 public hospitals provided good results for the population despite the less than ideal per capita spend on health, it can no longer support the needs of the health sector. We had a major shift in the population, which has been redistributed with more urbanisation, growth in the elderly population and shifts in poverty levels as well as the burden of diseases which have all affected the health sector.



This year, the Government will be taking steps to restructure health services to improve the quantum and quality of service available to Jamaicans. Through Cabinet approval, we are moving forward with the Renewal of Primary Health Care Policy to help to realign the primary health care network and infrastructure to address the population shift. It is not coincidental that Old Harbour, Kingston, May Pen and Spanish Town are having overcrowding issues. The population growth over the last 30 years has been significant without any major increase in the provision of primary health care services. This is so because the health sector suffers from the lack of a development plan. I am happy to announce that, through the support of the Inter-American Development Bank, Jamaica completed a comprehensive review of the burden of illnesses to include estimates and analysis of major issues affecting health. This year, we will begin the process of designing a 10-year development plan for the sector to ensure realignment with shifts in population and disease burden.



## UNIVERSAL ACCESS AND UNIVERSAL HEALTH COVERAGE

**Mr. Speaker**, Universal Access and Universal Health Coverage are now the number one global health priority for the post-2015 development agenda. I am happy to note that there is a closing gap between the Government and the Opposition with respect to Universal Access. You would recall that the Hon. Prime Minister began the programme to remove user fees when she started with children 0-18 years in 2007. In her wisdom, she recognised that there would be immense challenges in the health sector if fees were removed at all facilities at the same time. Unfortunately, **Mr. Speaker**, the former Government, in April 2008, did just that and we continue to experience the challenges that arose from that decision. We know that user fees at the point of service are a barrier to access, and so we have no interest to return to them.

**Mr. Speaker**, a seven-member Mission team from PAHO/Washington and a technical expert from CARICOM were in Jamaica from April 26 – May 1, 2015 to strategically position the Ministry to ensure leadership in the advancement of UHC and develop a road map towards its achievement. The team provided technical support to advance Jamaica's work towards achieving UA and UHC as part of a two-day dialogue. This is significant, **Mr. Speaker**, because Jamaica is the first English-speaking Caribbean country to host a conference of this kind. As part of this, I met with colleague Ministers, Labour and Social Security, Agriculture and Fisheries; Education; Justice; Finance & Planning, and the Opposition Spokesperson on Health & Healthy Lifestyles, to share perspectives on closing the gap to achieving UA and UHC.

## CONCLUSION

**Mr. Speaker**, the Government is committed to playing its part to provide the support and foundation needed to improve the health of the population. We have shown that we are thinking globally and acting locally, because the future is now.

**Mr. Speaker**, we are building on the foundation that we created over the past few years and have continued to deliver on our promises.

- We have doubled the pharmaceutical budget to \$8 billion this financial year – solid foundation.
- We have significantly increased our health promotion and prevention budget from \$20 million to over \$271 million this year – solid foundation.
- We have increased our equipment maintenance budget from \$80 million to over \$500 million – solid foundation.
- We established four Primary Care Centres of Excellence – solid foundation.
- We improved access to primary care services – solid foundation.
- We started implementing the electronic Patient Administration System – solid foundation.
- We improved the IT infrastructure in several facilities – solid foundation.
- We have a world-class immunisation programme – solid foundation.
- We have improved oral health services in our Centres of Excellence – solid foundation.
- We revitalised Secondary Care by spending over \$1.5 billion in the first three years – solid foundation.
- We are establishing a child and adolescent hospital – towards a solid foundation.
- After a decade of work, we now have a policy for the renewal of primary health care – solid foundation
- We are designing a 10-year development plan for the health sector – solid foundation
- We brought in 19 ambulances – the first since 2007, with another 16 to come this financial year – solid foundation.
- We have signed a contract for US\$14 million to buy two state-of-the-art Linear Accelerator machines to move the cost of radiation treatment to zero for the most vulnerable – solid foundation.

**'Building on the Foundation: Securing the Future for a Healthier Jamaica'**

- We are moving towards universal health coverage and access to services for all Jamaicans  
– solid foundation.

**Mr. Speaker**, esteemed colleagues, this Administration will continue to build on the solid foundation that we have laid for the health sector to secure the future of this country and to make health a major player in the growth and development agenda of our country.

Thank you.

**NOTES**

