



2016 SECTORAL DEBATE



PROTECTING THE GAINS IN JAMAICA'S HEALTH SECTOR



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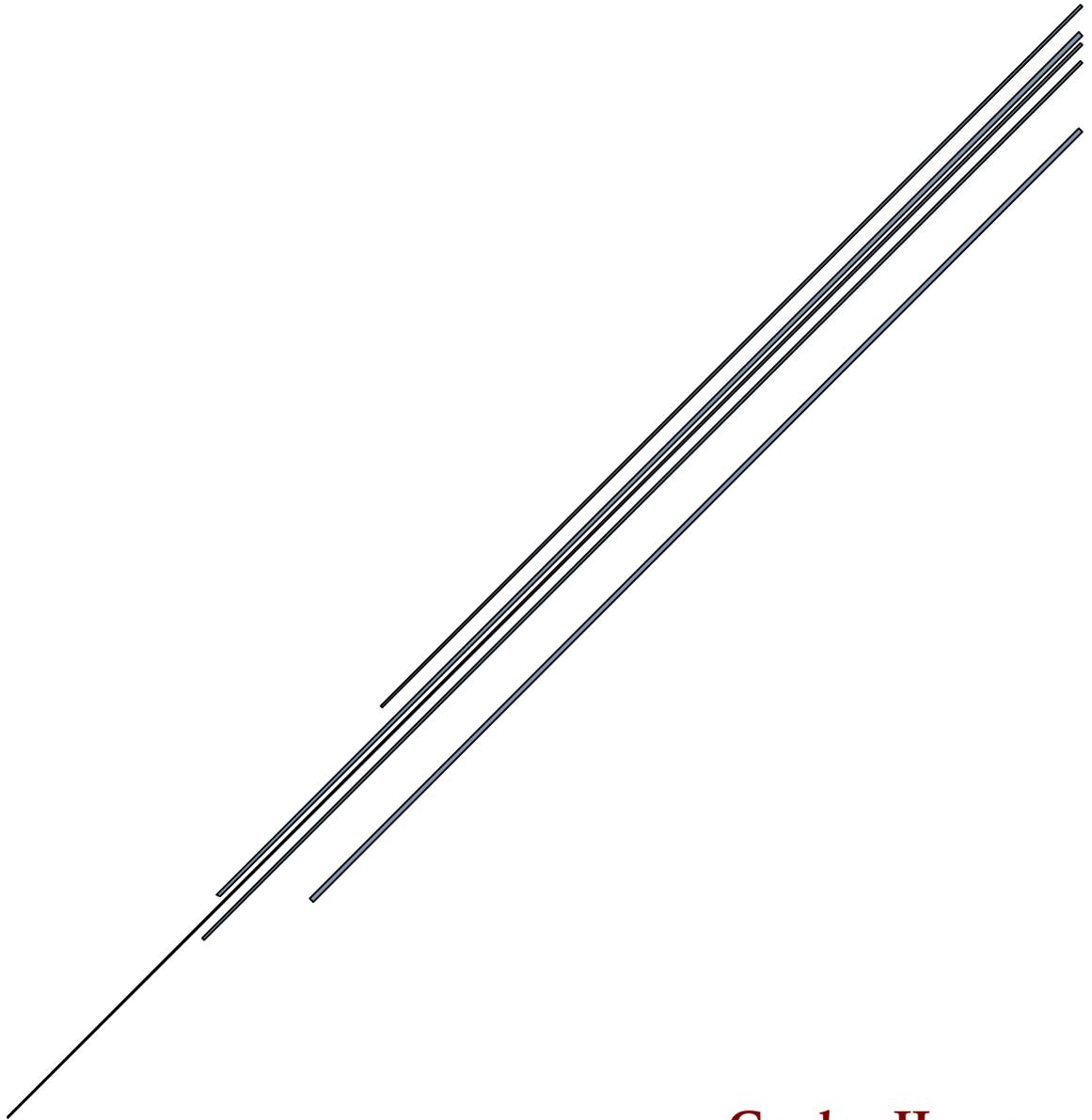
GORDON HOUSE | JULY 5, 2016

Protecting the Gains in Jamaica's Health Sector

Presented by

Mr. Horace Dalley, CD, MP

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Salutations

Mr. Speaker, I rise today to make my contribution to the sectoral debate. Before giving my response to the presentation made last week by the Minister of Health, I would like to thank God for his continuous blessings and guidance.

I would also like to express my gratitude and appreciation to our beloved Party Leader, the Most Honourable Portia Simpson-Miller, for her leadership over these years. I want my leader to know that I take this assignment as the opposition spokesman on health, as with every other responsibility to which I have been assigned over the years, with the seriousness it deserves; and will do my very best to protect all the investments and initiatives undertaken over the last four years by our administration to improve health care delivery in Jamaica.

Mr. Speaker, I also want to thank my former Cabinet colleagues for their support while I navigated the choppy waters in the health sector. I especially want to thank my friend and brother, Dr. Fenton Ferguson for his stewardship of the ministry during one of the most challenging epidemics ever faced by our people.

In spite of the difficulties during that period, Dr. Ferguson led the Ministry of Health during its most renaissance period in modern Jamaica. He completed initiatives which were started by the previous JLP administration, he introduced new thinking, developed new concepts, he completed many projects, and together we laid a solid foundation in health.

I know my friend [over there] will find reason to market and PR some of those initiatives as his creation but the facts will speak for themselves.

Mr. Speaker, I want to also use this opportunity to thank Dr. Marion Bullock Ducasse, who has now retired, from serving with distinction as the country's Chief Medical Officer (CMO)

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and technical advisor to the Government of Jamaica for many years. I have had the pleasure of working with Dr. Ducasse on many occasions, through many medical emergencies and national crises and at all times she applied herself with maximum devotion and commitment.

Mr. Speaker, we continue to call upon our fellow citizens to serve in voluntary roles on behalf of the country, and when governments change, we dismiss them without saying thank you. Today, I want to express my gratitude to all the former chairmen and members of the Boards of Directors of all the regional health authorities and to the management of the University Hospital of the West Indies (UHWI), the National Health Fund (NHF), the Registrar General's Department (RGD) and all the other boards under the purview of the Ministry of Health for their sterling services to Jamaica.

I also wish to thank Dr. Kevin Harvey, Permanent Secretary (PS); Dr. Winston De La-Haye, Chief Medical Officer (CMO); and all other technical officers within the Ministry for their sound advice, support and dedication.

I would also like to thank our International Partners in Health – namely; the Pan-American Health Organization (PAHO), Centre for Disease Control (CDC), the Caribbean Public Health Authority (CARPHA), the Inter-American Development Bank (IDB), the World Bank, the United States Agency for International Development (USAID), our private sector partners, our diaspora partners, and all other partners for their assistance over the years. We look forward to their continued support for Jamaica.

Mr. Speaker, my presence here in this Honourable House is only made possible by the industrious and hard-working people of the Constituency of Northern Clarendon, who confirmed their continued confidence in me to represent them for a sixth term. I will continue to do my best to represent their best interest at all times. To my three councilors, the members of my campaign team and my personal staff my sincerest gratitude.

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Finally, the support of my family and friends is what gives me the sustenance to continue in public life. To them, I extend my gratitude.

Mr. Speaker, like all the speakers before me; I want to add my congratulations to you on your elevation to the seat of Speaker of this Honourable House.

Introduction

Mr. Speaker, the importance of the health sector cannot be overstated. The development of this sector is central to our well-being and quality of life. A well-developed health care system has the potential to have a far greater impact on our economic development, children, families and communities than any other single sector. Therefore, it is important to protect the gains and continue to make the necessary investments to advance Jamaica's health.

Mr. Speaker, last week the Minister of Health made his presentation on what I would characterize as his priorities for the health sector; and we listened. He spoke on some issues on which we share a common vision.

Our Shared Vision

Our shared vision, Mr. Speaker, includes healthy lifestyles, access to affordable and equitable health care for all Jamaicans, universal access for all, a digitized health records system, tobacco control, compassionate care towards our people and the importance of primary health care; these are factors that will take us towards attaining the Sustainable Development Goals 2030.

These commonalities that we share underpin the importance of the cooperation of both sides of this House by acknowledging the strides made in the health sector and avoid

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duplication. This is set against the background with a society, of an aging population in a relatively young nation.

I would venture further to say that of all our commonalities, the strengthening of primary health care is the most critical because for us, the aim is to make health care more accessible and affordable; hence creating a healthier population thereby reducing the need for hospital admissions.

Mr. Speaker, in a few weeks from now, the world's attention will be affixed on Rio. In Jamaica, we know a lot about relays and the importance of passing and keeping the baton, and the winning of races. The relay is a team effort; everyone does his/her part for the success of the entire relay unit. I want to apply this analogy to the health sector. A lot has been said but with little acknowledgement for the foundations laid by the previous administration.

Listening to the Minister's presentation last week, the public would be led to believe that all the initiatives of which he spoke were started under his watch in a mere four months.

For the records, I would like to remind this Honourable House of some of the achievements of the previous PNP administration.

Achievements of the Previous Administration

One would not have known from the Minister's presentation that prior to his arrival, the Programme for the Reduction of Maternal and Child Mortality (PROMAC) project, under a grant of €22.1M or approximately J\$2.6B, was in an advanced state of implementation.

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One would not have known from his presentation that the NHF's mandate was expanded by the previous administration to bring efficiency to the delivery of pharmaceuticals to our public health facilities.

- The 10-Year Strategic Plan was already on the books;
- The 4 Centres of Excellence (Isaac Barrant, Claremont, Darliston & Santa Cruz) were established at which Comprehensive dental care is now also available and more than 30,000 citizens have benefited;
- A total of thirty-one (31) health centres were refurbished across the island. Some of which were:
 - Exchange (St. Ann) at a cost of \$57M (Brand New)
 - Junction (St. Elizabeth) at a cost of J\$10M
 - Golden Spring (St. Andrew) at a cost of J\$41.4M
 - James Hill (Clarendon) at a cost of J\$47M
 - Nannyville (St Andrew) at a cost of J\$51.5M
 - Santa Cruz (St. Elizabeth) at a cost of J\$88M – phase2
 - Claremont (St. Ann) at a cost of J\$64.3M – phase2
- Nineteen (19) new ambulances were added to the fleet in 2013
- Another eighteen (18) new ambulances was added in 2015
- The Ministry spent some J\$300M acquiring new equipment. These include three state of the art X-ray machines, installed at Princess Margaret, Linstead and Cornwall Regional Hospitals
- The National Public Health Lab has been strengthened to improve the turn-around time for results
- Five microscopes were purchased and commissioned to enhance cytology and histopathology services
- Under the Technical Cooperation Agreement with Cuba, thirty six (36) additional Cuban health professionals were deployed throughout the health sector

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- Public Health (Tobacco Control) Regulations were passed in 2013
- 4 Bed High Dependency Unit was established at National Chest Hospital
- In Fiscal Year 2015/2016, upgrading work started on 16 hospitals at a cost of J\$1.28B, including;
 - St Ann's Regional – J\$170M
 - Port Antonio – J\$58.9M
 - Mandeville Regional – J\$166.6M
 - Percy Junior – J\$18.4M
 - May Pen – J\$67.7M
 - Black River – J\$13.4M
 - Kingston Public and Victoria Jubilee – J\$221.2M
 - Bustamante Children Hospital – J\$119.8M
 - Bellevue – J\$53M
 - Princess Margaret – J\$60M
 - Linstead – J\$55.7M
 - Cornwall Regional – J\$51.5M
 - Falmouth – J\$75M
 - Noel Holmes – J\$45.6M

Mr. Speaker, this represents just a fraction of the investments and achievements in the health sector that were initiated or completed by the previous PNP administration.

When we consider, Mr. Speaker, what we have done in the health care sector, if the new administration builds on these investments and initiatives [like in a relay], Jamaica will be put in a winning position where the health sector is concerned. **That is what we want.**

The Minister's Silence

On Zika Virus Epidemic

When the Minister made his presentation last week, Mr. Speaker, we noted a most disturbing omission. The Minister made no mention of the Zika Virus, the epidemic that is currently affecting a wide cross-section of the population.

Mr. Speaker, I found it incredulous that the Minister of Health would come before this Parliament, make a presentation, but makes no mention of the Zika virus, the disease that is causing tremendous stress on pregnant mothers for fear of the potential harm to their unborn.

Mr. Speaker, let me state for the record that the Opposition is totally dissatisfied with the manner in which this government is managing the Zika virus epidemic. Information coming out of the Ministry of Health mentions that there are over 2,800 case notifications for Zika, with approximately 2,000 fitting the case profile.

Missing from the statistics, Mr. Speaker, is the true information on the number of pregnant women with Zika, suspected or confirmed. The monitoring of these pregnant women is woefully lacking.

How many of these pregnant women are properly tested and are the tests being conducted in a timely manner? The literature developed by medical experts state that after five days, the test for Zika can be negative but that could be a false reading.

Mr. Speaker, one of the legacies left by the previous administration is an upgraded **virology laboratory** at the University of the West Indies, capable of testing for Zika. This government has not provided adequate support for the lab, and although it is operating at its maximum capacity, it is not adequate for the needs of the country. Due to its constraints, the lab has only been able to satisfy a quarter of the national demand for tests to be conducted. **The results are not coming back from the lab, because in many cases the**

samples have not reached the lab. Many people who have given blood for testing will never get back a result.

Over 700 samples were submitted and results returned for less than 10%. People who have been tested are out there walking around possibly with Zika; they don't know and probably won't ever know.

I have called on the government publicly to increase its support for the lab, increase the staff, procure much needed equipment, and ramp-up the internal procedures so that the results can be produced more efficiently. **This call, apparently, has fallen on deaf ears.** I was hoping that last week, the Minister would have furnished some answers, but to my disappointment, he was silent.

The Minister missed a golden opportunity to use the platform of the Parliament to inform the nation on government's efforts to protect the population, especially our pregnant mothers.

Mr. Speaker, unless the Minister is planning a supplementary presentation, he dropped the ball in his management of the Zika virus epidemic. **The management of this epidemic needs hands-on leadership.**

Mr. Speaker, why is there such a fear on the minds of pregnant mothers? It is because of the high probability of their babies being born with microcephaly and other severe neonatal brain defects. The virus has also been linked to problems in infants, such as **eye defects, hearing loss, cleft palate** and **impaired growth.**

A comprehensive programme is needed for these pregnant mothers with mandatory testing for Zika, as part of their antenatal management. Mr. Speaker, like it or not, Zika is here and therefore, we need to be proactive.

[I invite the House, Mr. Speaker, to view this short video on babies born with microcephaly, for which the country is not prepared].

Based on information currently available to us, the Opposition recommends the following:

- Delay pregnancy for at least a year
- Mandatory testing for all pregnant women
- Establish a programme for serology testing of all pregnant mothers for Zika
- Establish immediately a Protocol for the monitoring of baby mothers who are suspected or confirmed positive for Zika
- Equip neonatal facilities, appropriately, to properly deal with potential cases of microcephaly
- Establish a programme to care for babies born with microcephaly

Guillian-Barre

Mr. Speaker, I turn now to the Guillian-Barre syndrome (flaccid paralysis). Experts globally have linked the Zika virus to Guillain-Barre syndrome. This is a rare disorder where the immune system attacks the nervous system.

In Jamaica, there are usually about eight (8) cases annually of the Guillian-Barre syndrome. Mr. Speaker, since the first case of Zika was diagnosed in January 2016, health care practitioners have now seen approximately fifty (50) cases of Guillian-Barre.

Mr. Speaker, even armed with these facts, the Minister still tells us that these cases are not Zika related. So, can the Minister explain the reason for the sudden spike in the number of Guillian-Barre cases? What accounts for this unusual increase? The only thing that has changed in the environment is the arrival of Zika.

In addition, Mr. Speaker, the cost to treat one person with Guillian-Barre is approximately J\$1,6M for the main drug (Immune Globulins) alone. This treatment option would clearly be prohibitive for a large segment of the population because they simply cannot afford it.

Mr. Speaker, it gets even worse. Experts have predicted that we could have over 400 cases of Guillain-Barre within the next year. **Are we ready for that?** Do the arithmetic [*cost of drugs* X *number of cases*].

The Threat of Yellow Fever

Mr. Speaker, I have said a lot about the Zika virus and a lot more could be said but looming on the horizon is yellow fever. For over 50 years, Jamaica has not had a case of yellow fever on our shores and we don't want it here.

However, Mr. Speaker, we urge the Minister not to ignore this potential threat. There is a certain level of awareness now spreading across our region because the same *Aedes Egypti* mosquito which is the agent that causes yellow fever, is also responsible for CHIKV, Zika and Dengue.

Mr. Speaker, let me remind this House; Yellow fever is far more devastating than all the other viruses mentioned before. If we misplace our focus and lose the fight against the mosquito eradication due to partisanship and mismanagement, the threat of yellow fever could become a clear and present danger.

Dengue

For the records, Mr. Speaker, the number of dengue notifications is 1,300 of which some 750 fits the case profile but only 67 are confirmed.

Bear in mind that it is the hemorrhagic strain which is the one that is going around. Mr. Speaker, as we speak, Dengue has past the epidemic threshold in Kingston and St Andrew, St. Catherine and St Ann.

I want to use this opportunity to remind the Minister of my four-point recommendations made last month to strengthen the management of the Zika epidemic:

1. **Strengthen the virology lab at the University of the West Indies**

The opposition implores the ministry to increase the financial and technical support to the lab to ensure that the turn-around time for the tests can be two days, as was the plan at the establishment of the lab at the University of the West Indies. **Hire more clerical and technical staff. Acquire another REAL Time PCR machine and reagents to do testing so the lab can work multiple shifts.**

2. **Increase the collaboration with the local authorities and community based organizations**

The opposition maintains that it is only through this collaboration, especially in the areas where Zika cases have been detected that the fight to eradicate Zika can be effective. The Ministry of Health must increase the financial support to the local systems in order to combat this public health emergency.

3. **Monitor pregnant women**

The opposition calls on the Minister of Health to strengthen its monitoring of pregnant women who use the public health facility and collaborate with the private practitioners to ensure healthy outcomes in pregnancies. Without this monitoring and collaboration, microcephaly will become another health challenge in a few years.

4. Engage Stakeholders

I call upon the Minister of Health to embark on a comprehensive engagement programme with stakeholders. There is need for engagement of the MAJ, NAJ, JMDA, and the Association of Private Physicians in a fulsome way.

Minister, there is a lot of work to be done, **get on top of it!**

Operation Search and Destroy

Mr. Speaker, loads of marketing, social media posts and public relations have taken place with **OPERATION SEARCH AND DESTROY**, especially so since the new minister arrived.

Let the record show, that Operation Search and Destroy was launched under the previous PNP administration. The aim was to get to the heart of the eradication of the Aedes Egypti mosquito, by attacking their habitat - going house to house.

I noticed that the Minister has made a paradigm shift with this programme; the focus now seems to be the cleaning of gullies and removal of debris, with little engagement of the local authorities.

While this type of cleaning-up is good for the general health and appearance of the environment, it does little to eradicate this Aedes Egypti mosquito, which is a domestic mosquito because it lives in your house and places where we gather.

Mr. Speaker, the Minister needs to re-examine Operation Search and Destroy as millions of dollars are being spent, and the expected results are not forthcoming.

Mr. Speaker, the Minister's focus is wrong and I invite him to look at the mosquito indices in the vulnerable areas.

Cancer Centres of Excellence

Mr. Speaker, many of us have lost loved ones, relatives and friends due to their inability to access appropriate cancer treatment here in Jamaica. The cost for the treatment of a single case of cancer with radiation oncology can be in excess of J\$1.8M.

Mr. Speaker, in the early days of the previous administration, the then Prime Minister Portia Simpson-Miller asked the then Minister of Health, Dr. Fenton Ferguson to expand the treatment options for cancer treatment; and in response on May 5, 2015 the Ministry of Health signed a contract with Varian Medical Systems, for two LINAC systems, valued at US\$14.4M.

Mr. Speaker, let the records reflect that this is the largest ever investment in the health sector in the history of Jamaica.

Mr. Speaker, the establishment of two Cancer Centres of Excellence, is one of the major achievements of the previous PNP administration. We must maintain our focus that cancer continues to be a threat to our nation. The addition of these two (2) cancer treatment centres must therefore be celebrated as a significant achievement for our small nation.

The two centres; Cornwall Regional Hospital in Montego Bay and St. Joseph's Hospital in Kingston represent hope for persons stricken with cancer.

It is common knowledge that for even the financially comfortable, one major illness can cause financial destruction especially if the illness entails radiation oncology.

Can you imagine, therefore, Mr. Speaker, the effect such a cost would have on the vulnerable in our society.

The more promising treatment regimens were only accessible in the private sector much to the disadvantage of the masses. Mr. Speaker, when the two centres are complete and fully commissioned, the cost to the people of Jamaica will be minimal.

- This is what we mean by investing in our people.
- This is the meaning of universal access to health care.
- **This is what a government who loves its people does to create equity in health.**

Mr. Minister, I can only urge you not to drop the ball on this one...it will restore faith and bring optimism to many Jamaicans diagnosed with cancer.

Bustamante Cardiac Centre

Mr. Speaker, the Minister omitted to tell you and the House that through a collaborative effort between the Government of Jamaica, the Shaggy Foundation, Chain of Hope, Rotary International, Sigma and the Digicel Foundation, a specialist cardiac care centre is now near complete at the Bustamante Hospital for Children.

Together, well over J\$300M have already been spent to bring this facility on stream. This centre will address the needs of our children by increasing our capacity to perform up to **200** additional cardiac operations annually and increase the critical care bed complement by 10 at that institution.

Mr. Speaker, we want this centre to serve the children of Jamaica; and I would like to pause to recognise and thank the partners who have come together to see this initiative through.

Primary Health Care

In 1978 [38 years ago], Mr. Speaker, at the global meeting on health in Russia [then the USSR], Jamaica was recognised as a global leader in primary health care. Since then, a lot has happened here and around the world and we lost our footing. Mr. Speaker, I believe we have the capacity to put ourselves back into that position of being a leader in primary health care.

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Before this administration demitted office, and in keeping with our vision to put Jamaica back at the forefront of primary health care delivery, over **300** health centres were renovated at a value of **J\$620M**. We also trained over 200 community health aides who are now deployed in the system to strengthen primary health care.

Mr. Speaker, I spoke about the importance of the relay, each person carrying the baton in his leg of the race. I want to recognise that this initiative to upgrade the health centres commenced under the previous JLP administration by Rudyard Spencer, and it continued by Dr. Fenton Ferguson in the last PNP administration.

The upgrading of these facilities, Mr. Speaker, represents a major step in addressing non-communicable illnesses in our country and the essential educational component of health care, which is, and should always be, the first point of contact for the population.

Mr. Speaker, an often-overlooked value of the improved primary health care is its critical link to hospital bed space. While we recognise the need for more beds in the hospital due to the increased demand, the aim is to keep patients out of hospital.

Minister, the true concept of bed space is to improve pre hospital care at the primary care level and improve the follow-up care that is provided upon leaving the hospitals to the primary care level. This is the way to truly reduce occupancy in the hospitals.

It is common knowledge that almost 50% of medical admissions that are seen each day at the hospitals are re-admissions of people who have not taken their medication properly, and have not fully understood the implications of bad health habits. Diabetics and persons afflicted with hypertension end up occupying the limited critical care beds in the hospitals.

Merely removing social cases from hospitals and increasing bed capacity will, not solve the bed situation. In no time those beds will be occupied and you will need more.

I urge the Minister of Health to make primary health care renewal your focus.

Mother-to-Child HIV Transmission

Mr. Speaker, in all of this there's always some good news. The transmission of HIV from mother-to-child is at 0% and this is a significant achievement for health care in Jamaica. **Jamaica is, therefore, one of the first countries in the world to reach the target for the eliminating mother-to-child transmission of HIV.**

The Pan-America Health Organization (PAHO) and the UNAIDS have acknowledged the country's progress in this regard.

Minister, do not allow this to slip.

Pharmaceuticals

Mr. Speaker, as the incidence of non-communicable illness increases the need for pharmaceuticals also increases. The previous administration had mandated the National Health Fund (NHF) to take over the management and operation of Drug Serv-pharmacies.

While recognising that this process is not complete, major pharmacies and pharmacists at BHC, KPH and Cornwall Regional Hospital are under the direct management of the NHF. Mr. Speaker, once this process is fully implemented; the management of pharmaceutical supplies will be greatly improved.

In addition, a platform was created that allowed for the inventory management of all the medication in all facilities across the nation. To support this effort, a J\$42M contract was signed to construct another warehouse on Marcus Garvey Drive to store drugs. When I left office, work was in progress on this project.

Mr. Speaker, we have been hearing bits and pieces about another approach; and while we support any effort to review the present system. However, we will **not support** any move that allows a single private supplier to procure, store and deliver drugs to the public health care system.

We believe that the NHF has the capacity to efficiently manage the procurement, and distribution of pharmaceuticals throughout the health care system and there is where it should remain.

Centralisation – A Regressive Move

Mr. Speaker, the Opposition is hearing of a plan to revert to centralization of the administration of health services in Jamaica.

Mr. Speaker, let me be clear; we will oppose all and any attempts to abolish the Regional Health Authorities.

The regional authorities need to be supported and strengthened in every way to allow for optimized efficiency of the system. Mr. Speaker, the opposition believes that any attempt at reverting to centralization will be a backward step and it will be vigorously opposed.

Mental Health

Mr. Speaker, last year about 107,000 people sought treatment for mental health conditions. The Minister made no mention of this in his presentation but it is a reality.

Many persons with mental health issues do not seek treatment due to the stigma associated with it, and how family, friends and their communities treat them.

There are two schools of thought globally in relation to the treatment and management of mental health. On the one hand, there is the institutionalization and treatment in a confined environment. On the other hand, other mental health practitioners believe that community management and support offer the best option for treatment of the mentally ill. This debate goes on here in Jamaica too.

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The previous administration last year developed a mental health policy framework and strategic plan for the management of mental health. This plan looked at best practices worldwide, and devised strategies to suit our local situation.

Mr. Speaker, there were also proposed amendments to the Mental Health Act.

In reality, Mr. Speaker, most of our hospitals are not equipped to accommodate patients with mental illnesses, and as such, many mental health patients over the years have been exposed to neglect and rejection.

During the last administration the bottom floor of KPH was retrofitted and specialized nurses deployed to deal with mental health patients who were showing up in the regular wards at the hospital. Specialist psychiatrists are now on staff to see these patients.

Mr. Speaker, the Minister did not say much about the government's vision in this area but I urge him to support this policy and drive its implementation.

The government cannot tackle this on its own. There is no need to re-package or "**re-market**" this, Minister....

There is no need to **re-invent** the wheel....

Engage the stakeholders, as this is critical to the success of the policy.

We have laid the foundation, I urge you to adopt the policy and protect the gains and give the mentally ill another chance at redemption.

Run wid it, minister!!

Conclusion

In closing, I would like to say finally that we have laid the foundation in bringing **increased accessibility** and **affordability** to the health sector for the people of Jamaica...

We have made the necessary investments to expand and improve the physical infrastructure of our health care institutions...

We have created centres of excellence and trained the necessary personnel to deliver quality care to our people

We know that there are risks out there that challenge our capacity every day, but we believe in the training, dedication, and capacity of our health care professionals to meet these challenges as they serve our people.

This is a difficult portfolio and the present minister has to determine for himself how he would respond to those challenges but he **MUST LEAD FROM IN FRONT.**

The Ministry of Health requires **HANDS-ON AND PRO-ACTIVITY...**

We, on this side, are prepared to cooperate and support the efforts of the Ministry to advance the health sector so that it can deliver better services to the people of Jamaica.

Thank you...

God bless Jamaica land we love