



**SECTORAL PRESENTATION
TUESDAY SEPTEMBER 21, 2010
HON. RUDYARD SPENCER, OD, MP
MINISTER OF HEALTH**

**POSITIONING FOR GROWTH:
THE NATIONAL HEALTH AGENDA**

Mr. Speaker:

I feel privileged to be a Member of this Honourable House and to be part of the effort to chart the future of this blessed country.

Constituency of South East Clarendon

Firstly, I wish to thank the constituents of South East Clarendon who have demonstrated their trust and confidence in me to represent their interest in the Parliament.

I am grateful for the support of the leaders on the ground without whose help it would have been impossible to balance such a challenging portfolio with my responsibilities as Member of Parliament.

Mr. Speaker, the challenges are many in my Constituency but they are no different from the vast majority of communities across Jamaica: Poverty, weak infrastructure including and especially, roads, unemployment, crime and violence, and environmental degradation.

Mr. Speaker, I long for my constituents to overcome those barriers to development and opportunities that will break the cycle of poverty for many households.

These have been difficult times.

The tight fiscal space in which we operate, and the limited capacity of the state and the country to conceptualise and implement projects that can empower our people to emerge from the grip of poverty and despair, are not new challenges but we must renew our determination to confront these.

These obstacles notwithstanding, South East Clarendon has benefited from road rehabilitation in respect of:

- 1.2 km of the Green Park Road in Sandy Bay;
- 1.2 km of Powell Drive in Rocky Settlement;
- 1 km of Dupont Road in Lionel Town Housing Scheme
- Parts of Waterman Street, Halse Hall, Old Gayle Road and Baptist Street

I have repaired 25 basic schools to meet Early Childhood Commission requirements, assisted small farmers and the indigent, constructed new bathroom facilities at Rosewell Primary School, and started construction of a concrete fence to the rear boundary of the Palmers Cross Primary and Junior High School.

Electricity lines have been extended at Rosehall in Freetown, Derby Terrace in Sandy Bay and Wildman Town in Portland Cottage under the Rural Electrification Programme.

We have completed the extension of water lines in Cashew Walk.

Mr. Speaker, there is a lot more work to be done and this year I want to focus on additional road repairs, especially the Salt River Road, Downer Street, Dry Hill Road into Twickenham Drive and Chandlers Pen to Moores Main Road.

A new water supply system should commence to serve Mitchell Town, Rocky Point, Portland Cottage, Shearer Heights, Lionel Town and further extended to Salt River.

The Rocky Point Fishing Beach is in need of rehabilitation and we expect commencement of works to build a new fish vending market in Rocky Point.

We will continue to extend water lines into other communities, support our children and young people through the education fund, and assist the elderly and marginalized in the Constituency.

Political Directorate

Mr. Speaker, I thank the Honourable Prime Minister for the confidence that he has reposed in me in appointing me to this important portfolio. I thank him and my Cabinet colleagues for the continued support that they have demonstrated to the health sector.

I wish to acknowledge the work of Parliamentary Secretary, Senator Aundre Franklin for the assistance he has provided me in executing the policy directives of the Government.

Leadership and Staff of Health Sector

Mr. Speaker, Jamaica is fortunate to have some of the best health workers anywhere in the world. Their recent work in fighting the H1N1 virus, their response to the American Airlines crash and their leadership in the face of the devastating earthquake in Haiti earlier this year are examples.

Also, I applaud their courage and determination in keeping the health sector going during the State of Emergency.

On behalf of the people of Jamaica, I thank our health workers across the length and breadth of this country.

Mr. Speaker, I salute the exceptional leadership of Dr. Jean Dixon who is expanding system leadership capabilities throughout different levels of the health system. I believe that it takes strong leadership at both the Ministry and the level of the Regions to drive substantive change in the health sector especially in these times of challenge.

I must acknowledge the work of the senior directorate of the Ministry including that of the Chief Medical Officer, the Boards and Management of the Regional Health Authorities and all of the entities that fall under the Ministry's portfolio.

Funding Partners

Mr. Speaker, Jamaica is fortunate to continue to enjoy the support of our funding partners and several Governments through bi-lateral cooperation.

I would like to mention the Pan-American Health Organization/World Health Organization, United States Agency for International Development, and the Global Fund, the different arms of the United Nations, the Canadian International Development Agency, the European Union and the Inter-American Development Bank.

I acknowledge too the exceptional support of the Governments of Cuba and Spain in helping us to advance the national agenda for health.

Many local institutions such as NHF, CHASE, JSIF and Food for the Poor have also provided invaluable support to the health sector in terms of enhancing infrastructure.

I am grateful for the work of the NGO community especially in the areas of HIV/AIDS and mental health. I acknowledge the many private sector organizations that continue to support the health sector and individuals who have established foundations to assist specific institutions.

Mr. Speaker:

I deem it a singular honour to have been asked to open the Social Policy section of the Sectoral Debate for this Parliamentary Year.

The contributions from my Parliamentary colleagues will no doubt cover the broad spectrum of the country's social policy agenda and raise the significant issues that must preoccupy our attention both as a government as well as Parliamentarians.

The concept of social policy must be viewed within the broad context of public policies and institutions designed to protect the Jamaican people from social contingencies and poverty and which enable them to strive for their own life goals. Successive governments despite their best efforts and some successful programmes have not achieved the kind of enabling environment in the country that would help every Jamaican reach his full potential.

Jamaica is not alone. The world's poor stands at 1.4 billion. Nine Hundred and Sixty Three (963) Million persons in the world are hungry. Nearly one billion cannot read or write. 1.1 billion people in developing countries have no access to safe water and 2.6 billion lack basic sanitation. World leaders are confronting a global humanitarian crisis.

Mr. Speaker, the global food, energy and financial crises of the last three years are reversing the gains that have been made in meeting important development goals.

In Jamaica, no sector was spared. Remittances declined, unemployment increased reaching 11.4% in 2009 compared to 10.6% in 2008. What is interesting is that the 2009 figure is an improvement over 2004 at 11.7% and almost the same as the 2005 figure at 11.2%

Despite these awesome challenges, this Government will not resile from its stated intention to energise our people to “strive with a new zeal to make Jamaica a land of **JUSTICE, LIBERTY and PROSPERITY**”. The country’s National Development Plan, Vision 2030 and the Medium Term Socio-Economic Framework outline the long and medium term goals that are established across all sectors of the society.

We are pursuing with zeal, the transformation of the education sector, the health sector and the social security sector. At the level of programmes and institutions, we are turning around non-performing schools especially those in inner-city communities and deep rural areas. We are transforming primary health care to increase access to health care at the level of the community. We have expanded the PATH Programme to help more of the vulnerable and marginalized in our society.

Mr. Speaker, the contributions in this year’s Sectoral Debate from this side of the House will demonstrate that this Government has undertaken a transformative social agenda not just to address the immediate and urgent needs of the Jamaican people but to address in a fundamental way, social exclusion and inter-generational poverty and to achieve human

development and social justice. That agenda is important in light of the United Nations declaring 2008-2017 as the Second Decade for the Eradication of Poverty.

We are united in the profound conviction that we have a moral and ethical obligation to eradicate poverty in this country and to give every Jamaican a **fighting chance** to achieve his full potential. It is a conviction that we share in the health sector for which I have portfolio responsibility because we understand the nexus between health and development.

The Link between Health and Development

Mr. Speaker, the time has come for this House to send the strongest signal ever to the country that placing health policies at the centre of the human development agenda enhances our capacity to achieve a broader range of freedoms for our people to enjoy.

The CARICOM Heads of Government in the 2005 Report of the Caribbean Commission on Health and Development singled out the health of the people as an essential factor for the Region's development and as a critical input into the human capital that the Region needs.

This is an important recognition for a Region that faces the double burden of communicable and non-communicable diseases and confronts significant impediments to human development.

The Nassau Declaration, 2001 was a major impetus in influencing this Report and defining the role of health as a significant development issue in the Caribbean Region.

Interestingly Mr. Speaker, this very 2005 Report that seeks to elaborate on the policies for sectoral development that constitute Chapter Four of the Revised Treaty of Chaguaramas recommends that public health services in CARICOM member countries should be fully funded from the public purse. In plain and simple language: **abolish user fees.**

The disease profile of the country underscores the inextricable link between health and development. Major diseases such as HIV, malaria, diabetes, hypertension and violence related injuries are concentrated in areas which are poor or marginalized in the parishes of Kingston and St. Catherine.

Mr. Speaker,

The challenges that confront us as a country require that we reorient and restructure our health services and emphasise access to them. We are proceeding to reorient and restructure in four fundamental ways:

1. Improving affordability;
2. Putting more health workers on the ground;
3. Moving services closer to communities;
4. Expanding critical services

Improving Affordability

Mr. Speaker:

A significant barrier to access to health care is the cost of health services.

It is the poorest segment of the population that has the greatest difficulty accessing care, even where there is a policy to waive fees. Studies have shown that only about 10% of the poor qualified for waiver although the PIOJ Survey of Living Conditions 2007 shows that over 65% of persons in the poorest quintile use the public health service.

The decision of this Government to abolish fees is in keeping with the policy trend of governments in developing countries who understand the role that health plays in the achievement of human security and in advancing development agendas.

I continue to be confounded by supporters of user fees especially from that side of the House that claims to put people first.

The UN 2010 Report on the World Social Situation says, and I quote: “Most key players in the health arena now recognize that user fees constitute a significant barrier to health services. Even when user fees systems include waivers for the poor, in practice they are often difficult to access or tend to be abused by the relatively better off”.

Given the environment of declining budgets, the abolition of user fees is giving the people of Jamaica a **fighting chance** both in terms of their ability to access health care as well as to avoid the catastrophe of what is called the “medical poverty trap phenomenon”.

Mr. Speaker, we are giving our people a **fighting chance**.

More persons are using the primary health care system with health centre visits increasing in the first year by 16.3% and 7.8% in the second year, while Accident & Emergency visits declined marginally by 0.4% in the second year after a 14% increase in the first year of policy implementation.

Patient visits to our pharmacies increased by about 10% in the first year of the policy to 15% in the second year. Laboratory tests increased 14.7% in year one of the policy and 18.3% in year two of implementation.

We are giving our people a fighting chance in facing the financial hardships and as my good friend from the Opposition bench would say, balancing their budget and balancing their lives.

Thousands of Jamaicans who use the public health system for selected services saved Four-Point-One-Four Billion Dollars (\$4.14B) over the two-year period.

Patients who registered for Admissions **saved Four Hundred and Seventy Six Point-Four Million Dollars (\$476.4M)**. Those who had surgeries **saved Six Hundred and Forty Nine Point-Five Million Dollars (\$649.5M)**. Visits to health centres saved our patients **Six Hundred and Sixty Six point-One Million Dollars (\$666.1M)**.

Outpatient and Accident & Emergency patients saved **Seven Hundred and Ninety Three Point-Seven Million Dollars (\$793.7M)**, and those who accessed pharmaceuticals & medical supplies at our pharmacy windows saved **One Point-Four-Seven Billion Dollars (\$1.47B)**.

All things considered, the people of Jamaica have enjoyed a good three years as far as the health service is concerned.

Putting more Health Workers on the Ground

Mr. Speaker, the matter of human resources for health was on the agenda of the 63rd meeting of the World Health General Assembly, which was held in Geneva in May of this year.

The International Recruitment of Health Personnel Global Code of Practice was passed at the Assembly for adoption as the WHO Global Code of Practice.

This code of practice is expected to be a core component of bilateral, national, regional and global responses to the challenges of health personnel migration and health systems strengthening.

Countries such as Jamaica welcome this intervention. A World Bank study on Nurse Labour and Education Markets in English-speaking CARICOM countries, which was released last year, shows that the annual attrition rate for nurses was 8% mainly to Canada, the United States and the United Kingdom.

It also found that one third of the local cohort of nurses are working in these CARICOM countries. The main reasons cited for migration were wage differentials and worker dissatisfaction.

Mr. Speaker, we recognize the difficulty that Jamaica faces in attracting and retaining our health workers. It is even more difficult to attract workers to the primary health care system and to many parts of rural Jamaica.

Over the years, successive governments have relied on a mix of strategies including offering scholarships and bonding recipients of the scholarships, improving benefits outside of basic remuneration and entering into bilateral arrangements to employ health workers.

This Government continues to pursue the mix of strategies. Since 2004, a total of **Five Hundred and Thirty Five (535) scholarships** were awarded for both short term and long term training of health professionals including pharmacists, nurses and doctors.

In 2008, I announced a **One Hundred Million Dollar (\$100M) training project** for Assistive Health Care Workers.

We have completed the training of 30 Pharmacy Technicians under the programme so far. In addition, the MOH in collaboration with UTech commenced the training of Twenty Two (22) Pharmacy Technicians and Twenty Two (22) Dialysis Technicians at the Lionel Town Campus which we opened in March of this year.

Sixty Assistant Public Health Inspectors and Two Hundred and Thirty (230) Community Health Aides will be trained over two (2) years. The first one-year training programme for these groups is scheduled to start this year.

Mr. Speaker, I led a delegation from the Ministry of Health to Cuba in June of this year to recruit additional health personnel.

Recall that Jamaica and Cuba entered into a bilateral agreement to train health workers and to supply critical health workers for the local sector.

There was a quota of fifty One (51) health workers remaining from the Agreement. We **recruited 51 Registered Nurses** for six areas including primary health care, pediatrics, accident and emergency and operating theatre. Twenty three (23) of the fifty one (51) nurses will be placed in the primary health care setting because we are serious about the renewal of that level of our system.

The Nurses and Midwives Act is being amended to give Advanced Practice Nurses some prescriptive rights. This will improve access to rural patients and those who suffer from chronic illnesses.

Thirty-seven single trained midwives commenced training in April of this year to enhance the existing cadre of midwives.

For the first time, we provided support through the NHF to over 70 medical students who are studying in Cuba, by way of a summer attachment programme in the public health sector. This will assist them in their preparation for qualification examinations in Jamaica and their ability to compete for job opportunities in the health sector on the completion of their programme of study.

Moving Services Closer to Communities

Mr. Speaker, it takes more than abolishing user fees to broaden access. It takes a broader package of reforms to ensure sustainable access. People still incur inescapable costs if they have to travel over long distances for health care. It often means that other members of the household might have to accompany sick relatives to the health care facility, which creates an additional burden on the family.

The decision of this Government and its unshakeable commitment to the renewal of primary health care must be viewed within the context of increasing access to health care and reducing the economic burden of the indirect cost to the people of Jamaica.

A strong and effective primary health care system is nothing new to Jamaica. We led the world in the 1970s. We have what it takes to do it again. **And we will. The commitment of this Government is unshakeable.**

Mr. Speaker, the emphasis on primary health care is one way of giving practical demonstration to the commitment to meet our obligations under the various principal instruments of the international human rights framework including the 1948 Declaration of Human Rights.

Unfortunately, the deployment of health resources has been inequitable and skewed toward the secondary care system for decades.

Health seeking behaviour which favours hospital care will not change if the resources at the primary health care level are inadequate to meet the demands of the population and the state of the physical plants is unsatisfactory.

We are doing something about this.

We have completed rehabilitation work on thirty six **(36) clinics** islandwide. Another twenty eight **(28)** will be completed by the end of this year which would bring an end to phase one of the rehabilitation of health centres project.

Health centres in the parishes of Kingston & St. Andrew, St. Catherine, St. Mary, St. Thomas, Clarendon, Manchester, St. Elizabeth, Westmoreland, Hanover, Trelawny, St. Ann and St. James – thirteen parishes - have been repaired. Phase one of the project is being funded by the National Health Fund to the tune of **Three Hundred Million Dollars (\$300M)**. The Ministry of Health is preparing a phase two for the 2011/2012 financial period.

In addition, repairs have been completed on **eleven (11) of nineteen (19) clinics** under the Jamaica Social Investment Fund at a total project cost of **a Hundred and Thirty One Million Dollars (\$131M)**.

In the near future, we will be rotating registered nurses through the primary health care system. In addition, the Ministry, in consultation with the health regions, will develop a policy framework for the rotation of health workers throughout different levels of the system without any negative impact on their tenure of service, remuneration and opportunity for advancement or training.

Mr. Speaker, we are placing some emphasis on those health centres that are in close vicinity to hospitals. The experience of the Mt. Salem Health Centre in Montego Bay is instructive.

Patient utilization increased by just 4% at the Accident & Emergency Department of the Cornwall Regional Hospital in 2009 as against 48% at Sav-La-Mar Hospital when compared with the base year of 2007. This is because of the extended opening hours of the Mt. Salem Health Centre.

Visits to the Mt. Salem Health Centre increased dramatically moving from four thousand three hundred and sixteen (4,316) in 2007 to twenty one thousand four hundred and thirty four (21,434) in 2008 and thirty nine thousand eight hundred and fifty (39,850) in 2009. This demonstrates that people will use the health centres if they are properly resourced and accessible.

Expanding Critical Services

Mr. Speaker, the fourth way that we are seeking to reorient and restructure the health service is by way of the expansion of critical services.

It was a year of solid achievements in expanding services at the secondary care level to the tune of over **Four Hundred and Sixty Three Million Dollars (\$463M)**. We are giving the Jamaican people a **fighting chance** in their quest for human security and development.

Yes, waiting times are longer but our plans will reduce waiting times at the secondary care level as we systematically rebuild the capacity at the primary health care level.

In the Southern Regional Health Authority, we will start work on Block J at the Mandeville Hospital which is estimated at **One Hundred and Thirty Five Million Dollars (\$135M)**. **Seventy Three Million Dollars (\$73M)** is approved for the 2010/2011 period.

Mr. Speaker, in the North East Region, the expansion and improvement to services cost approximately **Forty Three Point-Eight Million Dollars (\$43.8M)**.

Laboratory services have been extended in the Region.

A Lab Information System has been implemented and the Medical Records Department expanded at a cost of **Four Point-Five Million Dollars (\$4.5M)**.

A new dental facility was constructed at the Port Maria Hospital and Medical Technologists and Technical Assistants employed to the tune of over **Seventeen Million Dollars (\$17M)**.

In the Western Regional Health Authority, we opened a new **Cardiology Unit** in December 2009 and opened a **Chemotherapy Suite**. The Hospital started **Neurological Services** in March of this year and has carried out sixty three (63) surgeries at a cost of **One Hundred and Twelve Point-Three Million Dollars (\$112.3M)**.

The Noel Holmes Hospital opened a new **Radiology Department** in March and started **Laboratory Services** in May 2010 respectively.

Mr. Speaker, the South East Regional Health Authority is the largest health region serving a population of some one point-four (1.4) million people. It is the main referral region with 6 specialist hospitals. We have done a lot in this Region to expand and improve secondary care amounting to some **Three Hundred and Seven Million Dollars (\$307M)**.

We undertook works at the National Chest Hospital to the tune of **Fifty Four Million Dollars (\$54M)**.

The works included construction of a fence, renovation of Eye Ward, Physiotherapy Unit, Nursing Hostel, kitchen and bathrooms and the purchase of equipment.

Works valued at **Twenty Five Million Dollars (\$25M)** was undertaken at the Kingston Public and Victoria Jubilee Hospitals. This included renovation of Edwina East and West, fifth floor of the Victoria Jubilee Hospital, upgrade of the oxygen system and purchase of the Endoscopic Unit.

Two Hundred and Twenty-Two Million Dollars (\$222M) was spent on projects to expand and improve the Spanish Town Hospital.

The renovation of the Pharmacy, expansion of the Maternity Ward, erection of fencing, purchase of equipment, works carried out under the King of Spain Project, the Laboratory and Accident & Emergency department were undertaken.

Just last week, we broke ground for the construction of a 338,000 euros women's centre named for the Queen of Spain at the Spanish Town Hospital. This facility will provide colposcopy services, counseling and social services for women in Jamaica and the wider CARICOM Community.

The Linstead Hospital benefited from a **Six Million Dollar (\$6M)** rehabilitation project involving the erection of fencing, upgrade of laundry, renovation of wards and purchase of equipment.

Jamaica's Performance in the MDGs

Mr. Speaker, Jamaica was among other world leaders who committed to the UN Millennium Declaration in 2000. For the first time, there was a global platform for advancing human development and well-being through a set of measurable goals and targets within a specified timeframe.

The framework, known universally as the Millennium Development Goals (MDGs), established eight (8) goals, three (3) of which are directly related to health.

Jamaica has made some improvements in the maternal mortality ratios (MMR) moving from 110 per 100,000 live births in 2000 to 78 per 100,000 live births in 2009. There is need for significant reduction in the next few years if we are to achieve the global target by 2015.

Infant and child mortality rates are 19 and 21 per 1,000 live births down from 25 and 28 respectively in 1990. Under-nutrition remains low at 4%.

HIV prevalence has appeared to plateau, TB prevalence, although on the increase, is not significant and malaria is on the decline.

Performance in Health Programmes

Mr. Speaker, no matter the challenges that we face in health financing; there are some health programmes that we must maintain as priorities. Among them are health promotion, immunization, HIV/AIDS, Eye Care, Vector Control and Renal Dialysis programmes.

Health Promotion

Mr. Speaker, health promotion is one of the eleven Essential Public Health Functions and is a significant area of focus for this Government. A strong and effective health promotion agenda is indispensable to breaking the cycle of ill-health and relieving the Jamaican people of the burden of preventable illnesses.

Such an agenda relies on a pragmatic policy and an appropriate legal framework, effective inter-sectoral participation and the mobilization of the Jamaican public.

If we are in doubt as to the central role of health promotion, then every Member of this Honourable House needs to pay attention to the following statistics:

- Eleven percent (11%) of Jamaican teenagers in the 10-15 year old cohort is overweight while 35% of the 15-18 year old cohort is obese. The early onset of obesity is linked to earlier onset of adult risk factors associated with cardiovascular diseases such as high blood pressure, high cholesterol and Type 2 Diabetes.

- Mr. Speaker, the combined cost of treating hypertension and diabetes is more than **Two Point-Eight-Four Billion Dollars (\$2.84B)**. These two diseases account for seventy (70%) percent of the claims on the National Health Fund.
- Sixty-five percent (65%) of Jamaicans in the 15-74 age group use alcohol.
- An estimated 32,000 Jamaicans are believed to be living with HIV with about 50% unaware of their status. Over 64% of males admit to having multiple sexual relationships compared to 16.8% of females.

Transactional sex was common among 27.3% of sexually active persons in the 15-49 age group. About 9% of commercial sex workers and 31% of men who have sex with men are believed to be HIV positive.

Mr. Speaker, considerable work has been undertaken in health promotion. Jamaica is a signatory to the CARICOM Ministerial Port of Spain Declaration on Non-communicable Diseases, 2007.

In 2008, the Ministry convened a National Policy Dialogue on chronic non-communicable diseases that brought together key stakeholders within and without government. There has been some integration of prevention and control of these non-communicable diseases into the policies of some Ministries.

These are significant policy interventions. However, the time has come to rethink our approach to health promotion. I have instructed the Ministry's technocrats to immediately undertake the task of developing a comprehensive policy framework for health promotion, which should include supportive mechanisms for formal inter-sectoral collaboration and integrated planning and monitoring across the public sector.

A Nutrition Policy being spearheaded by the Ministry of Agriculture forms part of the overall policy. This is an important task that should contribute to the achievement of Vision 2030.

Mr. Speaker, Jamaica looks forward to the holding of the September 2011 specially convened World Health Assembly to consider the inclusion of NCDs indicators in the MDGs having lobbied for this global focus.

Another major issue of concern to the Government is the need to honour Jamaica's obligation under the Framework Convention on Tobacco Control which the country ratified in 2005. Tobacco smoking and exposure to tobacco smoke are major risk factors in chronic NCDs. An estimated 30% of heart disease cases and 80% of all lung cancers are associated with cigarette smoking.

Prevalence of cigarette smoking among the youth population was at 15.4% in 2006 (Global Youth Tobacco Survey).

The 15-74 age population has an estimated 14.5% prevalence rate based on the 2007/08 Jamaica Health & Lifestyle Survey.

Cabinet has approved the drafting of public health regulations to bring Jamaica in full compliance with the provisions of the Convention.

Immunization

Mr. Speaker, the Government has already stated its position of achieving universal immunization coverage including our adult population. While it is well established that our priority has been on our children, we must support the transition from child to family immunization.

The porosity of our borders and the increase in global travel has increased the vulnerability of our children and adult population to preventable diseases.

Jamaica has maintained relatively high vaccination coverage for many years since 1985. However, we have experienced some slippage for over a decade with coverage averaging at 83% up to 2008 with the exception of Measles-Mumps-Rubella (MMR) which languished in the high 70s.

Last year, we achieved just **over 90% coverage in MMR** and **BCG** vaccination- an outstanding achievement given the environment of declining budgets.

I am pleased to announce to this Honourable House that we have completed the Child Health and Development Passport and this was launched in August. The Passport was developed in collaboration with the Early Childhood Commission and funded by the World Bank. It is a comprehensive take home record of a child's health and development from birth to 17 years. It is applicable to children born on or after September 1, 2010 and should be used at each visit to a health facility and at periodic intervals throughout the school system.

HIV/AIDS

Mr. Speaker, the country received US\$26M in grant funding from Global Fund for the fight against HIV/AIDS over the next three years.

This is likely to be the last funding support for Jamaica because the country has been categorized as an upper middle income country and therefore would not qualify for continued financial support. Jamaica is yet to win the war against HIV/AIDS. We need the continued support of the donor community.

I spoke earlier about the HIV prevalence rate in Jamaica. The Ministry continues to combine multiple strategies in the fight against AIDS and other sexually transmitted diseases. The primary strategies are prevention through public education, treatment, care and support, human rights and discrimination reduction and reduction of mother-to-child transmission.

In support of our strategy to reduce stigma and discrimination and promote human rights, the National HIV/AIDS Workplace Policy was developed and tabled in the Parliament in November of last year. About sixty private sector agencies have an HIV/AIDS workplace programme.

Mr. Speaker, targeted interventions among at risk populations were scaled up in 2008 and 2009. As a result, over two thousand (2,000) men who have sex with men and six thousand (6,000) commercial sex workers were reached. In addition, over a thousand (1,000) inmates were reached.

We continue to provide antiretroviral (ARV) treatment to persons infected with HIV. Mother-to-child transmission has declined from 25% to under 5%. The 12-month survival rate of persons living with the infection who are on ARV is 91%. Our messages to people are: **(1) Get tested. (2) If you are positive, get on the ARV treatment and stay on the ARV.**

Mental Health

Mr. Speaker, mental health has emerged as an area of significant concern to us especially for the adolescent population. Studies have shown that one in five Jamaicans is depressed. Some 29% of our 15-74 age group suffers from some kind of mental disorder.

Some time ago a decision was taken to de-institutionalise mental health services, absorb acute mental health cases in hospital services and expand community mental health. This would mean reducing the bed space at the main referral hospital, Bellevue, and integrating services into primary health care.

A significant number of patients at Bellevue are not in need of hospital care and could be integrated into the community once there is family and community support. The Cabinet will shortly re-examine the policy framework which shaped the Ministry's strategic plan for mental health.

In the interim, we are taking some action. Through a partnership with Food for the Poor, we have completed work at the Ken Royes rehabilitation centre in St. Catherine. The scope of the work included the construction of eight housing units to house inpatients and assist them in their rehabilitation.

We need more private sector investment and collaboration in mental health.

Vector Control

Mr. Speaker, the general strategies for vector borne disease control are community mobilization, intersectoral collaboration and the implementation of an Integrated Vector Management approach.

The country continues to see a reduction in the number of malaria cases since the outbreak in 2006. The number of cases has declined from 186 in the outbreak year to 15 in 2009 and two (2) up to June of this year. This decline is as a result of the tremendous work done by the health staff to contain the disease and to move Jamaica towards regaining its malaria-free status.

Of concern to Jamaica, is the dengue fever activity in the Central American and Caribbean Region. Although we have been able to prevent an outbreak, the percentage of homes that is positive for Aedes mosquito is extremely high at 14.6%. The continuing rainfall presents a challenge to sustaining a reduction in mosquito breeding.

Householders must carry out most of the mosquito reduction strategies as the Aedes mosquitoes breed in and around the home. We continue to urge householders to punch holes into containers and to monitor areas where water settles or is collected around the homes.

The Ministry's vector control programme was strengthened by way of a \$60 million allocation from the National Health Fund. We will increase vector control activities across the island and enhance the public education programme.

Renal Dialysis

This Government has committed itself to expanding the renal dialysis programme.

As the Hon. Prime Minister said in his Budget Presentation in April, we have increased the number of dialysis units from thirty eight **(38)** to sixty three **(63)** in the public sector so that more kidney patients can receive treatment. This Administration made a commitment to the people of Jamaica that we will expand this service to ease the burden on those who are suffering.

We intend to keep our promise.

In support of this programme of expansion, the Government is broadening the opportunities for clinical experience for our nephrology nurses. The Cuban Government is providing this support.

Jamaica/Cuba Eye Care Centre

Jamaica signed a bilateral Cooperation Agreement with Cuba in July 2009 which involves establishing an Eye Care Centre in Jamaica. The Centre was opened in January this year. Under the Agreement, patients no longer need to travel to Cuba for eye surgery. Since March of this year, over three thousand patients have been seen and some five hundred and sixty (560) surgeries performed.

The Jamaica/Cuba Eye Care Centre is located at St. Joseph's Hospital while pre and post operative care is offered at the National Chest Hospital.

I thank the Government and people of Cuba for their generosity and the fifteen-member eye care health team that is on the ground in Jamaica serving at the facility.

Health Information System

Mr. Speaker, this Government remains committed to developing an effective HIS infrastructure that will broaden access to services, provide credible data for decision making and reduce the cost of managing the health services.

We have established a Health Information Technologies (HITs) steering committee with personnel drawn from head office and the RHAs to provide leadership for the implementation of a National HIS in the Ministry. I will keep this Honourable House informed of the progress that we are making.

National Health Fund

Mr. Speaker, since its inception in 2004, the National Health Fund has played a significant role in supporting the health sector.

Forty-four (44) new projects valued at approximately Nine Hundred and Twenty One (\$921) million dollars were approved by the NHF during the last financial year.

This sum includes assistance to NGOs that received significant funding support valued at One Hundred and Twenty Seven million dollars (\$127) million for twenty (20) projects.

There was an overall 12% increase or forty nine thousand four hundred and nineteen (49,419) in enrolment of new beneficiaries with the NHF during the period – Thirty two thousand three hundred and ninety (32,390) enrolled for the NHF Card for all ages and seventeen thousand and twenty nine (17,029) for the Jamaica Drug for the Elderly (JADEP) Card, for persons sixty years and over.

I am encouraging those Members who are eligible to register under JADEP today.

Overall enrolment since the inception of the NHF now stands at four hundred and fifty four thousand and thirty four (454,034) beneficiaries.

Approximately 2.2 million claims were filled for NHF beneficiaries and \$2 billion paid to participating pharmacies for these claims.

We are exploring the addition of certain drugs for the treatment of Alzheimer's because of the increasing number of our elderly who are presenting with this condition.

Children's Portfolio

Mr. Speaker, I do not believe that anyone in this House would disagree that successive governments have turned in a disappointing performance in relation to our children. We are dissatisfied with the state of our children's homes and places of safety.

The mandate of the Child Development Agency (CDA) is to provide a stable and nurturing living environment for children who are abused, abandoned, neglected or otherwise in need of care and protection.

The Hon. Prime Minister indicated to the nation in a statement to this Honourable House, that this mandate will be expanded to include children in conflict with the law. The necessary legislative and policy framework is being developed to facilitate this major policy shift.

As I have said elsewhere, the work to secure the future of the children of Jamaica must be at the forefront of the country's social and development agenda.

It is a work that includes strengthening the capacity of those institutions that provide services to our children and strengthening the legislative framework to safeguard and protect the rights of children.

There is also room to improve multi-agency collaboration among entities such as the police, the judiciary, the Child Development Agency and the health sector. These entities must have a shared vision and the same high level of commitment and zeal to create a country fit for children.

The establishment of the Office of the Children's Registry and the appointment of a Children's Advocate are designed to strengthen the institutional capacity for monitoring and reporting on the state of children.

I want to thank the countless individuals across Jamaica, non-governmental organizations and faith based organizations for the work that they continue to do in caring for the nation's children.

Managing the Health Services as a Business

Mr. Speaker, it is not business as usual in the public health sector. We remain committed to continuing the programme of restructuring, improving accountability, promoting wise use of resources and seeking alternative sources of funding to sustain the health services.

Restructuring

On Tuesday July 20, 2010, the Prime Minister tabled a Green Paper, the Public Sector Master Rationalisation Plan, which outlines a raft of recommendations for public sector restructuring.

The children's portfolio which includes the Child Development Agency and the Office of the Children's Registry will be transferred to the Ministry of Youth, Sport and Culture. I support these recommendations.

Under the restructuring programme, the Health Corporation Limited will be closed down and its core functions of procurement, warehousing and distribution integrated into the National Health Fund. Drug Serv, which is the pharmacy retail arm of HCL, will come under the management of NHF. This will necessitate minor amendments to the NHF Act which we will shortly place before the Parliament.

This integration is expected to yield results in better management of the pharmaceutical services and a much improved inventory management system.

Mr. Speaker, the pharmacy service is important to the health sector. The drug budget has increased by 167% over the last five years, moving from Eight Hundred and Ninety Eight (\$898) million in 2004/05 financial year to Two Point-Four (\$2.4) billion this year. **We took steps to ensure that we would get more bang for the buck.**

In April of this year, we signed contracts for over seven hundred (700) pharmaceutical items. We were also able to negotiate more favourable payment terms from most of our suppliers. I thank them for their cooperation and understanding.

Mr. Speaker, we are also exploring the possibility of integrating the functions of at least two other entities into existing programmes in the Ministry.

Those entities that are self-financing will be taken off the budget and shared corporate services will be utilized to reduce the cost of the bureaucracy and improve efficiency.

Cost Savings and Cost Recovery Initiatives

Mr. Speaker, as I said at the outset of my presentation, these are difficult financial times in which we are operating. Despite the severe constraints, **we must continue to give our people a fighting chance.** One way is to improve how we use our resources. We are doing that.

Cost Savings

The Ministry of Health from the Head Office to the Regional Health Authorities has implemented a range of cost savings initiatives over the last year which should result in **savings of approximately One Billion Dollars (\$1B).**

These initiatives include finding less expensive sources of drugs resulting in savings of over **Three Hundred and Eighty Six Million Dollars (\$386M)**, better management of overtime, sessions and emergency duty roster for key health workers realizing savings in excess of **Forty Four Million Dollars (\$44M)**, staffing changes resulting in over **Five Hundred and Six Million Dollars (\$506M)** in savings, improved debt management cutting costs by **Forty Two Million Dollars (\$42M)** and other changes in maintenance, service delivery and catering, amounting to over **Thirty Million Dollars (\$30M)** in savings.

Almost **Four Hundred Million Dollars (\$400M)** of this amount represents savings resulting from procurement forgone based on gifts received in the South East Regional Health Authority.

Cost Recovery

Mr. Speaker, cost cutting will not put us on a path of sustainable financing. We are more interested in seeking alternative sources of funding for the health sector. We did that for medical gases with CHASE and the National Health Fund providing support to the tune of **One Hundred and Fifty Four Million Dollars (\$154M)**.

We are also pursuing strategies to improve the efficiency with which we deliver medical gases to our facilities.

The introduction of the GoJ Health Card will improve our ability to collect health insurance from those who have health insurance coverage while we continue to forego the co-payments.

The original intention, which remains, is for public patients to use the Card to fill public prescriptions at selected participating private pharmacies.

One Hundred and Seven Thousand Three Hundred and Fifty-Three persons (107,353) have already been registered and **Ninety Nine Thousand One Hundred and Eight Three** (99,183) Cards produced.

Recently, I appointed a Business Development Committee with membership drawn from the Ministry, Board Chairmen of RHAs and senior officials of the Regions. The Committee is expected to:

1. Conduct a benchmarking exercise to identify health care jurisdictions that have successfully implemented public private initiatives.
2. Audit all health facilities to confirm the existence and the potential for public private initiatives.
3. Develop a comprehensive list of acceptable public private initiatives for consideration and approval.
4. Develop policy guidelines for the sharing and outsourcing of services such as diagnostic, physiotherapy and radiology to private enterprises.

Mr. Speaker, we cannot pursue sustainable financing of the health sector in a piecemeal fashion. We need to have the necessary policy framework in place and the requisite standards established.

This is what we are doing as we seek to continue the mandate of safeguarding the health of our nation.

Conclusion

Mr. Speaker:

The last financial year was challenging for the health sector. I believe that we confronted those challenges admirably.

We have completed refurbishing of **forty seven (47) Health Centres** because we believe that there can be no national development without good health;

We have spent more than **Four Hundred and Sixty Three Million Dollars (\$463M)** to extend services at the level of secondary care because we believe that there can be no national development without good health;

We expect to save about **One Billion Dollars (\$1B)** through responsible management of the health services and to put more resources where they matter most because we believe that there can be no national development without good health;

We have saved the Jamaican people **over Four Billion Dollars (\$4B)** by the removal of user fees because we believe that there can be no national development without good health;

Mr. Speaker, **we are giving the poor a fighting chance**, increasing their disposable income, making health care more accessible, strengthening health systems, moving services closer to communities and putting more health workers on the ground.

Mr. Speaker, in an era of constricted policy options, social policies must be part of the country's national development strategy. The underlying objective for the State's social policy should include nation building, social cohesion and social justice. Jamaica has a difficult journey ahead.

We have a reduced national policy space, restricted autonomy in public sector intervention and significantly reduced fiscal capacity.

Yet, we have been creative and innovative advancing long and medium term social policies and high impact social interventions across sectors as part of the country's national development strategy.

The contributions from this side of the House in this year's Debate will show that this Government has demonstrated the courage, will and determination to expand and transform the social policy agenda of the country to achieve national development.

We are giving the Jamaican people a **fighting chance** to escape the trap of poverty and to achieve justice liberty and prosperity.

With God's guidance and the support of the people, **we will not fail.**

It is with great pride and pleasure that I declare open the Social Policy Section of the 2010-2011 Sectoral Debate.

I thank you.