Jamaica is the largest English-speaking island in the Caribbean and is classified as an upper middle-income economy. It derives most of its foreign exchange from tourism (50%) and remittances (15%). Debt is approximately 120% to GDP. Pockets of poverty exist predominantly in the rural areas. Jamaica is vulnerable to natural disasters including hurricanes and flooding. The last major earthquake (6.5 on the Richter scale) occurred more than a hundred years ago (in 1907).

The National Development Plan Vision 2030 continues to guide Jamaica’s strategic development and a recent analysis has demonstrated close alignment with the SDGs. Health priorities include universal health coverage, non-communicable diseases, health promotion, primary health care, insect vector control, health information systems and disease surveillance.

Health Status of the Population including trends, vulnerabilities and disparities:

Jamaica is undergoing epidemiological and demographic changes, with a declining 0-14 age group (10.9% of total population) with the older age groups 50-59 years and 60 years showing the largest percentage change with increases of 15% and 10% respectively; working age group (48.6%) and dependent elderly population (11%). Under five mortality has declined from 29.5 per 1,000 live births in 1990 to 15.7 per 1,000 live births in 2015, a 53% decline with an average annual decline of 2%. The country has maintained its status of being measles, rubella, congenital rubella syndrome and polio free with an average vaccination coverage of 93% in 2013, 92% in 2014 and 91% in 2015.

Disease pattern/burden and major determinants of health:

Emerging and re-emerging diseases: In 2015 and 2016, as in much of the Americas, Jamaica experienced epidemics of chikungunya, Zika, dengue and influenza. Considerable support and attention

Vaccination coverage:

- Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%): 91%
- Polio: 97.5% (Total); 93% (Both sexes)
- IPV: 97.9% (Total)
- Data not available

Mortality and global health estimates:

- Under-five mortality rate (probability of dying by age 5 per 1,000 live births): 11.6% (6.9-18.7) (2015)
- Maternal mortality ratio (per 100,000 live births): 89 (70-115) (2015)
- Deaths of children under 1 year of age per 1,000 live births: 9.5 (8.5-10.4) (2015)
- Deaths of children under 5 years per 1,000 live births: 11.6 (9.5-13.7) (2015)
- Maternal deaths per 100,000 live births: 89 (70-115) (2015)

Health policies and systems:

Jamaica’s health priority programs are aligned to the National Development Plan Vision 2030 and the Medium-Term Socio-Economic Framework 2012-2015. The MOH developed a Strategic Business Plan 2017-2020 which documents five strategic priorities with seven programme areas that support the priorities are aligned to Vision 2030 and the Sustainable Goals 2030. Other strategic plans developed include: National NCD strategic plan (2013-2018); National health information and e-health strategic plan (2013-2017); The national strategic plan (NSP) for preadolescent and adolescent health (2011 - 2016); and mental health strategic plan (2014-2019). The Action Plan for the Prevention and Control of Cancer in Jamaica 2013 – 2018; Infant and Young Child Feeding Policy; Food Based Dietary Guidelines for Jamaica; a National Food and Nutrition Security Policy. A National Operational and Action Plan for the Prevention and Control of Obesity in Children and Adolescents advanced. Based on the increasing trend of arboviral vector (specifically on Aedes aegypti) borne diseases in Latin American and Caribbean countries with an emphasis on integrated vector management increase capacity for preparation and response to future outbreaks and to mitigate their impact. Tobacco control: the country has introduced regulations (2014) under the Public Health Act banning smoking in all public areas. A draft of the comprehensive Tobacco Control legislation has been prepared.

Cooperation for health:

The Planning Institute of Jamaica (PIOJ) coordinates the implementation of the National Development Plan Vision 2030 and includes a health thematic group of which PANO/WHO is a member. UN agencies are well represented in Jamaica and contributions are substantial. In 2015, Jamaica became a DAD country and adoption is in early stages of planning. UN Multicountry Caribbean Strategic Framework (MCSF) was developed in 2016 to guide UN collaboration in support of SDGs at Caribbean regional and national level in English and Dutch speaking Caribbean UN agencies are working together on HIV, reproductive health, nutrition and human rights. Coordination amongst development partners is relatively weak. The main international development partners include EU, DFID, USAID, PEPFAR, Canada, Japan, and international financial institutions including IDB, World Bank, and the Caribbean Development Bank. Jamaica also benefits from bilateral cooperation with Cuba, Japan, China, Mexico, Argentina, Spain, Colombia and Brazil.
### WHO COUNTRY COOPERATION STRATEGIC AGENDA (on going)

<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
</tr>
</thead>
</table>
| **STRATEGIC PRIORITY 1:** Strengthening governance and health systems within the framework of universal access to health and universal health coverage | Continued technical support is provided in the area of strategic planning for the advancement of Universal Health.  
  - This includes supporting the preparation of the planning process for a ten years health sector strategy that will be founded on the strategic lines of the Resolution of the Strategy for Universal Access to Health and Universal.  
  - Specific technical cooperation is provided in strengthening health financing for universal health, strengthening the procurement and supply system to enhance access to medicines and health technologies and gain efficiencies.  
  - Technical support to strengthening information system for health is taking place at different levels; policy development, contributing to multisectoral collaboration and operationalizing the National health information and e-health strategic plan (2013-2017) as well as capacity building.  
  - Workforce development is focused on collaboration with education institutions to reorient health training and development of the workforce with emphasis on nursing. |
| **STRATEGIC PRIORITY 2:** Reducing the burden of diseases | Technical cooperation for the improvement of data quality and surveillance for vaccine preventable diseases including national capacity building for measles and rubella testing as well as revision to the immunization database. Support is also being provided for the introduction of the HPV vaccine and the revision of the national Immunization Field Guide for health care workers. Ongoing support continues for the improvement in vaccination coverage and equity in the provision of immunization services.  
  - Continued technical support in the implementation of the National Strategic and Action Plan for the Prevention and Control of NCDs in Jamaica 2013 to 2019, Operational Action Plan for the Prevention and Control of Obesity in Children and Adolescents developed and Alcohol Policy drafted. Taxation measures for reduction of tobacco use. Continued technical support in implementation of the Baby Friendly Hospital Initiative.  
  - HIV- Technical cooperation provided situation analysis on options to expand availability of HIV viral load tests to support MOH scale up to Treat All. Update of manual for treatment of HIV/TB co-infection.  
  - Technical support for the implementation of FCTC – to include facilitating a Youth Forum; development of a Communication Strategy and the development of a draft comprehensive tobacco legislation bill. |
| **STRATEGIC PRIORITY 3:** Supporting the achievement of the MDGs and implementation of the SDGs | Technical cooperation provided for monitoring of perinatal, neonatal, and maternal mortality through studies/surveys (WHO Maternal Mortality Study), registries (Births and deaths), committees (National Vital Statistics Committee).  
  - Implementation of the Adolescent Health Plan including capacity building for the adoption of adolescent health standards.  
  - Piloting of WHO Innov-8 for adolescent population to access equity in access to services.  
  - Technical support for the expansion of HIV Care and Treatment and the Elimination of Vertical Transmission of HIV and Congenital Syphilis.  
  - Technical support for the governments growth monitoring and infant and young child feeding programs, school feeding activities and prevention and control of obesity and NCDs. |
| **STRATEGIC PRIORITY 4:** Addressing determinants of health | Support country in its environmental health program with focus on key topics such as air quality, vector control, solid waste management, occupational health, and food safety.  
  - International Health Regulations: Support included an assessment to identify progress and remaining actions to meet each core capacity and capacity building of key public health staff, multi-sectoral capacity building. A legal consultant was engaged in November 2015 to review and provide drafting instructions for amendments of current regulations to ensure compliance with IHR (2005). A remaining step is for a cabinet submission to be made for debate and approval. Support towards IHR including assessments of Points of Entry, Chikungunya response including insect vector management, Ebola preparedness, and risk communication.  
  - Support for effective emergency risk and crisis management including safety assessment of health care facilities and capacity building for Health focused EOC. Support country in preparedness against natural and man-made disasters including hurricanes, and earthquakes.  
  - Support country in the implementation of the SMART Healthcare Facilities Project. Assessments of 100 Healthcare Facilities to be conducted using the Hospital Safety Index and the Green Checklists developed by PAHO/WHO and 6 – 8 Facilities will be retrofitted. The facilities retrofitted will be disaster resilient and ‘environmentally friendly’ and steps will be taken to have improved service delivery. The reports from the assessments are expected to be utilized by the country to have improvements in the healthcare facilities that are assessed. |

© World Health Organization 2017 - All rights reserved.  
The Country Cooperation Strategy briefs are not a formal publication of WHO and do not necessarily represent the decisions or the stated policy of the Organization. The presentation of maps contained herein does not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

WHO/CCU/17.01/Jamaica

Updated May 2017