

Jamaica



<http://www.who.int/countries/en/>

WHO region	Americas
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2011)	24
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	91
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	73.9 (Male) 78.6 (Female) 76.2 (Both sexes)
Population (in thousands) total (2015)	2793.3
% Population under 15 (2015)	23.6
% Population over 60 (2015)	12.8
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	87
Gender Inequality Index rank (2014)	93
Human Development Index rank (2014)	99
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	5.36
Private expenditure on health as a percentage of total expenditure on health (2014)	47.62
General government expenditure on health as a percentage of total government expenditure (2014)	8.08
Physicians density (per 1000 population) (2008)	0.411
Nursing and midwifery personnel density (per 1000 population) (2008)	1.092
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	11.6 [6.9-18.7]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	15.7 [10.3-24.4]
Maternal mortality ratio (per 100 000 live births) (2015)	89 [70 - 115]
Births attended by skilled health personnel (%) (2011)	98.6
Public health and environment	
Population using improved drinking water sources (%) (2015)	93.8 (Total) 89.4 (Rural) 97.5 (Urban)
Population using improved sanitation facilities (%) (2015)	81.8 (Total) 84.1 (Rural) 79.9 (Urban)

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

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 107% 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.

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 over 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 47% decline with an average annual decline of 1.9%. 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.

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 has been paid to preparation and response to these conditions.

Non-Communicable diseases, mental health and nutrition: NCDs contribute to 70% of mortality in Jamaica, with 34% classified as premature i.e., before age 70 years. Circulatory system diseases are the most prevalent (25%), with similar male and female prevalence of hypertension. The prevalence of diabetes is higher among women (9.3%) than men (6.4%). The prevalence of overweight is 59.1%, including 27.2% who are obese.

HIV/TB/STI: The Health Ministry estimates that 29,690 persons are living with HIV in Jamaica; most of whom (23,915) have been diagnosed; however approximately half the numbers of persons referred into care remain in care with approximately 15% achieving undetectable viral load. The elimination of mother-to-child transmission remains a priority and Jamaica has committed to Treat All in 2016 Universal health coverage: Jamaica has a demonstrated commitment to advancing towards universal health, including studies on health financing, implementation of policy measures to reduce financial barriers to the elimination of direct payment at point of service in the public sector (2008) and the gradual increase in the number of medications and patient enrolment in the drugs subsidy schemes of the National Health Fund.

The main challenges in health are: the continued threat of emerging and re-emerging diseases especially those that are mosquito-borne; the growing prevalence of NCDs and premature mortality; poor lifestyle choices that can affect the quality of life for Jamaicans; mainstreaming of the cross-cutting issues such as violence including gender-based violence, the impact of climate change and environmental health still tend to be fragmented; the need to improve healthcare systems for the effective diagnosis, treatment and care of noncommunicable diseases and communicable diseases; and the continued need to demonstrate accountability with a focus on strong public health leadership to respond to the changing needs within the public health environment.

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 2015-2018. 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) being updated in 2018; 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 disease in Latin American and Caribbean the Ministry of Health has increased emphasis on integrated vector management increase capacity for preparation and response to future outbreaks and to mitigate their impact. A Mosquito Control and Research Unit has been established in collaboration with the University of the West Indies with support from USAID and other partners. 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 PAHO/WHO is a member. UN agencies are well represented in Jamaica and contributions are substantial. In 2015, Jamaica became a DAO country. UN Multi-country 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)	
Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: The resilience of health systems strengthened within the framework of universal health.</p>	<p>The Focus Areas for this Strategic Priority are:</p> <ol style="list-style-type: none"> 1.1 Strengthen stewardship and governance to expand equitable access to quality, people-centred health services. 1.2 Develop and implement a strategy for supporting sustainable Human Resources for Health. 1.3 Strengthen information systems for health to support evidence-based decision making. 1.4 Define and implement mechanisms for sustainable health financing.
<p>STRATEGIC PRIORITY 2: An inclusive healthy life course approach to address the health needs of the population advanced.</p>	<p>The Focus Areas for this Strategic Priority are:</p> <ol style="list-style-type: none"> 2.1 Accelerate and scale-up the implementation and monitoring of the National Plan of Action for NCDs, their risk factors and mental health which includes substance use disorders. 2.2 Strengthen and maintain the capacity for the prevention and control of CDs including HIV, TB, viral hepatitis, vaccine preventable diseases, emerging and re-emerging diseases and address anti-microbial resistance (AMR). 2.3 Promote health throughout the life course to include policies and programmes on women's, men's; maternal, new born, child and adolescent health; sexual and reproductive health; workers' health, and older persons.
<p>STRATEGIC PRIORITY 3: An integrated approach to address the social and economic determinants of health and health equity in support of sustainable development promoted.</p>	<p>The Focus Areas for this Strategic Priority are:</p> <ol style="list-style-type: none"> 3.1 Promote health in all policies and greater inter-sectoral action to improve equity and sustainable development. 3.2 Generate and utilise evidence on social and economic determinants of health and health inequities to guide policies and programmes. 3.3 Enhance the capacity to prevent and respond to violence and injuries to reduce the impact on health utilizing an intersectoral approach. 3.4 Address gender and other social, cultural and economic inequities in health using the human rights-based approach through main-streaming and specific actions.
<p>STRATEGIC PRIORITY 4: The environmental determinants of health addressed to build resilient communities.</p>	<p>The Focus Areas for this Strategic Priority are:</p> <ol style="list-style-type: none"> 4.1 Increase the capacity of the health sector to identify and implement health mitigation and adaptation measures in response to climate change. 4.2 Strengthen the multi-sectoral framework for all hazard emergencies and disaster risk management including meeting the requirements of the IHR. 4.3 Support the "Integrated Management Strategy for Vector Control" to respond to associated emerging and re-emerging diseases.