

CHAPTER 11

HEALTH

A HEALTHY NATION IS A WEALTHY NATION! EVERY JAMAICAN MUST HAVE ACCESS TO THE PUBLIC HEALTH CARE SYSTEM. AVAILABILITY TO HEALTH CARE & ABILITY TO PAY WILL BE THE OPERATING POLICY OF THE NDM.

**THE PEOPLE ARE ENTITLED TO PROPER HEALTH CARE!
THE GOVERNMENT HAS A DUTY!**

It is the duty of government to ensure that the people have access to quality health services. It is of vital importance that the poor who are most susceptible to disease and poverty-related ailments are not deprived of proper health care because of their inability to pay.

THE STATE OF OUR HEALTH SERVICES

While Jamaica had been relatively successful in controlling preventable diseases, we are now witnessing the reappearance of communicable diseases which had previously been eliminated and the emergence of new ones. Primary health care facilities, although well placed, suffer from severe shortage of manpower, equipment and supplies and are not sufficiently flexible in their routine to deal with casual emergencies resulting in undue pressure on hospitals through self referral and forced referral. Our hospitals reveal the most conspicuous weaknesses in our health system. They are plagued by a chronic shortage of medical personnel, inadequate funding, lack of vital equipment and supplies, inadequate maintenance and a weak management structure. A number of wards and operating theatres in our major hospitals have remained closed for prolonged periods because of staff shortages and equipment breakdown. **The severity of the manpower shortage is illustrated by the extent of vacancies in some critical areas:-**

Nursing	54%.
Pharmacists	65% .
Medical Technologists	49%
Hospital Administrators	55%
Public Health Inspectors	45%

^^^ insert the latest statistics.

Critical support facilities such as diagnostic, radiographic, laboratory, pharmaceutical, blood banking, dialysis and radiotherapy services are also constrained by acute staff short-ages, inadequate and obsolete equipment.

Towards A Healthy Health Service

TACKLING THE MANPOWER SHORTAGE

- * We will improve the remuneration and provide a substantial scarcity allowance for posts that experience chronic staff shortages.
- * We will expand the availability of on—site and near-site accommodation for nurses
- * We will provide increased support for community colleges in the pre-training of nurses and public health officers and will expand the capacity of the nursing and public health schools to respond to training needs.
- * Responsibility for training of health personnel will be transferred from the Ministry of Health to the Ministry of Education to facilitate greater coordination within the education, system.

- * In the short term, we will embark on an aggressive program to keep our trainees here, thereby ameliorating the effects of brain drain on the health ministry.

IMPROVING HEALTH CARE FACILITIES

- * Health centre facilities will be upgraded to take the burden off tertiary health facilities. This upgrade will be reinforced by proper monitoring of the health system and a public education campaign on the different roles of each type of facility.
- * We will advance the rationalization of services within the hospital structure. This will involve precise designation of the services to be available at each hospital and the provision of the necessary personnel and equipment supported by an efficient referral system.

- * Mobile emergency response teams will be outfitted with trained paramedics to improve the quality of service delivered en route to hospitals.
- * Emergency response/trauma centres will be maintained on a 24—hour basis at designated hospitals to deal with severe trauma cases, especially relating to violence and motor vehicle accidents.
- * The Emergency Medical Service island wide will be developed into a full-fledged par-medical service equipped with the appropriate resources, medical staff, training and support.

- * A management information system will be integrated into operations of healthcare facilities to increase efficiency, manage the movement of drugs and throughout the system, effect speedy referrals among hospitals and clinics and monitor the operations of mobile response teams with the help of GPS integration.

MEETING THE COST OF HEALTH CARE

- * Inadequate funding of the health sector is a major cause of the deterioration in service delivery. Weak remuneration and unsatisfactory working conditions leading to shortage of ' personnel, poor maintenance, obsolete and inadequate equipment and shortage of critical supplies all derive from financial constraints.
- * No meaningful improvements can be effected to health care delivery without addressing the issue of its funding.
- * Budgetary expenditure on health must be gradually increased to a minimum of 5% of GDR
- * We will introduce a National Health Insurance Scheme to supplement (not supplant) budgetary provisions for the health sector.

AN EFFICIENT NATIONAL HEALTH INSURANCE SCHEME

- * The National Health Insurance Scheme will be financed by the remittance of one-third of the proposed consolidated payments to be derived from payroll deductions and employer contributions.
- * An independent authority will be established to administer the NHIS. This authority will act not as the insurer but as a broker which purchases coverage on a competitive basis from insurance earners.
- * Insured persons will have the choice of accessing service at public institutions or from participating private providers
- * Payment will be made by the insurance carrier to the service provider (public or private) and will be based on established rates for prescribed treatment, diagnostic services and pharmaceuticals.
- * Private providers will determine their own charges by public institutions will be determined by their management boards subject to ministerial approval.
- * Management boards will apply the payments received to maintenance, procurement of supplies and equipment and incremental remuneration to staff as determined by each management board.
- * Patients will be required to meet any differential between insurance payments and actual charges.
- * **The NDM policy on access to health care will be that quality health care services will be available to every Jamaican.** A national ID system will be used to generate information stored on a centralised database and accessible through a unique ID number assigned to each Jamaican throughout the course of his/her life from birth to death. This system will be intrinsic to providing public health providers with information on one's ability to pay for the services he/she is seeking to access.
- * The Drugs for the Elderly program will be maintained
- * A comprehensive on-line information system to verify eligibility and facilitate prompt remittance of payments will be established for all participating providers.

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