



**MINISTRY OF HEALTH
JAMAICA**

**NATIONAL HEALTH POLICY
2006-2015**

AND

**STRATEGIC PLAN
2006-2010**

FINAL REPORT

Prepared for Ministry of Health
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Sponsored By PAHO/WHO
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Glossary

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacille Calmette-Guerin
CBO	Community Based Organisation
CGC	Child Guidance Clinic
CSME	Caribbean Single Market Economy
DPT	Diphtheria, Pertussis, Tetanus
ESSJ	Economic and Social Survey-Jamaica
EPHF	Essential Public Health Functions
GDP	Gross Domestic Product
GTZ	German Technical Cooperation
GOJ	Government of Jamaica
HIS	Health Information System
HIV	Human Immuno-deficiency Virus
IBRD	International Bank of Reconstruction and Development
JSLC	Jamaica Survey of Living Conditions
JUTC	Jamaica Urban Transit Company
MDG	Millennium Development Goals
MMR	Measles, Mumps Rubella
MOH	Ministry of Health
MTCT	Mother to Child Transmission
NGO	Non-Government Organisation
NWC	National Water Commission
OPV	Oral Polio Virus
PLWHA	Persons Living With HIV/AIDS
PAHO/WHO	Pan American Health Organisation/World Health Organisation
RHS	Reproductive Health Survey
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

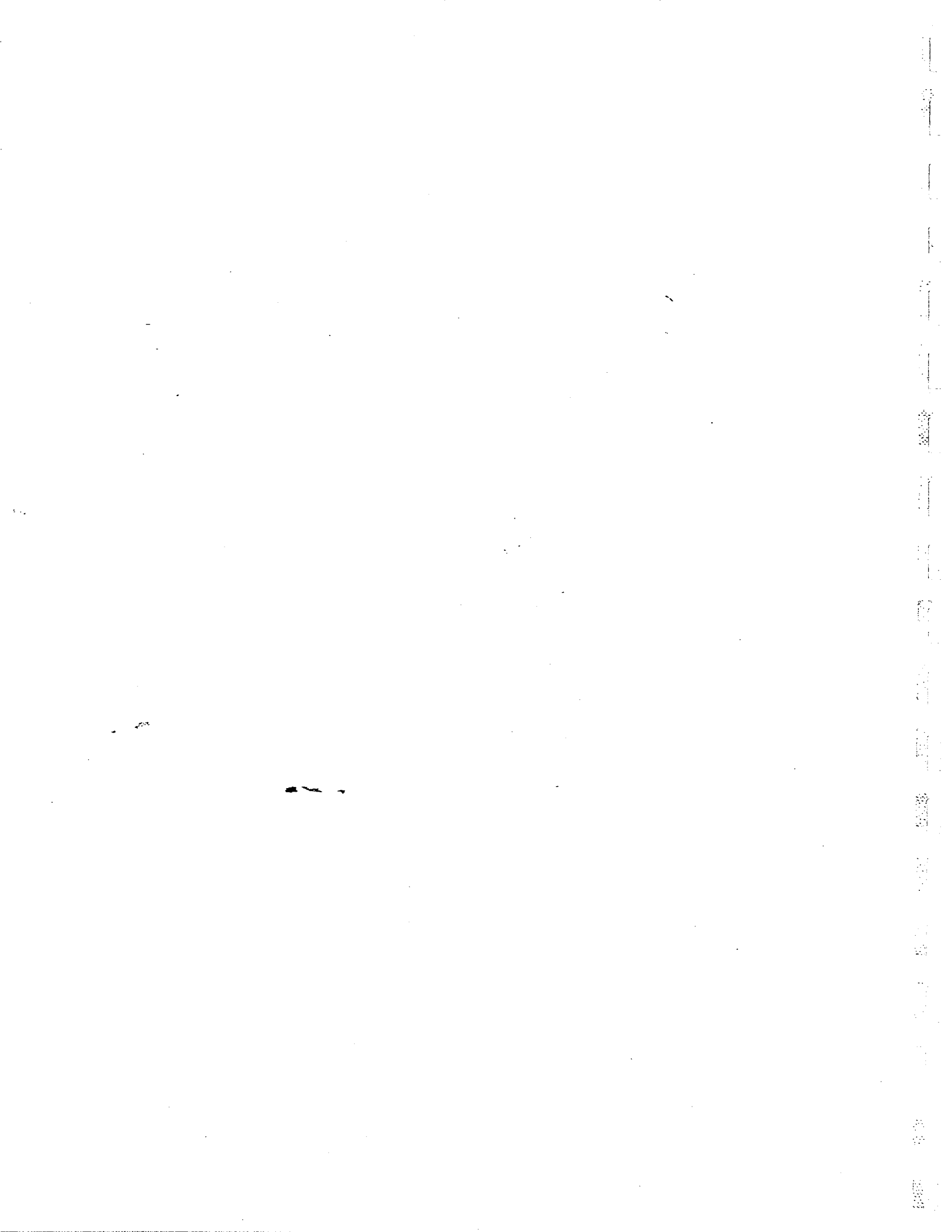
Executive Summary

The National Health Policy 2006-2015 and the accompanying Strategic Plan 2006-2010 is prepared within the framework of the Medium Term Socioeconomic policy and the philosophy (The Manifesto); international and regional health and development guidelines and other related national plans. The policy/planning process was participatory with extensive stakeholder consultation and discussion to obtain consensus on a broad range of health related issues. The gaps and challenges of the Ministry of Health Strategic Plan 2001-2005 were also identified in the process. It is therefore expected that there will be harmonization with other sectoral policies and plans that seek to achieve national development as well as ownership, responsibility and accountability for the outcomes of the plan, by stakeholders.

In keeping with GOJ Strategic/Corporate Planning methodologies and processes, the plan is outcome oriented. Thus, the priorities and performance indicators are coherently and clearly enunciated to facilitate monitoring and evaluation as well as modification of operational plans. This National Health Policy and Strategic Plan is predicated on 1999 and 2002 data and trends. The latter is therefore the base year against which evaluation should be done.

Based on a national development perspective, the most important challenge to the health sector over the period 2006-2010 is the need to reduce/control the spread of HIV/AIDS, reduce maternal mortality and control the lifestyle diseases. The approach of the population to health is illness and hospital oriented. It follows that the cause and effect principles of engaging in risk behaviour related to lifestyles are pursued unabated, until signs and symptoms become acute/gross. Health Promotion must therefore continue to be an important strategy.

Individual/customer expectations are high in keeping with mass media portrayal of the management of illness in developed countries. Unfortunately, there is low awareness of the increasing cost of health care and few proactive plans are made by members of the population for possible illness.



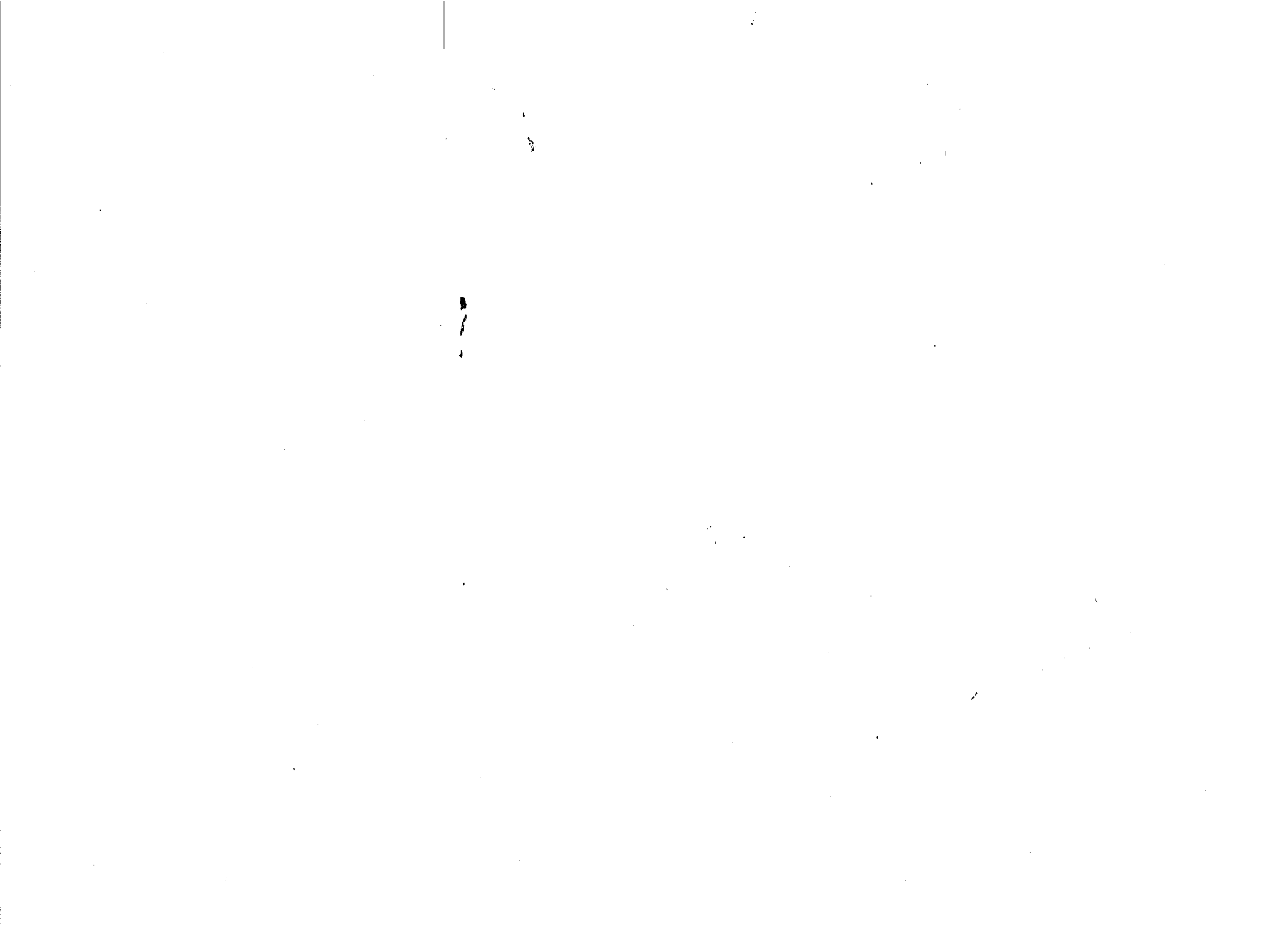
The priorities are selected based on national needs and the island's disease burden as well as the MDGs for global development. The health inputs together with strong partnerships aim to maintain the gains of previous years, regain lost ground for some indicators (immunization), move ahead in decreasing the major threats to population health (HIV/AIDS and other lifestyle diseases) and improve some of the development indicators.

Honourable John A. Junor, MP, Minister of Health

E. Grace Allen Young, Permanent Secretary

Barrington Wint, Chief Medical Officer

Signed this _____ day of _____ 2005



1.0 INTRODUCTION

The National Health Policy 2006-2015 and Strategic Plan 2006-2010 reflects GOJ national development policies as well as international guidelines, i.e., Millennium Development Goals (MDG). The stated strategies are general in their approach and the activities identified are not exhaustive.

Although the final health outcomes will take some time to be manifested, the outputs of the plan will be monitored quarterly and annually. The managerial aspects are more easily measured and the annual evaluation is a pre-requisite to the development of operational plans.

2.0 POLICY AND PLANNING CONTEXT

2.1 International

2.1.1 Trade liberalization and globalization engendered several changes which impact on health:

- Client demand for service tend to be in keeping with observations of and new knowledge acquired through mass media and communication channels
- Perceived shift in the preference for overseas produced foods, growing obesity and increase in the attendant chronic non-communicable diseases
- Changes in consumption pattern and lifestyles
- Movement of people and goods (Goods such as chemicals can lead to human exposure and pose health risks)
- Regulations, e.g., trade decisions relating to pharmaceuticals
- Decreased industrial growth and job reduction
- Additionally, decreasing access to some world markets, the concomitant decline in exports as well as expanding imports can increase the island's vulnerability to external economic shocks.

2.1.2 The United Nations Heads of States in 2002 decided to invest in health for global development and termed the initiative the Millennium Development Goals (MDG). Eighteen (18) targets were identified, seven of which relate to health, viz.:

- Malnutrition
- Child mortality
- Maternal Mortality
- HIV/AIDS
- Malaria and other Infectious Disease
- Safe drinking water, Sanitation and Pollution
- Essential Drugs

2.2 National

2.2.1 Physiography and Government

Jamaica sits in the Caribbean Sea between latitude 18 degrees north and longitude 77-degree west. By virtue of its location, the island is prone to natural disasters, mainly hurricane. Having a total landmass of 10,991 square kilometre, its length is 235 kilometre and its widths vary from 35 to 82 kilometres. The terrain is mountainous with the highest peak being 2,220.6 metres at the Blue Mountains. There are also lush coastal areas on which the majority of the population lives. The ecosystem, tropical weather and vibrant culture help to support the tourism product.

Since 1962 Jamaica has been an independent state within the Commonwealth of Nations. The island is governed by parliamentary democracy patterned off the Westminster-Whitehall model.

2.2.2 Demographic Profile

In 2002, there were 2,624,695 persons living in Jamaica, 49.3 percent of whom were males and 50.7 percent females. Based on the age cohorts, there were 10.1 percent in the 0-4 age group; 11.2 percent in the 5-9 age group, 20.0 percent in the 10-19 age group; 41.6 percent in the 20-49 age group. While the

50-59 age group represented 6.8 percent, the 60 and over age group was 10.2 percent of the population (Demographic Statistics 2000).

The mean size of a Jamaican household was 3.4 persons in 2002 and the absolute size ranged from one to eight and over members.

2.2.3 Economic Profile

In year 2002, the GDP was J\$229,195.20 million at constant prices. However, at current prices it was J\$407,664.50. The main contributors included the Service as well as the Goods Sectors.

The GOJ's total budget was J\$223,524.1 million.

2.2.4 Social Profile

The education and health sectors have a common interest in literacy (which in 1999 was 79.9 percent (JAMAL 1999). Enrolment for ages 3 - 24 years was 72.0 percent (JSLC 2002) in 2002, and greater benefits may accrue to the health sector if some of the health promotion focus is placed on the 3 to 11 year olds who also have very high levels of enrolment and are not yet burdened by peer pressure.

The Housing Quality Index measures access to potable water, toilet and kitchen facilities, lighting and the number of persons per household. It was 64.8 percent (JSLC 2002).

In 2002, the National Water Commission (NWC) produced 276,836 mega litres of water (ESSJ 2002) and 78.5 percent of the population could access potable water. Ninety nine point eight percent (99.8%) of the population had access to satisfactory means of excreta disposal in 2002 (JSLC 2002). While the Jamaica Public Service had 506,390 customers (86.8% of whom were residential customers) 87.1 percent of the Jamaican population used electricity for lighting. Ten point eight percent (10.8%) continued to use kerosene (ESSJ 2002; JSLC 2002).

An effective transportation and communication system facilitate access to health care. The public [Jamaica Urban Transit Company (JUTC)] had a total of 63,181 seats, 59.1 percent of which were in rural areas. Twelve thousand four hundred and eighteen (12,418) licenses were issued to taxicabs (ESSJ 2002).

In 2002, 1,200,000 mobile telephones augmented the 436,890 main lines to facilitate telephone communication (ESSJ 2002).

In 2002, 15.1 percent of the labour force (which contained 1,124,500 persons) were unemployed, 20.7 percent of whom were females (ESSJ 2002). The dependency ratio was 71.8 percent (56.0% for children 0-14 years and 15.8% for 65 years and over) (JSLC 2002). Nineteen point seven percent (19.7%) of the population lived in poverty.

Based on JSLC 2002 data, the mean per capita consumption at constant (1990) prices was J\$8,953.0. Total expenditure on items important to health were J\$33,781.10 (Food), J\$7,144.0 (Fuel and Household Supplies) and J\$18,348.0 (Housing and Household Expenses). Expenditure on Health was J\$2,295.0. The mean visit was 1.7 and the mean cost of visit in the public sector was J\$464.6, while in the private sector it was J\$1,339.9. The mean cost of medication was J\$571.5 in the public sector and J\$1,501.2 in the private sector.

The MOH prepares on a quarterly basis, the cost of a basket of food to satisfy the nutritional requirements for a family of five (two adults and three children, ages 1-3, 10-15 and 16-19) for a week. Based on the 2002 cost of J\$2,008.3, a minimum wage earner would be able to purchase 89.6 percent of the contents of this basket if all the earnings were spent on food (MOH Nutrition Unit) (preliminary).

In 2002, approximately 12.1 percent of all Jamaican households were victims of crime (JSLC 2002).

2.2.5 The Health Systems

Assets

The GOJ continued to provide health care through 23 public hospitals and approximately 314 primary health care centres. The work order system of managing the maintenance of MOH/RHA assets reflected a 53.0 percent (of 284) satisfactory completion in 2002.

Human Resource

Although there have been additional supplies of manpower in 2002, the continuing migration of human resource for health leaves a gap among critical occupational groups. The major groups tend to be needed for the successful implementation of primary health care strategy and include Registered Midwives, Registered Nurses, Public Health Nurses, Environmental Health Officers and Family Nurse Practitioners.

Finance

Budget

In 2002/2003 the Ministry of Health (MOH) received 4.8 percent of GOJ's budget (J\$10,836.8 M) distributed viz.:

- Recurrent J\$10,636.80
- Capital A J\$100.0 million
- Capital B J\$100.0 million

Grants are provided annually to the four Regional Health Authorities (RHAs) and University Hospital of the West Indies (UHWI) for the provision of health services. In 2002/2003 the total provided for this purpose was 78.5 percent (J\$8,347,037.0 M) of MOH budget, distributed viz.:

- South East 40.5%
- North East 12.7%
- Western 19.3%
- Southern 15.9%
- UHWI 11.6%

Fees

In 2002/03 user fees accounted for 17.8 percent of the RHAs recurrent budget. At J\$901,733.00, the total user fees collected was 1.9 percent more than targeted. The regional collections were appropriated, viz.:

-	South East	40.2%
-	North East	13.9%
-	Western	25.4%
-	Southern	20.4%

Health Insurance

There are approximately two providers of private health insurance - Blue Cross of Jamaica and Life Insurance Company Association (LICA). JSLC 2002 data revealed that 13.5 percent of the population had health insurance.

Pharmaceuticals

Pharmaceuticals were consistently available to meet an average of 80.0 percent of demand from clients with selected priority conditions (chronic diseases, neuro-psychiatric diseases and HIV/AIDS).

2.2.6 Partnerships

Partnerships between the Government of Jamaica, NGO/CBO, Not for Profit Organisations, Private and For Profit Organisations, regional and international organisations ~~remain~~ critical to the achievement of health and development goals. These partnerships complement public sector initiatives. Assistance from the international community though somewhat less than in previous years continues. Currently, focus tends to be on helping to build capacity and address the inequalities of poverty for example, ensuring basic health care and education.

In 2002, external sources of funding continued to support infrastructural developments and new programmes. The major funding partners included:

- Government of Japan
- Bilateral Agencies

- GTZ
 - HIV/STD Prevention and Control
- USAID
 - Improved Reproductive Health of Youth
 - Jamaica Adolescent Reproductive Health
 - AIDS/STD
- Multilateral Agencies
 - European Development Fund
 - Integrated Drug Abuse Prevention
 - IBRD
 - Inter American Development Bank
 - Tools for AIDS Prevention and Disease Management/
Treatment
 - PAHO/WHO
 - UNICEF
 - Policy Advocacy, Special Care and Protection

External funding also came as gifts of pharmaceuticals and medical supplies as well as technical assistance, all with an estimated value of over J\$100 million (MOH Annual Report, 2002).

The Private NGOs/CBOs and Not for Profit and Private Sector Organisations have made solid contributions to the health and wellbeing of the Jamaican people, mainly through screening and health promotion/illness prevention initiatives.

2.2.7 Health Systems Achievements in 2002

The Ministry of Health management team continued to pursue the development of strong health systems to achieve better health outcomes and experienced some success in divesting some morgues in Type C hospitals (NERHA); contracting of cleaning, portering, laundry, dietary and security services in the Regional Health Authorities as well as improving customer service through training of all staff in all four regions.

- GTZ
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Wellness/Wellbeing

Life Expectancy at birth was 73.2 in 2002 and the Infant Mortality Rate was 106.2 in 2002, aided by continuity in the primary health care 2002 inputs (first trimester visit - 25.1%); monitoring the antenatal period (4.3 visits per woman); haemoglobin levels (13.9% with levels < 10 gms/dcl); syphilis positive (1.4%); 93.6 percent deliveries performed by trained personnel and 69.9 percent postnatal coverage.

Children under one year old were immunized at a 87.0 level. Exclusive breastfeeding at age six weeks was 47.3 percent and there was a rapid decline to 35.6 percent by age 12 weeks. Of all the babies delivered in public sector facilities, 9.2 percent were below 2.5kgms in weight. Nutrition surveillance revealed that 89.2 percent of children visiting public facilities were normal weight for age.

Survey data (2000) for risk behaviours indicated that 25.8 percent of the population was overweight and 19.0 percent obese. While 17.8 percent had two or more sexual partners, 20.8 percent had been treated for a STI and 47.1 percent used a condom for each sexual act. Although there was a 54.1 percent seat belt use and 4.2 percent consistent helmet use among the population, there were 334 road traffic deaths in 2000.

Morbidity

In 2002, the ten leading causes of morbidity based on hospital discharge per 10,000 population included Accidents and Injuries (55.9%), Diseases of the Respiratory System (40.4%), Diseases of the Circulatory System (38.8%), Diseases of the Digestive System (31.6%), Nutrition Endocrine Diseases (26.7%), Neoplasms (22.2%), Diseases of the Genito-urinary System (21.6%), Perinatal Conditions (20.6%), Infectious and Parasitic Diseases (19.9%) and Neuropsychiatric Disorders (14.8).

Mortality

The pattern was similar to Morbidity except for the rank order.

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4.0 CONCEPTUAL FRAMEWORK

WHO defines health as “a state of complete physical, mental, spiritual and social well being and not merely the absence of disease or infirmity.” Well being is perceived as the strength and vigour that individuals/families/ communities have to work productively, undertake and effectively manage the challenges of life and live harmoniously with their fellowmen and their environment.

Two different constructs of the Conceptual Framework are presented and both give coherence to the Ministry of Health’s Strategic Plan 2006-2010. They are based on Ministry of Health’s vision and embodies consideration of the core values about population well-being and health as well as the individual’s responsibility to take the necessary steps to protect and maintain his/her health (Figure 1).

Emphasis is placed on the portfolio responsibility of the Ministry to outline policy goals and identify health priorities in keeping with government’s development goals and national needs. Targeted policy approaches such as health promotion and protection and primary health care, together with the available resources and the implemented and monitored systems, should limit the impacts of the determinants of health and the disease burden on individuals and families (Figure 1, 2).

The approaches that inform strategies will embrace a life cycle (conception to death), gender sensitive, customer focused path that is cognisant of the cultural beliefs, health practices, health seeking behaviour, adaptive abilities and coping skills of clients. Since health is extricably linked to development, partnership is an important strategy that helps to integrate the inputs of other sectors. Implemented mechanisms shall ensure equitable access to services that use appropriate technology and are well managed and outcome oriented. Managers are accountable for the outputs and outcomes (Figure 1, 2).

4.0 CONCEPTUAL FRAMEWORK

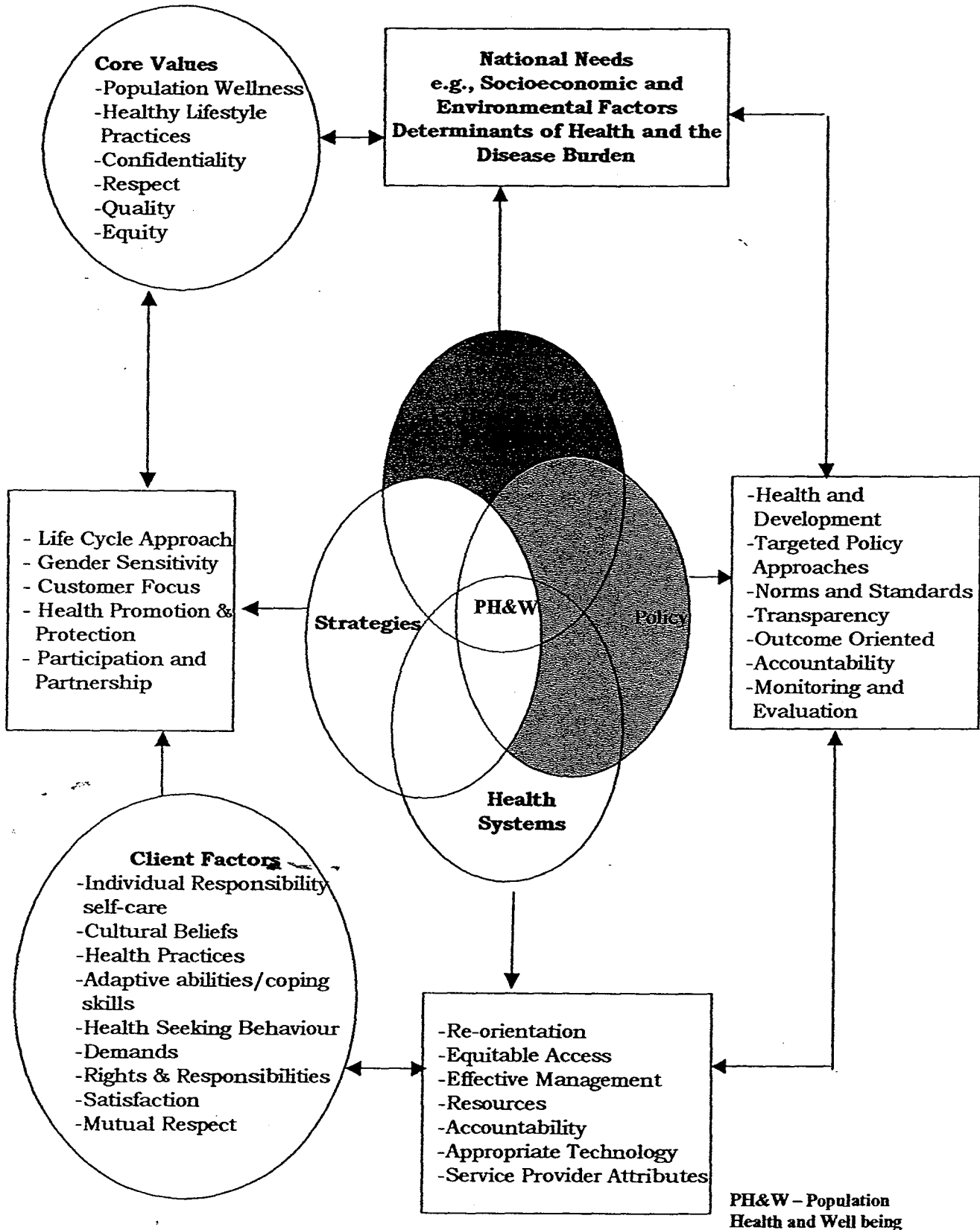
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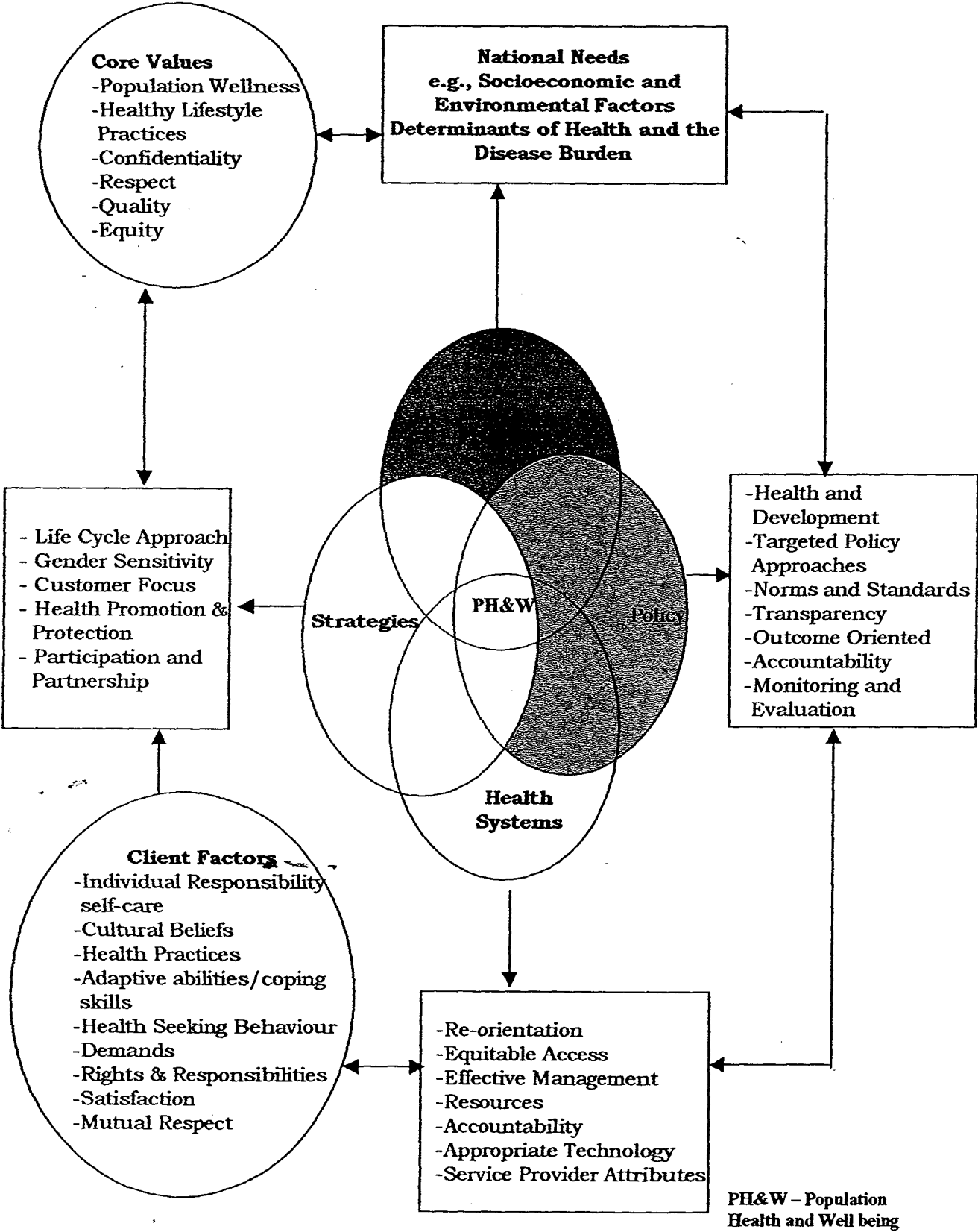
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Conceptual Framework



Conceptual Framework



Conceptual Framework



Conceptual Framework



5.0 POLICY AND PLAN

5.1 Vision

Better health, wellbeing and quality of life for all.

5.2 Mission

Ensure access to a sustainable, responsive and effective health system that is stakeholder focused and facilitates the health, productivity and well being of Jamaicans.

5.3 Policy Outcome

The Ministry of Health shall in keeping with the development goals and philosophies of the Government of Jamaica as well as regional and international guidelines, formulate, monitor and evaluate policies, plans and programmes that:

- Promote well being and health in the society so that the population enjoys sustained, optimum levels of health.
- Ensure health systems that are well managed and sensitive to the health needs of the population.
- Continue further improvement and modernization of the health system to promote equitable access to appropriate, affordable, effective services.

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5.5 OUTCOME INDICATORS

INDICATORS		DATA SOURCE
NATIONAL	MILLENNIUM DEVELOPMENT GOALS	
Theme 1 - Population Health		
<ul style="list-style-type: none"> - Life expectancy at birth - Crude birth rate - Crude death rate - Age specific death rate - Risk behaviours: <ul style="list-style-type: none"> - Overweight and obesity - Smoking - Drug use-abuse - Sexual practices - Use of seatbelts - Use of helmets - Road traffic accidents - Intentional injuries - Immunisation coverage of the vaccine preventable diseases - Sustainable development for health/environmental health: <ul style="list-style-type: none"> - Sustainable access to safe water supplies - Sanitary means of excreta disposal - Sanitary means of waste disposal - Vector indices at ports and in homes: <ul style="list-style-type: none"> - Aedes - Anopheles - Surveillance <ul style="list-style-type: none"> - Internationally notifiable diseases - Nationally monitored diseases - Newly emerging and re-emerging infectious diseases - Blood and blood products 	<ul style="list-style-type: none"> - Sustainable access to safe water supplies for: <ul style="list-style-type: none"> - Urban areas - Slum dweller - Sanitary Means of excreta disposal <ul style="list-style-type: none"> - Urban areas - Slum dwellers - Sanitary means of waste disposal for: <ul style="list-style-type: none"> - Urban areas - Slum dwellers - Cases of malaria - Malaria death rate - Cases of confirmed Tuberculosis (Tb) - Number of Tb clients on DOTs treatment - Tb death rates 	<p>STATIN -do- -do- -do- Survey</p> <p>MOH</p> <p>PIOJ/NWC/N SWA/MOH</p> <p>MOH</p> <p>Surveillance -do- -do- -do-</p> <p>MOH/Blood Transfusion Services</p>
Theme 2 - Individual Health Care		
<i>(a) Service Provision:</i>		
<ul style="list-style-type: none"> - Total PHC cases seen - Total cases receiving care at A&E departments - Total cases seen at outpatient specialist clinics - Total discharge - Bed occupancy rate - Average length of stay - % availability of pharmaceutical based on VEN List 		

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NATIONAL	MILLENNIUM DEVELOPMENT GOALS	
<p>(e) <i>Mental Health</i></p> <ul style="list-style-type: none"> - Total No. of new cases: <ul style="list-style-type: none"> - Child guidance clinics - Schizophrenia - Depression - Substance abuse - Substance abusers' rehabilitation - Average length of stay 		MOH/RHA
<p>(f) <i>Emergency Care</i></p> <ul style="list-style-type: none"> - Total number of calls - % receiving pre-hospital emergency care - % of those receiving pre-hospital care are airlifted to other hospitals - survival rate of those airlifted 		MOH/RHA
<p>Theme 3 - Quality Management</p> <ul style="list-style-type: none"> - Clients Charter - No. of facilities with functional complaints mechanism - No. of complaints resolved - No. of facilities with implemented and monitored quality systems - No. of benchmarks prepared - No. of facilities with systems implemented to monitor clinical errors - No. of litigation 		MOH/RHA
<p>Theme 4 - Disaster Management</p> <ul style="list-style-type: none"> - No. of disease outbreaks due to disaster conditions - Length of time taken to have health facilities/activities functional - Number of deaths due to the impact of disaster 		MOH/RHA
<p>Theme 5 - Leadership and Management</p> <ul style="list-style-type: none"> - No. of staff that attend implemented C.P.E. sessions - Prioritised plan and budget submitted by <u>x</u> time - No. of legislation to support activities of the health sector: <ul style="list-style-type: none"> - amended - new - pending 		

INDICATORS		DATA SOURCE
NATIONAL	MILLENNIUM DEVELOPMENT GOALS	
<p>(e) <i>Mental Health</i></p> <ul style="list-style-type: none"> - Total No. of new cases: <ul style="list-style-type: none"> - Child guidance clinics - Schizophrenia - Depression - Substance abuse - Substance abusers' rehabilitation - Average length of stay 		MOH/RHA
<p>(f) <i>Emergency Care</i></p> <ul style="list-style-type: none"> - Total number of calls - % receiving pre-hospital emergency care - % of those receiving pre-hospital care are airlifted to other hospitals - survival rate of those airlifted 		MOH/RHA
<p>Theme 3 - Quality Management</p> <ul style="list-style-type: none"> - Clients Charter - No. of facilities with functional complaints mechanism - No. of complaints resolved - No. of facilities with implemented and monitored quality systems - No. of benchmarks prepared - No. of facilities with systems implemented to monitor clinical errors - No. of litigation 		MOH/RHA
<p>Theme 4 - Disaster Management</p> <ul style="list-style-type: none"> - No. of disease outbreaks due to disaster conditions - Length of time taken to have health facilities/activities functional - Number of deaths due to the impact of disaster 		MOH/RHA
<p>Theme 5 - Leadership and Management</p> <ul style="list-style-type: none"> - No. of staff that attend implemented C.P.E. sessions - Prioritised plan and budget submitted by <u>x</u> time - No. of legislation to support activities of the health sector: <ul style="list-style-type: none"> - amended - new - pending 		

Theme 3 – Quality Management

Dynamic Quality Assurance Programme

- Implement, monitor and evaluate programmes/interventions related to:
 - Clients Charter
 - Quality Systems
 - National Customer Service
 - Clinical Effectiveness and Governance

Advocacy/Collaboration

- Professional Associations, consumers and other stakeholders
- Legislation
- Emerging Services

Theme 4 - Disaster Management

Collaborative planning to promote preparedness and mitigation

Targeted education aimed at risk reduction

Training and sensitisation

Simulation exercises

Mobilization, coordination and management of resources

Monitoring and Rehabilitation

Theme 5 – Leadership and Management

Institutional Framework

- Performance focussed, prioritised policies and plans that address national health and development needs as well as the health related impacts of the Caribbean Single Market Economy
- Accountable leadership and accountability at all levels
- Governance
 - role definition
 - collaboration with national, regional and international partners for improvements in health, social, economic and environmental circumstances
 - initiatives to foster waste reduction
 - setting and monitoring norms and standards for the health sector

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- performance evaluation and reward/recognition
- succession planning
- Equipment, Transport and Infrastructure
 - planned preventive maintenance
 - efficiency and waste reduction
 - depreciation/replacement plans
 - address infrastructural needs in the context of the needs for improvements to population health
- Review gifts policy
- Technology
 - upgrading and management of appropriate technology

Management of Services Delivery System

- Approaches to foster:
 - equitable access
 - improvement in individual responsibility for health
 - effective health outcomes
 - effective and efficient use of resources
- Appropriate service provider attributes

Performance Management System

- Reviews/evaluation of performance:
 - organizational
 - team
 - peer
 - case management
- Accountability for effectiveness and efficiency related to outcomes
- Audit Systems
- Sanctions

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6.2 Prevention and Control of Communicable Diseases (also linked to reproductive and adolescent health)

- Immunization
- HIV/AIDS/STI
- Surveillance and Control of Newly Emerging and
- Re-emerging Infectious Diseases
- Prevention and control of outbreaks

6.3 Control of Non-Communicable Disease

- Cardiovascular Diseases
- Hypertension
- Diabetes
- Cancer - Breast
 - Cervical
- Rheumatic Fever Prevention
- Asthma and Acute Respiratory Illness
- Injuries (intentional and unintentional)

6.4 Reproductive Health

- Maternal and New Born Health (Linked to 6.2. (Immunisation))
- Child and Adolescent Health (Linked to 6.2. (HIV/AIDS/STI))
- Family Planning (Linked to 6.2. (HIV/AIDS/STI))

6.5 Mental Health and Substance Abuse

- Community Mental Health
- Acute Care including Crisis Intervention
- Child and Adolescent Mental Health
- Rehabilitation
- Substance Abuse Prevention
- Deinstitutionalization
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7.0 ROLES AND RESPONSIBILITIES

7.1 The State

The state is expected to carry out its basic function of promoting economic growth, pursuing equity, self-reliance and social justice that facilitate opportunities for better quality of life including health. The integrated development approach is expected to help to forge strong partnerships that complement the efforts of the state. Additionally, a constant supply of literate/educated persons facilitate training of human resource for health to meet the needs of the labour market as well as help people to benefit from health education, improve their health literacy and take greater responsibility for their lives.

The state outlines national policy goals, strategic plan, government's priorities and guidelines about issues relating to health and development.

Services should be responsive to the needs of individuals/customers, as well as protect and improve health. While health care delivery is costly and there are limitations in available resources, every attempt will be made to ensure equitable access in the public sector.

Legal and Regulatory Support mechanisms in relationship to equitable access, standards and accountability also form part of the state's responsibility. The enactment of Legislation will be voluntary where conformance is not guaranteed and the level of activity within a particular area of the health sector is such that intervention by the government to ensure the protection of the interests of the public is essential. The legislation will cover existing as well as the new and emerging health concerns, professionals, medical and diagnostic services and other areas. In the area of Public Health for example, it is understood that apart from addressing legislatively, the elementary concern of public sanitation and the control of the spread of communicable diseases, the laws will also cover and seek to foster adjustments in the management of personal lifestyle issues.

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7.4 Professional Organisations

The inputs of professional organisations must reflect cognizance of the macro changes that impact on people and their health and the urgent need to develop partnerships for health through knowledge of national, regional and parish plans for health and development. While professional organisations promote good employment practices, they must also promote good work ethics, commitment and a safe, caring environment for the delivery of efficient health care. Professionals will need to demonstrate attributes of respect for the client, confidentiality, the ability to listen and hear as well acting as advocates when the need arise.

Continuing education is crucial to the development of personal and professional skills in a dynamic health service delivery environment. Professionals must take responsibility for this aspect of their development. Additionally, each organization must seek to be involved in the provision of continuing education, encourage peer monitoring to promote and enforce quality and professionalism.

7.5 The Media is vital in helping to promote the health of the population through improving awareness of health and health matters. Coverage of public health needs as well as achievements is integral to the role of the media. However, responsible journalism is important, especially in obtaining and using valid information without exaggeration or suppression to suit particularism. The health sector will continue to forge relationships with the media.

7.6 International Agencies

These agencies through the conditionalities/rules attached to aid sometimes influence health issues/policies. They are expected to continue to provide assistance to pursue the goal of "Health For All" through:

- Consideration of the terms of aid, their compatibility with the needs and resources of the island and the implications for policy;
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APPENDICES

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APPENDIX 1

MOH POLICY 2006-2015 AND STRATEGIC PLAN 2006-2010
Extracts of Strengths, Weaknesses, Opportunities and Threats – 2001-2005 MOH Strategic Plan

THEMES	STRENGTHS	WEAKNESSES	OPOORTUNITIES	THREATS
Health Systems, Policy and Plans	<ul style="list-style-type: none"> - Strong emphasis on public health - Commitment to goals and objectives - Monitoring and regulating the health sector 	<ul style="list-style-type: none"> - Gaps in policies and plans (programme delivery) - Impact of other GOJ policies (fast foods) - Not enough reference to the plan. - Disconnect between policy and operations. 	<ul style="list-style-type: none"> - An integrated approach to development. - Health outcomes must drive policies. - Implement unannounced audits 	<ul style="list-style-type: none"> - Absence of a common vision for health - Illness prevention is not a shared value
Health Systems Management and Resources	<ul style="list-style-type: none"> - Positive leadership - Levels of communication exist. - Core of educated, well-qualified, experienced, adaptable personnel 	<ul style="list-style-type: none"> - Lack of cohesion and cohesiveness - Overlapping roles at all levels. - Lack of dialogue - Communication is crisis-oriented. - Weak links among all professional groups (uncommitted, materialistic) - Chronic problems relating to old cadre and shortage - Severe under financing. - Many high level cost e.g. human resource and administration. 	<ul style="list-style-type: none"> - Use of stronger leadership - Restructure - Transparent, honest communication. - New skills mix - Office of the Service Commissions must address this problem - Costing of the health sector activities - Link the budget to the plan 	<ul style="list-style-type: none"> - Some unwilling to see the bigger picture (turf oriented) - Demotivation - Burn out - Continuing short-fall in the budget

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APPENDIX 2

**MOH POLICY 2006-2015 AND STRATEGIC PLAN 2006-2010
Policies, Plans and their Relationships to National Plans/Guidelines**

MOH Strategic Policy Outcome and Objectives	Political Manifesto	Medium Term Development Plan (PIOJ) 2004-2007	National Plan of Action on Population 1995-2015	JASPEV 2015	PSMP 2002-2012
<p>Promote well being and health in the society so that the population enjoys sustained, optimum levels of health</p> <p><u>Object 1: Population Health</u> To promote wellness and protect the health of the Jamaican population thereby reducing the incidence and severity of preventable illness, injury and disability.</p> <ul style="list-style-type: none"> • Health Promotion • Health Protection 	<ul style="list-style-type: none"> • Sustained health promotion programme • Related area in body of document: <ul style="list-style-type: none"> - Trade Liberalization and consumer education and protection 	<ul style="list-style-type: none"> • Need for behaviour change (HIV/AIDS, consider the impact of tourism and patterns of sexual behaviour) • Healthy Lifestyle (children and Youth) for optimum physical and mental health 	<ul style="list-style-type: none"> • Promote the curricula content that encourages greater responsibility for health • Increase access to basic health care • Increase healthy life span for all 	<ul style="list-style-type: none"> • Improve public awareness/behaviour with respect to lifestyle issues in health <ul style="list-style-type: none"> - rate of lifestyle related deaths and diseases among persons of working age - young people's sexual and reproductive behaviour 	

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<p>Ensure health systems that are well-managed and sensitive to the health needs of the population</p> <p><u>Object 2: Individual Health Care</u> To improve individuals health outcome by ensuring access to effective, affordable and equitable health care services</p> <ul style="list-style-type: none"> • Communicable Diseases: <ul style="list-style-type: none"> - Surveillance - HIV/AIDS/STI - Tuberculosis - Malaria • Other Notifiable Diseases: <ul style="list-style-type: none"> - International - National • Immunization 	<ul style="list-style-type: none"> • HIV/AIDS • Control of Communicable Disease • Malaria • Vaccines 	<ul style="list-style-type: none"> • Maintain past health gains • Address the changing epidemiological pattern • Pursue Millennium Development Goals (MDG) • Targeted health care (SSN) • Effective multi-sectoral response for prevention control and management of HIV/AIDS, PLWHA: <ul style="list-style-type: none"> - Use of anti-retrovirals 	<ul style="list-style-type: none"> • Prevent, detect and treat STI especially at the PHC level 	<ul style="list-style-type: none"> • Overall mortality rate • Immunization coverage • Incidence of HIV/AIDS • Number of facilities providing care for persons with HIV/AIDS 	

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<ul style="list-style-type: none"> • Reproductive Health - Maternal - Child and Adolescent - Family Planning 	<ul style="list-style-type: none"> • Child Mortality • Maternal Mortality 	<ul style="list-style-type: none"> • Reduce under 5 mortality rate by 66% between 1990-2015 (MDG) • Reduce maternal mortality ration by 75% between 1990-2015 (MDG) 	<ul style="list-style-type: none"> • Ensure equal access to a full range of reproductive health services and meet the changing reproductive needs over the life cycle • Promote responsible sexuality and reduce unwanted pregnancies and the incidence of high risk pregnancies • Reduce maternal morbidity and mortality rates • Decrease Infant Mortality Rate • Promote breastfeeding as a child survival strategy • Improve health and nutritional status of infants and children • Reduce adolescent pregnancy 	<ul style="list-style-type: none"> • Availability of counselling programmes for parents • Infant mortality • Child mortality • Incidence of stunting • Cases of child abuse 	

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<p>Health Technology</p> <p>Communication</p>	<ul style="list-style-type: none"> • Appropriate Technology and Information Systems • Enhance MIS and research 	<ul style="list-style-type: none"> • Gender disaggregated data • Computerization and information systems to improve resource management (finance and HR (PSMP) 	<ul style="list-style-type: none"> • Maintain reliable gender-disaggregated databases of population health to support decision making 		<ul style="list-style-type: none"> • Information systems <ul style="list-style-type: none"> - FMIS - HRMIS • Applications that simplify interactions and processes in service delivery • Support management analysis of information and the quality of decision making • Maximize WANS

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**MOH POLICY 2006-2015 AND STRATEGIC PLAN 2006-2010
Policies, Plans and their Relationships to International/Regional Guidelines**

MOH Strategic Policy Outcome and Objectives	UN MDG 2015	PAHO/WHO (2003-2007)	UNICEF (2002-2006)	CARICOM: CCH (1998)
<p>Promote well being and health in the society so that the population enjoys sustained, optimum levels of health</p> <p><u>Object 1: Population Health</u> To promote wellness and protect the health of the Jamaican population thereby reducing the incidence and severity of preventable illness, injury and disability.</p> <p>Health Promotion</p> <p>Health Protection</p> <p>Physical and social environments</p> <p>Sustainable Development</p>	<ul style="list-style-type: none"> ▪ Reduce the proportion of people without sustainable access to safe drinking water by 2015 ▪ Improvement in the lives of slum dwellers <ul style="list-style-type: none"> - water - waste disposal 	<ul style="list-style-type: none"> ▪ Promotion of healthy lifestyle and social environment ▪ Promotion of effective health inputs into social, economic, environmental and development policies ▪ Promotion of safe Physical Environments 	<ul style="list-style-type: none"> ▪ Legislation for the rights of the child ▪ Strengthen and support parenting practices 	<ul style="list-style-type: none"> ▪ Treat health as a primary tool in human and economic development • Focus on prevention of disease and the promotion of well being and productivity • Selected community health conditions and environmental health risks reduced

APPENDIX 3

**MOH POLICY 2006-2015 AND STRATEGIC PLAN 2006-2010
 Policies, Plans and their Relationships to International/Regional Guidelines**

MOH Strategic Policy Outcome and Objectives	UN MDG 2015	PAHO/WHO (2003-2007)	UNICEF (2002-2006)	CARICOM: CCH (1998)
<p>Promote well being and health in the society so that the population enjoys sustained, optimum levels of health</p> <p>Object 1: Population Health To promote wellness and protect the health of the Jamaican population thereby reducing the incidence and severity of preventable illness, injury and disability.</p> <p>Health Promotion</p> <p>Health Protection</p> <p>Physical and social environments</p> <p>Sustainable Development</p>	<ul style="list-style-type: none"> ▪ Reduce the proportion of people without sustainable access to safe drinking water by 2015 ▪ Improvement in the lives of slum dwellers <ul style="list-style-type: none"> - water - waste disposal 	<ul style="list-style-type: none"> ▪ Promotion of healthy lifestyle and social environment ▪ Promotion of effective health inputs into social, economic, environmental and development policies ▪ Promotion of safe Physical Environments 	<ul style="list-style-type: none"> ▪ Legislation for the rights of the child ▪ Strengthen and support parenting practices 	<ul style="list-style-type: none"> ▪ Treat health as a primary tool in human and economic development • Focus on prevention of disease and the promotion of well being and productivity • Selected community health conditions and environmental health risks reduced

MOH POLICY 2006-2015 AND STRATEGIC PLAN 2006-2010
Policies, Plans and their Relationships to International/Regional Guidelines

MOH Strategic Policy Outcome and Objectives	UN MDG 2015	PAHO/WHO (2003-2007)	UNICEF (2002-2006)	CARICOM: CCH (1998)
Reproductive Health - Maternal Health - Child - Adolescent Emergency and Disaster Management	<ul style="list-style-type: none"> ▪ Reduce maternal mortality ratio by 75% between 1990 and 2015 ▪ Reduce under 5 mortality rate by 66% between 1990 and 2015 	<ul style="list-style-type: none"> ▪ Healthy growth and development ▪ Healthy growth and development ▪ Disaster Preparedness and Management Response - Essential Drugs 	<ul style="list-style-type: none"> ▪ Access to prenatal care ▪ Improved child health ▪ Access to early childhood services ▪ Provide supporting participatory environment for adolescent health care 	<ul style="list-style-type: none"> ▪ Improved health and quality of life of selected vulnerable groups in the population ▪ Improved <ul style="list-style-type: none"> - mental health infrastructure - mental health of the population ▪ Improve/strengthen health sector capacity to reduce the impact of disasters

MOH POLICY 2006-2015 AND STRATEGIC PLAN 2006-2010
Policies, Plans and their Relationships to International/Regional Guidelines

MOH Strategic Policy Outcome and Objectives	UN MDG 2015	PAHO/WHO (2003-2007)	UNICEF (2002-2006)	CARICOM: CCH (1998)
Reproductive Health - Maternal Health - Child - Adolescent Emergency and Disaster Management	<ul style="list-style-type: none"> ▪ Reduce maternal mortality ratio by 75% between 1990 and 2015 ▪ Reduce under 5 mortality rate by 66% between 1990 and 2015 	<ul style="list-style-type: none"> ▪ Healthy growth and development ▪ Healthy growth and development ▪ Disaster Preparedness and Management Response - Essential Drugs 	<ul style="list-style-type: none"> ▪ Access to prenatal care ▪ Improved child health ▪ Access to early childhood services ▪ Provide supporting participatory environment for adolescent health care 	<ul style="list-style-type: none"> ▪ Improved health and quality of life of selected vulnerable groups in the population ▪ Improved <ul style="list-style-type: none"> - mental health infrastructure - mental health of the population ▪ Improve/strengthen health sector capacity to reduce the impact of disasters

APPENDIX 4
PERFORMANCE INDICATORS

1.0 Policy Outcome: Sustained, Optimum Levels of Population Health

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
Promote wellness and protect the health of the Jamaican population thereby reducing the incidence and severity of preventable illness, injury and disability	Reduced incidence and severity of preventable illness, injury and disability	<ul style="list-style-type: none"> - Life expectancy at birth (STATIN) - % increase in Contraceptive Prevalence - % decline in: <ul style="list-style-type: none"> - crude birth rate - crude death rate - age specific mortality rate - No. of mechanisms implemented for promoting access to health information 							Health Promotion
	Decrease in risk behaviours	<ul style="list-style-type: none"> - % reduction in risk behaviours: <ul style="list-style-type: none"> - smoking cigarettes - use of: <ul style="list-style-type: none"> - marijuana - crack/cocaine - % reduction in: <ul style="list-style-type: none"> - obesity - overweight - STI infection - intentional injuries treated in: <ul style="list-style-type: none"> - PHC - A&E 							
	Improvement in use of seatbelts	<ul style="list-style-type: none"> - % of population consistently using <ul style="list-style-type: none"> - seatbelts - helmets - condom for every sex act 							

APPENDIX 4
PERFORMANCE INDICATORS

1.0 Policy Outcome: Sustained, Optimum Levels of Population Health

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
Promote wellness and protect the health of the Jamaican population thereby reducing the incidence and severity of preventable illness, injury and disability	Reduced incidence and severity of preventable illness, injury and disability	<ul style="list-style-type: none"> - Life expectancy at birth (STATIN) - % increase in Contraceptive Prevalence - % decline in: <ul style="list-style-type: none"> - crude birth rate - crude death rate - age specific mortality rate - No. of mechanisms implemented for promoting access to health information 							Health Promotion
	Decrease in risk behaviours	<ul style="list-style-type: none"> - % reduction in risk behaviours: <ul style="list-style-type: none"> - smoking cigarettes - use of: <ul style="list-style-type: none"> - marijuana - crack/cocaine - % reduction in: <ul style="list-style-type: none"> - obesity - overweight - STI infection - intentional injuries treated in: <ul style="list-style-type: none"> - PHC - A&E 							
	Improvement in use of seatbelts	<ul style="list-style-type: none"> - % of population consistently using <ul style="list-style-type: none"> - seatbelts - helmets - condom for every sex act 							

1.0 Policy Outcome: Sustained, Optimum Levels of Population Health

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
Promote wellness and protect the health of the Jamaican population thereby reducing the incidence and severity of preventable illness, injury and disability	Food Safety	<ul style="list-style-type: none"> - Cases of foodborne illness - % of Food Handling establishments - health certified - % Tourist establishments - health certified - % Food Handlers permits issued within 4 weeks of application 							Health Protection
	Vector indices in keeping with international standards: <ul style="list-style-type: none"> - Aedes - Anopheles at ports and in homes	<ul style="list-style-type: none"> - % Vector indices - Homes <ul style="list-style-type: none"> - Aedes - Anopheles - Airports <ul style="list-style-type: none"> - Aedes - Anopheles 							

*MDG

1.0 Policy Outcome: Sustained, Optimum Levels of Population Health

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
Promote wellness and protect the health of the Jamaican population thereby reducing the incidence and severity of preventable illness, injury and disability	Food Safety	<ul style="list-style-type: none"> - Cases of foodborne illness - % of Food Handling establishments <ul style="list-style-type: none"> - health certified - % Tourist establishments <ul style="list-style-type: none"> - health certified - % Food Handlers permits issued within 4 weeks of application 							Health Protection
	Vector indices in keeping with international standards: <ul style="list-style-type: none"> - Aedes - Anopheles at ports and in homes	<ul style="list-style-type: none"> - % Vector indices - Homes <ul style="list-style-type: none"> - Aedes - Anopheles - Airports <ul style="list-style-type: none"> - Aedes - Anopheles 							

*MDG

1.0 Policy Outcome: Sustained, Optimum Levels of Population Health

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
<p>Promote wellness and protect the health of the Jamaican population thereby reducing the incidence and severity of preventable illness, injury and disability</p>	<p>Monitored Communicable Diseases</p> <p>Health Protection/ Surveillance</p>	<ul style="list-style-type: none"> - No. of outbreaks of communicable disease based on: <ul style="list-style-type: none"> - internationally notifiable, cases of: <ul style="list-style-type: none"> - malaria - confirmed tuberculosis - No. of TB clients on DOTS* - Death rates: <ul style="list-style-type: none"> - malaria - tuberculosis* - locally monitored, cases of: <ul style="list-style-type: none"> - AFP/Polio - Fever and rash - Measles - Ophthalmia Neonatorium - Congenital Syphilis - No. of new cases of HIV/AIDS - HIV/AIDS prevalence: <ul style="list-style-type: none"> - generally - among 15-49 year olds - STI clients - antenatal attendees (15-49 years old)* - No. of women in the MTCT programme - No. of new cases of paediatric HIV - No. of AIDS deaths: <ul style="list-style-type: none"> - No. of children orphaned by AIDS* - Syphilis seroprevalence rate: <ul style="list-style-type: none"> - generally - among 15-24 age group - among antenatal attendees - No. receiving post exposure prophylaxis 							<p>Surveillance</p>

* MDG

1.0 Policy Outcome: Sustained, Optimum Levels of Population Health

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
<p>Promote wellness and protect the health of the Jamaican population thereby reducing the incidence and severity of preventable illness, injury and disability</p>	<p>Monitored Communicable Diseases</p> <p>Health Protection/ Surveillance</p>	<ul style="list-style-type: none"> - No. of outbreaks of communicable disease based on: <ul style="list-style-type: none"> - internationally notifiable, cases of: <ul style="list-style-type: none"> - malaria - confirmed tuberculosis - No. of Tb clients on DOTS* - Death rates: <ul style="list-style-type: none"> - malaria - tuberculosis* - locally monitored, cases of: <ul style="list-style-type: none"> - AFP/Polio - Fever and rash - Measles - Ophthalmia Neonatorium - Congenital Syphilis - No. of new cases of HIV/AIDS - HIV/AIDS prevalence: <ul style="list-style-type: none"> - generally - among 15-49 year olds - STI clients - antenatal attendees (15-49 years old)* - No. of women in the MTCT programme - No. of new cases of paediatric HIV - No. of AIDS deaths: <ul style="list-style-type: none"> - No. of children orphaned by AIDS* - Syphilis seroprevalence rate: <ul style="list-style-type: none"> - generally - among 15-24 age group - among antenatal attendees - No. receiving post exposure prophylaxis 							Surveillance

* MDG

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Access to Essential Drugs	<ul style="list-style-type: none"> - % consistent availability of VEN List drugs - % availability of drugs to manage health priorities - No. of clients using: <ul style="list-style-type: none"> - PHC Pharmacies - Hospital Pharmacies - HCL Pharmacies - No. of items prescribed - No. of items dispensed: <ul style="list-style-type: none"> - PHC - Hospital - HCL 							Drug Protocol
	Improved Health Outcomes: Cardio-vascular Discases	<ul style="list-style-type: none"> - Total cases receiving physiotherapy treatments - No. of cases seen in A&E - Discharge rate/10,000 population - % discharge of total hospital discharges - Average length of stay - Deaths/10,000 population - % of deaths of total hospital deaths 							Individual/ Self Care

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Access to Essential Drugs	<ul style="list-style-type: none"> - % consistent availability of VEN List drugs - % availability of drugs to manage health priorities - No. of clients using: <ul style="list-style-type: none"> - PHC Pharmacies - Hospital Pharmacies - HCL Pharmacies - No. of items prescribed - No. of items dispensed: <ul style="list-style-type: none"> - PHC - Hospital - HCL 							Drug Protocol
	Improved Health Outcomes: Cardio-vascular Diseases	<ul style="list-style-type: none"> - Total cases receiving physiotherapy treatments - No. of cases seen in A&E - Discharge rate/10,000 population - % discharge of total hospital discharges - Average length of stay - Deaths/10,000 population - % of deaths of total hospital deaths 							Individual/ Self Care

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Improved Health Outcomes: Hypertension and Diabetes Mellitus (Copathology)	<ul style="list-style-type: none"> - Cases seen in primary health care - % cases seen in A&E - Discharge rate/ 10,000 population - % discharge of total hospital discharges - Average length of stay - Deaths/ 10,000 population - % deaths of total hospital deaths 							
	Cancer Screening Programmes	<ul style="list-style-type: none"> - No. screened: <ul style="list-style-type: none"> - breast masses - pap smears - prostate examinations - Discharge rate/ 10,000 population - % discharge of total hospital discharges - Average length of stay - Deaths/ 10,000 population <ul style="list-style-type: none"> - % deaths of total hospital deaths 							

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Improved Health Outcomes: Hypertension and Diabetes Mellitus (Copathology)	<ul style="list-style-type: none"> - Cases seen in primary health care - % cases seen in A&E - Discharge rate/10,000 population - % discharge of total hospital discharges - Average length of stay - Deaths/10,000 population - % deaths of total hospital deaths 							
	Cancer Screening Programmes	<ul style="list-style-type: none"> - No. screened: <ul style="list-style-type: none"> - breast masses - pap smears - prostate examinations - Discharge rate/10,000 population - % discharge of total hospital discharges - Average length of stay - Deaths/10,000 population <ul style="list-style-type: none"> - % deaths of total hospital deaths 							

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Improved Health Outcomes: Rheumatic Fever	<ul style="list-style-type: none"> - No. receiving rheumatic fever prophylaxis - Discharge rate/10,000 population for complications of rheumatic fever - % discharge of total hospital discharge - Deaths/10,000 population for complications of rheumatic fever - % deaths of total hospital deaths 							
	Reproductive Health	<ul style="list-style-type: none"> - Total antenatal visits - % first trimester visits - No. of antenatal visits per pregnant woman - % women treated for: <ul style="list-style-type: none"> - anaemia - syphilis - % pregnant women attending high risk clinic - % pre-eclampsia/eclampsia - % antepartum haemorrhage - % post partum haemorrhage - pregnant women delivered by: <ul style="list-style-type: none"> - trained personnel* - Caesarean Section 							
	Postnatal Clinic	<ul style="list-style-type: none"> - % postnatal coverage 							

* MDG

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Improved Health Outcomes: Rheumatic Fever	<ul style="list-style-type: none"> - No. receiving rheumatic fever prophylaxis - Discharge rate/10,000 population for complications of rheumatic fever - % discharge of total hospital discharge - Deaths/10,000 population for complications of rheumatic fever - % deaths of total hospital deaths 							
	Reproductive Health	<ul style="list-style-type: none"> - Total antenatal visits - % first trimester visits - No. of antenatal visits per pregnant woman - % women treated for: <ul style="list-style-type: none"> - anaemia - syphilis - % pregnant women attending high risk clinic - % pre-eclampsia/eclampsia - % antepartum haemorrhage - % post partum haemorrhage - pregnant women delivered by: <ul style="list-style-type: none"> - trained personnel* - Caesarean Section 							
	Postnatal Clinic	<ul style="list-style-type: none"> - % postnatal coverage 							

* MDG

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Improved Health Outcomes: Children/ Adolescent	- % low birth weight babies							
		- % babies exclusively breastfed:							
		- 6 weeks							
		- 12 weeks							
		- 6 months							
		- % low weight for age (0-59 months)*							
		- % above normal weight for age (0-59 months)							
		- % identifier for age							

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Improved Health Outcomes: Children/ Adolescent	- % low birth weight babies							
		- % babies exclusively breastfed:							
		- 6 weeks							
		- 12 weeks							
		- 6 months							
		- % low weight for age (0-59 months)*							
		- % above normal weight for age (0-59 months)							
		- % identifier for age							

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Improved Health Outcomes: Mental Health Disorders	<ul style="list-style-type: none"> - Child Guidance Clinic - Number of clinics held - Total cases - Number of new cases - Diagnostic categories (to be listed) - % new individuals/customers with schizophrenia - % new individuals/customers with depression - % new individuals/customers seen 							
	Substance Abuse Programmes	<ul style="list-style-type: none"> - Rehabilitation: <ul style="list-style-type: none"> - % screened - % admitted - % dropout - % graduating - % recidivism - Follow-up care: <ul style="list-style-type: none"> - Total no. of clinics - Total no. of individuals/customers - Total No. of new individuals/customers 							

2.0 Policy Outcome: Health systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve individuals' health outcome by ensuring access to effective, affordable and equitable health care services	Improved Health Outcomes: Mental Health Disorders	<ul style="list-style-type: none"> - Child Guidance Clinic - Number of clinics held - Total cases - Number of new cases - Diagnostic categories (to be listed) - % new individuals/customers with schizophrenia - % new individuals/customers with depression - % new individuals/customers seen 							
	Substance Abuse Programmes	<ul style="list-style-type: none"> - Rehabilitation: <ul style="list-style-type: none"> - % screened - % admitted - % dropout - % graduating - % recidivism - Follow-up care: <ul style="list-style-type: none"> - Total no. of clinics - Total no. of individuals/customers - Total No. of new individuals/customers 							

3.0 Policy Outcome: Well managed health systems

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve the quality of health care provided to the nation	Clients Charter	<ul style="list-style-type: none"> - % of services with flexible opening hours - Average waiting time for care <ul style="list-style-type: none"> - health centre - hospital A&E - OPD - date for specialist consultation - surgery - Ratio of self referrals to health centre and private doctor referral - % extensions in average length of stay 							Quality Assurance
	- Efficient Complaints mechanism	<ul style="list-style-type: none"> - % complaints: <ul style="list-style-type: none"> - acknowledged within seven working days - satisfactorily resolved - resulting in litigation 							
	- Implemented mechanisms for identifying client satisfaction	<ul style="list-style-type: none"> - % satisfied individuals/customers - No. of functional health committees 							Advocacy

3.0 Policy Outcome: Well managed health systems

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve the quality of health care provided to the nation	Clients Charter	<ul style="list-style-type: none"> - % of services with flexible opening hours - Average waiting time for care <ul style="list-style-type: none"> - health centre - hospital A&E - OPD - date for specialist consultation - surgery - Ratio of self referrals to health centre and private doctor referral - % extensions in average length of stay 							Quality Assurance
	- Efficient Complaints mechanism	<ul style="list-style-type: none"> - % complaints: <ul style="list-style-type: none"> - acknowledged within seven working days - satisfactorily resolved - resulting in litigation 							
	- Implemented mechanisms for identifying client satisfaction	<ul style="list-style-type: none"> - % satisfied individuals/customers - No. of functional health committees 							Advocacy

4.0 Policy Outcome: Health Systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve the Ministry of Health's ability to anticipate and respond to health threats from man/made natural disasters	Improved disaster management	<ul style="list-style-type: none"> - No. of integrated parish plans: <ul style="list-style-type: none"> - prepared - implemented - evaluated - No. of simulation exercise - No. and categories of persons trained - Availability of resources to manage the impacts of disaster s on health: <ul style="list-style-type: none"> - pharmaceuticals - medical supplies - other supplies - Length of time taken to have health facilities fully functional - No. of outbreaks of diseases due to disaster conditions - No. of deaths due to the impact of disaster 							Simulation Exercises Training and Sensitisation EOC

4.0 Policy Outcome: Health Systems that are sensitive to the needs of the population

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To improve the Ministry of Health's ability to anticipate and respond to health threats from man/made natural disasters	Improved disaster management	<ul style="list-style-type: none"> - No. of integrated parish plans: <ul style="list-style-type: none"> - prepared - implemented - evaluated - No. of simulation exercise - No. and categories of persons trained - Availability of resources to manage the impacts of disasters on health: <ul style="list-style-type: none"> - pharmaceuticals - medical supplies - other supplies - Length of time taken to have health facilities fully functional - No. of outbreaks of diseases due to disaster conditions - No. of deaths due to the impact of disaster 							Simulation Exercises Training and Sensitisation EOC

5.0 Policy Outcome: Well managed health systems

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To strengthen the leadership and management of the Ministry of Health to achieve organizational objectives	Staff levels at health facilities equal to cadre	<ul style="list-style-type: none"> - Number of selected category of human resource (list) - % staff level equal to cadre for each category - % vacancy rates - Human resource reports (based on age, gender, location and programme) produced by x time - % of Performance Evaluation Reports completed/discussed 							Performance Management System
	Budget based on priorities	<ul style="list-style-type: none"> - % of budget available for commitment without recourse to MOF&P - Number of audit queries - % satisfactorily resolved - Average response time to audit queries 							

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5.0 Policy Outcome: Well managed health systems

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To strengthen the leadership and management of the Ministry of Health to achieve organizational objectives	Legislation to protect health and facilitate service delivery	- No. of legislation: - amended - new - pending							Performance Management System
	Accountability	- Mechanisms implemented to ensure accountability							

6.0 Policy Outcome: The Modernised Health Sector

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
Modernise the health sector to promote equitable access to appropriate, acceptable, affordable health sector	Consolidated health systems								
	Completed modernization programmes:								
	- regionalization								
	- the HIS								
	- norms and standards								
	- facilities								

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5.0 Policy Outcome: Well managed health systems

Strategic Objectives	Policy Output	Performance Indicators	BASE YEAR 2002	Targets					Strategies
				06/07	07/08	08/09	09/10	10/11	
To strengthen the leadership and management of the Ministry of Health to achieve organizational objectives	Fees collection	<ul style="list-style-type: none"> - Total fees as % of budget - Fee exemption as % of total patients managed - % reduction in wharfage cost - Financial reports produced by x time 							Performance Management Systems
	Reduced Wastage	<ul style="list-style-type: none"> - % wastage of: <ul style="list-style-type: none"> - pharmaceuticals - x-ray films compared to the previous quarter/year - % reduction in use below that of the previous quarter: <ul style="list-style-type: none"> - water (gallons) - electricity (kwh) - petrol/gas (litres) 							
	Effective Assets management	<ul style="list-style-type: none"> - % of assets with preventive maintenance programme - Assets replacement plan - % assets inventorised - % of assets on list for replacement 							
	Effective use of appropriate Technology	<ul style="list-style-type: none"> - % reports/data received from RHA 							
	Timely access to accurate, reliable Health Information	<ul style="list-style-type: none"> - % statistical reports submitted x time after end of reporting period - % statistical reports dispatched x time after end of quarter 							
	Timely availability of consistent vital statistics/data	<ul style="list-style-type: none"> - Annual statistical report dispatched x time after end of year 							