PAHO-WHO

COUNTRY COOPERATION STRATEGY (CCS) | JAMAICA

2017-2022

Pan American Health Organization

World Health Organization

REGIONAL OFFICE FOR THE **Americas**

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FOREWORD

The Pan American Health Organization and the World Health Organization (PAHO/WHO) have always played an important role in supporting the development and implementation of health policies, strategies and plans that are geared towards improving the health outcomes of persons living in Jamaica. It is within this context that PAHO/WHO has developed this 2017-2022 Country Cooperation Strategy (CCS) for Jamaica. The CCS outlines the medium-term vision that will guide PAHO/WHO's technical cooperation with Jamaica in support of its national health priorities over the next five years. Through this five-year strategy, PAHO/WHO will also continue to work and collaborate with other United Nations and development partners to achieve universal health and the Sustainable Development Goals.

Jamaica has made many advances in health care and continues to play a significant role in advancing the health agenda in the Caribbean. Despite these advances however, the Ministry of Health continue to face challenges as it strives to build a healthcare system that delivers universal health to all. Some of these challenges include: new and emerging diseases such as Chikungunya and Zika, the increase in noncommunicable diseases and their related risk factors, and the impact of violence and injuries on the health of citizens of Jamaica. Jamaica's commitment to health is demonstrated in its National Development Agenda - Vision 2030, where *"A healthy and stable population"* has been identified as the first outcome under the National Goal *"Jamaicans are empowered to achieve their fullest potential."* This outcome is also supported by the Ministry of Health's vision of *"Healthy People, Healthy Environment."*

This new 2017-2022 CCS supports these commitments and was developed using a participatory, results-based approach that involved national counterparts and stakeholders from across several sectors. It builds on previous achievements and is aligned with key global and regional development and health agendas including the PAHO Strategic Plan 2014-2019, 'Championing Health: Sustainable Development and Equity', the Sustainable Development Goals (SDGs), Universal Health, Health in All Polices, the Caribbean United Nations Multi-Country Sustainable Development Framework 2017-2021, and the Caribbean Cooperation in Health IV or V.

PAHO/WHO seeks to implement this 2017-2022 CCS in partnership with the Ministry of Health. We hope to further deliver on our commitment to sustainable development, health equity and universal health in support of the health and well-being of the people of Jamaica.

Dr. Carissa F. Etienne
PAHO Director

ACKNOWLEDGEMENT

ABBREVIATIONS

AMR	Anti-microbial Resistance
BWP	Biennial Work Plan
CARICOM	The Caribbean Community
CCH	Caribbean Cooperation in Health
CCS	Country Cooperation Strategy
CCT	Cross-Cutting Themes
CIP	Country Implementation Plan
CO	Country Office
EU	European Union
FA	Focus Areas
FAO	Food and Agricultural Organization
FCTC	Framework Convention on Tobacco Control
FNS	Food Nutrition and Security
GDP	Gross Domestic Product
GDI	Gender Development Index
HIAP	Health in All Policies
HIA+17	Health in The America's 2017
HIV	Human Immunodeficiency Virus
HDI	Human Development Index
IDB	Inter-American Development Bank
IHR	International Health Regulations
IS4H	Information Systems for Health
LGBT	Lesbian, Gay, Bisexual, Transgender
MDGs	Millennium Development Goals
MOH	Ministry of Health
MSM	Men who have sex with Men
NCDs	Noncommunicable Diseases
NGO	Non-governmental Organization
NHF	National Health Fund
NHPSP	National Health Policy and Strategic Plan
NPGE	National Policy for Gender Equality
ODA	Official Development Assistance
PAHO/WHO	Pan American Health Organization/ World Health Organization
PHC	Primary Health Care
PIOJ	Planning Institute of Jamaica
PWR	PAHO/WHO Representative
SIDS	Small Island Developing States
SDA	Sustainable Development Agenda
SDGs	Sustainable Development Goals
SPMS	Strategic Plan Monitoring System
STATIN	Statistical Institute of Jamaica
SP	Strategic Priority

TC	Technical Cooperation
THE	Total Health Expenditure
UNCT	United Nations Country Team
UH	Universal Health
UHC	Universal Health Coverage
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UN MSDF	United Nations Multi-Country Sustainable Development Framework
USAID	United States Agency for International Development
UWI	University of the West Indies
WHO	World Health Organization

EXECUTIVE SUMMARY

Pan American Health Organization (PAHO) is the specialized health agency of the Inter-American System and also serves as Regional Office for the Americas of the World Health Organization (WHO), the specialized health agency of the United Nations. The Pan American Health Organization/World Health Organization (PAHO/WHO) Jamaica Country Office (CO) was opened in 1954 under the administration of the office in Venezuela. The current CO provides technical cooperation to Jamaica, and two (2) United Kingdom Overseas Territories: Bermuda and the Cayman Islands. The focus of PAHO/WHO's technical cooperation (TC) in Jamaica is to protect and safeguard past achievements in health and to face new challenges especially in the context of achieving the Sustainable Development Goals (SDGs). Through this five-year Country Cooperation Strategy (CCS) for Jamaica, PAHO/WHO will continue to support national health policies, strategies and plans while working and collaborating with other United Nations (UN) and development partners to advance universal health and sustainable development.

The development of the CCS was based on a consultative and participatory process that included an evidence–based, results-focused approach which relied on political will, accountability and recognition of health in all policies. It was led by the PAHO/WHO Representative for the Jamaica Country Office (CO), who worked in collaboration with a CCS Working Group that included both PAHO Technical staff and representatives from the Ministry of Health (MOH), the Planning Institute of Jamaica (PIOJ), the University of the West Indies (UWI) and the Heart Foundation of Jamaica.

The 2017-2022 CCS is aligned with several national, regional and international frameworks:
- National Development Plan - Vision 2030 Jamaica;
- CARICOM documents mainly the Caribbean Cooperation in Health IV;
- PAHO/WHO Strategic Plan 2014-2019, "Championing Health: Sustainable Development and Equity;"
- PAHO/WHO Health in the Americas 2017 Jamaica Country Chapter;
- PAHO/WHO Strategy for Universal Access to Health and Universal Health Coverage;
- PAHO/WHO Health in All Policies;
- UN and development agency documents and frameworks such as the United Nations Multi-Country Sustainable Development Framework in the Caribbean (UNMSDF).

The main challenges in health are summarized below:
1. The continued threat of emerging and re-emerging diseases especially those that are mosquito-borne.
2. The growing prevalence of NCDs and premature mortality.
3. Poor lifestyle choices that can affect the quality of life for Jamaicans.
4. 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.
5. The need to improve healthcare systems for the effective diagnosis, treatment and care of noncommunicable diseases and communicable diseases.
6. Continued need to demonstrate accountability with a focus on strong public health leadership to respond to the changing needs within the public health environment.
7. Rising healthcare costs and the need to find equitable and sustainable solutions for financing the health sector.
8. The difficulties associated with recruiting and retaining skilled and specialised health professionals and reforming the health work-force.

This strategic agenda lays out four strategic priorities where PAHO/WHO will focus its technical cooperation over the next five years. Each Focus Area (FA) is linked to a specific category and programme area in the Ministry of Health Strategic Business Plan 2017-2020, the National Development Plan – Vision 2030, PAHO Strategic Plan 2014-2019, the Sustainable Development Goals and the United Nation Multi-country Sustainable Development Framework. The four Strategic Priorities and related Focus Areas are:

Strategic Priority 1: The resilience of health systems strengthened within the framework of universal health.

The Focus Areas for these Strategic Priorities are:

1.1   Strengthen stewardship and governance to expand equitable access to quality, people-centered 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.

Strategic Priority 2: An inclusive healthy life course approach to address the health needs of the population advanced.

The Focus Areas for these Strategic Priorities are:

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.

Strategic Priority 3: An integrated approach to address the social and economic determinants of health and health equity in support of sustainable development promoted.

The Focus Areas for these Strategic Priorities are:

3.1   Promote health in all policies and greater inter-sectoral action to improve equity and sustainable development.
3.2   Generate and utilize 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 inter-sectoral 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.

Strategic Priority 4: The environmental determinants of health addressed to build resilient communities.

The Focus Areas for these Strategic Priorities are:

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.

The CCS was jointly signed by the Ministry of Health, Jamaica and the Director of PAHO/WHO. The PAHO/WHO Biennial Work-plan (BWP) which provides the framework for technical cooperation at the country level will be developed taking into account the SPs and FAs of the CCS.

1. INTRODUCTION

1.1 OVERVIEW OF THE PAHO POLICY FRAMEWORK

The PAHO/WHO Country Cooperation Strategy (CCS) for Jamaica provides a clear understanding of the medium-term vision that will guide the implementation of the Organization's technical cooperation at the national level. Through this five-year CCS for Jamaica, PAHO/WHO will continue to support national health policies, strategies and plans while working and collaborating with other United Nation (UN) and development partners to advance universal health and sustainable development.

The focus of PAHO/WHO's technical cooperation (TC) at country level is to protect and safeguard past achievements in health and to face new challenges especially in the context of achieving the Sustainable Development Goals (SDGs) (see Annex 1). This TC will be obtained through:

- Support for achieving national, sub regional, regional and global health goals;
- Strengthening the capacity of the country to influence and take advantage of international cooperation in health;
- Giving health a prominent place in national development plans;
- Reflecting the interests and perspectives of the country in the global development agenda, including the governing bodies - World Health Assembly (WHA) and PAHO Directing Council (DC).

1.2 COUNTRY CONTEXT

GEOGRAPHY OF JAMAICA
Figure 1. Map of Jamaica
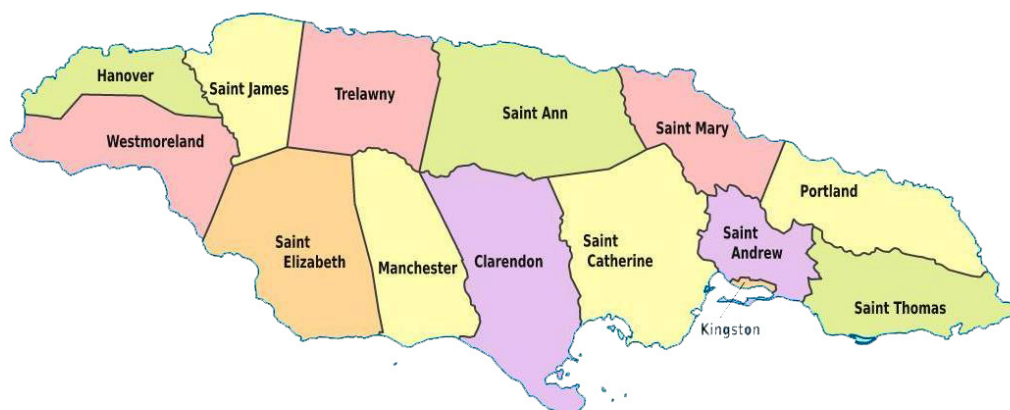
Source: www.geometry.net

Jamaica is the largest English-speaking and third largest island in the Caribbean located 150 km south of Cuba and 160 km west of Haiti. It has a land mass of 11,424 km^2 – 82 km wide by 234 km long. Its topography is made up of mountain ranges with the highest point being the Blue Mountain Peak at 2,256 metres in the north east, a limestone plateau and coastal stretches of clear, sandy beaches. The country is divided into 3 counties and further divided into 14 parishes,[1] with the capital city Kingston located on the south-east coast and Montego Bay, the second city, in the parish of St. James on the north-west coast. Jamaica has a tropical climate, which is influenced by the sea and the northeast trade winds making it favourable for tourism and agricultural production. Its people can be described as multi-ethnic with the majority of the population being of African descent with a smaller portion of the population being of European, East Indian and Chinese origin, among others.

> "Jamaica is known worldwide for its strong sense of identity, expressed through its music, sports and rich cultural mix, which enables the country's influence to extend far beyond its shores." Source: Vision 2030, National Development Plan, Jamaica.

1.3   THE CCS DEVELOPMENT PROCESS

This 2017-2022 CCS for Jamaica comes at a critical time as the Ministry of Health (MOH) continues to face the threat or emergence of new diseases (Ebola, Chikungunya and Zika). The MOH encourages Jamaicans to pursue a healthy lifestyle, cope with the impact of violence and trauma on health services while striving to build a health care system that delivers universal health care to all.[2] The development of the CCS was based on a consultative and participatory process that included an evidence–based, results focused approach which relied on political will, accountability and recognition of health in all policies. It was also built on the concept of the Post 2015 agenda of *"leave no one behind"* to ensure equitable approaches are used to address the needs of the most vulnerable. It was led by the PAHO/WHO Representative for Jamaica, Bermuda and the Cayman Islands who worked in collaboration with a CCS Working Group that included both PAHO Technical staff and representatives from the Ministry of Health, the Planning Institute of Jamaica (PIOJ), the University of the West Indies and civil society. The process included:

1.   **The review of key documents:**
a.   **National documents and frameworks -**
   - **Ministry of Health Strategic Business Plan (2017-2020)** – The three (3) year plan is aligned with the National Development Plan – Vision 2030 and outlines the Ministry's strategies for delivering health care services that are responsive to the needs of the population. It emphasises the strengthening of existing programmes and the execution of new initiatives to reduce and mitigate the impact of diseases such as noncommunicable and communicable diseases, and improve health outcomes.[3]

   - **National Development Plan -** Vision 2030 Jamaica[4] - The National Development Plan provides a strategic road map to guide the country to achieve its goals of sustainable development and prosperity by 2030. It is aligned with the Sustainable Development Goals (SDG) that integrates the standards and principles of human rights – participation, non-discrimination and accountability. The vision of this National Development Plan is to make *"Jamaica, the place of choice to live, work, raise families and do business."*[4] The Plan has four national goals that overlap (Annex 2):

- Jamaicans are empowered to achieve their fullest potential (this goal emphasises health and is linked to the National Outcome 1- A Healthy and Stable Population).
- The Jamaican society is safe, cohesive and just.
- Jamaica's economy is prosperous.
- Jamaica has a healthy natural environment.

National Outcome #1 of the Plan is aligned to SDG Goal #3 (Ensure healthy lives and promote well-being for all at all ages and is a cross-cutting theme in goals), #2 (End hunger, achieve food security, improve nutrition and promote sustainable agriculture), and #6 (Ensure availability and sustainable management of water and sanitation for all).

- The 3rd Medium Term Socio-Economic Policy Framework (MTF) 2015 - 2018 builds on the previous gains and outlines the priorities for achieving the goals and outcomes of the long-term development plan.[5] There are 4 medium term themes under MTF 2015 – 2018, that will move Jamaica towards Achieving Inclusive Growth and Sustainable Development: development and protection of human capital; national security and justice; economic stability, growth and employment; and environmental sustainability and climate change response.

b.   **Regional documents and frameworks -**
- CARICOM documents mainly the Caribbean Cooperation in Health IV;
- PAHO/WHO Strategic Plan 2014-2019, "Championing Health: Sustainable Development and Equity;"
- PAHO/WHO Health in the Americas 2017 Jamaica Country Chapter;
- PAHO/WHO Strategy for Universal Access to Health and Universal Health Coverage;
- PAHO/WHO Health in All Policies;
- UN and development agency documents and frameworks such as the United Nations Multi-Country Sustainable Development Framework in the Caribbean (UNMSDF).

2.   Stakeholder Survey

The results of an online survey with key national stakeholders that requested feedback on PAHO/WHO technical cooperation over the last 5 years.

3.   National Consultation

A multi-sectoral national consultation to identify the CCS Strategic Priorities (SPs) and Focus Areas (FAs) based on the health needs and priorities. The CCS was jointly signed by the Ministry of Health, Jamaica and the Director of PAHO/WHO. The SPs and FAs will be aligned with the PAHO/WHO Biennial Work-plan (BWP) which provides the framework for technical cooperation at the country level.

2. HEALTH AND DEVELOPMENT SITUATION

This section provides a synopsis of the health status of the population based on the information available.

2.1. POLITICAL, MACROECONOMIC AND SOCIAL CONTEXT

2.1.1 POLITICAL
Jamaica gained its political independence from England on 6th August, 1962 to become a parliamentary democracy primarily modelled on the Westminster-Whitehall system of government. The Constitution of Jamaica grants limited powers to a British Monarch Representative or Governor General. The Parliament of Jamaica which has a maximum life of five years, is the legislative branch of the government of Jamaica consisting of an appointed Senate and an elected House of Representatives.[6]

The Ministry of Health (MOH) is the Government Organization whose mandate is "To ensure the provision of quality health services and to promote healthy lifestyles and environmental practices." Since Independence, Jamaica has implemented several priority health programmes that have contributed to the growth and development of the health sector.

2.1.2 MACROECONOMIC
Jamaica continues to earn most of its foreign exchange from tourism, remittances, and bauxite/alumina. Remittances and tourism each account for 30% of GDP, while bauxite/alumina exports make up roughly 5% of GDP.[7] The agricultural sector also makes significant contributions to Jamaica's economy with coffee, cocoa, spices, sugar cane and bananas being some of the main export crops, while yams, sweet potatoes, corn and pumpkins are grown mainly for the domestic market.[8]

Jamaica's growth and the macroeconomic situation operate within the context of the Jamaica National Development Plan - Vision 2030.[4] Jamaica is classified by the World Bank as an upper middle income country and for decades the country has struggled with low growth, high public debt and many external shocks that have weakened the economy. However, with the implementation of a comprehensive reform programme, the 2016 Doing Business Report, ranked Jamaica among the top ten improvers worldwide and the highest ranked Caribbean country in 2015.[9]

In 2015, Jamaica recorded improvements in most of the indicators for economic and social development reducing debt to GDP ratio from 140% to 95%.[9] Jamaica also recorded its third consecutive year of growth with a real value-added growth of 0.80% in 2015.[9] The actual rate of inflation declined to 3.7% in 2015 relative to 6.4% in 2014.[9] The Total Health Expenditure (THE) as a percentage of GDP fluctuated between 5.2 % and 5.9 % respectively from 2008 to 2014.

2.1.3 SOCIAL
The conditions in the environment where people live, learn, work, and play can affect a wide range of health risks and outcomes. These conditions are called the social determinants of health. The Human Development Index (HDI) for 2014 was 0.719 (in the high human development category) – at 99 out of 188 countries and territories, but below the average of 0.744 for this category and that for countries in Latin America and the Caribbean.[10] In 2016, the poverty level was 18.7%[11] with poverty prevalence increasing, in 2013, the National Policy on Poverty

and a Strategic Poverty Programme was revised. A new Social Protection Strategy and a Social Safety Network Reform programme were implemented to enhance empowerment of the poor and vulnerable. In December 2016, the Planning Institute of Jamaica (PIOJ) developed a "Green Paper", entitled: National Policy on Poverty and the National Poverty Reduction Programme[12] linked to Vision 2030 Jamaica for the delivery of the outcome - Effective Social Protection. The "Green Paper," indicated that the poverty rates in the rural areas tended to be higher and in general, the rates for men were slightly higher than for women, and those households headed by women had higher poverty rates than those headed by men.[13]

The last Population and Housing Census conducted in 2011, revealed that 54.0% of the population resided in urban areas, reflecting a 7.2% increase compared to the previous census in 2001. In 2015, 24.6% of the population lived in Kingston and St. Andrew and 19% in St. Catherine. The Draft National Housing Policy prepared in 2011 is being reviewed to include recommendations on informal settlements. The rapid growth of "Squatting," (between 5 to 20% of the housing stock[4]), is of particular concern in environmentally sensitive areas such as watersheds, flood plains and lands vulnerable to landslides. In 2016, the National Housing Trust introduced new loan and mortgage initiatives that targeted low-income earners.

The Jamaican Foundation for Lifelong Learning (JFLL) reported that the country's adult literacy rate in 2016 was 87%.[14] In 2015, the gross enrolment rates for pre-primary, primary, secondary and tertiary institutions in the public and private education systems were 99.8, 99.4, 97.3 and 28.3% respectively.[9] Current legislation provides for free education from early childhood through primary and secondary school. Tertiary education is provided through several universities and a variety of training colleges. The education sector continues to experience some challenges which include: males performing below females at the secondary and higher education levels; violence in schools especially at the secondary level; and competing national priorities for resource allocations. The Programme of Advancement through Health and Education (PATH) programme implemented through the Ministry of Labour and Social Security offers grants to children to complete their education from birth to secondary school.

As of October 2016, the Labour Force Survey Employment Rate was 87.1% and the Labour Force Survey Unemployment Rate was 12.9%.[15] The youth unemployment rate in 2016 was 29.2% with the average unemployment rate for women being almost double that of the men: 18.6 % versus 9.6%.[16] Labour market reform remains a priority. In 2016, 1.3 million persons were employed, but less than 500,000 Jamaicans are on the tax register as a large section of Jamaica's economy is informal.[17]

2.2 HEALTH STATUS OF THE POPULATION

2.2.1 DEMOGRAPHIC TRENDS

Jamaica is undergoing epidemiological and demographic changes. The estimated population in 2015 was 2,728,907 of which 49.5% were males and 50.5% were females.[18] In the same year there were 37,556 births and 17,327 deaths. The 50-59 and 60 and over age groups showed the largest percentage increase of 15% (278,403) and 10% (341,071) respectively.[18] In 2015, the percentage of working-age population was 48.63 %. (See Figure 2: Population Pyramid, Jamaica – 2015).

Figure 2. Population Pyramid - Jamaica, 2015
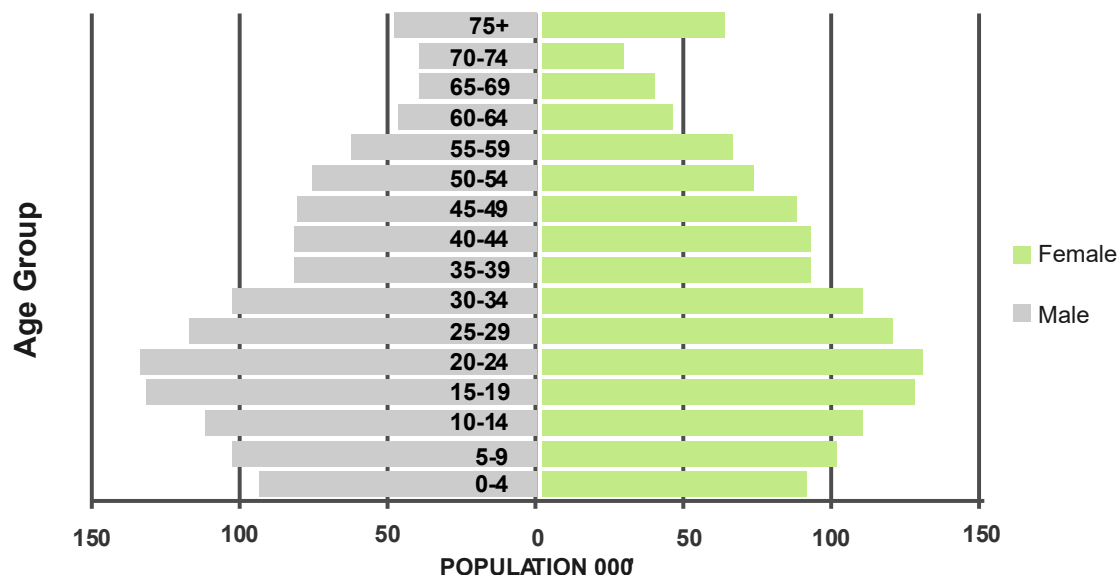
The life expectancy at birth reported in the PAHO/WHO Core Indicators 2016 was 75.9 (73.6 for males and 78.4 for females).[19] The crude birth rate for 2015 was 13.78 births per 1,000 population.[18] Between 2010-2014, the largest decline in birth rate was recorded for females under 20 years old (13.8%).

In 2014, a total of 19,557 deaths were reported; this is an increase of 12.7% over 2013. The leading cause of death for 2014 was reported to be "Diseases of the Circulatory System" which claimed 6,476 lives: 3,182 men and 3,294 women.[18] The Infant Mortality Rate (IMR) (<1 year old) was 17.4 per 1,000 live births and the Child Mortality Rate (< 5years old) 19.1 per 1,000 live births in 2011.[20] For children under 5 years - male and female - respiratory and cardiovascular disorders specific to the peri-natal period were the leading causes of death from 2011 – 2014.

High levels of migration continue to negatively impact population size and structure though current trends in fertility and mortality rates show signs of an aging population.

2.2.2 NONCOMMUNICABLE DISEASES, COMMUNICABLE DISEASES AND
ANTI-MICROBIAL RESISTANCE

Noncommunicable Diseases
Jamaica is experiencing an epidemiological transition with the double burden of communicable diseases and noncommunicable diseases (NCDs). NCDs and their related risk factors are a major public health challenge that can undermine the social and economic development in Jamaica. In 2014, cerebrovascular diseases, hypertensive diseases and diabetes mellitus were among the 5 leading causes of deaths for both males and females. NCDs accounted for 12,573 (67%) of deaths in this population. Most cancer deaths in men were from cancer of the prostate (676) and for women, cancers of the breast (393) and the cervix uteri (167).[11] In a PAHO/Harvard Study conducted in 2015 it was estimated that between 2015-2030 Jamaica would incur an estimated GDP loss of US$17 Billion due to NCDs and mental health conditions.

These diseases share four common behavioural risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. Preliminary data from the National Drug Prevalence Household Survey conducted in 2016, among 4,263 persons, reported that people between the ages of 12-65 year olds, 75% had used alcohol, 30% had used cigarettes and 28% had used marijuana (ganja).[21] In the latest Jamaica Health and Lifestyle Survey (JHLS-II) conducted in 2008, 46% of the adult population was classified as having low physical activity or being inactive.[22] In 2010, the levels of overweight (BMI≥25) and obesity (BMI≥30) were high in Jamaica and more prevalent in women than men. The age-standardized prevalence of overweight in adults over 18 years was estimated as 48.7% in men, 63.6% in women and 56.3% in both sexes in 2010.[23] It is estimated that three (3) out of four (4) students drink a soda (carbonated beverage) one or more times per day. The GOJ is considering approaches to regulate and discourage the overconsumption of sweetened drinks and other products with high sugar content.[17] In late 2016, the Ministry of Health launched JHLS-III with the goal of finding out how many Jamaicans are affected by chronic diseases and their risk factors; accidents and violence; and mosquito-borne diseases was also added.

The MOH has also implemented other programmes and initiatives to prevent and control the spread of NCDs, the most significant being the National Strategic and Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs) 2013-2018. The National Plan provides a framework and road map for national actions to combat noncommunicable diseases and injuries and their risk factors within the context of the socioeconomic, cultural and development agenda.[24] Efforts to reduce risk factors have included the implementation of 3 of the 4 tobacco demand reduction interventions under the Framework Convention on Tobacco Control (FCTC) - taxation policies, smoke-free environments and health warnings. Jamaica also developed the Public Health (Tobacco Control) Regulations, 2013 and is currently drafting the comprehensive tobacco control bill.
In December 2014, WHO, FCTC, PAHO and the MOH also completed a joint Needs Assessment that identified technical and financial needs and the existing gaps required to fulfil the FCTC objectives. In April 2017, the MOH launched the "Jamaica Moves," National Physical Campaign, which promotes physical activity among the populace; and educates individuals about fostering healthier eating habits.
The National Food Industry Task Force (NFITF) established in 2016, has proposed four strategic areas for action - food labelling, food marketing, product reformulation and advocacy and communication.

Nutrition
The rates of exclusive breastfeeding for infants under 6 months were 15% and 24%, in 2005 and 2011 respectively.[25] The International Code of Marketing of Breastmilk Substitutes (Code) is not formally monitored, with voluntary adherence through policy restriction of marketing. A total of 137,000 students, enrolled in 836 schools at the Early Childhood, Primary and Junior High levels benefited from the Government's School Feeding Programme (SFP) in 2015.[26] The JHLS-II revealed low consumption of the recommended portions of fruits and vegetables, but high consumption of sugar sweetened beverages. The Global School-based Student Health Survey of 2010 showed that 72.5% of students drank carbonated soft drinks (sodas) one or more times per day. Several policies were introduced or updated to ensure food and nutrition security and to streamline the work of all stakeholders. Plans and policies that have been developed are: National Infant and Young Child Feeding Policy, National Food Based Dietary Guidelines, The National Strategic and Action Plan for the Prevention and Control of NCDs in Jamaica and The National Operational and Action Plan for the Prevention and Control of Obesity in Children and Adolescents. The Food and Nutrition Security Policy, 2013 focused on food availability, access and utilization and stability of food supply.

Mental Health and Substance Use Disorders

Since the 1960s, Jamaica has continued the transition from a 'psychiatric hospital-focused' mental health service to one that is community-based, in partnership with all sectors. The emphasis is on early diagnosis and treatment of mental disorders, and psycho-social and vocational rehabilitation. The Mental Health Programme/Policy Initiative promotes good mental health, prevention of mental health disorders and the provision of a comprehensive range of services across the lifespan.[27] Since 2010, there has been an 8.3% reduction in the number of patients seen in the Community Mental Health Service with 18,991 patients seen in 2015 and 9,000 in child and adolescent mental health services. The main diagnoses included major depression, anxiety disorders, learning disorders and child abuse.[11] Since 2015, there has been a move to integrate mental health into primary health care. Healthcare professionals have been trained in the application of the Mental Health Gap Action Programme (MhGAP) to screen for mental health and refer them to other services. There is a National Strategic Plan for Mental Health 2014-2019 and a National Mental Health Policy. The Strategic Plan was developed to guide the reform of mental health services and includes strategies for prevention and strengthening mental health information systems.

The National Secondary School Report conducted in 2013 indicated that of those surveyed, 20.7% of the secondary students had used marijuana and the average age of first use was 12 years old.[28] In the 2016 National Sectorial Presentation for Health, it was reported that 90% of the adolescents seen in the NCDA's drug treatment programme were referred due to problems associated with marijuana use. The Amendments to Jamaica's Dangerous Drugs Act in 2015 makes the possession of two ounces or less of marijuana a "ticketable and non-arrestable" offence. The impact of this Amendment on the health services will need to be monitored. Jamaica has also drafted a National Alcohol Policy that focuses on reducing alcohol use among youth. Alcohol was found to be the most used substance among adolescents with a life time prevalence of over 60% in 2013 UWI study.[29]

Violence and Injuries

In 2015, the total number of reported crimes declined by 39.4% but murders increased by 20.1%.[9] Violence is the second leading cause of death in the age group 35 to 45, accounting for 1 out of 10 deaths in this age group.[17] The 5th most prevalent cause of death in Jamaica is "Assault," which is the intentional use of violence on the physical person resulting in death.

Approximately one third (1/3) of Accident and Emergency (A&E) visits were for violent intentional injuries, mainly blunt force trauma, lacerations and stabbings, which place a burden on the health system.[17] Based on government hospital statistics (HMSR), intentional injuries are approximately 3.5% of accident and emergency (A&E) visits and unintentional injuries are 7-9% of A&E Visits.

The **National Security Policy, 2014** addressed crime and violence in Jamaica towards the achievement of Goal #2 of Vision 2030 - The Jamaican Society is secure, cohesive and just. In 2015, the strategic priorities for reducing crime included an organizational review of the Jamaica Constabulary Force (JCF) and the establishment of the Counter Terrorism and Organised Crime Branch, for issues such as gang suppression.[9] Key initiatives were also introduced to combat Trafficking in Persons (TIP), with development of a TIP database, resulting in Jamaica recording its first conviction for human trafficking in 2015.[9]

The UN Human Rights Committee in November 2016 expressed concern that 'legislation provides women and girls with only limited protection against violence, including domestic violence.' Some of the challenges include: limited work conducted with women 25 years and under who have experienced gender-based violence (GBV); shelters are non-existent; and limited availability of psychological and psychosocial expertise to support victims. In response, Jamaica has taken some of the following actions:

- The adoption of legislative measures aimed at eliminating discrimination against women, including the Domestic Violence (Amendment) Act.
- A review of the Sexual Offences Act 2009 by a Joint Select Committee of Parliament.
- The Draft National Strategic Plan of Action to Eliminate Gender-based Violence in Jamaica has been developed as a guiding tool, despite being two years old.

The Government is committed to promoting and protecting the rights of children through the Child Development Agency and is in full support of the Global Partnership to End Violence Against Children Initiative. The Partnership brings together governments, foundations, the UN, civil society, academia, the private sector and young people to achieve the new global target to end abuse, exploitation, trafficking and all forms of violence and torture against children. The Jamaica Constabulary Force Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA) was established to create an atmosphere that will encourage victims to report sexual offences.

The LGBT community has experienced victimization as a result of their sexual orientation, gender identity, and/or gender expression.[30] Between 2009 and 2012, a total of 231 reports were made to J-FLAG (a human rights organization) advocating for a Jamaican society where the human rights of LGBT persons are respected.[30] However, despite this and efforts such as the Diversity Policy and the hosting of a number of human rights-related capacity building and sensitization workshops made by the Government, the socio-cultural and legal environments continue to contribute to the prevalence of discrimination and acts of violence against the LGBT community.

Road traffic fatality rates were 12.2 deaths /100,000 in 2014 and 14.0 deaths /100,000 in 2015, with 80% of the fatalities each year being male. In 2014, loss of life due to transport crashes was the 15th main cause of death and approximately 55% of the road fatalities were in the most productive age range 15-44 years.[17] The National Road Safety Council of Jamaica (NRSCJ) plays a key role in increasing awareness and enforcement in more responsible road usage.

Women, Children, and Adolescents: Jamaica continues to face some challenges to reduce maternal and infant mortality. Three-quarters of all maternal deaths are caused by complications during delivery and the immediate postpartum period. In 2014, the MOH in collaboration with the European Union (EU) launched the "Programme for the Reduction of Maternal and Child Mortality (PROMAC)", which aims to improve the quality of care for expectant mothers and babies. The MOH also received support through its 'Safe Motherhood' initiative, with technical assistance provided by UNICEF, UNFPA and PAHO/WHO from 2011-2013. Jamaica's Ministry of Education Policy *"Reintegration of School-Age Mothers into the Formal School System"* ratified in 2007,[31] assured teen mothers the right to return to school after the birth of their child. The policy provides a framework for reproductive rights, right to an education, and reduced poverty for young mothers. In 2015, under the "Baby-Friendly Hospital Initiative," one hospital was re-accredited with plans for at least four hospitals per year to be accredited/re-accredited.

Older Persons and Healthy Aging

Jamaica has a growing aging population which when coupled with the epidemic of NCDs present challenges to the health system. The MOH has identified health and aging as a priority area for strategic planning to ensure primary health programmes and services support older persons, preventive health care, capacity building for health care workers, linkages between health systems, social services, and community resources to ensure independence, security, and continued productivity in the later years.

Communicable Diseases

The HIV prevalence in 2015 was 1.8% with an estimated 29,690 persons living with the virus but approximately 16% are unaware of their status. Between January 1982 and December 2015, 34,125 cases of HIV were reported to the MOH. Of these, 27.9% are known to be deceased. There were 1,222 newly diagnosed cases in 2015. Approximately two thirds (67%) of these newly diagnosed PLHIV were first diagnosed with CD4 ≥350 which likely is a reflection of scaled-up HIV testing and counseling efforts. Routine screening is one of the strategies employed to facilitate diagnosis and access to treatment. The proportion of newly diagnosed males and females were roughly equal with the males accounting for 49.8% and females 50.2%. The age group 20 – 29-year-olds accounted for the largest proportion (26%) of newly diagnosed cases.[32] Factors such as inconsistent condom use, stigma and discrimination, and poverty continue to be the underlying factors driving the HIV epidemic.

Jamaica has scaled-up its HIV programme with the implementation of the UNAIDS 90-90-90 programme and increased access to treatment and care services, which includes decentralized CD4 monitoring.[33] As of 2017, the MOH officially initiated the strategy of "Treat All". However, "loss-to-follow-up" and retention in care are still challenges.

Influenza

The National Influenza Centre confirmed 37 influenza cases in 2015, an increase of 13% over 2014. Influenza A/H3N2 was the predominant circulating virus.[34] There was a 34% increase in reports of Severe Acute Respiratory Illnesses (SARI) in 2015 (928 cases) over 2014. The seasonal influenza vaccine was available to the public and private sector and for front-line health care workers in the public sector, it was voluntary with limited uptake.

Vector-Borne Diseases

Mosquito-borne diseases have posed a serious threat to Jamaica for the past four decades, with increasing frequency of outbreaks over the last ten years. Currently, 3 mosquito-borne diseases are endemic in Jamaica: Dengue, Chikungunya, and Zika virus. In 2015, dengue remained endemic with outbreaks occurring in 2007, 2010 and 2012 and *Aedes aegypti* was the only vector in Jamaica to transmit the dengue virus. All four serotypes have circulated in the island. There were 1,019 and 105 cases reported for 2014 and 2015 respectively.[35] The first confirmed case of Chikungunya (CHIKV) in Jamaica was in 2014. At the end of the outbreak in 2015, a total of 5,093 cases were reported of which 1,862 were suspected cases. The first case of Zika was confirmed in January 2016 with 203 confirmed cases at the end of December 2016.[36] The Integrated Management Strategy (IMS) for Dengue Prevention and Control was developed and implemented in 2012 and was the platform used to develop the MOH CHIKV and Zika Preparedness and Response Plans.

Given the complications associated with the Zika virus infection, the MOH established the baseline data for Microcephaly and Guillian- Barré Syndrome by conducting an analysis of available data related to these conditions. In response to the outbreak, PAHO provided technical support by training healthcare professionals in the

management of these conditions, developing public education material, providing equipment, materials and other support for the vector control programme. A Mosquito Prevention, Control and Research Unit is being established with support from PAHO and USAID.

Immunization

Vaccination coverage has consistently been >90% for the antigens used in the routine immunization programme in Jamaica for the past four years but has not attained the recommended coverage of > 95% for all the antigens. In 2015, coverage was 100% for BCG, 92% for DPT, polio, hepatitis B, Haemophilus influenza type B and MMR1. Coverage for MMR2 was 83%. However, vaccination coverage is not equitably distributed as there are some parishes and communities with coverage even below 80%. No new vaccine has been introduced routinely for all children since 2003 but plans are in place for the introduction of the HPV Vaccine at the end of 2017. Maintenance of the elimination of measles, rubella, congenital rubella syndrome, and polio remains a priority for the MOH.

Workers' Health:

In Jamaica, workers are at high risk of being exposed to associated hazards leading to injuries and diseases. The legislative and regulatory infrastructure needs to be updated to include the most current international standards for workers' health. Technical capacity in occupational medicine and related fields is limited hindering the capacity to deliver. A social determinant of health approach also needs to be integrated into the response. PAHO has assisted the MOH to develop a Worker's Health Profile and a Plan of Action.

Anti-microbial Resistance

There were 117 reports of multidrug-resistant infections in 2015, including 20 cases of Methicillin-resistant Staphylococcus Aureus (MRSA). Other organisms isolated included Klebsiella Pneumonia (53 cases), Acinetobacter Species (14 cases), and Serratia Marcescens (10 cases). Increases in multidrug-resistant cases occurred at two hospitals in 2015. A surveillance system for hospital-acquired infections was developed in 2015.[11] Jamaica has submitted its National Anti-microbial Resistance Plan to PAHO/WHO.

2.3 HEALTH SYSTEMS

Jamaica, with the implementation of the Universal Health Strategy, is committed to providing quality healthcare and improving access to health services for the population despite the socio-economic challenges facing the country. The MOH's focus is strengthening the health system based on primary health care renewal, improving access to services and promoting good health as a concern for which the entire society should take responsibility.[4]

2.3.1 OVERVIEW

The Ministry of Health (MOH), headed by the Minister, is mandated to govern the health sector and is responsible for: policy and strategic guidance on public health and regulatory matters, such as drugs, chemicals and quarantine control and supporting legislation in keeping with the overall goal and objectives of Government. As stated in the **National Health Services Act, 1997**, service delivery is regionalised with the MOH's four Regional Health Authorities (RHAs) responsible for delivering quality healthcare service in the four regions – North East, Western, Southern and South East and for ensuring accessible health care services to the population as it works towards achieving the vision of "Healthy people, Healthy environment" and the principle of universal health - *"No Jamaican should be denied access to any clinic or hospital under the public health system if they cannot afford it."*[37]

The MOH Head Office is comprised of 5 Divisions: Technical Services, Policy Planning and Development, Standards and Regulation, Human Resource Management and Corporate Services, and Financial Management and Accounting Services.

2.3.2 HEALTH SERVICE DELIVERY

Health services in the public sector are provided through a network of primary (first level of contact), secondary and tertiary care facilities. Since the introduction of the "No User Fee Policy" in 2008, all services provided by the facilities in the public health service delivery network are provided at no cost to the user at the point of service delivery. In 2015, there were 318 Primary Care Health Centres, 25 hospitals of which 23 are classified as A, B, C and specialist based on the bed capacity and services offered.[38] A list of these services can be found in Annex 3. There is one quasi-public hospital, the University Hospital of the West Indies, which operates within the private health care sector. In 2015, the total bed complement was 4,865 beds.[11] In the same year, there were 191,333 patient discharges from public hospitals. Support services are provided through departments and agencies such as the National Public Health Laboratory, the National Family Planning Board/Sexual and Reproductive Health Authority and the National Health Fund.

There is also a large private health sector with primary and secondary care facilities and diagnostic services. A significant proportion of the ambulatory and primary care is delivered in the private sector. In 2015, there were 10 private hospitals with approximately 200 beds. Referrals between the public and private sectors and vice versa remain a feature of service delivery.

2.3.3. HEALTH PLANNING

The strategic priorities for the MOH are: service delivery, health workforce, information, health financing, and governance. The MOH has initiated the process for the development of a 10-year plan which will provide the strategic direction to move towards universal access to health and universal health coverage and aligned with Vision 2030. It will review the governance structure to determine the most efficient approach to manage the delivery of health services across the country.

2.3.4. HEALTH FINANCING

Financing health care in Jamaica continues to be a major challenge. With the abolition of user fees, more persons accessed healthcare within the public sector in 2008 creating an increased demand on the resources in the public health care system. It also placed additional demand on the existing human resources. Total health expenditure as a percentage of GDP was 5.9% in 2014. The share of government expenditures on health was 62.3% in 2014 while direct payment (Out-of-pocket expenditure) represented was 19.7% of the total health expenditure in 2014.[11] In terms of the government funds allocation, approximately 86% of MOH's budget is allocated to the RHAs for providing health care services.

The Government's health expenditures are financed mainly through tax revenues. The National Health Fund was established in 2003[39] to provide financial support to the national healthcare system. It provides three categories of benefits and services: individual for the purchase of medication for chronic illnesses; institutional to public and private entities for health projects; and public information/promotional services.[40]

In December 2016, the MOH and PAHO/WHO held a meeting on "Health Financing toward Universal Health in Jamaica: International experiences and policy options." Following this meeting and building on previous work (Green Paper on the National Health Insurance for Jamaica, 1997), the MOH in collaboration with PAHO/WHO are exploring National Health Insurance Scheme options for Jamaica.

2.3.5. HUMAN RESOURCES

In 2015, there was a total of 1,166 doctors, 92 dentists and 3,849 nurses in the public sector. The majority worked in the South-East Region, where approximately 50% of the population reside and where the specialist hospitals are located. The density of nurses, doctors, and dentists in Jamaica is 0.43, 1.4 and 0.03 per 1000 population respectively.[11]Migration of health professionals continue, particularly registered specialist nurses, who are actively recruited for overseas markets.

2.3.6. HEALTH INFORMATION

Following the Information System for Health Caribbean High Level Meeting "Advancing Public Health in the Caribbean Region" co-hosted by MOH Jamaica and PAHO/WHO in 2016, the MOH is strengthening its National Health Information System.[41] The MOH has engaged PAHO to provide technical cooperation to develop an Action Plan for the successful and sustainable implementation of E-Health solutions and to review and align the National Health Information System Strengthening and E-Health Strategic Plan for 2014–2018 with the renewed PAHO Information Systems for Health (IS4H) model. The main objective of the IS4H Action Plan is to define and implement strategies, policies, standards for interoperable and interconnected systems, and best practices in health data management for improving decision-making and well-being.[42] The MOH is also exploring the use of telemedicine to allow remote diagnosis and consultations as well as the storage of images and files in real time. It is hoped that this will reduce the burden on hospitals, the travel time for patients and waiting time in hospitals.[43]

2.4 CROSS-CUTTING THEMES

2.4.1. GENDER, EQUITY, HUMAN RIGHTS AND ETHNICITY

Addressing gender, equity, human rights and ethnicity is crucial to addressing the health disparities that exist within a country.[44] These disparities are caused by the underlying social determinants of health (economic and social conditions under which people live) and will require an integrated, people-centred approach to healthcare planning and delivery. The MOH is committed to providing client-centred services that are accessible to the population including the vulnerable and disabled so that these universal health coverage strategies ensure that *"no one is left behind."*

Jamaica's Gender Inequality Index which reflects gender-based inequalities in reproductive health, empowerment and economic activity in 2014, was reported to be 0.430, ranking it at 93 out of 155 countries.[10] Sustainable development cannot be achieved without reducing gender inequality. The Jamaica National Policy for Gender Equality (NPGE) was approved by the Government in 2011. Its vision is *"A society in which women and men have equal access to socially valued goods and are able to contribute to national development."* The policy, which is also aligned with Vision 2030, is being implemented using a holistic gender mainstreaming strategy that incorporates a human rights approach involving the government, private sector and civil society.[45]

In 2016, the United Nations Theme Group on Human Rights and Gender (UNTG) in Jamaica was established to support the UNCT in implementing a human-rights based development agenda. The PAHO/WHO CO is a member of this theme group. The overall purpose of the UNTG is to institutionalise human rights, gender equality and principles, and mainstreaming as a central part of the UN's developmental work.[46]

2.5 ENVIRONMENTAL HEALTH

PAHO continues to offer technical support to the Environmental Unit in the MOH to address issues related to this programme area which includes occupational safety and health, water quality, wastewater monitoring, port health, and quarantine. In 2012, 70% of households had piped water in their yards or dwellings, 12.4% utilized rainwater harnessed in tanks and 2.5% used rivers/springs as their source of drinking water. Piped/tap water was the most prevalent source for all regions, with wide variations between urban (94.2%) and rural areas (49.1%).[47] In 2015, the preparation of the Rural Water Supply Development Strategy was advanced. While the El Niño effect reduced the number and severity of extreme weather systems, it created serious drought conditions for the island between 2011 and 2015. In 2015 the rainfall was less than the 30-year mean and drought conditions existed for 6 months and this resulted in severe water shortages in most sections of the island. The MOH is in the process of developing the Water Safety Plan and PAHO has offered technical support. PAHO is currently working on a joint project with the UN Trust Fund for Human Security with a focus on water safety in two communities in Jamaica. The aim is to ensure that these communities have adequate and safe water and sanitation.

The bauxite companies and power generation companies in 2015 generated hazardous waste totaling 1.8 megaliters of oily sludge (waste hydrocarbon oil/emulsion water). The regulation of activities, apparatuses and facilities involving ionizing radiation and nuclear technology is included in The Nuclear Safety and Radiation Protection Act, 2015.

Climate Change and Disaster Preparedness

Jamaica remains vulnerable to natural and human-induced hazards, such as hurricanes, earthquakes, floods, storm surge, drought and fires, and their related impact on the social and economic fabric of society. This vulnerability is one of the greatest challenges to the achievement of sustainable development. This is compounded by social issues such as poverty, the location of human settlements in high-risk areas, environmental degradation and instances of poorly constructed infrastructure and housing. The island's coral reefs, highland forests and mangroves are also vulnerable to climate change.

Jamaica became a party to the United Nations Convention on Biodiversity in 1995. In 2015, habitat loss, climate change, resource over-exploitation, "Invasive Alien Species" and general pollution were identified as the main threats to biodiversity. Based on the Paris Agreement of 2015 which was ratified by Jamaica in March 2017 and the 2030 Agenda for Sustainable Development, there is a renewed quest to have intensified actions and activities geared towards a sustainable low carbon future. Other changes that have been made to existing items of legislation include: the **Natural Resources Conservation (Wastewater and Sludge) Regulations, 2013** and the **Fishing Industry (Special Fishery Conservation Area) Regulations, 2012**.[48] Jamaica is also poised to benefit from the SMART Healthcare Facilities in the Caribbean Project – Phase II that aims to provide safer, greener healthcare facilities to deliver healthcare in disasters. This project started in 2017. Even though Jamaica has a Disaster Preparedness Plan, it is currently being reviewed to improve the country's ability to respond to "all hazardous" emergencies. The MOH has benefitted from training in emergency response that is conducted by PAHO in collaboration with the Office of Disaster Preparedness and Emergency Management (ODPEM).

The PAHO Health Emergencies (PHE) programme has an overall objective to increase the health sector's ability to prevent and respond to health emergencies. PAHO is a member of the Humanitarian Country Team which links all relevant UN Agencies with Ministries and Government agencies in the coordination of the response to disasters. The PHE programme is a combination of PAHO Emergencies Preparedness and Disaster Relief Coordination (PED) and International Health Regulations (IHR).

International Health Regulations (IHR 2005)

Through the MOH, Jamaica continues its thrust at becoming IHR compliant. An IHR unit has been established in the MOH under the Emergency, Disaster Management and Special Services (EDMSS) branch with a designated National IHR Focal Point and an appointed Director responsible for the operational component of IHR. There are two designated points of entry: the Norman Manley International Airport and the Kingston Container Terminal. Despite technical cooperation provided by PAHO/WHO through the facilitation of stakeholder meetings, provision of equipment and supplies, and strengthening of laboratories, there remains a challenge in meeting the core capacities requiring the involvement of different line ministries and agencies.

Food Safety

Food safety continues to be an area of focus for PAHO/WHO based on the fact that foodborne diseases are a significant public health issue which is also of social significance. Technical cooperation is provided by PAHO to the MOH and by extension the Ministry of Agriculture with a view to prevent and control foodborne diseases which has caused one third of the deaths in children under five years old in the world.[50]Technical cooperation has been provided in training, capacity building, provision of equipment and assistance in auditing the food safety programme. The National Food Safety Policy, 2013 established a single food safety system to address the relevant areas from "farm to fork".

2.6 LEADING HEALTH CHALLENGES

The main challenges in health are summarized below:

1. The continued threat of emerging and re-emerging diseases especially those that are mosquito-borne.
2. The growing prevalence of NCDs and premature mortality.
3. Poor lifestyle choices that can affect the quality of life for Jamaicans.
4. 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.
5. The need to improve healthcare systems for the effective diagnosis, treatment, and care of noncommunicable diseases and communicable diseases.
6. The continued need to demonstrate accountability with a focus on strong public health leadership to respond to the changing needs of the public health environment.
7. Rising healthcare costs and the need to find equitable and sustainable solutions for financing the health sector.
8. The difficulties associated with recruiting and retaining skilled and specialized health professionals and reforming the health work-force.

2.7 PARTNERSHIP AND DEVELOPMENT COOPERATION

2.7.1 DEVELOPMENT ENVIRONMENT

At the National level, the Planning Institute of Jamaica (PIOJ) coordinates and manages external cooperation agreements and programmes for the Government of Jamaica. Official Development Assistance (ODA) plays a critical role in supporting the achievement of the goals and national outcomes outlined in Vision 2030.

In the Caribbean, PAHO/WHO works closely with many regional organizations in particular:

- Caribbean Community (CARICOM) which is comprised of (20) countries – (15) Member States and five Associate States. Through the Council for Human and Social Development (COHSOD), CARICOM promotes the improvement of health, education, and living and working conditions for the Caribbean Community.
- Caribbean Public Health Agency (CARPHA), a new single regional public health agency for the Caribbean which began operations in January 2013.

Jamaica is also a member of other key regional and global organizations such as the Commonwealth of Nations and the Inter-American System through the Organization of American States (OAS). PAHO also collaborates with other Ministries, Departments and Government Agencies in providing its technical cooperation. Annex 4 lists the Ministries, Agencies, organizations and development partners that are implementing programmes, projects or initiatives that support the strengthening of the health sector.

2.7.2 COLLABORATION WITH THE UNITED NATIONS SYSTEM AT COUNTRY-LEVEL

In 2016, the UN Multi-Country Sustainable Development Framework(UN MSDF) for the Caribbean for the period 2017-2021 was developed.[50] The goal of the UN MSDF is to provide the tools, partnerships, and resources to achieve national and sub-regional development priorities, in an inclusive and equitable manner, as reflected in the SDGs and the principle of "leave no one behind." The UN MSDF also contributes to the fulfillment of the SIDS Accelerated Modalities of Action (SAMOA) Pathway and the CARICOM Strategic Plan 2015-2019. Eighteen (18) English and Dutch-speaking Caribbean countries and Overseas Territories are covered under this MSDF, [1] (See Annex 1.) This PAHO/WHO CCS for Jamaica is aligned to the Caribbean UN MSDF and the CO is also involved with the operationalization of the UN MSDF through the implementation of a Country Implementation Plan (CIP)[2] developed by the United Nations Country Team (UNCT).

2.8 REVIEW OF PAHO/WHO'S COOPERATION OVER THE PAST CCS CYCLE

2.8.1 OVERALL ROLE AND RESPONSIBILITIES OF PAHO/WHO IN JAMAICA

Pan American Health Organization (PAHO) is the specialized health agency of the Inter-American System and also serves as Regional Office for the Americas of the World Health Organization (WHO), the specialized health agency of the United Nations. It is committed to improving and protecting people's health, ensuring that they have access to quality healthcare without falling into poverty.

The Pan American Health Organization/World Health Organization (PAHO/WHO) Jamaica Country Office (CO) was opened in 1954 under the administration of the office in Venezuela. In 1962, with Jamaica's independence, the office was re-organized and the programme of technical cooperation expanded to include the Bahamas, Belize, Bermuda, Cayman Islands, and Turks and Caicos Islands. By the early eighties, the Bahamas Country Office was established with responsibility for The Turks and Caicos Islands. This was followed by Belize establishing its own Country office. The current CO provides technical cooperation to Jamaica, and (2) United Kingdom Overseas Territories, Bermuda and the Cayman Islands. The CO works with its national counterparts in Jamaica and the territories it covers.

The PAHO/WHO Jamaica Office works closely with all levels of PAHO/WHO at the sub-regional, regional and global levels to fight communicable and noncommunicable diseases and their causes, to strengthen health systems, to respond to emergencies and disasters, and to address the social determinants of health. The PAHO/WHO CO is located on the Mona Campus of the University of the West Indies and has developed a close working relationship with the various departments of the University. Over the years, the CO has piloted various PAHO/WHO initiatives for the Caribbean.

2.8.2. THE PAHO STRATEGIC PLAN

The activities and interventions implemented by the PAHO/WHO Jamaica Office are guided by the PAHO Strategic Plan 2014-2019, *"Championing Health: Sustainable Development and Equity."* This Plan builds upon important past achievements, the strengths of its Member States, and the competence of the Pan American Sanitary Bureau (PASB). It sets out the Organization's strategic direction, based on the collective priorities of its Member States and country focus, and specifies the results to be achieved during the period 2014-2019. Its vision focuses on healthy living and well-being and reaffirms health as a key element of sustainable development. It has 6 categories and 34 program areas, the new program areas are in italics (See Annex 5).

2.8.3. RESULTS OF THE STAKEHOLDER SURVEY

The previous CCS 2010-2015 covered five strategic priorities which included: strengthening health systems within the framework of primary health care approach; supporting the achievements of the millennium development goals (MDGs); reducing the burden of disease; addressing the determinants of health and strengthening PAHO/WHO's response to priority health needs.

The aim of the online stakeholder survey was to identify the strategic health priorities that should be addressed by PAHO during the next CCS, 2017-2022. The survey was administered to representatives from the Ministry of Health, other Ministries, the UN Agencies, development agencies and NGOs. Thirty-one responses were received. Forty-eight percent (48%) of the respondents indicated that they were aware of the previous CCS. Of the 31

responses, 25 had indicated that they had collaborated with PAHO over the last five years. Some of the areas where organizations had benefited included: NCDs and improving Health Care; support for World No Tobacco activities; publishing of various Reports/documents on Health; and Training in data analysis and surveillance.

Based on the survey responses the following strengths were mentioned: strong technical expertise, ability to facilitate multi-national collaboration to achieve health-related goals and outcomes; capacity–building for technical staff and health policy development. The key challenge identified was the need to improve communication of the technical cooperation provided in-country. Through its mandate PAHO is required to provide technical cooperation to the MOH, however, further collaboration with other Ministries, departments and agencies will be necessary to implement some of the strategic priorities identified.

Generally, over seventy percent (70%) of the stakeholders indicated that the CCS will be beneficial to their organization as it provides an opportunity to improve collaboration and enhance partnerships. The main strategic priorities recommended by the respondents included:

- Health systems strengthening;
- Review of Infrastructure in the health sector and staffing;
- Decision-making is supported by national health information system;
- NCDs, lifestyle illnesses, and healthy lifestyles;
- Sexual and Reproductive Health;
- Hazard Risk Reduction and Adaptation to Climate Change;
- Implementation of Tobacco Control Legislation;
- Sustainable Financing for the Health Sector;
- Food safety and security studies in relation to climate change;
- Gender-based violence including sexual violence;
- Addressing the issue of obesity with structured programs;
- Human rights approach health services delivery;
- New, re-emerging and continuing communicable diseases;
- Information Technology in medical systems;
- Mental Health and substance use disorders;
- End the AIDS Epidemic as a public health threat to Jamaica and zone-in low hanging fruits like EMTCT;
- Care of Vulnerable Populations (young children, elderly, disabled).

3. THE STRATEGIC AGENDA

This strategic agenda addresses those public health issues where PAHO/WHO's leadership priorities, core functions and comparative advantage can add value to assist the Government of Jamaica in achieving its strategic objectives in health. It lays out four strategic priorities where PAHO/WHO will focus its technical cooperation over the next five years. Each FA is linked to a specific category and programme area in the PAHO Strategic Plan 2014-2019, and to an outcome and its respective indicator(s) in the PAHO Programme Budgets. They can therefore be seen as SMART FAs – specific, measurable, achievable, realistic, and time-bound.

3.1 STRATEGIC PRIORITIES AND FOCUS AREAS

Strategic Priority 1:

The resilience of health systems strengthened within the framework of universal health.
The Ministry of Health's Business Strategic Plan 2017-2020 states that quality assurance and risk management are tenets that need to be built into the health system to deliver quality care within the present fiscal parameters as well as build a health system that is risk resilient. Health system resilience refers to the ability to absorb disturbances and respond and recover with timely provision of needed services. It is the capacity of health actors, institutions and populations to prepare for and effectively respond to crises, maintain core functions when a crisis hits, be informed by lessons learnt, and reorganize if conditions require it.[51] Over the next two years, the MOH plans to review the current health infrastructure across the country. It also hopes to complete and implement a "Ten Year Strategic Plan" which will restructure the organizational arrangement of public health to strengthen areas such as maintenance, project management, procurement and inventory control, as well as relook at the efficiency of the current Regional Health Authorities. It will also assess personnel requirements of the health system.

Universal Health (UH) is one of the most powerful policy options to enable health to all persons, without any kind of discrimination in a context of equity, solidarity and the right to health. The commitment to advance UH will strengthen the health systems which includes primary health care renewal, health financing, stewardship and governance, health financing and health information systems. This technical cooperation will also include the strengthening and upgrading of hospitals - Spanish Town, May Pen, Mandeville, St. Ann's Bay and Kingston Public Health and other services such as physiotherapy. Following the High-Level Information Systems for Health meeting- "Advancing Public Health in the Caribbean Region" held November 7-8, 2016 in Jamaica, the Ministry, in collaboration with PAHO developed a National Plan of Action that is aligned with PAHO's renewed framework for Information Systems for Health (IS4H). PAHO will assist the MOH to implement this plan. Through technical cooperation PAHO will assist the MOH to expand the National Health Insurance Scheme under the National Health Fund (NHF).

The Focus Areas for this Strategic Priorities are:

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.

Strategic Priority 2: An inclusive healthy life course approach to address the health needs of the population advanced.

With the increase in NCDs amongst its population and the demographic shift that shows an increasing aging population, this priority will scale-up the implementation of the National Strategic and Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs). This National Plan also supports the "Jamaica Moves" campaign which focuses on increasing physical activity levels. The recommendations of the National Food Industry Task Force related to the reduction of sugar sweetened beverage and the salt content in food will also be supported. The re-organization of the mental health services will also include a community component. The focus on emerging and re-emerging diseases, HIV and TB will remain a high priority when addressing the communicable diseases. The life course approach is based on a model that suggests health outcomes for individuals, families, and communities which depends on the interaction of various protective and risk factors throughout the life course. These factors are related to psychological, behavioural, biological and environmental influences, as well as access to health services. This approach will include supporting the key programmes and services related to women's, men's; maternal, new born, child and adolescent health; sexual and reproductive health; workers' health, and healthy aging.

The Focus Areas for this Strategic Priorities are:

2.1 Accelerate and scale-up the implementation and monitoring of the National Plan of Action for NCDs, their risk factors and mental health and 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 healthy aging.

Strategic Priority 3: An integrated approach to address the social and economic determinants of health and health equity in support of sustainable development promoted.

The determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels and have origins that extend beyond the direct influence of the health sector and health policies. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. This SP will support the development of more equity-oriented, rights-based, gender-responsive programmes that address social determinants. It will promote the main-streaming of the cross-cutting themes (CCTs) of gender, equity, human rights, and ethnicity in programme development in all sectors, not just health.

During the 53rd Directing Council of PAHO in October 2014, member states approved the Health in All Policies (HiAP) Action Plan which defines clear steps for implementation of the HiAP approach in the countries of the Region of the Americas. This involves identifying opportunities for policy development across sectors with potential implications for health and health equity, assessing potential impacts, and then advocating and negotiating for changes.[52]

Taking a HiAP approach to public policy, systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.[53] A human-rights based approach which clarifies how human rights standards and principles should guide policy development and programming will be used.[54] PAHO will continue to work with the MOH, other line Ministries, academia, NGOs and other UN and development partners to facilitate, develop and implement key programmes that address the social determinants.

The Focus Areas for this Strategic Priorities are:

3.1 Promote health in all policies and greater inter-sectoral action to improve equity and sustainable development.

3.2 Generate and utilize 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.

Strategic Priority 4: The environmental determinants of health addressed to build resilient communities.

This priority will address "all-hazards" which are any hazards whether they are natural, man-made, biological, chemical, radiological and other disasters.[55] It will include strengthening the capacity for prevention and response to a range of diseases and conditions with the potential to cause outbreaks, epidemics, or pandemics, including food and water-borne diseases, zoonosis, chemical and radiologic emergencies, natural hazards, and conflicts. The health and human security approach addresses the linkages among different sources of health threats and ensures that interventions are integrated, thereby building and sustaining health resilience at the individual, community, and institutional levels as a path toward universal health.

The Ministry of Health recognises that among the adverse direct health effects of climate change is the disruption of health services caused by climatic extremes and weather-related disasters. Jamaica is located in the highly hazard prone region of the Caribbean and has felt both the direct and indirect impact of such weather. The Smart Health Care Facilities Project will assess the major healthcare facilities across the island and will retrofit selected facilities. The results of the assessments will inform future planning and resource mobilisation. This strategic priority will also continue to foster the integrated approach for arboviral disease prevention and control through the Integrated Management Strategy for Vector Control.

The Focus Areas for this Strategic Priorities are:

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.

CCS 2017-2022 STRATEGIC AGENDA - STRATEGIC PRIORITIES AND FOCUS AREAS, JAMAICA

Strategic Priorities	Focus Area
Strategic Priority 1: The resilience of health systems strengthened within the framework of universal health.	**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.
Strategic Priority 2: An inclusive healthy life course approach to address the health needs of the population advanced.	**2.1** Accelerate and scale-up the implementation and monitoring of the National Plan of Action for NCDs and their risk factors, and mental health.
	2.2 Strengthen the capacity for the prevention and control of CDs including HIV, TB, emerging and re-emerging diseases and address AMR.
	2.3 Promote health throughout the life course to include policies and programmes on women's, men's, child and adolescent health; maternal, sexual and reproductive health; workers health, and healthy aging.
Strategic Priority 3: An integrated approach to address the social and economic determinants of health and health equity in support of sustainable development promoted.	**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.
Strategic Priority 4: The environmental determinants of health addressed to build resilient communities.	**4.1** Increase the capacity of the health sector to implement health mitigation and adaptation measures in response to climate change.
	4.2 Strengthen the multisectoral framework for all hazard emergencies and disaster risk management including IHR.
	4.3 Support the "Integrated Management Strategy for Vector Control" to respond to associated emerging and re-emerging diseases.

[1] Health system resilience refers to the ability to absorb disturbances and respond and recover with timely provision of needed services. It is the capacity of health actors, institutions and populations to prepare for and effectively respond to crises, maintain core functions when a crisis hits and informed by lessons learned, reorganise if conditions require it. PAHO CD55/9 Resilient health systems, July 2016.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 1

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
Strategic Priority 1: The resilience of health systems strengthened within the framework of universal health	1.1. Strengthen stewardship and governance to expand equitable access to quality, people centred health services.	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard. **SP – Governance** Strengthen governance mechanisms in the areas of compliance, accountability, policy, legislative and regulatory systems.	**National Goal 1 -** Jamaicans are empowered to achieve their fullest potential. **National Outcome –** 1. A Healthy and Stable Population **National Goal 2 -** The Jamaican society is secure, cohesive and just. **National Outcome –** 6. Effective Governance	**OCM 4.1** Increased national capacity for achieving universal health coverage. **OCM 4.2** Increased access to people-centred, integrated, quality health services.	**Health Targets** **3.8** Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. **3.b** Support research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all.	**A Healthy Caribbean** Outcome 1 - Universal access to quality health care services and systems improved. Outcome 2 - Laws, policies and systems introduced to support healthy lifestyles among all segments of the population.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 1 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
	1.2 Develop and implement a strategy for supporting sustainable Human Resources for Health.	**SP - Health Workforce** Maintain and develop a qualified and professional workforce for the delivery of health and allied services.	**National Goal 1 -** Jamaicans are empowered to achieve their fullest potential. **National Outcomes –** **1.** A Healthy and Stable Population **2.** World-Class Education and Training	**OCM 4.5** Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce.	**Health Targets** **3.8** Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. **3.c** Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.	**A Healthy Caribbean Outcome 1 -** Universal access to quality health care services and systems improved. **An Inclusive, Equitable, and Prosperous Caribbean Outcome 1 -** Access to quality education and life-long learning increased, for enhanced employability and sustainable economic development.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 1 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
	1.4 Define and implement mechanisms for sustainable health financing.	**SP – Health Financing** Develop and monitor the implementation of viable health financing options.	**National Goal 1-** Jamaicans are empowered to achieve their fullest potential. **National Outcome-** **3.** Effective Social Protection **National Goal 3 -** Jamaica's economy is prosperous **National Outcomes –** **7.** A Stable Macroeconomy **9.** Strong Economic Infrastructure	**OCM 4.1** Increased national capacity for achieving universal health coverage.	**A Healthy Caribbean** **Outcome 1 -** Universal access to quality health care services and systems improved. **Outcome 2 -** Laws, policies and systems introduced to support healthy lifestyles among all segments of the population.	**A Healthy Caribbean** **Outcome 1 -** Universal access to quality health care services and systems improved. **Outcome 2 -** Laws, policies and systems introduced to support healthy lifestyles among all segments of the population.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 2

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
Strategic Priority 2: **An inclusive healthy life course approach to address the health needs of the population advanced.**	**2.1** Accelerate and scale-up the implementation and monitoring of the National Plan of Action for NCDs and their risk factors, and mental health which includes substance use disorders.	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard. **Focal Area:** Prevention & control of Non Communicable Diseases.	**National Goal 1-** Jamaicans are empowered to achieve their fullest potential. **National Outcomes –** **1.** A Healthy and Stable Population **4.** Authentic and Transformational Culture	**OCM 2.1** Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors. **OCM 2.2** Increased service coverage for mental health and psychoactive substance use disorders. **OCM 2.3** Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women, and youth. **OCM 2.4** Increased access to social and health services for people with disabilities, including prevention. **OCM 2.5** Nutritional risk factors reduced.	**Health Targets** **3.4** By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being. **3.2** By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births. **3.a** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.	**A Healthy Caribbean Outcome 2** - Laws, policies and systems introduced to support healthy lifestyles among all segments of the population.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 2 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
					3.b Support research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all.	

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 2 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
	2.2 Strengthen the capacity for the prevention and control of CDs including HIV, TB, viral hepatitis, vaccine preventable diseases, emerging and re-emerging diseases and address AMR.	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard. **Focal Area:** Prevention & control of Communicable Diseases.	**National Goal 1** - Jamaicans are empowered to achieve their fullest potential. **National Outcomes –** **1**. A Healthy and Stable Population **4.** Authentic and Transformational Culture	**OCM 1.1** Increased access to key interventions for HIV and STI prevention and treatment. **OCM 1.2** Increased number of tuberculosis patients successfully diagnosed and treated. **OCM 1.4** Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases.	**Health Targets** **3.3** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. **3.b** Support research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all.	**A Healthy Caribbean** **Outcome 1 -** Universal access to quality health care services and systems improved. **Outcome 2 -** Laws, policies and systems introduced to support healthy lifestyles among all segments of the population.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 2 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
	2.3 Promote health throughout the life course to include policies and programmes on womens, men's; maternal, new born, child and adolescent health; sexual and reproductive health; workers' health, and healthy aging.	SP - Service Delivery Provide the Jamaican population with health care service that is accessible and of the highest attainable standard. Focal Area: Maternal, Child & Adolescent Health.	National Goal 1 - Jamaicans are empowered to achieve their fullest potential. National Outcomes – 1. A Healthy and Stable Population 2. World-Class Education and Training 4. Authentic and Transformational Culture	OCM 2.2 Increased service coverage for mental health and psychoactive substance use disorders. OCM 3.1 Increased access to interventions to improve the health of women, new-borns, children, adolescents, and adults. OCM 3.2 Increased access to interventions for older adults to maintain an independent life.	**Health Targets** **3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. **3.2** By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births. **3.7** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.	**A Healthy Caribbean** **Outcome 1 -** Universal access to quality health care services and systems improved. **Outcome 2 -** Laws, policies and systems introduced to support healthy lifestyles among all segments of the population.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 2 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
					3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all. **Health-related Targets** **5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences. **8.8** Protect labour rights and promote safe and secure working environments for all workers, including migrant workers, in particular women migrants, and those in precarious employment.	

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 3

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
Strategic Priority 3: An integrated approach to address the social and economic determinants of health and health equity in support of sustainable development promoted.	**3.1** Promote health in all policies and greater inter-sectoral action to improve equity and sustainable	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard.	**National Goal 1 -** Jamaicans are empowered to achieve their fullest potential. **National Outcomes –** **1.** A Healthy and Stable Population **2.** World-Class Education and Training **3.** Effective Social Protection **4.** Authentic and Transformational Culture **National Goal 2 -** The Jamaican society is secure, cohesive and just. **National Outcome –** **6.** Effective Governance	**OCM 3.3** Increased country capacity to integrate gender, equity, human rights, and ethnicity in health. **OCM 3.4** Increased leadership of the health sector in addressing the social determinants of health.	**Health-related Targets** **1.3** Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030, achieve substantial coverage of the poor and the vulnerable. **10.4** Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality.	**A Healthy Caribbean Outcome 1 -** Universal access to quality health care services and systems Improved. **Outcome 2 -** Laws, policies and systems introduced to support healthy lifestyles among all segments of the population. **A Safe, Cohesive, and Just Caribbean Outcome 1 -** Capacities of public policy and rule of law institutions and civil society organizations strengthened.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 3 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
	3.2 Generate and utilize evidence on social and economic determinants of health and health inequities to guide policies and programmes.	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard.	**National Goal 3 -** Jamaica's economy is prosperous. **National Outcomes – 7.** A Stable Macroeconomy **9.** Strong Economic Infrastructure	**OCM 3.4** Increased leadership of the health sector in addressing the social determinants of health.	**Health-related Targets 10.2** By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, economic or other status. **10.4** Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality.	**An Inclusive, Equitable, and Prosperous Caribbean Outcome 1 -** Access to quality education and life-long learning increased, for enhanced employability and sustainable economic development.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 3 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
	3.3 Enhance the capacity to prevent and respond to violence and injuries to reduce the impact on health utilizing an intersectoral approach.	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard.	**National Goal 2 -** The Jamaican society is secure, cohesive and just. **National Outcome –** 5. Security and Safety	**OCM 2.3** Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women, and youth.	**Health Targets** **3.6** By 2020, halve the number of global deaths and injuries from road traffic accidents. **5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. **11.2** By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.	**A Healthy Caribbean Outcome 2 -** Laws, policies and systems introduced to support healthy lifestyles among all segments of the population. **A Safe, Cohesive, and Just Caribbean Outcome 2 -** Equitable access to justice, protection, citizen security and safety reinforced. .

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 3 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
	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.	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard.	**National Goal 1 -** Jamaicans are empowered to achieve their fullest potential. **National Outcomes –** **1.** A Healthy and Stable Population **2.** World-Class Education and Training **3.** Effective Social Protection **4.** Authentic and Transformational Culture	**OCM 3.3** Increased country capacity to integrate gender, equity, human rights, and ethnicity in health.	**Health-related Targets** **4.5** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous people and children in vulnerable situations. **5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking, sexual and other types of exploitation.	**An Inclusive, Equitable, and Prosperous Caribbean** **Outcome 1 -** Access to quality education and life-long learning increased, for enhanced employability and sustainable economic development. **Outcome 2 -** Access to equitable social protection systems, and quality services improved. **A Safe, Cohesive, and Just Caribbean** **Outcome 1 -** Equitable access to justice, protection, citizen security and safety reinforced.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 4

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
Strategic Priority 4: The environmental determinants of health addressed to build resilient communities	**4.1** Increase the capacity of the health sector to implement health mitigation and adaptation measures in response to climate change	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard.	**National Goal 4 -** Jamaica has a healthy natural environment **National Outcomes –** **13.** Sustainable Management and Use of Environmental and Natural Resources **14.** Hazard Risk Reduction and Adaptation to Climate Change **15.** Sustainable Urban and Rural Development	**OCM 5.3** Countries have an all-hazards health emergency risk management program for a disaster-resilient health sector, with emphasis on vulnerable populations. **OCM 5.5** All countries adequately respond to threats and emergencies with public health consequences. **OCM 3.5** Reduced environmental and occupational threats to health.	**Health Targets** **3.d** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks. **Health-related Targets** **1.5** By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.	**A Safe, Cohesive, and Just Caribbean** **Outcome 1 -** Policies and programs for climate change adaptation, disaster risk reduction, and universal access to clean and sustainable energy in place. **Outcome 2 -** Equitable access to justice, protection, citizen security and safety reinforced.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 4 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
	4.2 Strengthen the multisectoral framework for all hazard emergencies and disaster risk management including meeting the requirements of the IHR.	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard.	**National Goal 4 -** Jamaica has a healthy natural environment **National Outcomes –** **13.** Sustainable Management and Use of Environmental and Natural Resources **14.** Hazard Risk Reduction and Adaptation to Climate Change	**OCM 5.1** All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response. **OCM 5.2** All countries are able to build resilience to major epidemics and pandemics. **OCM 3.5** Reduced environmental and occupational threats to health.	**Health Targets** **3.9** By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination. **3.d** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks. **Health-related Targets** **11.5** By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.	**A Sustainable and Resilient Caribbean** **Outcome 1 -** Policies and programs for climate change adaptation, disaster risk reduction, and universal access to clean and sustainable energy in place. **Outcome 2 -** Inclusive and sustainable solutions adopted for the conservation, restoration, and use of ecosystems and natural resources.

MAPPING OF STRATEGIC PRIORITIES
STRATEGIC PRIORITY 4 CONT'D

CCS Strategic Priorities	CCS Focus Area	MOH SBP 2017-2020 Strategic Priorities (SP) & Focal Areas	Vision 2030 Jamaica, National Goals and Outcomes	PAHO Strategic Plan Outcomes	SDG Targets	UN MSDF for the Caribbean
	4.3 Support the "Integrated Management Strategy for Vector Control" to respond to associated emerging and re-emerging diseases.	**SP - Service Delivery** Provide the Jamaican population with health care service that is accessible and of the highest attainable standard.	**National Goal 1 -** Jamaicans are empowered to achieve their fullest potential. **National Outcomes – 1.** A Healthy and Stable Population **National Goal 4 -** Jamaica has a healthy natural environment. **National Outcomes – 13.** Sustainable Management and Use of Environmental and Natural Resources **14.** Hazard Risk Reduction and Adaptation to Climate Change **15.** Sustainable Urban and Rural Development	**OCM 3.5** Reduced environmental and occupational threats to health. **OCM 1.3** Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases.	**Health Targets 3.d** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.	**A Sustainable and Resilient Caribbean Outcome 1 -** Policies and programs for climate change adaptation, disaster risk reduction, and universal access to clean and sustainable energy in place. **Outcome 2 -** Inclusive and sustainable solutions adopted for the conservation, restoration, and use of ecosystems and natural resources.

4. IMPLEMENTATION OF THE CCS

4.1 COORDINATION AND MANAGEMENT

The PAHO Country Office will coordinate the implementation of the Strategic Agenda. However, the responsibility for its implementation lies with the entire Organization. Therefore, technical cooperation will also be provided through the sub-regional office in the Caribbean, the regional level through the technical departments at headquarters in Washington, and from the global level WHO, in Geneva as needed. Efforts will be made to use existing agreements, protocols, guidelines, and other frameworks for health, and build on previous initiatives and interventions to avoid duplication and to complement the work of other agencies and partners in the Caribbean that also implement health-related programmes in Jamaica.

The implementation of the CCS will also be guided by the programme areas outlined in category 6 of PAHO's Strategic Plan 2014-2019. These areas include leadership and governance; transparency, accountability, and risk management; strategic planning, resource coordination, and reporting; management and administration; and strategic communication. The BWPs over the next four years will be aligned with the SPs and FAs in the CCS Strategic Agenda. Joint reporting of the BWPs will be conducted in collaboration with the Ministry of Health and other key stakeholders in Jamaica.

4.2 IMPLEMENTATION

IMPLICATIONS MATRIX

The CO is headed by the PAHO/WHO Representative who works with a staff complement of seventeen (17) persons. The International Staff Professional complement includes four (4) positions (PWR, HSS, CHA and NMH) and one (1) National Staff Professional (SDE). National and International Professional Consultants are hired to support technical activities as required to support technical cooperation. There are three PAHO Administrative positions (Administrator, Executive Secretary, and Information Technician) and nine MOH staff seconded to the PAHO/WHO CO. Two (2) De-centralised Regional Advisers who report to PAHO/WHO Headquarters in Washington are based in the Jamaica CO providing technical cooperation mainly to the Caribbean on Immunization and Nutrition.

The technical staff within the CO reviewed the political, technical and administrative implications for the Organization to ensure the successful implementation of the strategic agenda of this CCS. Annex 6 outlines the core capacities within the CO, at the sub-regional office in Barbados, HQ in Washington and at the global level. The matrix also indicates where the CO will need to contract specific experts/consultancies, to mobilize expertise within the Organization. The administrative assistance identified in the matrix provides the rationale for the creation of a National Professional position to support communication of PAHO's technical cooperation.

COMPETENCIES AND SKILLS MIX

The successful implementation of the SPs and FAs will require competences and skills in the following areas:

- Health systems, including health financing, human resources for health and information systems for health.
- Noncommunicable diseases and risk factor prevention and control including mental health and substance use disorders, injuries and violence prevention and response.
- Violence and injury prevention.
- Environmental health and sustainability, climate change, an "all-hazards" response, the SMART health facilities and disaster preparedness including public health emergencies.
- Vector prevention and control, emerging and re-emerging diseases and the human-animal interface of One (1) Health.
- Communicable diseases, including HIV, STIs, TB and viral hepatitis.
- Health throughout the life course, including interventions targeting specific population groups, multi-sectoral approaches, and social determinants of health.
- Health in all policies (HiAP), and cross-cutting themes of gender, equity, human rights and ethnicity.
- Strategic partnerships and collaboration, and resource mobilization.
- Communication using innovative technology.
- Well-functioning administrative support to assist with the implementation of technical cooperation.

FINANCIAL

PAHO obtains its funding from several different sources including: Contributions from member states (Assessed Contributions); Voluntary Contributions from donor countries, as well as other donor agencies and non-state actors; and Investment Interests from administration of the Revolving Fund and Strategic Fund. The PAHO Strategic Plan guides the program and budget developed to determine resources needed. The country offices are required to develop a Biennial work plan (BWP) guided by the strategic plan, Country Cooperation Strategy (CCS) or other related documents (objectives) at the country level. There are five (5) programmatic (technical) areas and one enabling program area (management and administration) in the strategic plan on which the BWPs at the country level will also be based.

COMMUNICATION

The PAHO/WHO Country Office will take a more proactive approach to improve the communication of PAHO's work and its impact both nationally and regionally, and to increase its visibility and strategic positioning as a public health agency. This was a critical area mentioned by the stakeholders for improvement.

4. 3 RISK MANAGEMENT

The PAHO Country Office, Jamaica will use the PAHO Enterprise Risk Management (ERM) program to monitor the risks of achieving the desired results of the 2017-2022 CCS. This programme uses a strategic process to proactively and continuously identify and manage real and potential threats and opportunities. The core of risk management is to assess the level of probability and impact of those potential events that may affect PAHO's political, managerial, administrative and technical cooperation objectives since it is fully integrated into strategic planning, PMA reviews, and the budgeting process. Through this programme the risks are identified, categorised, described and the impact and probability of the risk occurring estimated.

5. MONITORING AND EVALUATION

The monitoring and evaluation methodology for the CCS will be in keeping with the PAHO/WHO results-based management approach used for monitoring and evaluating programmes. It will assess PAHO's performance in Jamaica and will be led by the PAHO/WHO Country Office with the support of the sub-regional office and HQ. A participatory approach which involves key stakeholders such as decision-makers within the MOH and other health-related Ministries, implementers of the CCS, and partners will be used.

Monitoring of this CCS will be on-going and will focus on:
- Ensuring that the CCS SPs and FAs are reflected in the country's BWPs;
- How the SPs and FAs are implemented;
- The required core staff of the PAHO/WHO CO who have the appropriate core competences for delivering results in the FAs.

On-going monitoring will also be conducted through the PAHO Strategic Plan Monitoring System (SPMS) which is jointly monitored by the PAHO Secretariat and Member States. The SPMS is designed to facilitate the joint assessment of outcome and output indicators by national health authorities and PASB. The system contains all the programmatic information required to monitor and assess implementation of the PAHO Strategic Plan 2014-2019 and the relevant Program and Budget including the compendium of indicators with technical definitions and criteria to assess the achievement of each outcome and output indicator.

5.1 MID-TERM EVALUATION

A mid-term evaluation will be conducted in 2019, the year in which the PAHO Strategic Plan is scheduled to end. It will address:
- the progress achieved with the implementation of the FAs and the SPs in Jamaica,
- the continued relevance of the SPs and the FAs to determine if they are still consistent with the new ten year Ministry of Health Strategic Plan that is being developed, the country level discussions that have occurred to mainstream the SDGs within Vision 2030,
- the challenges and risks that are affecting implementation and may require the revision of the SPs and FAs (this is part of the Country Offices' risk management strategy),
- the availability of the mix of competences and skills,
- whether the FAs are being implemented in a resource-efficient and cost-efficient manner,
- the use of the CCS as an advocacy tool to mobilize resources both within PAHO and externally with other partners,
- whether the FAs are being used to inform the outcomes in the UN MSDF,
- whether key information is being shared with partners on an ongoing basis.

5.2 FINAL EVALUATION

This final evaluation will be more comprehensive than the mid-term review and will be conducted at the end of the CCS. The evaluation framework will be developed in collaboration with the MOH and other key partners and will assess relevance, efficiency, effectiveness and overall impact of the CCS. The critical success factors, the impediments and the lessons learnt will be applied to the next CCS cycle and shared with the Government of Jamaica, within PAHO and with other partners.

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ANNEX 1. SDGS AND THE 2017-2021 UN MSDF FOR THE CARIBBEAN

At the United Nations Sustainable Development Summit on 25th September, 2015, world leaders adopted the 2030 Agenda for Sustainable Development, which includes a set of (17) Sustainable Development Goals (SDGs) (Figure 2). Each goal is important and they are all interconnected. The SDGs recognize that eradicating poverty and inequality, creating inclusive economic growth and preserving the planet are linked, and have as an overarching theme: "Leaving no one behind." They promote a comprehensive, integrated approach to sustainable development.[56]

Figure 2. The Sustainable Development Goals
Source: https://sustainabledevelopment.un.org/sdgs. Accessed July 2016

The SDGs and the broader sustainability agenda go much further than the MDGs, addressing the root causes of poverty. The Goals will stimulate action over the next (15) years in five areas of critical importance: ***People, Planet, Prosperity, Peace and Partnership.***

Only one SDG (SDG 3) is dedicated entirely to health, "To ensure healthy lives and promote well-being for all at all ages." It includes nine targets which cover major health priorities and four "means of implementation" targets. It addresses a wide range of health issues from road traffic injuries and tobacco control, to the health workforce and noncommunicable diseases (NCDs) — the most conspicuous health concern that was omitted from the MDGs. However, health also benefits from the achievement of the other SDGs.

UN MSDF FOR THE CARIBBEAN AND THE UNCT
The goal of the UN MSDF is to provide the tools, partnerships, and resources needed to achieve national and sub-regional development priorities, in an inclusive and equitable manner, as reflected in the SDGs and the principle of ***"leave no one behind."*** The UN MSDF also contributes to the fulfilment of the SIDS Accelerated Modalities of Action (SAMOA) Pathway and the CARICOM Strategic Plan 2015-2019. (18) English and Dutch speaking Caribbean countries and Overseas Territories are covered under this UN MSDF.

The members of UNCT Jamaica include the United Nations Development Programme (UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Environment Programme (UNEP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), UNAIDS (Joint United Nations Programme on HIV/AIDS), United Nations Office for Project Services (UNOPS), Food and Agricultural Organization (FAO), and the International Organization for Migration (IOM). The other non-resident agencies that also implement activities in Jamaica are: the United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN) and the Economic Commission for Latin America and the Caribbean (ECLAC).

CARIBBEAN UN MSDF 2017-2021 PRIORITY AREAS:

Priority 1 - an inclusive, equitable, and prosperous Caribbean: With an emphasis on the most vulnerable groups, promote social and economic inclusion and equity while improving social protection and [the] access to decent employment within a sustainable economy.

Priority 2 - a healthy Caribbean: Improve health and well-being by addressing the ability of the state to provide services, increasing access to healthy nutrition, a healthy environment and knowledge as preventive measures. Sustainable health financing and direct action to address NCDs, SRH and HIV/AIDS and related stigma are also necessary for better health outcomes.

Priority 3 - a cohesive, safe, and just Caribbean: Support the creation of conditions for a safe and just Caribbean while addressing the root causes that promote and perpetuate violence and insecurity.

Priority 4 - a sustainable and resilient Caribbean: Support coherent efforts to strengthen the resilience of the Caribbean and its peoples by mitigating the effects of climate change, disasters and environmental degradation on sustainable development, livelihoods, and the economies.

ANNEX 2. VISION 2030 JAMAICA – NATIONAL GOALS AND OUTCOMES

THE NATIONAL GOALS	THE NATIONAL OUTCOMES
Jamaicans are empowered to achieve their fullest potential	1. A Healthy and Stable Population 2. World-Class Education and Training 3. Effective Social Protection 4. Authentic and Transformational Culture
The Jamaican society is secure, cohesive and just	5. Security and Safety 6. Effective Governance
Jamaica's economy is prosperous	7. A Stable Macroeconomy 8. An Enabling Business Environment 9. Strong Economic Infrastructure 10. Energy Security and Efficiency 11. A Technology-Enabled Society
Jamaica has a healthy natural environment	12. Internationally Competitive Industry Structures 13. Sustainable Management and Use of Environmental and Natural Resources 14. Hazard Risk Reduction and Adaptation to Climate Change 15. Sustainable Urban and Rural Development

ANNEX 3. MOH STRATEGIC OBJECTIVES, SERVICES AND INITIATIVES

STRATEGIC OBJECTIVES

The Ministry of Health's strategic objectives are as follows:

1. Provide the Jamaican population with health care service that is accessible and of the highest attainable standard
2. Maintain and develop a qualified and professional workforce for the delivery of health and allied services
3. Improve the quality of health information systems for planning and management of the health services
4. Develop and monitor the implementation of viable health financing options
5. Strengthen governance mechanisms in the areas of compliance, accountability, policy, legislative, and regulatory systems

SERVICES

1. Prevention and control of noncommunicable diseases
2. Prevention and control of communicable diseases (vector-borne diseases)
3. Maternal, Adolescent and Child Health
4. Information Systems for Health
5. Human Resource
6. Health Financing

NEW INITIATIVES

- Upgrading of the Spanish Town Hospital from a Type B to a Type A facility
- Cancer Care System of Excellence
- Construction of the Ministry's Corporate Headquarters
- Child and Adolescent Hospital in Western Jamaica
- The Adopt-a-Clinic programme
- Accident and Emergency (A&E) pilot to reduce waiting times
- Expansion of the Pharmaceutical Services
- Development and implementation of a Volunteer's Policy
- Provision of Dental Sealant and Fluoride Varnish programme for the primary schools
- Physical Activity Campaign (Jamaica Moves)
- Development of a National Health Insurance Plan
- Public/private partnerships in health to support services and infrastructural development

ANNEX 4 - KEY STAKEHOLDER ANALYSIS

Name of Agency/ Partner/ Embassy	Role fulfilled by Subregional Initiatives/ Development Partners/ International Funding Institutions	Health-related SDG target	Major Programmatic area of support within country
Caribbean Community (CARICOM) / COHSOD)[57]	**Subregional Cooperation –** Caribbean Cooperation in Health IV which is the framework that guides public health in the Caribbean Community	All the health targets under SDG 3 (3.1-3.9)	Guides the implementation of public health in the Caribbean at the national level
	Subregional Cooperation - Elimination of mother-to-child transmission of HIV (EMTCT)	**3.2** End preventable deaths of new-born and children under 5 years of age **3.3** End epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, water-borne diseases and other communicable diseases	Guides the implementation of public health especially communicable diseases in the Caribbean at the national level
		3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	Guides the prevention and control of NCDs and the related risk factors in the Caribbean
		3.2 End preventable deaths of new-borns and children under 5 years of age **3.b** Support research and development of vaccines, medicines for communicable and noncommunicable diseases that primarily affect developing countries, and provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health	Guides the implementation of public health in the Caribbean at the national level
	Subregional Cooperation – Caribbean Cooperation in Health IV which is the framework that guides public health in the Caribbean Community	**3.d** Strengthen capacity of all countries, in particular, developing countries, for early warning, risk reduction and management of national and global health risks	Guides the implementation of IHR in the Caribbean at the national level

ANNEX 4 - KEY STAKEHOLDER ANALYSIS CONT'D

Name of Agency/ Partner/ Embassy	Role fulfilled by Subregional Initiatives/ Development Partners/ International Funding Institutions	Health-related SDG target	Major Programmatic area of support within country
CARICOM Head of Government 27th Intersessional Meeting	**Policy dialogue** – Declaration on a course of action to address the Zika virus	**3.3** End epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Guides the implementation of public health in the Caribbean at the national level
CARICOM/CARPHA	**Subregional Cooperation** - Regional Health Information System Task Force and its strategic remit	**3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Guides the implementation of public health in the Caribbean at the national level
	Subregional Cooperation - Health systems strengthening	**3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Guides the implementation of public health in the Caribbean at the national level
Development Partners and Embassies			
United States Agency for International Development	**Technical Assistance** **USAID's Caribbean Clean Energy Program (CARCEP)**	**13.b** Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities	Project to accelerate clean energy development in the region, with special focus on Jamaica and the Eastern Caribbean
	Climate Economic Analysis for Development, Investment, and Resilience (CEADIR)	**13.b** Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities	Guides the implementation of IHR in the Caribbean at the national level
	Caribbean Marine Biodiversity Program	**13.3** Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning	Project to reduce the threats to marine-coastal biodiversity in priority areas in the Caribbean in order to achieve sustained biodiversity conservation, maintain critical ecosystem services, and realize tangible improvements in human well-being for communities adjacent to marine managed areas
	Jamaica Rural Economy and Ecosystems Adapting to Climate Change II (Ja REEACH II)	**13.1** Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	Project to promote the protection of rural lives, livelihoods and ecosystems through interventions that increased and strengthened climate change resilience

ANNEX 4 - KEY STAKEHOLDER ANALYSIS CONT'D

Name of Agency/ Partner/ Embassy	Role fulfilled by Subregional Initiatives/ Development Partners/ International Funding Institutions	Health-related SDG target	Major Programmatic area of support within country
	U.S. President's Emergency Plan for AIDS Relief (PEPFAR)	**3.3** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Project to help save the lives of those suffering from HIV/AIDS around the world
	Fi Wi Jamaica	**10.3** Ensure equal opportunity and reduce inequalities of outcome, by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard **3.8** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	Project to building public demand for the promotion of social change that will respect and protect human rights and dignity regardless of gender and sexual orientation; raise the quality of dialogue regarding inclusivity, diversity equality, and fairness for the LGBTI community; and support key stakeholders in delivering services to women and girls who are victims or potential victims of gender based violence
European Union (EU) –	**Development Cooperation -** PROMAC –Programme for the Reduction of Maternal and Child Mortality	**3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births **3.2** By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	Project to improve the services available to maternal emergencies Project to reduce neonatal deaths and improve neonatal health by improving both capacity and facility available for resuscitation of the new-born
European Union / UNEP	**Development Cooperation–** Climate Change Adaptation and Disaster Reduction Project	**13.1** Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	Project that seeks to reduce risks and assist with adaptation to climate change
Japan International Cooperation Agency (JICA)	**Technical Cooperation**	**13.1** Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	JICA's support focuses on: 1 – the environment and disaster risk management (an urban environmental improvement support program), and 2 – expansion of employment opportunity and human resource development (program of strengthening productivity of small and medium enterprises)

ANNEX 4 - KEY STAKEHOLDER ANALYSIS CONT'D

Name of Agency/ Partner/ Embassy	Role fulfilled by Subregional Initiatives/ Development Partners/ International Funding Institutions	Health-related SDG target	Major Programmatic area of support within country
Organization of American States (OAS)	**Technical Cooperation**		Organization of American States (GS/OAS) in Jamaica has worked assiduously to support the OAS General Secretariat in achieving its mission, mandates and to strengthen its four pillars- democracy, human rights, integral development, and multidimensional security
International Development Bank (IDB)	**Development Funding –** Programme of Advancement through Health and Education (PATH)	**3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Project to support Jamaica's Social Protection Strategy that assists the most vulnerable and needy in the society, particularly children, pregnant and lactating mothers
	Strengthening of Health Systems Project	**3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Project to assist the MOH in defining policies, developing a ten-year strategic plan along with implementation plans to inform projects/ programmes intended to protect and enhance health gains of the population
Embassy Republic of Cuba	**Technical Cooperation**	**3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Agreement between the Ministry of Public Health of the Republic of Cuba and the Ministry of Health Agreement on Cooperation between Cuba and Jamaica for the functioning of an Ophthalmology Centre
Republic of China	**Technical Assistance**	**3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Agreement to build of the Western Children's Hospital in Montego Bay, St James.
United Kingdom Department of International Development (DFID)	**Development Cooperation –** Climate Change Adaptation and Disaster Reduction Project	**13.1** Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	Project that seeks to assist with adaptation and mitigation to climate change at some health care facilities across Jamaica
United Nations Country Team (UNCT) [3]	**Technical Assistance**	**13.1** Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	Four main areas (a) access to equitable social protection systems and basic services; (b) democratic governance, citizens security and safety; (c) resilience to climate change and natural disasters and universal access to clean energy; and (d) natural resource management. (4)

GOVERNMENT MINISTRIES/AGENCIES/DEPARTMENTS, NATIONAL ORGANIZATIONS

PAHO ALSO COLLABORATES WITH OTHER MINISTRIES/GOVERNMENT AGENCIES/DEPARTMENTS, AND NATIONAL ORGANIZATIONS

No.	Organizations	Major Programmatic area of support within country	Ministries
1.	Bureau of Standards Jamaica	• To promote and encourage standardization in relation to commodities, processes and practices • Provision of services in relation to conformity assessment (Registration & Compliance, Product Certification, Testing, Metrology, Standards Development and Training)	Ministry of Industry, Commerce, Agriculture & Fisheries (MICAF)
2.	Diabetes Association of Jamaica	• To provide diabetes prevention and care to the public	Ministry of Health
3.	Eve for Life	• To ensure comprehensive, client-centred, non-discriminatory sexual health services for adolescent girls through education and training • To expand the mentor mom initiative within the Jamaican health care sector as the main focal point for the provision of Health support services to adolescent mothers • Design and deliver strong capacity development programmes promoting positive attitudes to PLHIV, healthy sexual behaviours, and parenting skills • Increase the scale and coverage of HIV communication for the general population • Strengthen policy engagement for teen mothers, women and girls living with HIV • Address behaviours fuelling the epidemic such as sexual coercion, violence against women, transactional and cross-generational sex, and sex trafficking	Ministry of Health
4.	Fathers in Action	• Fatherhood support in the areas of Men's Health, child support, parenting initiative, Father's rights, re-entry support and personal development • Relationship, Conflict resolution	Ministry of Health

GOVERNMENT MINISTRIES/AGENCIES/DEPARTMENTS, NATIONAL ORGANIZATIONS CONT'D

No.	Organizations	Major Programmatic area of support within country	Ministries
5.	Food for the Poor	• Assisting the poor to fulfil their most urgent needs and to encourage self-sufficiency • Working towards improved health, economic, social and spiritual conditions of the men, women and children • Work through emergency relief aid and programmes in the areas of housing, food, medical, water, sanitation, education, agriculture, outreach and micro-enterprise	Ministry of Social Development
6.	Foundation for International Self-help	• To provide health care for Jamaicans from all walks of life	Ministry of Health
7.	Heart Foundation of Jamaica	• Prevention through education • Early detection through screening programmes • Rehabilitation through education on healthy lifestyles	Ministry of Health
8.	HEART Trust/NTA	• To provide vocational training across the island	Ministry of Education
9.	Jamaica AIDS Support	• HIV education, prevention and linkages to care • Treatment, care and support • Enabling environments & human rights • Strategic research (to inform its programmes and improve its strategies to meet the changing needs of key groups affected by HIV) • Lifes Work (Income generating work therapy programme for persons living with HIV (PLHIV), which produces a range of quality handmade candles for purchase. Through the sale, PLHIV are able to earn an income to support themselves and their families)	Ministry of Health
10.	Jamaica Association for the Deaf	• Offers hearing assessment and amplification services	Ministry of Health
11.	Jamaica Bureau of Standards	• Promoting and encouraging standardization in relation to commodities, processes and practices • Facilitating the development of standards and other requirements to which particular commodities, services, practices and processes must comply; monitoring for compliance; conducting tests and calibrating instruments; certifying products and management systems; providing industrial training and promoting research and education in standardization	Ministry of Industry, Commerce Agriculture & Fisheries

GOVERNMENT MINISTRIES/AGENCIES/DEPARTMENTS, NATIONAL ORGANIZATIONS CONT'D

No.	Organizations	Major Programmatic area of support within country	Ministries
12.	Jamaica Cancer Society	• Cancer Control and Prevention Services which includes fixed and mobile screening for cancer of the breast, cervix uteri, and prostate • Public Health Education programmes on cancer of the breast, cervix uteri, prostate, lung, and colon • Counselling and support for newly diagnosed cancer patients and their families	Ministry of Health
13.	Jamaica National Family Planning Board/ Sexual Health Agency	• Enabling Environment and Human Rights • Policy Formulation, Monitoring and Evaluation • Prevention & Outreach	Ministry of Health
14.	National Housing Trust (NHT)	• To increase and enhance the stock of available housing in Jamaica as well as providing financial assistance to the most needy of our Contributors who wish to build, to buy or to repair their homes • To generate funding for the housing construction sector and to promote improved building systems and greater efficiency within the industry	Ministry of Health
15.	Office of Disaster Preparedness and Emergency Management (ODPEM)	• Developing and implementing policies and programmes for the purpose of achieving and maintaining an appropriate state of national preparedness for natural disasters and other emergency events • To encourage and support disaster preparedness and mitigation measures in all parishes in association with Local Government authorities, community based organizations and private and voluntary agencies • Providing early warning, emergency response, relief and recovery operations in emergency situations • Advocating and supporting risk reduction measures • Providing training in all areas of disaster management • Promoting a greater national awareness for disaster management issues through public education and awareness • Conducting hazard identification and risk assessments • Conducting research in social behaviour in relation to disaster mitigation and response • Establishing and maintaining mutual assistance and co-operation agreements among partner agencies, private sector and international donor organizations	Ministry of Education

GOVERNMENT MINISTRIES/AGENCIES/DEPARTMENTS, NATIONAL ORGANIZATIONS CONT'D

No.	Organizations	Major Programmatic area of support within country	Ministries
16.	**Planning Institute of Jamaica**	• Initiating and coordinating the development of policies, plan and programmes for the economic, financial, social, cultural and physical development of Jamaica • Advising the Government on major issues relating to economic, environmental and social policy	Ministry of Finance and Planning
17.	**Port Authority of Jamaica (PAJ)**	• To regulate and develop Jamaica's port and shipping industry • To ensure the safety of all vessels navigating the ports of entry and regulation of the tariffs charged on goods passing through the public wharves	Office of the Prime Minister
18.	**Road Safety Councils**	• To develop and implement road safety promotional activities and conduct public education programmes • To act as a lobby group for the promotion of road safety	Ministry of Road Transport and Highways (MORTH)
19.	**Statistical Institute of Jamaica**	• To collect, compile, analyse, abstract and publish statistical information relating to the commercial, industrial, social, economic and general activities and condition of the people • To collaborate with public agencies in the collection, compilation and publication of statistical information including statistical information derived from the activities of such agencies • To take any census in Jamaica; and generally, to promote and develop integrated social and economic statistics pertaining to Jamaica and to coordinate programmes for the integration of such statistics, in accordance with the provisions of the Statistics Act	Ministry of Economic Growth and Job Creation

ANNEX 5. PAHO STRATEGIC PLAN

Strategic Priorities	Focus Area
1. Communicable diseases	1. HIV/AIDS and STIs 2. Tuberculosis 3. Malaria and other vector-borne diseases (including Dengue and Chagas) 4. Neglected tropical and zoonotic diseases 5. Vaccine preventable diseases (including maintenance of polio eradication) 6. Antimicrobial resistance 7. Food safety
2. Noncommunicable diseases	1. Noncommunicable diseases and risk factors 2. Mental health and substance use disorders 3. Violence and injuries 4. Disabilities and rehabilitation 5. Nutrition
3. Determinants of health and promoting health throughout the life course	1. Women, maternal, newborn, child, adolescent and adult health, and sexual and reproductive health 2. Aging and health 3. Gender, equity, human rights and ethnicity mainstreaming 4. Social determinants of health 5. Health and the environment
4. Health systems	1. Health governance and financing, national health policies, strategies and plans 2. People-centred integrated health services 3. Access to medical products and strengthening regulatory capacity 4. Health systems information and evidence 5. Human resources for health
5. Health emergencies	1. Infectious hazard management 2. Country health preparedness and the International Health Regulations (2005) 3. Health emergency information and risk assessment 4. Emergency operations 5. Emergency core services 6. Disaster risk reduction and special projects 7. Outbreak and crisis response
6. Corporate services / Enabling functions	1. Leadership and governance 2. Transparency, accountability and risk management 3. Strategic planning, resource coordination and reporting 4. Management and administration 5. Strategic communications

Source: PAHO – Planning Budget 2018/2019 presentation

ANNEX 6. IMPLICATIONS FOR PAHO/WHO CCS 2017-2022, JAMAICA

Types of Implications considered – Political, Technical, Administrative

Priority	Focus Areas	Type of Implication	Country Office	Sub regional (Caribbean)	Regional	Global	Remarks
Strategic Priority 1 The resilience [5] of health systems strengthened within the framework of universal health.	**1.1** Strengthen stewardship and governance to expand equitable access to quality, people centred health services.	Technical 80% Political 20%	Has the capacity to oversee the implementation	Expertise needed: • Alignment with CCH4 and SCS • Caribbean Regulatory System • Health Technology assessment working group	Expertise needed: • HSS technical support • Guidelines, standards, norms, and tools • Health Sector Reform • Venn List		Funds to be allocated in BWP
	1.2 Develop and implement a strategy for supporting sustainable Human Resources for Health.	Technical 80% Political 20%	Has the capacity to oversee the implementation	Expertise needed: • Alignment with HRH issues in the Caribbean • Capacity building • Collaboration with Educational Institutions	Expertise needed: • Technical support for capacity building and strategic planning	Expertise needed: • Specialised nurses • Code of practice on international recruitment • Normative support	Funds to be allocated in BWP
	1.3 Strengthen information systems for health to support evidence based decision making.	Technical 70% Political 20% Admin 10%	Has the capacity to oversee the implementation	Expertise needed: • Coordination and implementation of the Caribbean Plan for Information Systems for Health • Facilitating lessons learnt across the Caribbean • Caribbean Technical Working on IS4H • Monitor the implementation of IS4H	Expertise needed: • Policy development, standards, assessment tool, capacity building • Mobilising political commitment for IS4H • Networking through Relacsis		Need to mobilise funding for specific expertise

ANNEX 6. IMPLICATIONS FOR PAHO/WHO CCS 2017-2022, JAMAICA CONT'D

Priority	Focus Areas	Type of Implication	Country Office	Sub regional (Caribbean)	Regional	Global	Remarks
	1.4 Define and implement mechanisms for sustainable health financing.	Technical 60% Political 30% Admin 10%	Has expertise to oversee the implementation but will need support from national or regional consultants	Expertise needed: • Linking to the health financing initiatives in the Caribbean • Facilitating experiences or sharing lessons learnt • Advocacy on investment in health with MOH and MOF	Expertise needed: • Technical expertise • Strategies, models, and capacity building • Facilitating lessons learnt from global and regional level		Funds to be allocated in BWP
Strategic Priority 2: An inclusive healthy life course approach to address the health needs of the population advanced.	**2.1** Accelerate and scale-up the implementation and monitoring of the National Plan of Action for NCDs and their risk factors, and mental health which includes substance use disorders.	Technical 80% Political 5% Admin 15%	Has the capacity to oversee the implementation	Expertise needed: • Alignment with CCH4 and SCS • Monitoring of the Port of Spain Declaration	Expertise needed: • Forensic Mental Health Plan • Taxation on sugar sweetened beverage • Cancer Registry • Findings of the Investment case • CARMEN network • Integration of mental health into PHC • Substance Abuse • Technical expertise to implement the Regional Action Plan	Expertise needed: • NCDs	Funds to be allocated in BWP and will to continue the external mobilisation for NCDs Collaborating with the UN through the CIP

ANNEX 6. IMPLICATIONS FOR PAHO/WHO CCS 2017-2022, JAMAICA CONT'D

Priority	Focus Areas	Type of Implication	Country Office	Sub regional (Caribbean)	Regional	Global	Remarks
	2.2 Strengthen the capacity for the prevention and control of CDs including HIV, TB, viral hepatitis, vaccine preventable diseases, emerging and re-emerging diseases and address AMR.	Technical 80% Political 5% Admin 15%	Technical expertise needed in the certain areas	Expertise needed: • AMR, EMTCT, legionella	Expertise needed: • Communicable diseases and health analysis	Expertise needed: • Emerging and re-emerging diseases	Funds to be allocated in BWP
	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.	Technical 60% Political 25% Admin 15%	Technical expertise needed in the certain areas and will need to hire consultants	Expertise needed • Technical expertise on HIV	Expertise needed: • Older persons (Healthy Aging) Workers Health • Adolescent Health • Maternal and Child Health	Expertise needed: • Healthy Aging • Workers Health	Need external support for men's health

ANNEX 6. IMPLICATIONS FOR PAHO/WHO CCS 2017-2022, JAMAICA CONT'D

Priority	Focus Areas	Type of Implication	Country Office	Sub regional (Caribbean)	Regional	Global	Remarks
	3.2 Generate and utilise evidence on social and economic determinants of health and health in-equities to guide policies and programmes	Technical 80% Political 10% Admin 10%	Some capacity at country level but will need to hire national and regional consultants		Expertise needed: • Translation of research into action • Methodology and protocol and propos-al development	Expertise needed: • COCHRANE	UWI, Mona campus is a member of COCHRANE
	3.3 Enhance the capaci-ty to prevent and respond to violence and injuries to reduce the impact on health utilising an inter-sectoral approach.	Technical 80% Political 5% Admin 15%	Some capacity at country level will need to hire expertise at the national level		Expertise needed: • Older persons (Healthy Aging) • Workers Health • Adolescent Health • Maternal and Child Health		Funds to be allocated in BWP
Strategic Priority 3: An integrated approach to address the social and economic determinants of health and health equity in support of sustainable development promoted.	**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.	Technical 70% Political 15% Admin 15%	Limited capacity and consultants will need to be hired		Expertise needed: • INOV8 • Guidance and capacity building	Expertise needed: • INOV8	Jamaica is to become a member of the PAHO Equity Commission Collaborating with the UN

ANNEX 6. IMPLICATIONS FOR PAHO/WHO CCS 2017-2022, JAMAICA CONT'D

Priority	Focus Areas	Type of Implication	Country Office	Sub regional (Caribbean)	Regional	Global	Remarks
Strategic Priority 4: The environmental determinants of health addressed to build resilient communities.	**4.1** Increase the capacity of the health sector to implement health mitigation and adaptation measures in response to climate change.	Technical 80% Political 5% Admin 15%	Some capacity at country level will need to hire consultants	Expertise needed: • Climate change SMART Health Care Facilities	Expertise needed: • National Plan of Action for Climate Change for the Health Sector development • National Survey for Climate Change Profile for Health development		Funds to be allocated in BWP; Funding provided by DFID 2016 - 2020; Collaborating with the UN; Seeking external funding from other agencies
	4.2 Strengthen the multi-sectoral framework for all hazard emergencies and disaster risk management including meeting the requirements of the IHR.	Technical 80% Political 10% Admin 10%	Has the capacity to oversee the implementation	Expertise needed: • Technical resources	Expertise needed: • Technical and financial resources		Funds to be allocated in BWP from PAHO; Global Affairs Canada
	4.3 Support the "Integrated Management Strategy for Vector Control" to respond to associated emerging and re-emerging diseases.	Technical 80% Political 10% Admin 10%	Has the capacity to oversee the implementation	Expertise needed: • Technical resources	Expertise needed: • Technical and financial resources	Expertise needed: • INOV8	Funds to be allocated in BWP from PAHO

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas