

Jamaica

Jamaica is situated in the Caribbean Sea. Since 1962 Jamaica has been an independent state within the Commonwealth of Nations. The island is governed by parliamentary democracy patterned off the Westminster-Whitehall model. By virtue of its location, the island is prone to natural disasters, mainly hurricane¹. The official language of Jamaica is English. The public sector is the foundation of the health system, supplemented by a loosely regulated private sector. The Ministry of Health (MoH) has undertaken reforms, decentralising the health system in 1997. As part of the reform, the Ministry of Health is to provide a policy making, steering and regulatory role². The decentralisation of the health system involved the establishment of four Regional Health Authorities. Responsibility for the management and delivery of services rests with the decentralized Regional Health Authorities (RHAs)².

Key Country Indicators

Total population 2009	2,719,000 ³
Aged under 15 (%) 2010	29 ³
Annual growth rate 1999-2009	0.7 ³
Total health expenditure (% of GDP)	5.1% ³
General government expenditure on health as % of total expenditure	55.8% ³
Private expenditure on health as % of total expenditure on health	44.2% ³
World Bank income level	UMI
HDI ranking	79

MDG 5 Indicators

Maternal Mortality ratio (per 100,000 live births) 2008	89 ⁴
Proportion of birth attended by skilled personnel (%) 2008	98 ⁴
Contraceptive prevalence rate (modern methods) (%) 2003	69 ⁴
Adolescent fertility rate (births per 1,000 women aged 15-19) 2006	60 ⁴
Antenatal care coverage (%) 2008	
At least 1 visit	99 ⁴
At least 4 visits	87 ⁴
Unmet need for family planning (%) 2003	11.7 ⁴

Other Maternal Reproductive Health Indicators

Total fertility rate (per woman) 2009	2.4 ⁴
Urban-rural births attended by SBA 2005	99-94 ³
Births by caesarean section (%) 2008	15 ⁴
Stillbirth rate (per 1000 total births) 2009	13 ⁴
Low birth weight (% < 2500grams 2010) 2009-2009	12 ³
Contraceptive prevalence, among women aged 15-19 (%) 2008	26.1 ⁴
Youth Sexually Active % 2001 ¹¹	
15-19yrs	73.7
10-14yrs	9.5
Pap Smear % ¹²	
15-24yrs. - never had a pap smear	28.7
25-54 yrs. - had one in the last 12 months (approx)	20
65-74yrs. - had one in the last 12 months	>10

Maternal and Reproductive Workforce Density*

No. Doctors	2,253 ⁴
Doctor density (per 10 000 population) 2003	8.5 ⁴
No. Nursing and midwifery personnel 2003	4 374 ⁴
Nursing / midwifery personnel (per 10 000 population) 2003	16.5 ⁴

HRH Shortages

Estimated total no. of nurses working in the OECD	31 186 ⁵
Estimated expatriation rates of nurses from Jamaica to OECD	87.7
Estimated total No of Drs working in the OECD	2 114
Estimated expatriation rates of Doctors	48.4
Shortage estimates for 2015 ⁶	-3.06
Doctors (Density per 1,000 population)	
Nurses and midwives (Density per 1,000 population)	-7.03
This represents a surplus of staff	

Task Shifting / Task Sharing Activities

Role of Community Midwife - Since the 1970s, the community midwife's role was expanded to include - provision of family planning, antenatal, post-natal and child welfare services as well as attending home births. Deploying community-based skilled attendants helped win public confidence for women to make the transition to skilled care toward institutional care⁷.

Expanding the role of nurse practitioners - A nurse practitioner programme was established in Jamaica in the 1970s when it became clear that health centres which provided curative as well as preventive care could not be met by medically-trained personnel alone. Through the training nurses were able to diagnose and treat certain common disorders⁸.

The Community Health Aide (CHA) program

This was introduced in 1967, addresses maternal and child health needs in the community. The ratio of CHAs to households is: 1:500 households⁹. The role of CHAs has become increasingly formalised, with a salary structure and promotional opportunities. The job description of CHAs have also become formalised. CHAs have become unionised and also have the same benefits as nurses. CHAs have campaigned to be included in the nursing category¹⁰.

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<http://en.wikipedia.org/wiki/Jamaica>

Key Maternal and Reproductive Health Programs

Safe Motherhood Initiative

The Ministry of Health Safe Motherhood Initiative aims at improving the well-being of women and children, through increasing accessing to contraceptives, ensuring access to skilled care at the time of birth and providing timely access to quality emergency obstetric care.

National HIV/STI Control Programme

The Programme collaborates with other stakeholders, including other government ministries and agencies, and civil society organisations and the business sector to reduce the transmission of new HIV infections¹³.

HRH Education and Training

Nursing Midwifery: The Nursing Council of Jamaica has accredited 8 general nursing, 5 midwifery training (basic/post-basic) and 4 assistant nursing institutions¹⁴.

Medicine: University of West Indies and All American School of Medical Sciences offer a 5 yr MBBS.

HRH Registration

The Nursing Council of Jamaica operates under the Nurses and Midwives Act of 1964. The Council as the Regulatory body registers or enrolls nurses, midwives and assistant nurses upon successfully completing the Council's qualifying examinations. With registration of the general trained nurse and Midwife and enrolment of the assistant nurse, their titles are as follows: Registered General Nurse (RGN), Registered Midwife (RM), Enrolled Assistant Nurse (EAN)¹⁵. Medical Council of Jamaica is the body responsible for regulating and registering doctors but some issues have been found with accuracy of records¹⁶.

Maternal and Reproductive Health Policies

Reproductive, maternal health service indicators in National Health Policy (2006-2015) and Strategic Plan (2006-2010):

- No. of antenatal visits per women% of pregnant women delivered by trained personnel
- Hospital discharge/10,000 population for maternal morbidity
- Maternal mortality ratio
- % low birth weight babies
- % babies exclusively breastfed: 6 weeks and 12 weeks
- % low weight for age (0-59 months)
- % above weight for age (0-59 months)
- Hospital discharge/10,000 population for morbidity among: 0-4 years and 10-19 years
- Still birth rate
- Mortality rates: Infant, under 5 and 10-19 years
- Contraceptive prevalence rates
- Total Fertility rate- Total number of condoms available

Service Delivery

Public Sector

Hospitals 23

Type A: Regional General Hospitals 3
Including Casualty/Emergency (24 hour), Gynaecology; Obstetrics. Of the three, one offers specialized obstetrics services and another specializes in child's services¹⁷

Type B: General Hospitals 4

Including Casualty/Emergency (24 hour), Gynaecology; Obstetrics: inpatient and outpatient services in general surgery, internal medicine, obstetrics and gynaecology, and paediatrics, and support referrals from type C facilities¹⁷

Type C: Parish Hospitals 11

Including Casualty, Obstetrics: general outpatient and inpatient services, and refer complex cases to type A and B facilities¹⁷

Specialist Hospitals 5

Four specialist hospitals are located in the capital, Kingston :

- 250-bed Victoria Jubilee women's hospital, which provides services for obstetric and gynecological patients
 - 236-bed Bustamante Hospital for Children
 - 100-bed National Chest Hospital
 - 40-bed Hope Institute (an oncology hospital), and 70-bed Sir John Golding Rehabilitation Centre
- One specialist hospital is located in Montego Bay¹⁸

Public Health Centres 348

Type 1 centres - Basic maternal and child health, nutrition, immunisation, and family planning services. Staffed by a midwife and community health aide¹⁹

Type 2 centres -Health promotion and illness prevention, surveillance and disease control, curative Services, dental services²⁰. Staffed by a public health nurse¹⁹

Type 3 centres - As in type 2 centres, plus health promotion/education, dental health, STD's services, specific specialist services in selected clinics, e.g. Child Guidance, laboratory services²⁰

Type 4 centres - Administer parish health programs, offer specialist services, including STD treatment and more complex family planning services. They include community hospitals and rural maternity centers¹⁹.

Type 5 centres - As in type 3 centres plus rape unit, child guidance, specialist STD services and other services²⁰

Non-State Sector 10

Private Hospitals (approx)

Bed capacities range from 20 to 50. Supported by nearby laboratory and radiological facilities¹⁸.

Private GPs Provide various services²¹. (approx) 2 000

NGOs

Jamaica Family Planning Association (FAMPLAN): provides family planning and information, advocates for sex education in school and implements a programme to integrate HIV/sexually transmitted infection (STI) prevention into its family planning services, through training clinical and outreach staff.

VOUCH: provides pre-natal clinics²².

Women's Resource Outreach Centre (WROC): promotes the wellbeing of women and children, provides specialized clinic on women's reproductive health that is provided on a monthly basis²³.

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*The World Health Report 2006 suggests the threshold staffing levels needed to provide a minimum desired level of coverage is 2.28 (usually rounded up to 2.3) doctors, nurses and midwives per 1,000 population. The need is comprised of 0.55 doctors, based on Scheffler et al.²⁴ arcsine-log regression model, resulting in 1.73 nurses and midwives.

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