CRC 1342 | No. 22

Social Policy Country Briefs

Jamaica

Elsada Diana Cassells

The Health Care System in Jamaica

Global Dynamics of Social Policy CRC 1342

DFG Deutsche Forschungsgemeinschaft

Elsada Diana Cassells
The Health Care System in Jamaica
CRC 1342 Social Policy Country Briefs, 22
Edited by Gabriela de Carvalho and Antonio Basilicata
Bremen: CRC 1342, 2022

SFB 1342 Globale Entwicklungsdynamiken von Sozialpolitik /
CRC 1342 Global Dynamics of Social Policy

A04: Global developments in health care systems and long-term care as a new social risk

Contact: crc-countrybrief@uni-bremen.de

Postadresse / Postaddress:
Postfach 33 04 40, D - 28334 Bremen

Website:
https://www.socialpolicydynamics.de

[DOI https://doi.org/10.26092/elib/2024]
[ISSN 2700-4392]

Funded by the Deutsche Forschungsgemeinschaft
(DFG, German Research Foundation)
Projektnummer 374666841 – SFB 1342

Elsada Diana Cassells

The Health Care System in Jamaica

CRC 1342
No. 22

The Health Care System in Jamaica

Elsada Diana Cassells*

Content

* Purchase College, State University of New York, diana.cassells@purchase.edu

1. Country Overview

Source: https://ontheworldmap.com/jamaica/ (Accessed: May 17, 2021)

- Sub-Region: Caribbean
- Capital: Kingston
- Official Language: English
- Population size: 2,961,167 (UNdata 2021; 2020 value)
- Share of rural population: 44% (UNdata 2021; 2019 value)
- GDP: 16.458 Billion USD (World Bank 2021; 2019 value)
- Income group: Upper Middle Income (World Bank 2021)
- Gini Index: 45.5 (World Bank 2021; 2004 value)
- Colonial period: 1509-1655 (Spanish colony) (CoW 2021); 1655-1962 (British colony) (CoW 2021)
- Independence: 1962 (CoW 2021)

2. Selected Health Indicators

Indicator	Country	Global Average
Male life expectancy (2019)	72.9	70.6
Female life expectancy (2019)	76.1	75.0
Under-5 mortality rate (2019)	13.9 per 100,000 live births	37.7 per 100,000 live births
Maternal mortality rate (2017)	80 per 100,000 live births	211 per 100,000 live births
HIV prevalence (2019)	1.4% (15-49 age range)	0.7% (15-49 age range)
Tuberculosis prevalence (2019)	3.2 per 100,000 people	130 per 100,000 people

Source: World Bank (2021)

3. Legal Beginning of the System

Name and type of legal act	The Public Hospital Act (regulatory)
Date the law was passed	December 12, 1862
Date of *de jure* implementation	Not found
Brief summary of content	The goal of the act was to introduce the regulatory framework for the management of the public hospital and asylum. It also established the code of conduct for medical personnel.
Socio-political context of introduction	The 1850s cholera epidemic that ravaged the Caribbean, killing an estimated 10% of the population forced the colonial government to place healthcare on the agenda. In addition, global discussions about the state of healthcare in the British empire, highlighted Jamaica's "most cruel and revolting crimes" against mentally ill patients (Jones 2008). The British government, and the colonial political directorate were the key policy actors involved.

4. Characteristics of the System at Introduction

a. Organisational structure

- At introduction, the healthcare system was highly fragmented. It was a collection of disparate entities – dispensaries, asylums, hospitals - that provided care to subsets of the Jamaican population in the years after emancipation in 1838 (McCaw-Binns & Moody 2001).
- Regional Allocation: In 1867 a Central Board of Health worked in tandem with local parish-based municipal boards of health (Marsala 1967).
- Eligibility/entitlement: British citizens, indentured servants from India, and slave descendant population.
- Coverage: No information on insurance schemes.

Percentage of population covered by government schemes	negligible
Percentage of population covered by social insurance schemes	--
Percentage of population covered by private schemes	--
Percentage of population uncovered	majority

A negligible portion of the population was served by this rudimentary healthcare system. Overtime domestic initiatives such as the establishment of the Island Medical Services program in the country, increased the scope of coverage.

b. Provision

There is not much information about the provision of services. Frequent reports point to attrition of medical practitioners after 1838. In 1861, there were about 50 doctors in Jamaica (Jones 2008).

c. Financing

- At the outset, the governor allocated £3000 to finance the system (Marsala 1967). For the most part, the HCS was funded largely by taxation.
- Other financing came from external actors such as the Rockefeller Foundation in the early 1900s (Altink 2017).

d. Regulation

- The colonial government had direct control over and responsibility for healthcare.
- The Central Board of Health of Jamaica (CBHJ) was a legally constituted entity to oversee the medical and administrative aspects of the HCS (Law No. 6 of 1867).
- CBHJ had the responsibility for appointing medical officers and health inspectors. It had regulatory authority to assess penalties for health and sanitation violations.

5. Subsequent Historical Development of Public Policy on Health Care

a. Major reform I

Name and type of legal act	National Insurance Act
Date the law was passed	April 4, 1966
Date of *de jure* implementation	October 1, 1970
Brief summary of content	This law established the criteria for employer-employee health compensation packages. It was a national insurance and social security legislation stipulating health care financing and compensatory benefits for pensioners, orphans, surviving spouses, and the disabled.
Socio-political context of introduction	Social, political, and economic constraints were the main drivers of this policy. The threat of post-independence labour unrests brought government policy makers, labour unions and private employers set the agenda.

b. Major reform II

Name and type of legal act	National Health Services Act
Date the law was passed	October 1, 1997
Date of *de jure* implementation	1997
Brief summary of content	This law decentralized the healthcare system by repealing the Hospital Act of 1862. It established regional health authorities as administrative entities, redirecting control of the healthcare system from Ministry of Health (MOH). It created four semi-autonomous regional health authorities (RHAs), which were tasked with oversight of the medical, technical, and non-medical aspects of healthcare.
Socio-political context of introduction	Decentralization was driven largely by economic concerns, need for improved healthcare financing, and meeting the mandates of the MDGs.

c. Major reform III

Name and type of legal act	National Health Fund Act
Date the law was passed	April 1, 2003
Date of *de jure* implementation	November 28, 2003.
Brief summary of content	Established the National Health Fund (NHF), a contributory health insurance system. It augmented health care financing and established framework for universal health coverage for all Jamaicans.
Socio-political context of introduction	The creation of the NHF facilitated the strengthening of health care accessibility. Rising incidences of non-communicable diseases presented a challenge for achieving compliance with MDGs. From the onset the mandate of the NHF was to "provide financial support to the national healthcare system to improve its effectiveness and the health of the population" (Ministry of Health of Jamaica 2021).

6. Description of Current Health Care System

a. Organisational structure

- Centralization of HCS system: The system is decentralized.
- The National Health Services Act of 1997 empowers the health minister "from time to time, prepare a scheme or schemes for the establishment and management of one or more regional health authorities" (Article. 3).
- Article 9 of the 2003 Health Fund Act states that budgetary allocations, special consumption tax on tobacco and alcohol products, payroll contributions, loans, gifts, and donor contributions as funding sources for financing the healthcare system (Chao 2013).
- Segmentation by population: The NHF provides user-fee free universal coverage. However, a portion of the population pay up to 17% out of pocket cost, while the privately insured make up less than 20% of users (Planning Institute of Jamaica 2019).
- Eligibility: All persons resident in Jamaica (National Health Fund Act, article 7).
- Coverage: Universal coverage, with less than 20% of the population covered by private insurance.

Percentage of population covered by government schemes	Majority
Percentage of population covered by social insurance schemes	Some share
Percentage of population covered by private schemes	Some share
Percentage of population uncovered	negligible

b. Provision

Indicator	Value	Source
Physician density (per 1,000 inhabitants)	1.7	World Bank 2021; 2017 value
Nurses' and midwives' density (per 1,000 inhabitants)	1.33	STATINJA 2018
Hospital beds density (per 1,000 inhabitants)	1.77	WHO 2021
Hospital beds in public institutions (number)	4865	STATINJA 2018
Hospital beds in private institutions (share of total hospital beds)	25%	Chao 2013

c. Financing (as percentage of current GDP)

Indicator	Value	Source
Total expenditure for health	6%	Planning Institute of Jamaica 2019
Domestic General Government Health Expenditure	64.7%	Planning Institute of Jamaica 2019
Private Expenditure on Health	33.3%	Planning Institute of Jamaica 2019
Out-of-pocket Expenditure	17.2%	Planning Institute of Jamaica 2019
External Health Expenditure	2%	Planning Institute of Jamaica 2019

d. Regulation of dominant system

The Ministry of Health and Wellness formulates and executes the safety and regulatory policies and processes of the healthcare system. Statutory regulatory bodies: Medical Council of Jamaica, Nursing Council of Jamaica, Pharmacy Council of Jamaica, and Dental Council of Jamaica have jurisdiction over named professional areas. Medical professionals are required to be maintain registration with their respective professional bodies.

The Standards and Regulation division of the health ministry oversees safety of drugs and health products; develops guidelines regarding healthcare practice; dispute resolution; as well as investigates and enforce them.

The UHC program offers comprehensive benefits based on age, degree of illness and residency status: the NHF Card covers all persons, with special provision for 17 chronic illnesses. Prescription during assistance is available for persons over age 60 under the Jamaican Fund for the Elderly Program (JADEP) Card program. The Government of Jamaica (GOJ) Health Card provides access to vital, essential and necessary pharmaceuticals and public health facilities to all Jamaicans as well as other persons resident in Jamaica (Ministry of Health of Jamaica 2021).

7. Co-existing Systems

While the NHF provides universal coverage, under 20% of the population possess either self or job finances insurance coverage (Chao 2013).

a. Role of global actors

From the onset global actors have been key participants in providing and financing healthcare in Jamaica. Presently Jamaica receives healthcare funding from international and hemispheric networks. Global actors include PAHO-WHO, UNICEF, UNAIDS, UNFPA, and the IAEA. The OECD, USAID, the EU and the Global Fund also provide financing.

Global actors participate in capacity building and shaping the healthcare infrastructure. China is currently constructing a children's hospital. Cuba provides medical education as well as cataract surgeries through the Jamaica-Cuba Eye program that has been in place since 2010.

The PAHO/WHO is the most important global actor operating in Jamaica. While religious organizations such as the Catholic and Adventist denominations have long operated clinics and hospitals in Jamaica.

8. List of Additional Relevant Legal Acts

Nurses and Midwives Act of 1966 (regulation of profession)

Professions Supplementary to Medicine Act of 1969 (regulation of profession)

Dental Act of 1974 (regulation of profession)

Pharmacy Act of 1975 (regulation of profession)

Medical Act of 1976 (regulation of profession)

Mental Health Act of 1999 (system expansion legal act)

Caribbean Accreditation Authority (Medicine and Other Health Professions) Act of 2006 (regulation of medical training)

References

Altink, H. (2017). The black scourge? Race and the Rockefeller's tuberculosis commission in interwar Jamaica. *História, Ciências, Saúde-Manguinhos* 24 (4),1071-1087. https://doi.org/10.1590/S0104-59702017000500012.

Chao, S. (2013). Jamaica's Effort in Improving Universal Access within Fiscal Constraints. *UNICO Studies series no. 6*. World Bank. http://hdl.handle.net/10986/13290

Correlates of War Project. (1816–2016). *Colonial/dependency contiguity, 1816–2016 — Correlates of war* (3.1) [Colonial Contiguity Data]. The Correlates of War Project. https://correlatesofwar.org/data-sets/colonial-dependency-contiguity/colonial-dependency-contiguity-1816-2002-v3-0

Jones, M. (2008). The most cruel and revolting crimes: The treatment of the mentally ill in mid-nineteenth-century jamaica. *The Journal of Caribbean History, 42*(2), 290-IX. https://www.proquest.com/scholarly-journals/most-cruel-revolting-crimes-treatment-mentally/docview/211117367/se-2?accountid=14136

Marsala, V. J. (1967). *Sir John Peter Grant, Governor of Jamaica, 1866–1874: An administrative History* (1258 Thesis). LSU Historical Dissertations and Theses. https://digitalcommons.lsu.edu/gradschool_disstheses/1258/

McCaw-Binns, A., & Moody, C. O. (2001). The development of primary health care in Jamaica. *The West Indian medical journal, 50 Suppl 4*, 6–10.

Ministry of Health of Jamaica. (2021). National Health Fund. *Ministry of Health of Jamaica*. Retrieved 25 March 2021 from, https://www.nhf.org.jm/

Ministry of Justice of Jamaica. (2021). Laws of Jamaica. *Ministry of Justice of Jamaica*. Retrieved 26 March 2021 from, https://moj.gov.jm/laws

Planning Institute of Jamaica. (2019). Economic and Social Survey of Jamaica 2019. *Planning Institute of Jamaica*. Retrieved 17 May 2021 from, https://www.pioj.gov.jm/product/economic-and-social-survey-jamaica-2019-overview/

Statistical Institute of Jamaica. (2018). Health Statistics. *Statistical Institute of Jamaica*. Retrieved 17 May 2021 from, https://statinja.gov.jm/Demo_SocialStats/Health.aspx

UNdata. (2021). Jamaica. *United Nations Statistics Division*. Retrieved 17 May 2021 from, https://data.un.org/en/iso/jm.html

World Bank, World Health Indicators. (2021). Jamaica. *World Bank*. Retrieved 17 May 2021 from, https://databank.worldbank.org/source/world-development-indicators

World Health Organization. (2021). Health System Financing. *World Health Organization*. Retrieved 17 May 2021 from, https://www.who.int/data/gho/data/themes/topics/health-financing.