

JAMAICA

NATIONAL PRIORITIES FOR PAHO TECHNICAL COOPERATION

- > Managerial capabilities and efficiency of the Representation and technical cooperation.
- > Healthy lifestyles, including safe sex, physical activity, a healthy diet, prevention of violence, avoidance of smoking and drugs, and the general practice of healthy behaviors.
- > Research initiatives for financing health care.
- > Expansion and improvement of the quality of family planning services counseling and general services in collaboration with the National Family Planning Board to facilitate achievement of the National Population Policy target.
- > Gender policies and activities, competence of management and support services, and physical facilities and equipment.
- > Health sector reform, and the organization, management, financing, and delivery of health services.
- > Disaster preparedness, with an emphasis on disaster planning and simulation exercises.
- > Maternal and child health, with emphasis on reducing maternal mortality to under 10 deaths per 10,000 live births; reduction of perinatal mortality; and the elimination of poliomyelitis and measles.
- > Oral health, with an emphasis on public education and monitoring of the Salt Fluoridation Project.
- > Integration of mental health into primary care services.
- > Public education and nutrition surveillance geared toward improving nutritional status and prevention of chronic diseases, targeting mainly diabetes and hypertension.
- > Veterinary public health, with an emphasis on food-borne disease surveillance.
- > Environmental health, with an emphasis on improving drinking water and reducing air pollution.
- > Environmental quality and improvements in health and human welfare, with an emphasis on monitoring water management, excreta disposal, vector control, marine pollution, and workers health.
- > Occupational/workers health.
- > Enhancement of excreta/sewage/solid wastes disposal.
- > Involvement of nongovernmental organizations in health and epidemiological surveillance, particularly with regard to STD, HIV, dengue, hepatitis B, typhoid and food-borne diseases, tuberculosis, Hansen's disease, and cholera.
- > Human resources development and planning, training the capacities of tertiary institutions, and program planning.

PROJECTS

HEALTH SERVICES AND SYSTEMS DEVELOPMENT

PURPOSE

To strengthen the steering role of the Ministry of Health in the performance of essential public health functions (EPHF) and to gather information supporting the development and implementation of evidence-based policies.

EXPECTED RESULTS

- Evidence-based policies, norms, guidelines and standards formulated for relevant health services.
- New appropriate HR management approaches strengthened, developed, and implemented.
- Support provided for the expansion and reorganization of the MOH information systems (HIS) at the national and subnational levels.
- Partnerships forged for effective health input into social, economic, environmental, and developmental policies.

- Project coordination, monitoring, and evaluation system established for technical cooperation in HSSD.
- Support provided to the family health program through in-service training, social mobilization, and
- The strengthening of health services at subnational levels .

PROMOTION OF HEALTH AND DISEASE PREVENTION AND CONTROL

PURPOSE

To implement health promotion strategies and improve prevention and control programs .

EXPECTED RESULTS

- Advocacy undertaken and partnerships forged to ensure provision of political, technical, and financial support for health promotion, prevention, and disease control.
- Planning, coordination, monitoring and evaluation system established for technical cooperation in health promotion and disease prevention and control.
- Evidence formulated for promoting health and disease prevention, considering different stages of the lifecycle, gender issues, and equity.
- Human resources developed and strengthened in the areas of health promotion and disease prevention and control (capacity building).
- Preventable immuno disease programs optimized.

ENVIRONMENTAL HEALTH AND DISASTER MANAGEMENT

PURPOSE

To develop and implement strategies to enable the health sector, in cooperation with other sectors, to achieve safe, sustainable, and health-enhancing physical and human environments .

EXPECTED RESULTS

- Advocacy undertaken and partnerships forged to provide political, technical, and financial support for safe, sustainable, and health-enhancing physical settings.
- Policies, norms, and standards formulated in the areas of physical environment, services and systems, settings and population in order to promote equity, prevent disease, reduce vulnerability to disasters, and improve quality of life.
- Support provided to the health sector (MOH, MOW, MOE, MLGY and CD, MOA) in human resources development.
- Capacities strengthened in environmental health and disaster management in order implement strategies and action plans.
- Impact assessment undertaken of technology options and operational methodologies for environmental health and disaster management.
- Planning, coordination, monitoring and evaluation system established for technical cooperation in environmental health.

COORDINATION OF PROGRAM SUPPORT (OFFICE MANAGEMENT)**PURPOSE**

To ensure greater efficiency and effectiveness in the delivery of technical cooperation to the Ministries of Health in Jamaica, the Cayman Islands, and Bermuda and to other stakeholders.

EXPECTED RESULTS

- Planning, coordinating, monitoring, and evaluating systems established for technical cooperation.
- Program for Jamaica, Bermuda, and the Cayman Islands.
- Knowledge and skills of staff and infrastructure of representation improved.
- The capacity of the Representation strengthened to reduce its vulnerability to natural disasters.

RESOURCES (US\$)

		Regular budget	Other sources	All funds
Total 2002-2003		3,184,000	268,500	3,452,500
Total 2004-2005		3,068,500	-	3,068,500
Percentage of estimated expenditure	Country program support	41%	-	41%
	Intersectoral action and sustainable Development	12%	-	12%
	Health information and technology	1%	-	1%
	Universal access to health	21%	-	21%
	Disease control and risk management	20%	-	20%
	Family and community health	5%	-	5%