Universal Coverage in Jamaica

Dr. Michael Coombs
Chief Medical Officer, Jamaica

Overview

- Definition
- Historical context
- Health financing
- Challenges in Achieving Universal Coverage
- Strategies to Move towards Universal coverage

Definition

- "Universal healthcare" or "universal coverage" refers to a scenario where everyone is covered for basic healthcare services, and no one is denied care as long as they are legal residents in the geography covered.

Definition

- Note subtle differences between access and coverage
  - Coverage: the share of a population **eligible** (beneficiaries) for a set of interventions
  - Access: how much a population can **reach** health services

Historical Context

- **1962 to 1972-** The building of the Cornwall Regional Hospital (CRH).
- **1972 to 1980-** A new policy to accommodate women and infants attending maternal and child health clinics produced improvements in the immunization status of children.
- New Primary Health Care initiatives including:
  - An expansion in the role of the district midwife to include immunization in the health sector, in addition to doing home deliveries
  - The expanded role of the nurse to include the nurse practitioner
  - A National breast feeding campaign (breast is best) and
  - Strong community participation in health care at the health centre level through community health committees
  - Providing universal access to basic primary health care throughout Jamaica through the establishment of a strong network of health centres each serving specific catchment populations.

Historical Context

- **1980 to 1989-**
  - Introduction of oral rehydration salts for the treatment of children with diarrhoeal diseases, thus reducing mortality rates
  - Significant improvement in water quality through better chlorination and monitoring of water supply systems
  - Salt fluoridation to reduce tooth decay in the child population.

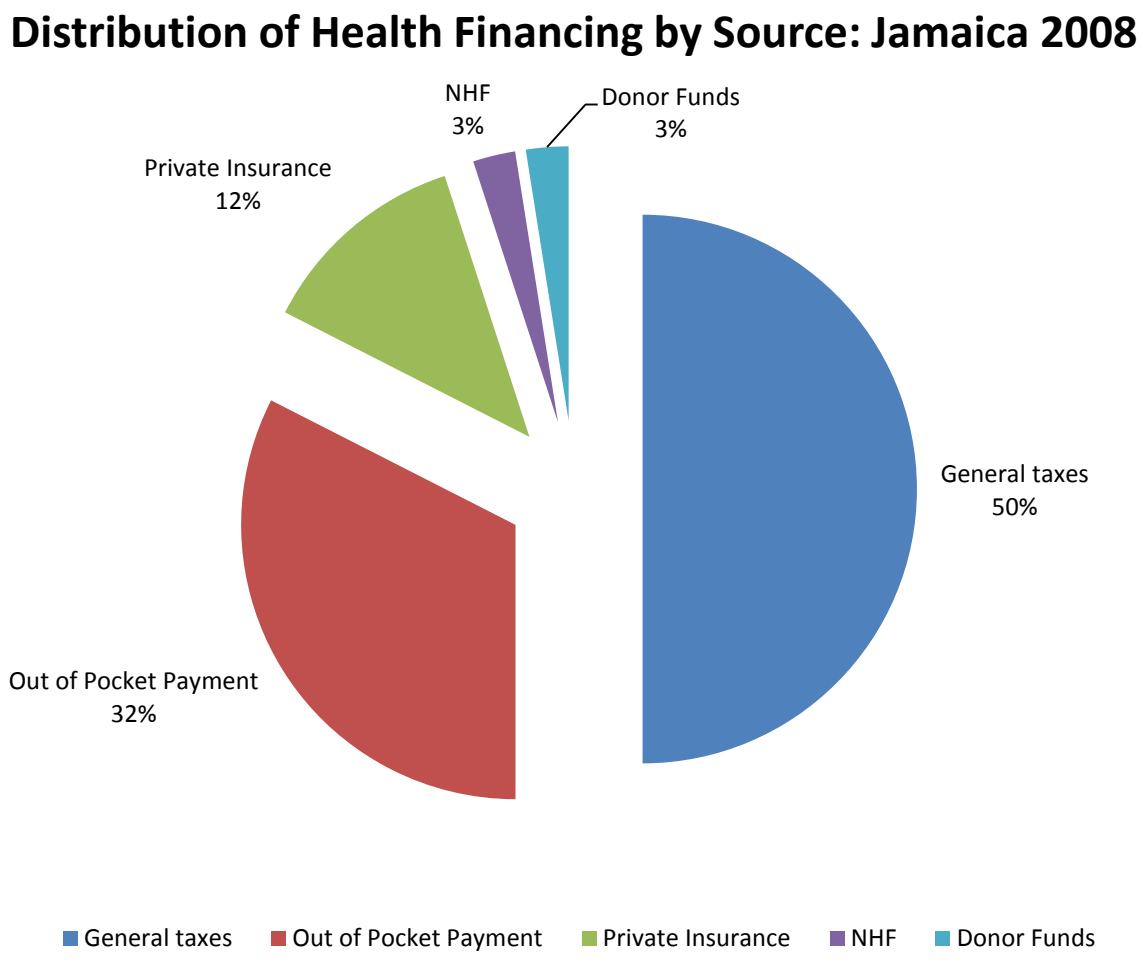
Historical Context

- **1989- 2012**
  - New methods of financing the health sector in the creation of the National Health Fund
  - Subsidized pharmaceuticals for elderly patients (JADEP)and for patients with certain chronic diseases
  - Major upgrading of the health infrastructure- physical and equipment,
  - The removal of user fees for services in the public sector

Health Financing in Jamaica

- Jamaica has an integrated health financing model as set out below:
  - General taxation
  - Private insurance
  - User fee (Out of Pocket)
  - Drug Fund
  - Donor Funds

Health Financing Distribution



Health Financing Summary: NHA Jamaica

Percent	'95	'99	'03	'08
THE/GDP	3.6	4.7	4.6	4.6
GHE/THE	52.6	50.3	50.6	50
PHE/THE	47.4	49.7	49.4	50
GHE/GGE	5.4	5.6	4.5	5.6
PvtIns/PHE	30.2	25.1	30.8	25.6
OOP/PHE	61.9	69.5	64.7	71

User Fees in Jamaica

Type of GOJ Intervention	Time period/ Year
Revised Fees	1968
Removed	c.1975
Reintroduced	1984
Adjusted Upwards	1993
Adjusted Upwards	1999
Adjusted Upwards	2005
Removed for children under 18 years	May 2007 to March 2008
Abolished for all public patients	April 2008 to ??

A Look at Utilization

	2003	2004	2005	2006	2007	2008	2009	2010	2011
Admissions to hospitals	179,284	181,695	178,541	174,704	180,438	192,798	192,826	189,893	195,483
Pharmacy patients seen at health centres	159,292	153,846	153,609	169,497	152,259	186,787	336,677	332,266	288,567
Pharmacy items dispensed at health centres	366,744	311,277	307,603	339,793	339,793	416,048	862,430	829,401	806,825
Pharmacy patients seen at hospitals	576,700	523,206	492,083	518,377	542,883	689,292	875,238	730,502	905,476
Pharmacy items dispensed at hospitals	1,319,245	1,077,712	1,101,927	1,176,453	1,307,274	1,773,461	2,236,050	1,869,560	2,261,844
Surgeries Performed	38,530	38,103	35,154	42,071	38,844	40,753	43,050	38,564	39,346
Visits to Health Centres	1,586,630	1,535,530	1,514,580	1,529,481	1,496,733	1,746,290	1,946,398	1,897,922	1,856,512
Lab tests performed	1,793,964	1,892,526	2,004,054	1,987,628	2,774,897	3,522,039	4,005,045	4,855,775	5,645,050
X-Ray Procedures	288,217	300,402	266,921	245,006	311,032	317,694	317,924	280,632	314,875

A Look at Utilization

- Over the last 10 years there has been a steady increase in all major service areas
- Areas of greatest increase are:
  - Diagnostic Services (314%)
  - Pharmacy (71%)

Challenges on the Road to Universal Coverage

- Weak Macroeconomic outlook
  - Spending cuts associated with IMF conditionalities
  - Staff rationalization
  - Retrenchment of donor funds for key programmes
  - Lack of a concise road map/ policy towards achieving Universal coverage

Challenges on the Road to Universal Coverage

- Health System Challenges
  - Lack of an appreciation for an integrated health service delivery system
  - Disconnect from a strategic perspective between the private and public sector
  - Lack of a comprehensive health financing plan to include costing of an essential package of services

Challenges on the Road to Universal Coverage

- Human Resource capacity:
  - There is an aging staff cadre (1970s)
  - This has resulted in increase staff costs because of inefficient employment arrangements
  - A Manpower plan needs to be developed to link staffing needs with current and future demand trends

Strategies to Move towards Universal Coverage

- Government Policy is to strengthen Primary health care
- Rationalization of Pharmaceutical services
- Engaging the Private sector for partnership opportunities to increase access and efficiency
- Rationalization of the staff cadre

Outcome amidst challenges

- Using 2007 data
  - $357 per capita spent on health care (in international dollar unit)
  - This represented 4.7% of GDP
  - Healthy Life expectancy at birth (HALE) was 64 years
  - Under 5 mortality rate was 31 per 1000

THANK YOU