

With a land area of 11,424 km², Jamaica is the largest English-speaking country in the Caribbean Sea. It is located 150 km south of Cuba and 160 km west of Haiti. Much of the island's interior is mountainous, and agricultural production and tourism are concentrated on the coast. The country is divided into 14 parishes. Its largest city is Kingston, the country's capital on the southeast coast. Other major population centers are Spanish Town, Portmore, and Montego Bay. Jamaica has been a stable constitutional democracy in the Commonwealth of Nations since it gained independence from the United Kingdom in 1962.

The Jamaican economy is heavily dependent on services (tourism and insurance), which represent 60% of gross domestic product (GDP), and mining, with bauxite and alumina contributing 10% of GDP. The country also exports apparel, sugar, bananas, and rum. Remittances account for 15% of foreign exchange revenues.

Life expectancy at birth increased from 38 years in 1900 to 73.1 in 2009, while the infant mortality rate fell from 174.3 deaths per 1,000 live births to 14.6 in the same period.

Total health expenditures amounted to 5% of GDP in 2009. External funding to prevent HIV/AIDS exceeded any other health expenditure category, so requirements for HIV/AIDS-related projects have dominated the agenda.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Despite modest economic growth in Jamaica over the past two decades, the country has made progress in reducing poverty, bringing the rate down from 30.5% in 1989 to 9.9% in 2007. However, between 2007 and 2010 poverty levels increased to 17.6%; this rise is attributed to unemployment and a decline in remittances due to the international economic crisis.

In 2009, literacy reached 89%. Preprimary school enrollment (gross percentage) was 112.97%, and relative gender parity has been achieved in primary and secondary education (gender parity index of 0.97 and 1.04, respectively).

The World Bank did a study on youth development in order to guide efforts to solve the social and public health problems that some of the country's youth face (e.g., high unemployment, crime, antisocial behavior, and gangs).

THE ENVIRONMENT AND HUMAN SECURITY

In 2009, 72.5% of households had connections for safe drinking water. For 13.7% of the population, rainwater was the main source of drinking water, while 6.2% depended on public standpipes. In metropolitan Kingston, 96.9% of households had piped water connections, compared to only 46% in rural areas.

With regard to sanitation services, 67.6% of households had access to flush toilets and 32.3% used pit latrines. In metropolitan Kingston, 87% of households had access to flush toilets compared to 47.8% in rural areas; 76% of toilets

Selected basic indicators, Jamaica, 2007–2010.

Indicator	Value
Population 2010 (millions)	2.7
Poverty rate (%) (2010)	17.6
Literacy rate (%) (2009)	89.0
Life expectancy at birth (years) (2010)	73.1
General mortality rate (per 1,000 population) (2007–2009)	5.0
Infant mortality rate (per 1,000 live births) (2009)	14.6
Maternal mortality rate (per 100,000 live births) (2008)	89.0
Physicians per 1,000 population (2008)	1.0
Hospital beds per 1,000 population (2010)	1.9
DPT3 immunization coverage (%) (2010)	94.0
Births attended by trained personnel (%) (2009)	98.0

in the country are not connected to a sewage system, and the figure can be as high as 95.1% in rural areas.

Some 63.4% of households have trash collection services; 33.5% burn their trash and 3.2% take it to dumps. In metropolitan Kingston, 92.1% of households have trash collection compared to 33.9% in rural areas.

HEALTH CONDITIONS AND TRENDS

Fifteen percent of all births were to adolescent mothers (10–19 years old). In 2008, maternal mortality was 89 per 100,000 live births, and in 2009 the infant mortality rate was 14.6 per 1,000 live births.

The number of imported cases of malaria soared from 9 cases in 2003 to 141 in 2004, but has since fallen to fewer than 10 per year. Malaria eradication activities were reintroduced in 2006 and have reduced local transmission of the disease. Twelve cases of malaria were confirmed in 2010, 10 of them imported.

Dengue is endemic and increases after the rainy season; typically, there are three outbreaks each year. From 2000 to 2011, there were 3,337 dengue cases. By epidemiological week 19 of 2012, there were 172 clinical cases (79 of them confirmed).

Jamaica has had an outstanding tradition when it comes to immunization. Immunization is mandatory for school enrollment, but enforcement is lax. There were no reported cases of tuberculous meningitis, diphtheria, tetanus, whooping cough (pertussis), or poliomyelitis in 2010, but 2,646 cases of chickenpox were reported.

Essential Public Health Functions

In 2001 and again in 2010, the Ministry of Health collaborated with PAHO/WHO on evaluations of Jamaica's performance of the essential public health functions (EPHF). Jamaica's performance was evaluated as above average both years, with a slightly higher overall score (0.74) in 2010 than in 2001 (0.72).

For 8 of the 11 functions, scores for 2010 were 10 points higher on average than they were in 2001. The exception was "Human resources development and training in public health" (EPHF 8), in which the country obtained 25 points more in 2010 (0.82 compared to 0.57). The functions with the lowest scores in 2010 were: "Monitoring, evaluation, and analysis of health status" (EPHF 1), for which it obtained 0.62 in 2010 and 0.85 in 2001; "Development of policies and institutional capacity for public health planning and management" (EPHF 5), with 0.73 in 2010 and 0.81 in 2001; and "Strengthening of public health regulation and enforcement capacity" (EPHF 6), with 0.29 in 2010 and 0.68 in 2001.

Mortality from tuberculosis has declined steadily, from 20% in 2003 to 9% in 2009. In 2010, there were 145 confirmed cases of tuberculosis; 29 were HIV co-infected. HIV co-infection affects case fatality from tuberculosis (5 of 17 deaths in 2010).

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The health sector is still in the process of consolidating the health sector reform which began in 1997 and has

restructured the Ministry of Health, decentralized the health care system, and created regional health authorities. The goal is to continue strengthening the Ministry of Health's stewardship role as well as administration of the health services overseen by the regional health authorities.

In 2008, user fees at public health facilities were abolished to facilitate the population's access to care. This measure led to greater use of the services, but it became difficult to meet the growing demand, and funding fell short despite the subsidies provided to compensate for loss of revenue. People at every income level increasingly sought private medical care.

Services in the public health sector are provided through a network of facilities. Primary care represents the contact between the client and the health care delivery system. The first level of care consists of 348 primary health care centers that refer patients to secondary or tertiary facilities. There are 24 secondary-level hospitals that provide hospitalization and surgery and 5 tertiary-level hospitals providing specialized care. There are 4,736 hospital beds in the country. In addition to public-sector services, the private sector provides hospitals, laboratories, radiology services, and areas of specialization. Because the country has a well-developed network of health centers and hospitals, there are no significant geographic barriers that prevent physical access to basic public health services.

Between 2008 and 2009, 98.73% of pregnant women received prenatal care. Approximately 93% of all births took place in a public hospital and 5% in other facilities.

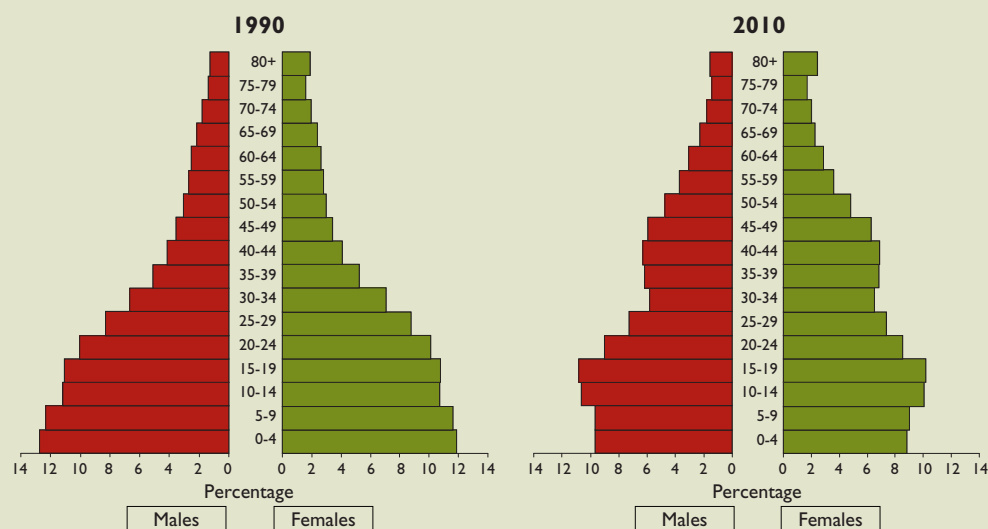
The National Health Fund (NHF) subsidizes 800 prescription drugs, while the Jamaica Drugs for the Elderly Program (JADEP) provides 72 essential medicines free of

charge to people over 60 who suffer from any of 10 chronic diseases.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The Ministry of Education plays an important role in developing and training health professionals. The Hospital of the University of the West Indies (UWI) is the main institution for educating and training physicians, while the Nursing School of the UWI is the main institution for training nurses.

Population structure, by age and sex, Jamaica, 1990 and 2010.



MAIN CHALLENGES AND PROSPECTS

Preventing and controlling the social problems affecting Jamaican youth is a major challenge that must be addressed by all sectors. Youth unemployment fuels crime, antisocial behavior, and gang activity and young people dropping out of school leads to serious economic losses. The lifetime income of men who drop out of school is estimated to be as much as US\$ 157,000 lower than that of their counterparts who stay in school; the comparable figure for women is US\$ 115,000.

Significant annual emigration (7.4 migrants per 1,000 population in 2009) adversely impacts family life, the labor market, and the economy, and must be considered in worker retention strategies, especially for skilled labor.

The main reasons for deteriorating air quality are industrial and vehicle emissions, field burning of sugar-cane, and the open-air incineration of solid waste. The country has 57 air quality monitoring stations. A total of 3,056.31 tons of pesticide were imported in 2010. Adopting environmentally friendly agricultural practices would reduce future imports of pesticides.

Deforestation, the destruction of wetlands, the elimination of marine grasses, and the degradation of coral reefs have resulted in a loss of biodiversity. Continuous road construction has led to selective logging and deforestation. This in turn causes soil erosion, excess sedimentation of waterways, and flooding in low-lying areas.

Tourism has been developed in especially vulnerable coastal areas. Jamaica is at risk to natural hazards such as hurricanes, tropical storms, floods, and earthquakes. Tropical Storm Nicole caused major damage on the island in 2010, and resulted in the death of 16 people.

Adult prevalence of HIV/AIDS in Jamaica is 1.6%, but there are groups at higher risk. Among men who have sex with men, 31.8% are HIV-positive. The percentage of sex workers, crack users, and prisoners infected is 4.9%, 4.5%, and 3.3%, respectively. From 1982 to 2009, a total of 14,354 cases of AIDS were reported, with 7,772 deaths. This disease is the second leading cause of death among adults aged 30–34.

In 2009 more men than women died: 9,893 compared to 7,660. That same year, most deaths occurred in people over the age of 75 (34% men and 50% women). Cancer mortality in men was 1.4 times higher than in women. The opposite occurred with diabetes, where mortality in women was 1.6 times higher. Cerebrovascular

disease was the leading cause of death in women and the second leading cause in men. Men were at significantly higher risk of death by homicide or accident.

In 2009, 2,849 people over age 5 died from malignant neoplasms (21% of all deaths). Among men, the leading causes were lung, prostate, and stomach cancer, non-Hodgkin's lymphoma, and leukemia. Among women, the main causes were breast, cervical, colorectal, uterine, and lung cancer.

In 2009, the homicide rate was 62 per 100,000 population. Death due to violence is concentrated among men aged 15–29. Violence is perpetrated by men against men, the poor against the poor, and youth against youth. The ratio of men to women who commit serious crimes is 49:1. In 2001, the cost of crime and violence was estimated at 3.7% of GDP.

In terms of morbidity, communicable diseases, including reemerging ones, and the high prevalence of chronic, noncommunicable diseases pose a major challenge. Between 2000 and 2008, prevalence of diabetes rose from 7.2% to 7.9%, hypertension from 20% to 25%, obesity from 9.7% to 25%, and sedentarism from 17% to 30%. According to the survey on health and lifestyles, the prevalence of chronic, noncommunicable diseases and risk factors is on the rise. Surveys from 2000 and 2008 show few changes in health-related behaviors.

The numbers and geographic distribution of health service personnel do not match epidemiological and medical needs in Jamaica, nor is there a good balance of staffing between the public and private sectors. Retention of health service personnel is a challenge given that they emigrate (especially nurses and physicians) or move to the private sector. Obstacles to hiring and retention efforts are related to working conditions and compensation. In specialties such as psychiatry and radiology there is a shortage of trained professionals. It is difficult to staff health facilities in hard-to-reach areas, despite the incentives offered.

The Vision 2030—Jamaica National Development Plan focuses on restructuring the health system, emphasizes the government's responsibility in meeting the health needs of the people, recognizes determinants of health, and promotes cost-effectiveness in health services. In the context of the plan, it is important to adopt a strategy that promotes health and healthy lifestyles, to strengthen primary care service delivery, and to forge partnerships between the public and private sectors and civil society to improve governance, management, and outcomes in the health sector.