

## TC DOCUMENT

### I. BASIC INFORMATION

Country:	Jamaica
TC Name/Number:	Strengthening Health Systems in Jamaica/ JA-T1092
Team Leader/Members:	Donna Harris (SPH/CJA), Team Leader; Janet Jean Quarrie (CCB/CJA); Graham Williams (FMP/CJA); Lila Mallory (FMP/CJA); Javier Jiménez (LEG/SGO); and Martha Guerra (SCL/SPH).
Taxonomy:	Client Support
Date of TC Abstract authorization:	August 15, 2014
Beneficiary:	Government of Jamaica
Executing Agency and contact name:	Ministry of Health
Donors providing funding:	Special program for employment, poverty reduction and social development in support of the millennium development goals (SOF)
IDB Funding Requested:	US\$250,000
Local counterpart funding, if any:	None
Disbursement and Execution period:	Disbursement: 24 months, Execution: 18 months
Required start date:	May 2015
Types of consultants ():	Firm and individual consultants
Prepared by Unit:	Social Protection and Health Division (SCL/SPH)
Unit of Disbursement Responsibility:	SPH/CJA
TC Included in Country Strategy (y/n):	Yes
TC included in CPD (y/n):	Yes
GCI-9 Sector Priority:	Aligned with the Ninth General Capital Increase (IDB-9 [CA-511]) strategic priority which focuses on the special needs of the less developed and small countries

### II. OBJECTIVES AND JUSTIFICATION OF THE TC

- 2.1 **Objective.** The general objective of this TC is to support the MOH's ability to provide affordable and quality healthcare through strengthening the strategic development planning process for the health sector, including revitalizing and deepening of the planning process to renew primary care, with a focus on non-communicable diseases (NCDs) prevention and control. This TC will therefore implement of some of the recommendations from the IDB-funded technical study on the reform and financing of Jamaica's health system.<sup>1</sup> The specific objective is the development

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<sup>1</sup> IOS Partners. GOJ. (2013). Sustainable Financing and Reform of the Health Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica. Some of the recommendations include: (a) a reformulated essential packages of services to respond to the projected health conditions of the Jamaican population; (b) Based on the recommended interventions for the prioritized diseases, as determined by the Health Needs Assessment, an essential Package of Benefits was proposed based primarily on evidence-based cost-effective prevention interventions developed for countries of all income levels, and seeks to reduce the disease burden and costs through considering the cost-effectiveness, feasibility and timeliness of their implementation; (c) recommendation on three coverage levels – essential, enhanced, ultimate; and (d) reorient health system towards emphasizing strengthening primary health care, promotion and prevention; diversifying sources of health financing. The study was financed under JA-T1048-Understanding the Social Effects of the Financial Crisis.

of a comprehensive 10 year Strategic Development Plan for the health sector as part of the integrated health service delivery framework, and the creation of operating tools (NCD screening policy, screening protocol, and training modules) to complement the implementation of the plan.

- 2.2 **Organization of the health system.** Jamaica's health system involves a mix of public and private sectors. The public sector is comprised of 24 hospitals and 322 health centers. The Ministry of Health (MOH) sets health priorities, policy, and is responsible for planning, monitoring, and evaluation. Four decentralized regional health authorities (RHAs), are responsible for health service delivery. Private sector healthcare compliments public sector health in terms of providing greater access specialized care. It comprises physicians, specialists, private labs, pharmacies, nine small hospitals; and NGOs that provide ambulatory care. In an effort to improve health outcomes, increase health equity, and reduce the financial risks associated with ill-health (particularly for the poor and vulnerable), the GOJ took steps towards universal health coverage (UHC) by establishing the National Health Fund (NHF) in 2003, and abolishing health user fees in 2008. The Government of Jamaica (GOJ) continues to seek measures to improve population health, increase health system efficiency and reduce long-term healthcare costs.
- 2.3 **Health context.** Consistent with global health trends, Jamaica has experienced general improvements in key health indicators. Between 1970 and 2010, life expectancy increased from 68 to 74 years, infant mortality fell from 48 to 20 (per 1000 live births), maternal mortality ratio declined from 120 per 100,000 live births in 1987 to 94.8 in 2009 and the crude death rate fell from 9 to 6.6 (per 1000 deaths).<sup>2</sup> These successes can be attributed to, among other factors, explicit public policy to promote primary health care during the period of the 1970s and 1980s and resulted in improvements in public health care services. The period saw a marked decline in communicable diseases but a noticeable increase in non-communicable disease became evident.
- 2.4 **Epidemiological transition and non-communicable diseases (NCDs).** The epidemiological and demographic transition, largely due to population aging and changes in lifestyle habits and health behavior, has resulted in sharp increases in NCDs. Recent data indicate that hypertension, diabetes, cerebrovascular disease (stroke), heart disease, cancer, and respiratory illness (asthma) account for 68%<sup>3</sup> of all deaths in Jamaica. Evidenced-based interventions for these six NCDs center on addressing shared behavioral risk factors: tobacco use, harmful alcohol intake, unhealthy diet and physical inactivity. According to WHO, these four risk factors are responsible for the majority of NCD deaths. It is also estimated that 80% of heart disease, stroke and type-2 diabetes and 40% of cancer can be avoided through healthy diets, regular physical activity and avoidance of tobacco use.<sup>4</sup> Further, the high prevalence of obesity and overweight, which are intermediate NCD risk factors, suggests that the burden of NCDs in Jamaica is likely to increase if steps are not taken to reverse these trends. Currently 65% of adult females and 38% of males are overweight or obese, and 8% of children under 5 are overweight. 60% of Jamaicans are hypertensive or pre-hypertensive and 12% are diabetic, with diabetes prevalence expected to increase by 18% in the next 10 years given the current trends. 65% of the population uses alcohol and 15% smoke cigarettes. 46% of adults engage in low or no physical activity, and 21% of youth are inactive. A high percentage of Jamaicans also consume less than

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<sup>2</sup> Duncan Goffe, D. (2014). Proposal for the Renewal of Jamaica's Primary Care System and Services. MOH.

<sup>3</sup> PAHO (2011). NCD Disease Project, NCDs in the Americas/ WHO (2011). NCD Country Profiles.

<sup>4</sup> Jamaica MOH. (2012). Strategic Plan for NCD Prevention and Control in Jamaica 2012-2017.

the recommended portions of fruits and vegetables, consume large amounts of sugar sweetened beverages, and have elevated waist circumferences. In addition, the prevalence of asthma is 21% in adults and 24% in children, resulting in a significant burden on emergency rooms and hospital budgets. The economic impact of NCDs will be substantial, given the increasing epidemic among working-age adults. International evidence<sup>5</sup> also suggests that the burden of NCDs, if left unaddressed, will compound poverty and derail development gains in low and middle income countries (LMIC).

- 2.5 **Evidence-Based approaches.** The large evidence base<sup>6,7,8</sup> on effective and cost-effective interventions for NCDs control, recognizes prevention and high-quality patient management, as part of primary care, as essential components for controlling NCDs. The Jamaican National Strategic Plan for NCDs<sup>9</sup> and the National Development Plan<sup>10</sup> is aligned with these evidence-based approaches which build on recommendations by WHO, PAHO, CARICOM, and UN, and which embrace an integrated approach, with community, patient, healthcare team and health system as vital players in the NCD response. This NCD plan, to be implemented, prioritizes the strengthening of primary care services; NCD public education campaigns; advocacy for policy change; realigning the competencies of the health workforce for NCD control; building capacity for generating NCD data; evaluating the role of gender; and creating multi-sector partnerships. Three key elements are: (i) identifying and addressing modifiable risk factors; (ii) screening for common NCDs; and (iii) diagnosis, treatment, follow-up and, when necessary, referral of patients with common NCDs, using standard protocols. Effective evidence-based approaches to reduce the NCD burden in LMIC include cost-effective methods for early detection of NCDs using inexpensive technologies; non-pharmacological and pharmacological approaches for modification of NCD risk factors; and affordable medications for prevention and treatment of heart attacks, strokes, hypertension, diabetes, cancer and asthma. If effectively delivered, these approaches reduce medical costs, and improve quality of life and productivity.
- 2.6 **Renewing Primary care to address NCDs.** A functioning primary care system is a critical avenue to prevent disease and advance population health. Primary healthcare provides an effective mechanism for early disease detection and cost-effective treatment for early diagnosed cases. Renewal of Primary Health Care is central to GOJ NCD strategy. The current primary care system is fragmented, under-resourced, and underperforming. The demonstrated underperformance of Jamaica's primary care system<sup>11</sup> is evidenced by: (i) patients bypassing health centers to attend costly hospital emergency rooms for non-emergencies; and (ii) the large number of hospital admittances for avoidable complications associated with diabetes, and other NCDs. Also contributing to this underperformance is the shortage in key primary care staff, who are trained in NCD management. Consequently, the Jamaican health system requires an urgent reorganization and strengthening of primary healthcare services to: (i) expand the supply of preventive health services; and (ii) increase the demand for and utilization of primary care services. Further, following evidence-based guidelines, the primary care renewal

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<sup>5</sup> Atun et al. (2013). Improving responsiveness of health systems to non-communicable diseases. *Lancet*.

<sup>6</sup> WHO (2010). Package of essential noncommunicable disease interventions for primary health care in low-resource settings.

<sup>7</sup> Maher D, Ford N. (2011). Action on noncommunicable diseases: balancing priorities for prevention and care. *Bull WHO*; 89: 547.

<sup>8</sup> WHO (2007). Prevention of cardiovascular risk: guidelines for assessment and management of cardiovascular risk.

<sup>9</sup> Jamaica MOH. (2012). Strategic Plan for NCD Prevention and Control in Jamaica 2012-2017.

<sup>10</sup> PIOJ. (2009). Vision 2030 Jamaica. National Development Plan.

<sup>11</sup> Jamaica MOH. (2013/2014). Redesigning Jamaica's Primary Healthcare System. PPT presentation.

implementation plan should resource all health clinics with the basic package of primary care services.<sup>12</sup> This presents a significant opportunity for efficiency, and is also a requirement echoed in the recent IOS Partners evaluation and action plan, which notes that the Jamaican health system should re-orient budget and activities towards reconfiguring the network of providers to allow primary care clinics to act as the primary care system's gateway and to generate all necessary transfers. This TC will create a comprehensive 10 year Strategic Development Plan for the health sector, including an operationalized implementation plan for primary health care renewal; and will be complemented by NCD screening tools.

- 2.7 **Country strategy (CS) and IDB-9.** This TC is in line with 2013-2014 Country Strategy (GN-2694) that supports the GOJ in preserving social stability and mitigating economic and fiscal measures on the poor and vulnerable. In terms of GOJ priorities, the TC is fully aligned to the GOJ health strategy outlined in the National Strategic Plan (Vision 2030) and supports the Government's efforts to manage the epidemiological transition. This strategy aims to improve access to care, particularly for the poor and vulnerable and is captured as part of the overall safety net strategy. This TC is also aligned with the Ninth General Capital Increase (IDB-9 [CA-511]) strategic priority, focusing on the needs of the less developed and small countries and also to the Health and Nutrition Sector Framework Document (GN-2735-3).
- 2.8 **Country programming.** This TC has been identified in the Jamaica 2015 CPD.

### III. DESCRIPTION OF ACTIVITIES AND OUTPUT

- 3.1 The GOJ has requested TC funds and has identified the following two components as priorities for improved public health.
- 3.2 **Component 1: Creating a comprehensive 10 year Strategic Development Plan to guide:** (i) the continued roll-out of the Primary Healthcare Renewal Programme; and (ii) Non-communicable Diseases for the health sector, as part of an integrate health service delivery. This 10 year plan will present: (i) A monitoring and evaluation plan; (ii) An implementation plan to roll out the strategic plan for NCDs prevention and control; (iii) A plan for National NCDs registries to complement the national cancer registry; and (iv) an operationalized implementation (roll out) plan for the primary health care renewal and detailed action steps to facilitate the renewal of the primary care system with a focus on health promotion and disease prevention. Action steps should include: (1) a review of gaps in existing primary care services provided by various health centres; (2) an inventory of the required system and service improvements for optimal primary care service delivery; (3) the development of a human resources plan for optimal primary care delivery; (4) development of clinical guidelines and protocols for top 10 cases of visits and discharges; (5) a redefinition of services delivered by provider and reorganization of the referral rules; (6) a reconfiguration of the clinical network of providers in order to improve clinical management and use of resources and to ensure that all points of entry into the healthcare system (all clinics) are prepared to offer the basic package of primary healthcare services.
- 3.3 **Component 2: NCD screening policy, screening protocol, and training modules. Objective:** To develop a comprehensive routine screening program for NCDs in all primary and secondary care

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<sup>12</sup> Based on the recommended interventions for the prioritized diseases, as determined by the Health Needs Assessment, IOS Partners proposed an essential Package of Benefit that seeks to reduce the disease burden of NCDs inclusive and costs through considering the cost-effectiveness, feasibility and timeliness of their implementation.

facilities, to identify and treat persons with NCDs or NCD risk factors. Activities: Develop a National comprehensive screening policy. Develop a screening protocol for NCDs and NCDs risk factors. Target NCDs are: diabetes, heart disease, cerebrovascular disease (stroke), cancers, hypertension, chronic respiratory illness (asthma and COPD). Target NCD modifiable risk factors are: unhealthy diet, harmful alcohol intake, tobacco use, physical inactivity. Intermediate modifiable risk factors are: obesity/overweight, raised blood pressure, raised blood glucose and blood lipid levels. Develop a training plan and training modules for health care workers to promote and execute NCD screening in all clinics and the expanded health promotion and education programmes in schools, and other beneficiaries of social programmes with a multi-sectoral component.

#### INDICATIVE RESULTS MATRIX

Component	Result/ Final Deliverable	Intermediate Milestones	Expected Completion Date
Component 1	Contracting of a Consultancy Firm to develop a comprehensive 10 year Strategic Development Plan and Implementation strategy	Draft 10 year strategic plan presented to MOH senior staff and other stakeholders at workshop	May 2016
	Contracting of a Consultant to develop Implementation Strategy for the Renewal of Primary Health Care	Draft implementation strategy presented MOH senior staff and other stakeholders at workshop	May 2016
Component 2	Contracting of a Consultant to develop NCD screening protocol and training modules	Draft implementation strategy presented MOH senior staff and other stakeholders at workshop	May 2016

#### IV. INDICATIVE BUDGET

- 4.1 As outlined in the table below, Component 1 will fund the Comprehensive 10 year Strategic Development Plan for health sector and Components 2 will fund a NCD screening policy, screening protocol, and training modules. Components 1 and 2 will fund Consultancy fees and related costs.

#### INDICATIVE BUDGET

Activity/ Component	Description	IDB/SOF US\$	Counterpart Funding	Total Funding
Component 1	Comprehensive 10 year Strategic Development Plan for health sector including the roll out/ implementation strategy for the renewal of primary health care	160,000		160,000
Component 2	NCD screening policy, screening protocol, and training modules	60,000		60,000
Component 3	Project coordination, monitoring and evaluation, and administrative management	30,000		30,000
	- Final Evaluation and M&E	15,000		
	- Audit	7,000		
	- Admin Cost	8,000		
<b>Total</b>		<b>250,000</b>		<b>\$250,000</b>

- 4.2 The designated focal point in CCB/CJA for project supervision is Donna Harris (SPH/CJA).
- 4.3 **Monitoring Project Progress.** At the project execution level, the MOH through its Health Service Planning and Integration Department (HSPID) will monitor project execution in line with the TC Results Matrix. The Bank will monitor and evaluate project progress as part of its project supervision. As part of its execution reporting requirements, the HSPID will submit a number of key reports to the Bank, including: Semi-Annual Reports (due August 31th and February 28th respectively); Annual Operating Plan; a Final Audited Financial Statement (within 90 days following the date stipulated for the final disbursement of the Financing). The IDB will contract independent auditors, (financed from internal supervision budget), to carry out the ex-post reviews of procurement processes and of supporting documentation for disbursements. Ex post reviews will include an analysis of the financial records periodically as part of overall fiduciary review by the Bank. The costs associated with the ex post reviews will be financed with the IDB resources according to IDB procedures.
- 4.4 **Evaluation Reports.** A project evaluation, financed by the TC budget, will be performed when 95% of the project budget has been disbursed. The MOH will contract an independent consultant to conduct a final evaluation.
- 4.5 **Project Sustainability.** Evidence-based and cost-effective policies and programmes will be a guiding principle of the Plan as well as the focus on primary health care renewal as a strategy for affordable and sustainable health systems. This approach is grounded in the GOJ 2030 national strategic vision and therefore commands political commitment backed by the necessary resource allocation to improve the health care delivery system.

## V. EXECUTING AGENCY AND EXECUTION STRUCTURE

- 5.1 **Executing Agency and Executing Structure.** The MOH will be the Program's Executing Agency and the Health Services, Planning and Integration Department will assume day to day responsibilities for implementing all aspects of the project. These responsibilities will include assisting with coordination and monitoring of technical and financial matters. The Director of the Planning and Integration Department has been identified as the Project Manager supported by a Project Assistant partially funded by the project. The Project Manager, who reports to the Permanent Secretary of the Ministry, will be responsible for programme implementation, specifically: (i) presenting annual operating plan and progress reports to the Bank; (ii) managing compliance of project outputs/activities; (iii) procurement and processing of contracts required for the implementation of agreed program interventions; and (iv) the financial management of the program in collaboration with the Ministry's central fiduciary unit that will assume direct respective responsibilities.
- 5.2 **Procurement Policies.** The procurement and the contracting of consulting services under the TC will be carried out according to the Bank's policies and procedures set forth in documents GN-2349-9 and GN-2350-9, respectively.
- 5.3 **Special agreement regarding procurement.** The MOH identified IOS Partners Limited as the firm to develop the 10 year strategic plan and the national screening policy. MOH will single source IOS Partners Limited to prepare both the strategic plan and the screening policy. The reasons for this decision is: (i) IOS Partners Limited in 2013 was contracted by MOH with

Financing from the IDB, conducted a comprehensive study on the sustainability of health financing and reform of Jamaica health sector; and (ii) the activities under this TC represent a continuation of work done by IOS Partners Limited and implementation of recommendations coming out of the IOS Partners Study.

## **VI. MAJOR ISSUES**

- 6.1 There may be resistance by physicians, nurses, and allied health staff to the new policies and protocols. However, a policy will be developed to guide/manage health provider adherence to screening and treatment protocols, and referral guidelines. The MOH will closely monitor the implementation of this policy through its current institutional structure, the Department of Health Services, Planning and Integration in order to manage this risk.

## **VII. EXCEPTIONS TO BANK POLICY**

- 7.1 There are no exceptions to IDB policy.

## **VIII. ENVIRONMENTAL AND SOCIAL STRATEGY**

- 8.1 The safeguard policy filter categorized this TC as a “C” project indicating that this project’s net environmental and social impacts are likely to be positive for beneficiaries who will have increased access to health services (See [ESR Filters](#)).

## **ANNEXES:**

- Annex I - [Letter of request](#)
- Annex II - [Terms of Reference](#)
- Annex III - [Procurement Plan](#)

# **STRENGTHENING HEALTH SYSTEMS IN JAMAICA**

**JA-T1092**

## **CERTIFICATION**

I hereby certify that this operation was approved for financing under the Social Fund (SOF) through a communication dated February 2, 2015 and signed by Su Hyun Kim (ORP/GCM). Also, I certify that resources from said fund are available for up to US\$250,000, in order to finance the activities described and budgeted in this document. This certification reserves resources for the referenced project for a period of four (4) calendar months counted from the date of eligibility from the funding source. If the project is not approved by the IDB within that period, the reserve of resources will be cancelled, except in the case a new certification is granted. The commitment and disbursement of these resources shall be made only by the Bank in US dollars. The same currency shall be used to stipulate the remuneration and payments to consultants, except in the case of local consultants working in their own borrowing member country who shall have their remuneration defined and paid in the currency of such country. No resources of the Fund shall be made available to cover amounts greater than the amount certified herein above for the implementation of this operation. Amounts greater than the certified amount may arise from commitments on contracts denominated in a currency other than the Fund currency, resulting in currency exchange rate differences, for which the Fund is not at risk.

(Original signed)

4/30/2015

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Sonia M. Rivera  
Chief  
Grants and Co-financing Management Unit  
ORP/GCM

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Date

## **APPROVAL**

Approved:

(Original signed)

05/04/2015

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Ferdinando Regalia  
Division Chief  
Social Protection and Health Division  
SCL/SPH

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Date





## THE PLANNING INSTITUTE OF JAMAICA

16 Oxford Road, Kingston 5, Jamaica, W.I.  
P.O. Box 634, E-mail: [info@pioj.gov.jm](mailto:info@pioj.gov.jm)  
Telephone: (876)-906-4463/4, (876)-960-9339, Facsimile: (876)-906-5011



March 27, 2014

Ms Therese Turner-Jones  
Representative  
Inter-American Development Bank  
40 – 46 Knutsford Blvd  
Kingston 5

Dear Ms. Turner-Jones:

### **Re: Technical Cooperation for the Health Sector**

The Planning Institute of Jamaica (PIOJ), on behalf of the Government of Jamaica, hereby requests a non-reimbursable Technical Cooperation (TC) in the amount of US\$500,000 to support continued efforts by the Ministry of Health to strengthen the delivery of health care in Jamaica.

As you are aware, the IDB has been supporting the Government's efforts to reform policies and systems to strengthen the delivery of health care and recently supported studies related to the "Burden of Illness" and Health Financing.

The financing being sought is intended to build on the outputs of these studies, specifically to undertake the following activities:-

1. Preparation of a long term strategy for the health system;
2. Assistance with the development of a roll out plan for the Renewal of Primary Health Care; and
3. Implementation of demonstration projects based on the recently approved Non-Communicable Diseases Strategy

We anticipate your favourable consideration of this request for assistance.

Yours sincerely,

*Signed original*

Barbara Scott  
for Director General

cc: Dr. Jean Dixon - Permanent Secretary, Ministry of Health  
Ms. Darlene Morrison - Deputy Financial Secretary, Ministry of Finance and Planning  
Dr. Kevin Harvey - Chief Medical Officer (Acting), Ministry of Health

**INTER-AMERICAN DEVELOPMENT BANK  
JAMAICA**

**TERMS OF REFERENCE**

**Development of 10 year Strategic Plan for the Health Sector**

**I. BACKGROUND**

- 1.1 Consistent with global health trends, Jamaica has experienced general improvements in key health indicators. Between 1970 and 2010, life expectancy increased from 68 to 74 years, infant mortality fell from 48 to 20 (per 1,000 live births)<sup>1</sup>, maternal mortality ratio declined from 98 per 100,000 live births in 1990 to 80 in 2013<sup>2</sup> and the crude death rate fell from 9 to 6.6 (per 1000 deaths). These successes can be attributed to, among other factors, explicit public policy to promote primary health care during the period of the 1970s and 1980s and improvements in public health care services delivery. The period saw a marked decline in communicable diseases but a noticeable increase in non-communicable disease became evident.
- 1.2 **Epidemiological transition and non-communicable diseases (NCDs).** The epidemiological and demographic transition, largely due to population aging and changes in lifestyle habits and health behavior, has resulted in sharp increases in NCDs. Recent data indicate that hypertension, diabetes, cerebrovascular disease (stroke), heart disease, cancer, and respiratory illness (asthma) account for 68%<sup>3</sup> of all deaths in Jamaica. Evidenced-based interventions for these six NCDs center on addressing shared behavioral risk factors: tobacco use, harmful alcohol intake, unhealthy diet and physical inactivity. According to WHO, these four risk factors are responsible for the majority of NCD deaths. It is also estimated that 80% of heart disease, stroke and type-2 diabetes; as well as, 40% of cancers can be avoided through healthy diets, regular physical activity and avoidance of tobacco use.<sup>4</sup> Further, the high prevalence of obesity and overweight, which are intermediate NCD risk factors, suggests that the burden of NCDs in Jamaica is likely to increase if steps are not taken to reverse these trends. Currently 65% of adult females and 38% of males are overweight or obese, and 8% of children under five are overweight. 60% of Jamaicans are hypertensive or pre-hypertensive and 12% are diabetic, with diabetes prevalence expected to increase by 18% in the next 10 years given the current trends. 65% of the population uses alcohol and 15% smoke cigarettes. 46% of adults engage in low or no physical activity, and 21% of youth are inactive. A high percentage of Jamaicans also consume less than the recommended portions of fruits and vegetables, consume large amounts of sugar sweetened beverages, and have elevated waist circumferences. In addition, the prevalence of asthma is 21% in adults

<sup>1</sup> Duncan Goffe, D. (2014). Proposal for the Renewal of Jamaica's Primary Care System and Services. MOH.

<sup>2</sup> Maternal mortality in 1990-2013: WHO, UNICEF, UNFPA, The World Bank, and United Nations Population Division Maternal Mortality Estimation Inter-Agency Group. Jamaica. [http://www.who.int/gho/maternal\\_health/countries/jam.pdf?ua=1](http://www.who.int/gho/maternal_health/countries/jam.pdf?ua=1)

<sup>3</sup> PAHO (2011). NCD Disease Project, NCDs in the Americas/ WHO (2011). NCD Country Profiles.

<sup>4</sup> Jamaica MOH. (2012). Strategic Plan for NCD Prevention and Control in Jamaica 2012-2017.

and 24% in children, resulting in a significant burden on emergency rooms and hospital budgets. The economic impact of NCDs will be substantial, given the increasing epidemic among working-age adults. International evidence<sup>5</sup> also suggests that the burden of NCDs, if left unaddressed, will compound poverty and derail development gains in low and middle income countries (LMIC).

- 1.3 The general objective of this TC is to support the MOH's ability to provide affordable and quality healthcare through strengthening the strategic development planning process for the health sector, including revitalizing and deepening of the planning process to renew primary care, with a focus on non-communicable diseases (NCDs) prevention and control. This TC will therefore form the framework for the implementation of some of the recommendations from the IDB-funded technical study on the reform and financing of Jamaica's health system.<sup>6</sup> The key outputs of this consultancy (a ten year strategic plan and a national screening policy for NCDs) will build on recommendations from prior assessments and technical work including: Redesign of the Jamaica Health System (Goffe McCartney Report); Sustainable Financing and Reform of the Health Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica (IDB 2013) ; Proposal for the Renewal of Jamaica's Primary Care System and Services; Strategic Plan for NCD Prevention and Control in Jamaica 2012-2017; National Development Plan, Vision 2030 Jamaica.

## II. CONSULTANCY OBJECTIVE

- 2.1 The overall purpose of this consultancy is to assist the Government of Jamaica in defining a long strategy and policies to inform projects/programs intended to protect and enhance the health gains of the population and in particular vulnerable groups in a sustainable manner. The specific objective is the development of a comprehensive 10 year Strategic Development Plan for the health sector as part of the integrated health service delivery framework, and the creation of operating tools (NCD screening policy, screening protocol, and training modules) to complement the implementation of the plan.

## III. CHARACTERISTICS OF THE CONSULTANCY

- 3.1 **Type of consultancy:** International Firm
- 3.2 **Duration:** 9 months commencing June 2015 and ending April 2016

<sup>5</sup> Atun et al. (2013). Improving responsiveness of health systems to non-communicable diseases. Lancet.

<sup>6</sup> IOS Partners. GOJ. (2013). Sustainable Financing and Reform of the Health Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica. Some of the recommendations include: (i) a reformulated essential packages of services to respond to the projected health conditions of the Jamaican population; (ii) Based on the recommended interventions for the prioritized diseases, as determined by the Health Needs Assessment, an essential Package of Benefits was proposed based primarily on evidence-based cost-effective prevention interventions developed for countries of all income levels, and seeks to reduce the disease burden and costs through considering the cost-effectiveness, feasibility and timeliness of their implementation; (iii) recommendation on three coverage levels – essential, enhanced, ultimate; and (iv) reorient health system towards emphasizing strengthening primary health care, promotion and prevention; diversifying sources of health financing.

3.3 **Qualifications:** The firm should possess at least 10 years experience in the field of health systems and demonstrated knowledge and understanding of Jamaica health sector. The firm should possess the following key staff:

- Expert in Health Services Planning and service delivery;
- Expert in Health Economics and Financing;
- Expert in Epidemiology and Health Policy Analysis;
- Expert in Bio-mechanical;
- Participatory approaches in conducting assessments and facilitating strategic planning processes;
- Familiarity with the Theory of Change approach and building organizational balanced scorecards;
- Strategic planning document preparation;
- Local expertise with wide knowledge of the Jamaican health system.

3.4 **Place of Work:** Jamaica and Home country

#### IV. ACTIVITIES AND PRODUCTS

4.1 The consultancy firm will be responsible for:

- Preparation of a work plan and an appropriate Assessment Framework
- Review background documents as necessary in order to collect the necessary data and information for the formulation of the plan and other reports
- Actively engaging stakeholders identified by the MOH through the use of participatory processes
- Recruit local expert in health system management
- Recruit own administrative support if required
- Regular progress reporting to the MOH
- Production of deliverables in accordance with the requirements and timeframes of the Terms of Reference.

#### V. EXPECTED RESULTS AND REPORTS

The firm will provide the following deliverables:

1. A strategic plan agenda including workshops and facilitation plan
2. A situation analysis report to include status of Chronic Non-Communicable Diseases, Primary Health Care Renewal and Integrated Health Service Delivery in Jamaica
3. Draft Strategic Plan
4. A final 10 year strategic plan document including:
  - a. Executive summary
  - b. Background
  - c. Internal and External analysis
  - d. Strategic priorities
  - e. Financial projections

- f. Metrics to assess progress made in the attainment of these strategic priorities (using Theory of Change and/or Organizational Balanced Scorecard and/or similar methodology)
  - g. Strategic plan
  - h. A three year implementation plan that builds on recommendations from prior assessments and technical work including: *Redesign of the Jamaica Health System (Goffe McCartney Report)*; *Sustainable Financing and Reform of the Health Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica*; *Proposal for the Renewal of Jamaica's Primary Care System and Services*; *Strategic Plan for NCD Prevention and Control in Jamaica 2012-2017*; *National Development Plan, Vision 2030 Jamaica*.
5. Document of operating tools (NCD screening policy, screening protocol, and training modules)

DELIVERABLE	TIMELINE	PAYMENT SCHEDULE (Upon acceptance of each deliverable)
Strategic Plan Agenda, scope, checklist	30 days	15%
Situational analysis report	75 days	10%
Draft 10-Yr Strategic Plan	120 days	30%
Final 10-Yr Strategic Plan	180 days	35%
Operating Tools (policies, protocols, guides etc)	240 days	10%

## VI. SUPERVISION/COORDINATION

- 6.1 The Consultant will report to the Director of Health Services Planning and Integration Department, who will have the overall responsibility for ensuring the quality and timeliness of the output of the contract.

