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JAMAICA

Support for the Health Systems Strengthening Programme for the Prevention and Care Management of Non-Communicable Diseases

(JA-L1049; JA-L1080)

PROJECT PROFILE

This document was prepared by the project team consisting of: Pablo Ibarrarán (SCL/SPH) and Ian Mac Arthur (SPH/CBR), Co-Team Leaders; Christina Memmott and Sheyla Silveira (SCL/SPH), Rene Herrera and Naveen Jainauth-Umrao (FMP/CJA); Henry Mooney and Sudaney Blair (CCB/CJA); Louis-Francois Chretien (LEG/SGO); and Juan Carlos Vasquez (VPS/ESG).

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I. BASIC DATA

Project Name:	Support for the Health Systems Strengthening Programme for the Prevention and Care Management of Non-Communicable Diseases	
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Borrower:	Jamaica	
Executing Agencies:	Ministry of Finance and the Public Service (MFPS) and Ministry of Health (MOH)	
Financial Plan:	IDB Investment Loan (JA-L1049) (OC):	US$50,000,000
	IDB Programmatic Policy-Based Loan (JA-L1080) (OC):	US$50,000,000
	Total:	US$100,000,000
Safeguards:	Policies triggered:	OP-102, OP-703 (B.01, B.02, B.03, B.04, B.05, B.06, B.07, B.10, B.11 y B.17), OP-704, OP-761
	Classification:	B

II. GENERAL JUSTIFICATION AND OBJECTIVES

2.1 **Macroeconomic conditions**. The Jamaican authorities have made significant progress towards achieving durable macroeconomic and debt sustainability under the two International Monetary Fund (IMF) supported programmes in place since 2013 —i.e., an Extended Fund Facility (EFF) arrangement, followed by the current 3 years precautionary Stand by Arrangement (SBA) approved in November 2016. In particular, the current account deficit has improved from 13.5% of Gross Domestic Product (GDP) in 2010/2011 to 2.5% in 2016/2017, driven by fiscal consolidation and stabilization of the exchange rate. Similarly, inflation is low, foreign exchange reserve buffers are accumulating, and public debt is projected to fall from over 140% of GDP at the outset of the EFF arrangement in 2013, to under 100% of GDP by the end of the current fiscal year. These improvements have been supported by policy reforms and capacity-building exercises,[1] including regarding

[1] The Bank supported a number of these reforms through different programmes, including the Competitiveness Enhancement Programme I, II and III (1972/OC-JA; 2297/OC-JA and 3147/OC-JA, respectively), the Fiscal Consolidation Programme I and II (2359/OC-JA and 2502/OC-JA), and the Fiscal Structural Programme for Economic Growth (3148/OC-JA).

revenue administration, budgeting, monetary and exchange rate policies, and related to the financial sector. The latest review of the SBA published in April 2018 reports that all quantitative performance criteria and structural benchmarks for 2017 have been met. Moreover, international reserves exceed programme targets, and tax revenues for fiscal year (FY) 2017/2018 were above the budget's target, reflecting successful revenue reforms. Jamaica's outlook continues to improve despite ongoing challenges, and growth is expected at 2.3% in 2018 (WEO, 2017).[2] Looking forward, authorities must persist with fiscal consolidation efforts, make faster progress with public sector transformation aimed at increasing efficiency and reducing wage costs, and addressing key impediments to private investment (e.g., crime, infrastructure, and administrative hurdles, etc.) in order to set the stage for more rapid poverty reduction and development in the coming decade.

2.2 **Demographic profile**. Jamaica has a population of about 2.8 million inhabitants, with a distribution among urban/rural areas of 53.9%/46.1%.[3] Currently, the median age is 29.1 years, and it is expected to increase to 35.6 years in 2030 and to 43.8 years in 2050 (see link Figure 1 for historic and projected from United Nations World Population Prospects Report). The demographic transition in Jamaica has reached a mature stage, characterized by a low and declining fertility rate (2.08 births per woman, 2010-2015) and a slowly rising death rate. This is resulting in lower growth and population aging. The elderly (65 years and over) represented 9.3% of the population in 2015, and this percentage is expected to grow to 22.0% by 2050. In 2011 women accounted for 54% and 60%, respectively, of the population over 65 and 80 years old, due to their greater life expectancy compared to men.

2.3 **Health profile.** Jamaica has made important advances over the past decades in improving the health status of its population. The reduction in infant mortality has been notable, with a decline from 30.9 deaths per 1,000 live births in 1990 to 16.6 in 2016.[4] Birth attendance by trained personnel is nearly universal. The Expanded Programme on Immunization provides vaccination rates over 90% for the common infectious diseases; malaria, yellow fever, Chagas disease, and cutaneous leishmaniasis have been virtually eliminated. Jamaica has experienced an epidemiological transition and currently faces the challenges posed by Non-Communicable Diseases (NCDs), also known as chronic diseases, that tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors. The most common NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. Jamaica also faces the challenges from the NCD risk factors (preventable conducts that lead to NCDs such as use of tobacco, excessive

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[2] World Economic Outlook (WEO). Gross financing needs for FY 2017/2018 are estimated at about US$1,825 million, of which external financing needs are US$555 million (IMF 3d Review of SBA). The first operation of the Programmatic Policy-Based series (JA-L1080) is expected to contribute US$50 million in FY 2018/2019; and the second independent operation in the series is expected to contribute US$50 million in FY 2019/2020.

[3] Population data is from Statistical Institute of Jamaica (STATIN) for 2016, urban/rural distribution from the 2011 Census.

[4] The World Bank Indicators Data.

consumption of alcohol, a sedentary lifestyle and unhealthy dietary habits) and an aging population. In 2016, eight of the ten leading causes of death were NCDs, representing 85% of the total number of deaths (22,034), while, in 1990, deaths due to NCDs represented 78.6% of total number of deaths (14,629).[5] Compared to other countries of the region, the toll from NCDs has existed longer in Jamaica.[6] Moreover, in terms of the number of years of life lost,[7] the leading cause of premature deaths has been NCDs since 1990 when they represented 55.56%; in 2016 they represented 68.83% of Years of Life Lost (YLLs).[8] The leading causes for morbidity measured with Disability Adjusted Life Years (DALYs) are also NCDs, followed by interpersonal violence and neonatal preterm birth. Jamaica has a higher life expectancy (74.6 years) than Guyana (67.7), Suriname (71.3), and Trinidad and Tobago (73.0). However, life expectancy at birth and at age 65 has increased very little since 1990, which is consistent with the country having reached an advanced stage of the epidemiological and demographic transitions. See link Figure 2 for life expectancy estimations. Hence, from a public health perspective, the main challenges for the Jamaican health sector are: 1) to prevent early onset of NCDs by addressing four preventable risk factors that determine NCDs;[9] and, 2) for people with NCDs, to improve the quality of care[10] and life and prevent premature NCD-related deaths (population younger than 65), which the evidence shows is possible with chronic care models based on strong primary health care services.[11]

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5 NCDs surpassed communicable diseases as the greatest contributor to Jamaica's burden of diseases in the 1980 decade (World Bank, 2008). Furthermore, Alzheimer's disease and chronic kidney disease have increased in importance from 1990 to 2016, whereas HIV/AIDS went from a 6th place in 2005 to a 19th place in 2016.

6 Mortality due to NCDs in Jamaica in 1990 is similar to the value for 2016 in the rest of the region: by 1990 NCDs were the main cause of death in Latin America and the Caribbean (LAC), and they accounted for 58% of the total deaths, while in 2016 they accounted for 76%. Likewise, for the Caribbean countries NCDs caused 64% of total deaths in 1990 and 76% of total deaths in 2016 (IHME, 2016).

7 YLLs, which quantify premature mortality by giving more weight to younger deaths than older deaths. For each death, YLL is the difference between the life expectancy and the age of the person, so younger deaths represent more years of life lost. Deaths that occur when a person lives longer than the life expectancy will generate zero years of life lost.

8 Furthermore, NCDs currently represent more leading causes of premature death compared to previous years: diabetes went from seventh place in 1990 to first place in 2016, while neonatal preterm birth, a neonatal disorder, went from first place to fifth place.

9 WHO. From burden to "best buys": Reducing the economic impact of NCDs in low and middle-income countries. WHO 2011.

10 Jamaica has problems with the quality of some health care services. For example, maternal mortality is still quite high (over 100 deaths per 100,000 live births) despite almost universal coverage of birth attendance by skilled personnel.

11 The Chronic Care Model (CCM) is an organizational framework for improving the care and management of chronic illnesses through interventions at the patient, provider and system level. The CCM links informed patients with prepared and proactive health care workers and is composed of six different primary components: organizational support, clinical information systems, delivery system design, decision, support, self- management support, and community resources. Pan American Health Organization. The Chronic Care Model.
https://www.paho.org/hq/index.php?option=com_content&view=article&id=8502&Itemid=39959
Hansen, Johan, Peter P. Groenewegen, Wienke GW Boerma, and Dionne S. Kringos. "Living in a country with a strong primary care system is beneficial to people with chronic conditions." Health affairs 34, no. 9 (2015): 1531-1537; Bodenheimer, Thomas, Edward H. Wagner, and Kevin Grumbach. "Improving primary care for patients with chronic illness." Jama 288, no. 14 (2002): 1775-1779.

2.4 **Policies and regulations to address risk factors.** While Jamaica has made progress in addressing NCDs, policies must be consolidated to obtain the benefits from implementing World Health Organization (WHO) best-buys.[12] According to the 2017 NCD Progress Monitor, in tobacco control Jamaica has fully achieved the target of banning smoking in public places and requiring large graphic health warnings on packages. However, it is yet to increase excise taxes, prices and establish bans on advertisement, promotion and sponsorship. As for policies to reduce harmful use of alcohol, partial progress has been made on restricting physical availability and increasing taxes, however less on advertisement bans and comprehensive restrictions. In 2007, the Heads of Government of the Caribbean Community (CARICOM) held the first summit on NCD prevention and control and issued the Port of Spain Declaration (POS Declaration) of which Jamaica is a signatory. Ten years later, an evaluation of POS Declaration uses a grid[13] with 26 indicators as well as case studies to follow up government responses to the Declaration. Jamaica has an estimated compliance of 69% which is just below Barbados and Trinidad and Tobago.[14] Similarly, the Case for Investment in Prevention and Control of Noncommunicable Diseases in Jamaica carried out by Pan American Health Organization (PAHO) in 2017, shows that implementing feasible policies over 15 years in the realms of tobacco and alcohol control, cardiovascular diseases and diabetes control could save 5,700 lives and 67,000 healthy life years, increase productivity and avoid labor costs, resulting in accelerating the annual rate of GDP growth by 0.11 percentage points after five years.

2.5 **Health services.** Jamaica has a comprehensive public health system that strives to supply universal coverage free of charge.[15] The country established a strong primary care platform in the 1980's with over 300 health centers that provided almost all the population access to care within 10 walking miles. The MOH operates 24 hospitals, including 9 multispecialty and referral hospitals. The private sector offers imaging, laboratory, pharmacy, ambulatory and hospital services, although it provides only around 6% of total bed capacity.

2.6 **Deficiencies in primary care.** Although traditionally considered strong, primary care in Jamaica currently appears unable to fulfill its role in gatekeeping higher levels of care and managing less complex conditions. Compared to their counterparts in several other countries of the region, Jamaicans report a higher frequency of primary care with essential attributes of a medical home

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[12] The World Health Organization's Best Buys for addressing NCD's are recommended interventions that demonstrate a clear link to at least one global NCD target, have shown a quantifiable effect in at least one peer reviewed journal publication, and are considered feasible and cost- effective, with an average cost- effectiveness ratio of < $100/DALY avoided in low- and lower middle- income countries. World Health Organization. (2017). Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. http://www.who.int/iris/handle/10665/259232.

[13] Last update from September 2015.

[14] Samuels, T. Alafia (2017), "Progress in the Implementation of the 2007 CARICOM Port-of-Spain NCD Summit Declaration," PAHO/WHO Caribbean Sub-Regional Workshop on Alcohol, Tobacco and Sugar-Sweetened Beverages Taxation (May, 2017).

[15] The abolition of user fees at public facilities in 2008 and the establishment of the Jamaica National Health Fund (NHF) in 2003 intended to reduce out-of-pocket financing, which still accounts for around 28% of expenditure. The NHF provides a drug subsidy programme targeting patients suffering from the 15 most common NCDs and the elderly over 65.

(easy-to-contact, continuity of providers with relevant information on patient and that coordinates care) and rank the quality of their general practitioner much higher.[16] Still, almost 60% of patients inappropriately bypass health centers to attend hospital accidents and emergency departments for routine primary care.[17] At the same time, there is a high rate of hospital admissions for avoidable complications of NCDs that should be handled by primary care through prevention and management strategies.[18] At least part of these problems owes to insufficient diagnostic, screening, and resolutive capacity at the health center level.

2.7 **Weaknesses of the hospital system.** The inadequate performance of primary care contributes to the aggravation of already existing issues in secondary and tertiary care and overall system inefficiencies.[19] In the hospital accident and emergency departments, the presentation of non-urgent cases generates overcrowding and longer waiting times.[20] The high proportion of hospital inpatients whose conditions are primary-care sensitive result in an inefficient allocation of hospital resources, and limited clinic capacity reduces the possibility to manage these cases on an outpatient basis. Certain wards in some hospitals, especially the type A specialty and type B general hospitals, show bed occupancy rates over the recommended safe limit of 85% as well as longer than desired lengths of patient stays.[21] This is due in part to the need for improvement in diagnostic, pharmacy, and laboratory services as well as case management and surgical techniques, including day surgery. In addition, linkages between primary and hospital care are weak, and there is a need to establish better referral and cross referral procedures, treatment protocols, and care pathways in an integrated health care services network approach.[22] Finally, several hospitals urgently require infrastructure upgrading and expansion, ideally incorporating considerations regarding sustainability—such as renewable energy—and network reorganization, as well as equipment maintenance and renewal.[23]

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16 Macinko J, Guanais FC, Mullachery P, Jimenez G. 2016. Gaps in primary care and health system performance in six Latin American and Caribbean countries. Health Affairs 35 (8): 1513-21.

17 This was revealed through a nationally representative survey that inquired regarding emergency department usage in the previous two years among patients who had made the visit for a primary-care treatable problem.

18 In 2009, a report from the MOH estimated that approximately 80% of its budget was spent in hospital-centered care, which also indicates an inefficient allocation of funds, especially given the country's epidemiological profile.

19 Jamaica generally performed well in a health sector efficiency study using data envelopment analysis methodology, but there were some areas of possible improvement such as DALYs lost for the level of inputs. See Morena-Serra, R., Anaya Montes, M. y Smith, P. 2017. Levels and Determinants of Health System Efficiency in Latin America and the Caribbean. York: University of York, Centre for Health Economics (for the Inter-American Development Bank).

20 Average waiting time at public hospitals was 4.7 hours in 2015 (Planning Institute of Jamaica and Statistical Institute of Jamaica. 2017. Jamaica Survey of Living Conditions 2015. Kingston).

21 A significant portion of the patients with long stays could be attended in lower-complexity facilities or in community or family contexts; however, they often lack social support, and alternative care modalities are not well developed in Jamaica.

22 PAHO. 2011. "Integrated Health Service Delivery Networks: Concepts, Policy Options and a Road Map for Implementation in the Americas." PAHO: Washington, DC.

23 A hospital network reorganization process could imply a reformulation of the number of beds per type of service vis-à-vis the expected number of discharges, closure of departments or clinical units that duplicate services or have low production, reallocation of services from one hospital to another, and the role re-specification among facilities (IOS Partners, Inc. 2013. Sustainable Financing and Reform of the Health

2.8 **Opportunities in health information systems and technology.** Health Information and Management Systems (HIMS) provide the underpinnings for evidence-based decision and policy making and have four key functions: data generation, compilation, analysis and synthesis, and communication and use.[24] These represent major opportunities for improving quality of healthcare delivered, case management, care coordination, assessment, planning, preparedness, surveillance and workplace efficiency. Jamaica has made commitments and progress in this area since 2011, when with PAHO and using the Health Metrics Network methodology, the country undertook an assessment of the Health Information System (HIS) and subsequently developed the National Health Information System (NHIS) Strengthening and e-Health Strategic Plan (2014-2018). This plan was followed by the publication of the Information Systems for Health (IS4H) Jamaica National Plan of Action which was developed in partnership and to be carried out with PAHO/WHO. The plans ensure that public university and private sector health facilities to work together to implement common platforms and initiatives which will allow that while private and university facilities implement information systems to meet their own needs, these systems also conform to established and national standards to support interoperability with other sectors.

2.9 Adoption of health information technology has produced mortality rate reductions for complex patients whose diagnoses require cross-specialty care coordination and extensive clinical information management in hospital settings,[25] as well as improvements in resource allocation efficiency.[26] Health information systems, along with information sharing, have the potential to improve clinical practice by reducing staff errors, incidents, improving automated harm detection, monitoring infections more effectively, and enhancing the continuity of care during physician handoffs. This is especially relevant for the context of Jamaica as there is currently an over-reliance on hospital care. Opportunities for HIMS to contribute to savings for both, the health system and Jamaican economy are extensive.[27]

2.10 Opportunities for Jamaica also exist in the application of health information technology to support service provision such as through deployment of telemedicine consultations.[28] Because management of NCDs can largely occur in

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Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica. Inter-American Development Bank).

[24] Toolkit on Monitoring Health System Strengthening: Health Information Systems, World Health Organization, 2008.

[25] McCullough, J. S., Parente, S. T. and Town, R. (2016), Health information technology and patient outcomes: the role of information and labor coordination. The RAND Journal of Economics, 47: 207-236.

[26] Park Y-T, Lee J, Lee J. Association between Health Information Technology and Case Mix Index. *Healthcare Informatics Research*. 2017;23(4):322-327.

[27] In terms of economic savings from interoperability and sharing of health data, conservative estimates suggest if the United States healthcare system were interoperable, at least US$77 billion would be saved annually. See Walker J, Pan E, Johnston D, Adler-Milstein J, Bates DW, Middleton B. The value of health care information exchange and interoperability. Health Aff (Millwood) 2005; Suppl Web Exclusives: W5-10-W5-18.

[28] Telemedicine refers to the use of information and communication technology to improve patient health outcomes through increased access to medical information and care for the diagnosis, treatment and prevention of injuries and illness, as well as for research and evaluation. Telemedicine allows patients, providers and other health care system players to overcome geographical barriers by connecting users who are not in the same physical location. World Health Organization. (2009). Telemedicine: Opportunities

the outpatient setting, telemedicine represents great possibilities. In various health systems, doctors and patients report that problem solving becomes more of a conversation than a discrete interaction.[29] For example, blood pressure control consultations over 10-15 emails or phone calls can occur across weeks and the cost is approximately 29% of what the cost of in-person acute care.[30]

2.11 **Government Strategy for Health Sector.** The Government of Jamaica (GOJ) has designed key policies to respond to the challenges in the health sector and to support its health sector strategy, acknowledging that improvements in health lead to higher economic growth.[31] In response to the high burden of NCDs, the GOJ developed the NCD Strategic and Action Plan (2013-2018). The plan aims to reduce the burden of NCDs and injuries by 25% by 2025 and focuses on seven main categories of diseases, namely cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, sickle cell disease, mental health and injuries. Furthermore, the GOJ supported the Primary Health Care Renewal Policy (2015), in order to strengthen primary healthcare and improve the quality of service provision. In support of this, the GOJ commissioned by United Nations Office for Project Services (UNOPS) to provide an assessment of current hospital infrastructure and catchment area mapping. The GOJ is currently developing a 10 years strategic plan, the first round of internal consultations with the government are foreseen for mid-2018. The GOJ is also pursuing various projects and pilots to test strategies for strengthening primary care such as the Diabetes Chronic Care Model Passport pilot project.[32] It is also implementing upgrades to health facilities to reduce maternal and neonatal deaths through a US$23 million investment programme funded by the European Union.

2.12 **Historic Inter-American Development Bank (IDB) support in Jamaica health sector.** The IDB currently supports a variety of initiatives in the health sector including the Technical Cooperation (TC) Strengthening Health Systems in Jamaica (JA-T1092; ATN/OC-14953-JA), which was approved in 2015 to assist GOJ provide affordable and quality care through strengthening the strategic development planning process and deepening the primary care renewal process and financing strategy. Also, currently in implementation is the TC project Institutional Strengthening to Ministry of Health to Improve National Surveillance (JA-T1102; ATN/OC-14788-JA), approved in 2014 to strengthen prevention and control of infectious diseases, especially vector-borne diseases and pandemic threats. The IDB also funded a Technical Study completed in 2013 on sustainable financing and reform of the health sector to improve efficiency and effectiveness and quality of care in Jamaica. There is an on-going loan Energy Management and

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and developments in Member States: report on the second global survey on eHealth. http://www.who.int/iris/handle/10665/44497

29 The Rise of Telemedicine and Lower Costs. https://wa-business.kaiserpermanente.org/virtual-healthcare-lower-costs/

30 Assessment of the Feasibility and Cost of Replacing In-Person Care with Acute Care Telehealth Services. http://www.connectwithcare.org/wp-content/uploads/2014/12/Medicare-Acute-Care-Telehealth-Feasibility.pdf

31 During the 2015-2016 budget speech, the Minister of Finance and Planning stated that “a healthy, well trained labour force is critical to increasing productivity and creating a more globally competitive economy”, in the opening presentation of the budget debate 2015-2016.

32 Gittens Gilkes et al. Improving diabetes control in an under-resourced community: a quality improvement pilot project to introduce the Chronic Care Passport. Caribbean Journal of Nursing, May 2013.

Efficiency Programme (JA-L1056; 3877/OC-JA) aimed at implementing energy conservation methods in Government health facilities which will inter alia, implement energy conservation methods in Government facilities including four hospitals slated for intervention.[33]

2.13 **Strategic alignment.** The programme to be supported is consistent with the Update of the Institutional Strategy (UIS) 2010-2020 (AB-3008) and fits within the development challenge of social inclusion and equality by improving access of the population to health care services. It is relevant to the cross-cutting issues of: (i) gender equality and diversity, by increasing women's access to health services for diseases that affect them disproportionately, with an overall NCD prevalence of 33.25% among women compared to 20.44% among men;[34] (ii) climate change and environmental sustainability, by promoting the incorporation of energy efficiency measures in hospital retrofitting; and (iii) institutional capacity and rule of law, by improving the quality of public health services and policy formulation and implementation. The programme will contribute to the Corporate Results Framework (CRF) 2016-2019 (GN-2727-6) by expanding the number of beneficiaries receiving health services. It is aligned with the Health and Nutrition Sector Framework's (GN-2735-7) priority to ensure that all people have timely access to quality health services. Furthermore, the project coincides with the objective of the IDBG Country Strategy with Jamaica 2016-2021 (GN-2868) to improve the public health system and achieve an increase in the usage of primary care facilities and a reduction in risk factors and the burden of NCDs, and is included in the 2018 Operational Program Report (GN-2915).

2.14 **Donor coordination.** For this programme the Bank is working closely with the PAHO regarding NCD policy measures and Information Technology (IT) in health. The Bank is also coordinating with UNOPS, which is conducting a needs assessment that will inform hospital investments as part of the strengthening of integrated health networks. In this line of work the programme is also coordinating PAHO/WHO and Department for International Development (DFID) on the SMART Hospital development programme that aims to strengthen hospital infrastructure to sustain services during times of national disaster. Lastly the project is coordinating with the European Union which has supported the MOH in 2018 with approximately US$6.1 million in order to upgrade maternal and neonatal health care facilities infrastructure and equipment.

2.15 **Objective.** The programme objective is to improve the health of Jamaica's population by strengthening comprehensive policies for the prevention of NCD risk factors and for the implementation of a chronic care model with an improved access to strengthened and integrated primary and hospital services networks that provide more efficient and higher quality care. To meet this objective, the programme is structured into a hybrid project, with an investment loan and with the first operation of a Programmatic Policy-Based Loan (PBP) series of two independent loans. The policies in the programmatic series will consolidate regulatory measures to address the preventable causes of NCDs and to reorient health systems to address prevention and control of NCDs through people-

[33] Victoria Jubilee Hospital, Kingston; Mandeville Public Hospital; Cornwall Regional Hospital, Montego Bay; Falmouth Hospital, Trelawny.

[34] In the case of obesity, estimates from the Jamaica Survey of Living Conditions (JSLC) indicate that in 2014, 48% of male and 63.4% of female adults in Jamaica respectively were overweight or obese.

centered primary health chronic care model. The investment component, in turn, will finance activities to consolidate integrated health networks and improve the management, quality and efficiency of health services. While the PBP will benefit the Jamaican population at-large, the investment loan will have approximately 1.3 million potential direct beneficiaries who reside in the catchment areas of the health services networks that will receive investments.

A. Programmatic Policy Based Loan Series (first operation US$50 million) JA-L1080

2.16 **Component 1. Macroeconomic stability.** The objective of this subcomponent is to maintain a stable macroeconomic framework, in line with what is established in the Policy Matrix.

2.17 **Component 2. Reduction of risk factors that cause NCDs.** This component will include regulatory and policy measures to address the four principal avoidable risk factors that cause NCDs: tobacco, problematic alcohol consumption, unhealthy diets and lack of adequate physical activity. Policies to be considered include regulation on advertisement-promotion-sponsorship, availability-point of sale, labelling, taxes, and content regulation. These policies are based on evidence-based best-buys and make use of traditional and behavioral economic principles. The component will also support a strategic plan on mental health emphasizing prevention and care in community-based settings, as it is recognized that mental and neurological disorders may be a precursor or a consequence of traditional NCDs and exert a high toll on morbidity and mortality.[35]

2.18 **Component 3. Early detection and clinical management of NCDs.** Policy measures in this component will be directed at strengthening and reorienting health systems and care protocols to address prevention, screening and control of non-communicable diseases through people-centered primary health care, with a specific emphasis on developing guidelines and services that address the prevalent gender disparities in Jamaica. It will also develop policies to design, build and implement a clinical information system to strengthen the surveillance of NCDs, as well as the clinical and self-management of priority NCDs. Policies in this area will include the framework for Health Information System concept and implementation plan, that will track patients throughout the public health sector that will include an electronic medical record as well as a referral system.

B. Investment Loan (US$50 million) JA-L1049

2.19 **Component 1. Organization and consolidation of integrated health services networks (US$40 million).** This component will finance the purchase of medical equipment and the improvement of infrastructure for primary health care services in the catchment areas of three priority hospitals to increase their capacity in health promotion and disease prevention, especially regarding chronic, non-communicable diseases. The investments will focus on strengthening the diagnostic and screening capability as well as the clinical and resolutive capacity

[35] While the WHO addresses NCDs and mental and neurological disorders jointly, recent analyses in Europe consider mental health as part of NCDs, using the concept of physical and mental non-communicable diseases.

of health clinics. This will allow for more early detection and better management of chronic disease burden and a reduction in the rate of avoidable hospitalizations. Concomitantly, the project will provide resources for the upgrading and expansion of three hospitals selected on criteria relating to strategic role in the national hospital network, supply-demand gaps analysis, and physical needs assessment. The hospitals will benefit from infrastructure reform and modernization in addition to the construction of new wards, surgical theaters, intensive care units, among other functional areas.[36] The interventions of this component will provide for a more rational utilization of health sector resources and will facilitate the more efficient distribution of cases according to complexity, with clinics and health centers attending to primary care patients while hospitals concentrate more exclusively on the higher complexity cases.

2.20 **Component 2. Improvement of management, quality and efficiency of health services (US$7.5 million).** Considering the lack of reliable and timely information for policy formulation and planning, as well as patient clinical management, this component will finance the finalization and implementation of a health information system with functionalities in patient registration, medical health records, laboratory, outpatient scheduling, pharmacy, and other relevant services and its rollout in three health networks.[37] In addition, it will contribute to increase the quality and efficiency of services through the review and development of norms, protocols, clinical guidelines, care pathways, and reference and cross-reference procedures within the integrated health services networks, and it will promote a continuous quality improvement cycle approach in health services. This component will also provide resources for the adoption of innovative technologies in telehealth, such as remote specialist consultation from clinics and general hospitals. Training will be provided to clinical and administrative staff in the new instruments supported by the project.

2.21 **Component 3. Programme administration and evaluation (US$2.5 million).** This component will support the Ministry of Health in terms of strengthening its institutional capacity for project implementation. It will finance specialized technical services, independent auditing, supervision of construction projects, as well as studies regarding the implementation of the programme and evaluation of its impact.

III. TECHNICAL ISSUES AND SECTOR KNOWLEDGE

3.1 **Executing Agencies and execution period.** The Executing Agency (EA) for the Programmatic Policy Based Loan will be the Ministry of Finance and the Public Service. The first operation of the PBP series is expected to be disbursed by March 2019, and the second operation by March 2020. The EA for the Investment Loan will be the Ministry of Health (MOH), and the programme will be executed over five

[36] In the infrastructure upgrading efforts, the MOH is considering the options and lessons learned in the ongoing effort to retrofit public buildings to improve energy efficiency that has been led by the Petroleum Corporation of Jamaica.

[37] PAHO defines Integrated Health Service Delivery Networks “a network of organizations that provides, or makes arrangements to provide, equitable, comprehensive, integrated, and continuous health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and the health status of the population served.” Facilities provide health care at different levels of complexity and refer patients to the appropriate level of attention.

years (60 months). Specifics of the execution mechanism will be defined based on results of application of the Bank's Platform for Assessment of Institutional Capacity (PACI) tool. Preliminary assessments indicate need to support additional personnel for project coordination, fiduciary and procurement activities, and planning, monitoring and evaluation. The Project Implementing Unit (PIU) of the investment loan will work closely with the EA for the PBP to ensure steps in execution for both programmes are sequenced in a complementary manner.

3.2 **Sector Knowledge.** This programme will build on the Bank's experience in other projects and analytical work[38] to assess and strengthen health systems and to address NCDs in the region. Several Bank programmes are coordinating and adopting a similar approach toward strengthening health networks, with a renewed emphasis on primary care as the point of entry to the health system and as principal care coordinator. This approach also involves improving diagnostic capacity, regulating hospital admissions, and establishing stronger mechanisms of referral and counter-referral, care pathways and protocols. Bank programmes in health are also supporting health information systems and are producing knowledge regarding electronic health records. Finally, there is a growing focus on NCDs and means for bolstering prevention and early detection and management approaches.

3.3 **Complementary activities.** A TC Strengthening Health Services Delivery in Jamaica (JA-T1152) will finance technical studies and activities to support the assessment of the current service delivery platforms, implementation of the information technology workplan, development of regulatory and policy measures, preparation of options for public-private partnerships, and development of project management tools. Additionally, a TC (JA-T1141; ATN/OC-16573-JA) will provide financing for an initial PIU of seasoned professionals who will provide seamless implementation support between approval and execution phases in addition to providing institutional capacity strengthening trainings to Ministry of Health (MOH) personnel in their individual areas of expertise. This TC will also support design and implementation of a Management Information System (MIS) for the MOH.

IV. ENVIRONMENTAL SAFEGUARDS AND FIDUCIARY SCREENING

4.1 Based on preliminary information and according to the IDB's Environment and Safeguards Compliancy Policy (OP-703), the Operation JA-L1049 has been classified as Category "B", since the upgrade and expansion of the three hospitals is expected to cause local and short-term negative environmental and social impacts, for which effective mitigation measures are readily available. An Environmental and Social Analysis (ESA) and Environmental and Social

[38] Guanais, Frederico, Ferdinando Regalia, Ricardo Perez-Cuevas, y Milagros Anaya (Eds.). 2018. Forthcoming. From the patient. Experiences with Primary Health Care in Latin America and the Caribbean Washington, DC: Inter-American Development Bank (IDB). See also Macinko J, Dourado I, Guanais FC. 2011. Chronic Diseases, Primary Care and Health Systems Performance: Diagnostics, Tools and Interventions. Inter- American Development Bank. https://publications.iadb.org/handle/11319/5759 Guanais FC, Gómez-Suárez R, Pinzón L. 2012. Series of Avoidable Hospitalizations and Strengthening Primary Health Care: Primary Care Effectiveness and the Extent of Avoidable Hospitalizations in Latin America and the Caribbean. Inter- American Development Bank. https://publications.iadb.org/handle/11319/5742

Management Plan (ESMP) will be produced to identify and manage the operation's environmental and social impacts and risks. For the PBP JA-L1080, it has been classified as B.13, because the programme is not expected to cause negative environmental or social impact (see Annex III).

V. OTHER ISSUES

5.1 **Retroactive financing.** The Bank may finance retroactively under the loan, eligible expenses in relation to the investment loan incurred by the Borrower prior to the date of loan approval up to the amount of US$10 million (20% of the proposed investment loan amount), if they satisfy requirements substantially similar to those set out in the loan agreement. These expenses may include consultant services, non-consulting services and goods. These expenses must have been incurred on or after the approval date of this project profile, and no expenditures incurred more than 18 months prior to the loan approval date should be included.

VI. RESOURCES AND TIMETABLE

6.1 Annex V contains the project's preparation timeline. Proposed dates are: Proposal for Operation Development distribution for Quality and Risk Review, July 17; Operations and Policy Committee, August 27; and consideration of the Loan Proposal by the Board of Executive Directors, September 26, 2018. Total preparation costs are estimated at US$91,340 from administrative funds and US$250,000, from TC funds.

CONFIDENTIAL

[1] The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.

Safeguard Screening Form

Operation Information

Operation		
JA-L1049 Support fo the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases		
Environmental and Social Impact Category	High Risk Rating	
B		
Country	Executing Agency	
JAMAICA	JA-MH - MINISTRY OF HEALTH)	
Organizational Unit	IDB Sector/Subsector	
Social Protection & Health	HEALTH SYSTEM STRENGTHENING	
Team Leader	ESG Primary Team Member	
IAN WILLIAM MAC ARTHUR	JUAN CARLOS VASQUEZ CASTRO	
Type of Operation	Original IDB Amount	% Disbursed
Loan Operation	$50,000,000	0.000 %
Assessment Date	Author	
23 May 2018	sheylas Project Assistant	
Operation Cycle Stage	Completion Date	
ERM (Estimated)	7 May 2018	
QRR (Estimated)	26 Jul 2018	
Board Approval (Estimated)		
Safeguard Performance Rating		
Rationale		

Operation Classification Summary

Overriden Rating	Overriden Justification
Comments	

Conditions / Recommendations

Category "B" operations require an environmental analysis (see Environment Policy Guideline: Directive B.5 for Environmental Analysis requirements)

The Project Team must send to ESR the PP (or equivalent) containing the Environmental and Social Strategy (the requirements for an ESS are described in the Environment Policy Guideline: Directive B.3) as well as the Safeguard Policy Filter and Safeguard Screening Form Reports. These operations will normally require an environmental and/or social impact analysis, according to, and focusing on, the specific issues identified in the screening process, and an environmental and social management plan (ESMP). However, these operations should also establish safeguard, or monitoring requirements to address environmental and other risks (social, disaster, cultural, health and safety etc.) where necessary.

Summary of Impacts / Risks and Potential Solutions

Generation of solid waste is moderate in volume, does not include hazardous materials and follows standards recognized by multilateral development banks.

Solid Waste Management: The borrower should monitor and report on waste reduction, management and disposal and may also need to develop a Waste Management Plan (which could be included in the ESMP). Effort should be placed on reducing and re-cycling solid wastes. Specifically (if applicable) in the case that national legislations have no provisions for the disposal and destruction of hazardous materials, the applicable procedures established within the Rotterdam Convention, the Stockholm Convention, the Basel Convention, the WHO List on Banned Pesticides, and the Pollution Prevention and Abatement Handbook (PPAH), should be taken into consideration.

Likely to have minor to moderate emission or discharges that would negatively affect ambient environmental conditions.

Management of Ambient Environmental Conditions: The borrower should be required to prepare an action plan (and include it in the ESMP) that indicates how risks and impacts to ambient environmental conditions can be managed and mitigated consistent with relevant national and/or international standards. The borrower should (a) consider a number of factors, including the finite assimilative capacity of the environment, existing and future land use, existing ambient conditions, the project's proximity to ecologically sensitive or protected areas, and the potential for cumulative impacts with uncertain and irreversible consequences; and (b) promote strategies that avoid or, where avoidance is not feasible, minimize or reduce the release of pollutants, including strategies that contribute to the improvement of ambient conditions when the project has the potential to constitute a significant source of emissions in an already degraded area. The plan should be subject to review by qualified independent experts. Depending on the financial product, this information should be referenced in appropriate legal documentation (covenants, conditions of disbursement, etc.).

The negative impacts from production, procurement and disposal of hazardous materials (excluding POPs unacceptable under the Stockholm Convention or toxic pesticides) are minor and will comply with relevant national legislation, IDB requirements on hazardous material and all applicable International Standards.

Monitor hazardous materials use: The borrower should document risks relating to use of hazardous materials and prepare a hazardous material management plan that indicates how hazardous materials will be managed (and community risks mitigated). This plan could be part of the ESMP.

The project is located in an area prone to coastal flooding from storm surge, high wave activity, or erosion and the likely severity of the impacts to the project is moderate.

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP), may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. The measures should include risk reduction (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as financial protection (risk transfer, retention) for the project. They should also take into account the country's disaster alert and prevention system, general design standards, coastal retreat and other land use regulations and civil defense recommendations in coastal areas.

The project is located in an area prone to hurricanes or other tropical storms and the likely severity of the impacts to the project is moderate.

A Disaster Risk Assessment, that includes a Disaster Risk Management Plan (DRMP), may be necessary, depending on the complexity of the project and in cases where the vulnerability of a specific project component may compromise the whole operation. The DRMP should propose measures to manage or mitigate these risks to an acceptable level. The measures should consider both the risks to the project, and the potential for the project itself to exacerbate risks to people and the environment during construction and operation. The measures should include risk reduction (siting and engineering options), disaster risk preparedness and response (contingency planning, etc.), as well as financial protection (risk transfer, retention) for the project. They should also take into account the country's disaster alert and prevention system, general design standards and other related regulations.

Disaster Risk Summary

Disaster Risk Level

B

Disaster / Recommendations

Disaster Summary

Details

Actions

Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s). Complete Project Classification Tool. Submit Safeguard Policy Filter Report, PP (or equivalent) and Safeguard Screening Form to ESR.

Safeguard Policy Filter Report

Operation Information

Operation		
JA-L1049 Support fo the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases		
Environmental and Social Impact Category	High Risk Rating	
B		
Country	Executing Agency	
JAMAICA	JA-MH - MINISTRY OF HEALTH)	
Organizational Unit	IDB Sector/Subsector	
Social Protection & Health	HEALTH SYSTEM STRENGTHENING	
Team Leader	ESG Primary Team Member	
IAN WILLIAM MAC ARTHUR	JUAN CARLOS VASQUEZ CASTRO	
Type of Operation	Original IDB Amount	% Disbursed
Loan Operation	$50,000,000	0.000 %
Assessment Date	Author	
23 May 2018	sheylas Project Assistant	
Operation Cycle Stage	Completion Date	
ERM (Estimated)	7 May 2018	
QRR (Estimated)	26 Jul 2018	
Board Approval (Estimated)		
Safeguard Performance Rating		
Rationale		

Potential Safeguard Policy Items

[No potential issues identified]

Safeguard Policy Items Identified

B.1 Bank Policies (Access to Information Policy– OP-102)

The Bank will make the relevant project documents available to the public.

B.1 Bank Policies (Disaster Risk Management Policy– OP-704)

The operation is in a geographical area exposed to natural hazards (Type 1 Disaster Risk Scenario). Climate change may increase the frequency and/or intensity of some hazards.

B.1 Bank Policies (Gender Equality Policy– OP-761)

The operation will offer opportunities to promote gender equality or women's empowerment.

B.2 Country Laws and Regulations

The operation is expected to be in compliance with laws and regulations of the country regarding specific women's rights, the environment, gender and indigenous peoples (including national obligations established under ratified multilateral environmental agreements).

B.3 Screening and Classification

The operation (including associated facilities) is screened and classified according to its potential environmental impacts.

B.4 Other Risk Factors

The borrower/executing agency exhibits weak institutional capacity for managing environmental and social issues.

B.5 Environmental Assessment Requirements

An environmental assessment is required.

B.6 Consultations

Consultations with affected parties will be performed equitably and inclusively with the views of all stakeholders taken into account, including in particular: (a) equal participation by women and men, (b) socio-culturally appropriate participation of indigenous peoples and (c) mechanisms for equitable participation by vulnerable groups.

B.7 Supervision and Compliance

The Bank is expected to monitor the executing agency/borrower's compliance with all safeguard requirements stipulated in the loan agreement and project operating or credit regulations.

B.10. Hazardous Materials

The operation has the potential to impact the environment and occupational health and safety due to the production, procurement, use, and/or disposal of hazardous material, including organic and inorganic toxic substances, pesticides and persistent organic pollutants (POPs).

B.11. Pollution Prevention and Abatement

The operation has the potential to pollute the environment (e.g. air, soil, water, greenhouse gases).

B.17. Procurement

Safeguard Policy Filter Report

Suitable safeguard provisions for the procurement of goods and services in Bank financed operations may be incorporated into project-specific loan agreements, operating regulations and bidding documents, as appropriate, to ensure environmentally responsible procurement.

Recommended Actions

Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s). Complete Project Classification Tool. Submit Safeguard Policy Filter Report, PP (or equivalent) and Safeguard Screening Form to ESR.

Additional Comments

[No additional comments]

Safeguard Policy Filter Report

Operation Information

Operation		
JA-L1080 Support for the Health Systems Strengthening Programme for the Prevention and Care Management of Non-Communicable Diseases		
Environmental and Social Impact Category	High Risk Rating	
B13		
Country	Executing Agency	
JAMAICA	JA-MFPS - MINISTRY OF FINANCE AND THE PUBLIC SERVICE)	
Organizational Unit	IDB Sector/Subsector	
Social Protection & Health	HEALTH	
Team Leader	ESG Primary Team Member	
PABLO IBARRARAN		
Type of Operation	Original IDB Amount	% Disbursed
Loan Operation	$50,000,000	0.000 %
Assessment Date	Author	
23 May 2018	sheylas Project Assistant	
Operation Cycle Stage	Completion Date	
ERM (Estimated)	7 May 2018	
QRR (Estimated)	26 Jul 2018	
Board Approval (Estimated)		
Safeguard Performance Rating		
Rationale		

Safeguard Policy Filter Report

Potential Safeguard Policy Items

[No potential issues identified]

Safeguard Policy Items Identified

B.1 Bank Policies (Access to Information Policy– OP-102)

The Bank will make the relevant project documents available to the public.

B.2 Country Laws and Regulations

The operation is expected to be in compliance with laws and regulations of the country regarding specific women's rights, the environment, gender and indigenous peoples (including national obligations established under ratified multilateral environmental agreements).

B.3 Screening and Classification

The operation (including associated facilities) is screened and classified according to its potential environmental impacts.

B.13. Noninvestment Lending and Flexible Lending Instruments

Ex-ante impact classification may not be feasible for this type of operation. This includes: policy-based loans, Financial Intermediaries (FIs) or loans that are based on performance criteria, sector-based approaches, and conditional credit lines for investment operations.

B.17. Procurement

Suitable safeguard provisions for the procurement of goods and services in Bank financed operations may be incorporated into project-specific loan agreements, operating regulations and bidding documents, as appropriate, to ensure environmentally responsible procurement.

Recommended Actions

Operation has triggered 1 or more Policy Directives; please refer to appropriate Directive(s). Complete Project Classification Tool. Submit Safeguard Policy Filter Report, PP (or equivalent) and Safeguard Screening Form to ESR.

Additional Comments

Low risk

Environmental and Social Strategy (ESS)	
Operation Name	Support for the Health Systems Strengthening Program for the Prevention and Care Management of Non-Communicable Diseases
Operation Number	JA-L1049
Prepared by	Juan Carlos Vasquez (VPS/ESG) and Julia Míguez Morais (VPS/ESG)
Operation Details	
IDB Sector	Health
Type of Operation	Specific Investment Loan
Environmental and Social Classification	Category B
Disaster Risk Rating	Moderate
Borrower	Jamaica
Executing Agency	Ministry of Health (MOH)
IDB Loan US$ (and total Program cost)	IDB: US$50,000,000 Total: US$50,000,000
Applicable Policies/Directives	OP-703 (B.01, B.02, B.03, B.04, B.05, B.06, B.07, B.10, B.11 y B.17), OP-704, OP-761, OP-102.

Operation Description

The program "Support for the Health Systems Strengthening Program for the Prevention and Care Management of Non-Communicable Diseases" aims to improve the health of Jamaica's population by strengthening comprehensive policies for the prevention of non-communicable diseases (NCD) risk factors and for the implementation of a chronic care model with an improved access to strengthened and integrated primary and hospital services networks that provide more efficient and higher quality care. The program is structured into a hybrid Program, consisting of: (i) a programmatic policy-based loan (PBP) (JA-L1080), aimed at consolidating regulatory measures to address the preventable causes of NCDs and to reorient health systems to address prevention and control of NCDs through people-centered primary health chronic care model; and (ii) a specific investment loan (JA-L1049) that will finance activities to consolidate integrated health networks and improve the management, quality and efficiency of health services. For the PBL JA-L1080, it has been classified as B.13. The policies supported by the operation are not expected to cause significant effects on the country's environmental or social context. Therefore, it does not require an environmental and social analysis. The present ESS focuses on the investment loan, which consists of the following components:

Component 1: Organization and consolidation of integrated health services networks. This component will finance the upgrading and expansion of three hospitals: Spanish Town Hospital, May Pen Hospital and St. Ann's Bay Hospital (infrastructure reform and modernization and construction of new wards, surgical theaters, and intensive care units, among other functional areas). Additionally, it will finance the purchase of medical equipment and the improvement of infrastructure for 2-3 primary health care centers (to be defined) in the catchment areas of these hospitals.

Component 2: Improvement of management, quality and efficiency of health services. This component will finance the finalization and implementation of a health information system with functionalities in patient registration, medical health records, laboratory, outpatient scheduling, pharmacy, and other relevant services, as well as the review and development of norms, protocols, clinical guidelines, care pathways, and reference and cross-reference procedures within the integrated health services networks.

The Executing Agency is the Ministry of Health (MOH).

Spanish Town Hospital, May Pen Hospital and St. Ann's Bay Hospital are Type B general hospitals with about 200 beds. They provide services of: Anesthesiology, Accident & Emergency (24 hours), General Medicine, General Surgery, Gynecology, Obstetrics, Ophthalmology, Orthopedics, Pediatric Medicine, Laboratory, Psychiatry, Radiology, Outpatient services, Social Work Services, Pharmacy, Physiotherapy.

Appendix 1 shows the location of the hospitals. All the expansion works will be carried out within the current hospital plots. According to the available information, there are no houses, commercial infrastructures or street vendors occupying the hospital plots or adjacent areas (information to be confirmed by the environmental and social assessment). There is no remaining indigenous population in Jamaica.

Key Potential ESHS[1] Risks and Impacts

The key potential ESHS impacts and risks associated with the Program mainly refer to the upgrade and expansion of the three above mentioned hospitals and infrastructure improvements in several associated heath centers. The exact scope of the infrastructure works has not been completely defined yet. Based on the available information, the main following impacts can be anticipated:

Construction phase

Demolition, expansion and retrofitting activities in the three hospitals and associated health centers might generate:

- Moderate impacts on users of the facilities and nearby communities due to traffic disruption, air emissions and affectation of air quality, dust, noise, and vibrations;
- Moderate amounts of solid and liquid waste from construction activities and workers, and low hazardous waste from heavy machinery;
- Construction debris, which might include hazardous materials such as asbestos, hydrofluorocarbons from air conditioning units, etc.;
- Occupational health and safety risks for the construction workers (working at heights, demolitions, incorrect use of personal protection equipment);
- Community health and safety risks for hospital users and nearby communities;
- Risk of conflicts between construction workers and hospital workers and users (inappropriate behavior, sexual harassment, etc.);
- Temporary disruption in access to secondary and tertiary health services. At this moment there is no detailed information on the type and planning of the works and how they will affect the normal operation of the hospitals. Some areas and services might have to be temporary closed, reduced or transferred to other hospitals, which might provoke longer waiting lists; service saturation (affecting the quality of care); and patients and their caregivers (mostly a female relative) having to travel long distances to other hospitals. The latter would specially affect elderly people, persons with reduced mobility, persons with chronic illness, and poor people (cost of the transportation).

Operation phase

The operation of the hospitals and health centers will generate:

- Solid and liquid waste from hospital workers and users.
- Environmental, occupational and community health and safety risks related to the management and disposal of hospital effluents and hazardous medical waste. Depending on the services provided by the hospital, these might include pathogens, anatomic waste, chemicals and pharmaceuticals, genotoxic, radioactive waste, heavy metal materials, pressurized containers and/or sharps.

There is no indications of systematic exclusion or discrimination in the access to health services in Jamaica.

The development/improvement of a health information system to manage patient medical records (Component 2) might pose a privacy and confidentiality risk if adequate security protocols and safeguards are not put in place.

[1] Environment, Social, Health and Safety.

All the rehabilitation and expansion works will be carried out within the current hospital plots. Thus, no land acquisition is required. According to the available information, there are no houses, commercial infrastructures or street vendors occupying the hospital plots or adjacent areas. Consequently, no physical and/or economic displacement is anticipated. This information will have to be verified during the due diligence process.

The hospitals and health centers might be exposed to natural hazards (specially hurricanes and tropical storm surges), and climate change could increase the risk of many of these hazards. Type 1 Risk is considered Moderate (to be verified as part of ESHS assessment) and for type 2 risk there is no applicable, because the Program is not expected to exacerbate risks to human life, property, the environment and the Program itself.

The Executing Agency -Ministry of Health- might not have the in-house capacity to ensure the proper management of all ESHS aspects associated with the Program.

Information Gaps and Strategy for Analysis and Management

The Program has been classified as Category B, as it is expected to cause mostly local and temporary negative environmental and social impacts for which effective mitigation measures are readily available. Consequently, following B.3 and B.5 Directives of OP-703, the Borrower is required to undertake appropriate site specific Environmental and Social Analysis (ESA) and prepare an Environmental and Social Management Plan (ESMP), with the aim of identifying ESHS impacts and risks of the Program and defining adequate measures to prevent, mitigate and/or manage them. At least one round of meaningful consultations with affected population and other stakeholders is required.

The main elements of the strategy to carry out the required analysis are:

- Preparation of the ESA and ESMP by a consulting firm. The ESA/ESMP must cover all the direct, indirect, and cumulative ESHS impacts generated by the Program both during construction and operation, in order to ensure compliance with IDB safeguard policies and local regulations. It will include at a minimum:
    - Solid, Debris and Hazardous Waste Management Plan.
    - Biohazardous Waste Management and Disposal Plan.
    - Occupational and Community Health and Safety Risk Plan.
    - Emergency Response Plan for construction and operation phases.
    - Measures to minimize disruptions on health services during construction and lessen burdens on patients and their caregivers.
    - Assessment of physical and/or economic displacement. Compensation Plans, if needed.
    - Consultation Plan.
    - Stakeholder Engagement Plan to be applied during execution of the Program. It must include a grievance mechanism.
    - Natural Disaster Risk assessment, defining procedures and mitigation measures for any relevant event.
    - Assessment of potential social and/or environmental liabilities. Action Correction Plan, if needed.
    - Assessment of Executing Agency capacity to properly asses and manage all ESHS aspects of the Program. Measures to strengthen ESHS institutional capacities, if needed.

- The Executing Agency, with the support of the consulting firm, will carry out a round of meaningful, gender-sensitive and sociocultural appropriate consultations with all affected groups and other stakeholders in the catchment area of the three hospitals (specially health services users and communities nearby the hospitals). Following B.6 Directive, the main goal of the consultations will be to inform, gather comments, and adjust the ESA/ESMP. Special measures might be necessary to reach out to and guarantee the participation of population with special needs, such as elderly people and persons with reduced mobility. Women, as primary household caregivers, are key stakeholders. The Executing Agency will document the consultations as per IDB requirements. The consultation process will need to have taken place and the results included in the Environmental and Social Management Report prior to distribution of the Program to OPC.

- Following the Access to Information Policy OP-102, a fit-for-disclosure ESA/ESMP must be published in the IDB's web page prior to the analysis mission.
- Tentative timeline to carry out the required ESHS assessments, under the following conditions: (i) consulting firm has been hired; and (ii) the Executing Agency has defined the main activities and technical aspects of the works:
    - Elaboration and publication of a fit-for-disclosure ESA/ESMP: 35 days after the signature of the contract with the consulting firm.
    - Analysis mission: 10 days after the publication of the fit-for-disclosure ESA/ESMP in the Bank's Web page.
    - Finalization of the consultation process and elaboration of consultation reports: 15 days after publication of the fit-for-disclosure ESA and ESMP, in any case prior to OPC.
    - Elaboration and publication of final ESA/ESMP: 20 days after approval by the Bank of the fit-for-disclosure ESA/ESMP.

  The Program´s team leader agrees with this timeline and with providing the financial resources to hire the consulting firm that will produce the ESA/ESMP.

- For the programmatic policy-based loan JA-L1080, according to Directive B.13 of OP-703, it has been classified as B.13. The policies supported by the program are not expected to cause significant negative effects on the country's environmental or social context. Therefore, it does not require an environmental and social analysis. The Executing Agency capacity will be assessed in the context of due diligence for the JA-L1049.

Opportunities for IDB Additionality on Environment and Social matters

At this moment, no opportunities for IDB additionality have been identified.

Annex Table: Operation Compliance with IDB Safeguard Policies

See Annex 1.

Additional Appendices

See Appendix 1: Maps showing Program locations.

Annex 1 Table: Operation Compliance with IDB Safeguard Policies

Policies / Directives	Policy / Directive Applicable?	Rationale for applicability of Policy / Directive	Actions required during Preparation & Analysis
OP-703 Environment and Safeguards Compliance Policy			
B.2 Country Laws and Regulations	Yes	The Program must comply with Jamaica ESHS laws and regulations.	The ESA will assess the ESHS requirements of the Jamaican regulations and define measures to guarantee compliance.
B.3 Screening and Classification	Yes	The Program is expected to cause mostly local and short-term negative environmental and social impacts for which effective mitigation measures are readily available, and as such a Category "B" classification has been assigned.	The classification will be confirmed once more information becomes available and as a result of the ESA.
B.4 Other Risk Factors	Yes	More Information needed. The Executing Agency might not have the capacity to ensure the proper management of all ESHS aspects of the Program.	The ESA will assess the institutional capacity of the Ministry of Health to manage the ESHS risks and impacts identified and will propose strengthening measures, as needed.
B.5 Environmental Assessment and Plans Requirements	Yes	Due to the activities and infrastructure being financed, an Environmental and Social Analysis (ESA) and an Environmental and Social Management Plan (ESMP) are required.	An ESA/ESMP addressing the potential ESHS impacts and risks caused by the works in the three hospitals and associated health centers will be prepared and published before the Analysis Mission.
B.5 Social Assessment and Plans Requirements (including Livelihood Restauration Plan[2])	Yes		
B.6 Consultation	Yes	Category "B" operations require at least one consultation with affected and interested parties during preparation.	The ESA/ESMP will identify affected population and other stakeholders to be consulted on the potential environmental and social impacts of the Program and will propose a methodology to guarantee that the consultations are meaningful, gender-sensitive and sociocultural appropriate. Based on this, the Execution Agency will carry out and document one round of consultations. The Consultation Reports will be published in IDB Web page prior to OPC.

[2] OP-703 applies when livelihood impacts are not significant and don't lead to physical displacement (see Transitional Guidance in instruments for Physical Displacement, Economic Displacement and Economic Losses under OP-710 and OP-703 (TG-005) for more information).

Policies / Directives	Policy / Directive Applicable?	Rationale for applicability of Policy / Directive	Actions required during Preparation & Analysis
			The ESA/ESMP will include a Stakeholders Engagement Plan and a Grievance Mechanism to be implemented during execution of the Program.
B.7 Supervision and Compliance	Yes	The Bank, will supervise compliance with the ESHS requirements established in the ESMP, the ESMR, the Loan Agreement and IDB's safeguards policies.	The ESMR will establish ESHS requirements to be incorporated in the loan agreement and the Program Operational Manual.
B.8 Transboundary Impacts	N/A	N/A	N/A
B.9 Natural Habitats	N/A	The Program will be carried out in urbanized areas, within already existing structures.	N/A
B.9 Invasive Species	N/A	The Program will not introduce invasive species.	N/A
B.9 Cultural Sites	N/A	The Program will be carried out in urbanized areas, within already existing structures.	N/A
B.10 Hazardous Materials	Yes	Hazardous materials as gasoline, diesel fuel, oil and lubricants will be used during construction. asbestos, hydrofluorocarbons and others hazardous materials might appear during demolition works, from most be generate during demolitions activities. The operation will entail the generation of hospital effluents and solid bio infectious waste.	The ESA/ESMP will include plans and measures as needed for the management and final disposal of hospital effluents and bio infectious solid waste and other hazardous materials.
B.11 Pollution Prevention and Abatement	Yes	Construction works, and operation of the project is expected to cause moderate pollution (air, noise, water, and soil).	The ESA/ESMP will include specific plans and mitigation measures to ensure pollution prevention and monitoring during all phases.
B.12 Projects Under Construction	N/A	Program is not under construction.	N/A
B.13 Noninvestment Lending and Flexible Lending Instruments	N/A	Program is a specific investment loan.	N/A
B.14 Multiple Phase and Repeat Loans	N/A	Program is not a multiple phase or a repeat Loan.	N/A
B.15 Co-financing Operations	N/A	No co-financing institutions.	N/A
B.16 In-Country Systems	N/A	Country Systems are not being used for this Program. Bank´s policies will be applied.	N/A
B.17 Procurement	Yes	Contractors contracts will include references to IDB ESHS requirements.	Contractors contracts will include reference to IDB ESHS requirements.

Policies / Directives	Policy / Directive Applicable?	Rationale for applicability of Policy / Directive	Actions required during Preparation & Analysis
OP-704 Natural Disaster Risk Management Policy			
A.2 Analysis and management of Type 2 risk scenario	N/A	The Program is not expected to exacerbate risks to human life, property, the environment and the Program itself.	NA
A.2 Contingency planning (Emergency response plan, Community health and safety plan, Occupational health and safety plan)	Contingency planning	Type 1 natural disasters risk has been assessed as Moderate, mainly due to hurricanes and tropical storms. There may be risks to the Program and to the workforce and hospitals users during construction and hospital users during operation.	The ESA/ESMP will determine the necessary plans and measures (emergency response, community and occupational health and safety) for the Program.
OP-710 Operational Policy on Involuntary Resettlement			
Resettlement Minimization	N/A	No physical displacement is anticipated as a result of the Program.	The ESA will verify if the Program will provoke involuntary resettlement.
Resettlement Plan Consultations	N/A		
Impoverishment Risk Analysis	N/A		
Resettlement Plan and/or Resettlement Framework Requirement	N/A		
Livelihood Restoration Program Requirement[3]	N/A		
Consent (Indigenous Peoples and other Rural Ethnic Minorities)	N/A		
OP-765 Operational Policy on Indigenous Peoples			
Sociocultural Evaluation Requirement	N/A	There is no remaining indigenous population in Jamaica.	N/A
Good-faith Negotiations and proper documentation	N/A		
Agreement with Affected Indigenous Peoples	N/A		
Indigenous Peoples Compensation, and Development Plan and/or Framework Requirement	N/A		

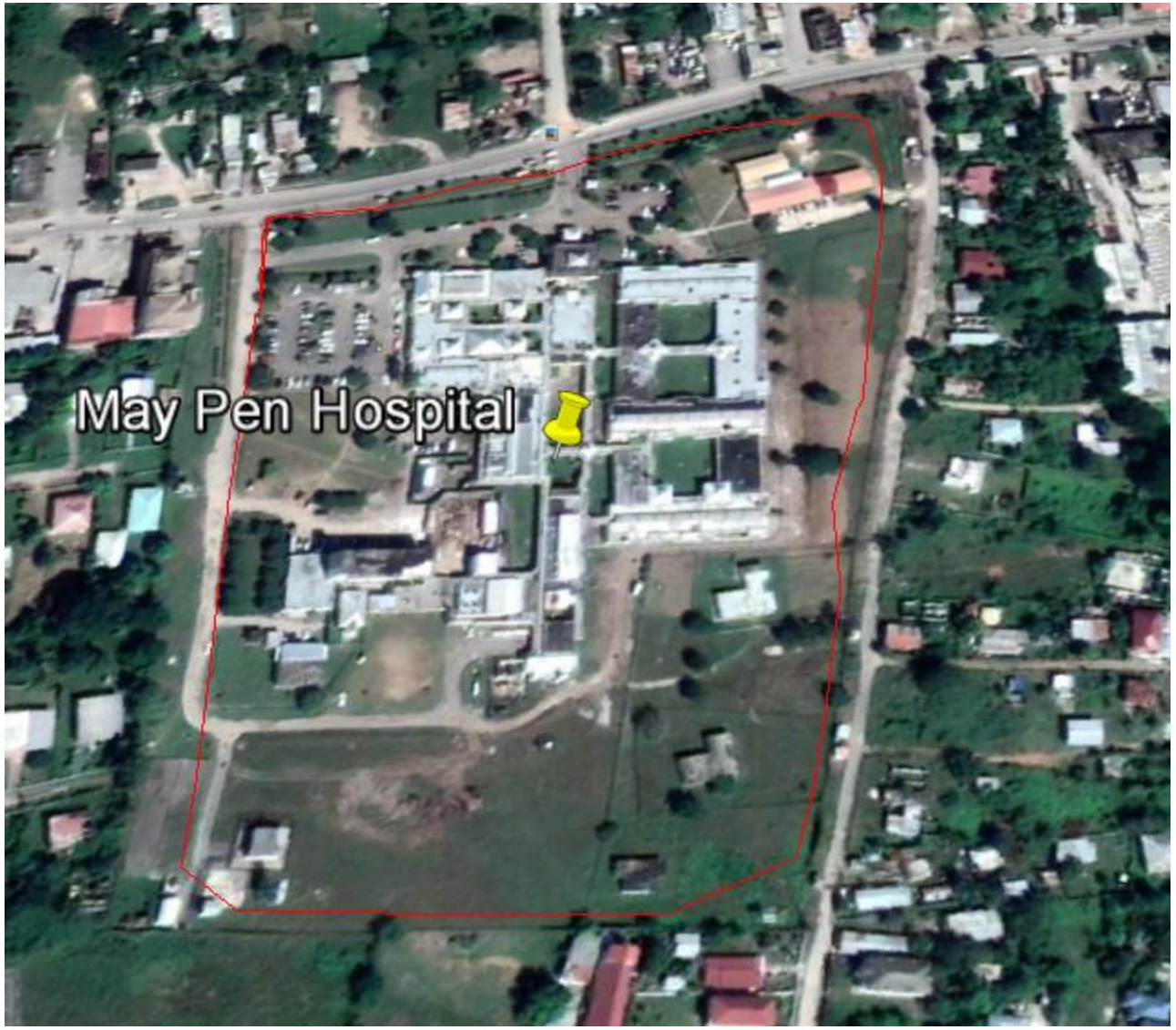
[3] OP-710 applies when livelihood impacts lead to physical displacement (see Transitional Guidance in instruments for Physical Displacement, Economic Displacement and Economic Losses under OP-710 and OP-703 (TG-005) for more information).

Policies / Directives	Policy / Directive Applicable?	Rationale for applicability of Policy / Directive	Actions required during Preparation & Analysis
Discrimination Issues	N/A		
Transborder Impacts	N/A		
Impacts on Isolated Indigenous Peoples	N/A		
OP-761 Operational Policy on Gender Equality in Development			
Consultation and effective participation of women and men	Yes	Women -frequently the primary household caregivers- are key stakeholders for the activities and infrastructure financed by the Program. To promote that their opinions are heard and taken into consideration, the Program will carry out gender-sensitive consultations.	The Consultation Plan and Stakeholders Engagement Plan included in the ESA/ESMP will propose gender-sensitive approaches and methodologies to promote equitable participation of women and men during preparation and operation of the Program.
Application of safeguard and risk[4] analysis	No	No gender-based adverse impacts or risk of exclusion is anticipated.	The risk of gender-based exclusion will be assessed in the ESA/ESMP and reviewed by the IDB.
OP-102 Access to Information Policy			
Disclosure of relevant Environmental and Social Assessments Prior to Analysis Mission, QRR, OPC and submission of the operation for Board consideration	Yes	A fit-for-disclosure ESA/ESMP must be disclosure prior to the analysis mission in IDB's web page.	A fit-for-disclosure ESA/ESMP will be published in IDB's Web page prior to the analysis mission. IDB will disclose the final versions of the documents, including the Consultation Reports, prior to QRR and/or OPC.
Provisions for Disclosure of Environmental and Social Documents during Project Implementation	Yes	In the case that new relevant environmental and social documents are delivered during Program implementation, they will also be made available to the public.	The Bank will publish all new relevant ESHS documents that will be developed during the Program implementation.

[4] Risks may include: (i) Unequal access to project benefits/ compensation measures, (ii) Men or women disproportionally affected due to gender factors, (iii) Non-compliance with applicable legislation related to equality between men and women, (iv) Increased risk of gender-based violence, including sexual exploitation, human trafficking and sexually transmitted diseases, and (v) Disregard of women's ownership rights.

Appendix 1: Maps showing project locations


Spanish Town Hospital


May Pen Hospital


St. Ann's Bay Hospital
St Anns Bay Hospital

INDEX OF COMPLETED AND PROPOSED SECTOR WORK

Topic	Study	Description	Date	Reference and links
Government Policy	Sustainable Financing and Reform of the Health Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica	This study, developed by IOS Partners Inc. for the Ministry of Health and the Inter-American Development Bank, provides recommendations for policies and plans for the Government of Jamaica to improve the health of the country. The report includes the results of a Situation Analysis of the health system and a Health Needs Assessment that estimates the expected epidemiologic profile of Jamaica between 2013 and 2030. This document provides recommendations for the restructuring of health care services, outlines a basic package of services based on the disease profile and demand, specifies alternative sources of financing for the health sector, and determines the cost of upgrading the physical facilities and equipment to improve health service delivery.	2013	IOS Partners, Inc. Sustainable Financing and Reform of the Health Sector to Improve Effectiveness, Efficiency and Quality of Care in Jamaica: Final Report. Government of Jamaica.
Government Policy	Redesigning the Health System in Jamaica: A Proposal	This document, prepared by the Ministry of Health, provides a comprehensive analysis of the current public health system and provides recommendations for improvements to the delivery of health care and a reorganization of secondary and primary health care services. It provides an overview of the epidemiological, demographic and environmental situation, determines the demand for health services and projects, and develops a health policy.	2007	Goffe, D and McCartney, T. 2007. Redesigning the Health System in Jamaica: A Proposal. Ministry of Health of Jamaica.
World Bank Report	Non-Communicable Diseases in Jamaica: Moving from Prescription to Prevention	This report by the World Bank uses data from the Jamaica Living Condition Households Surveys to present an overall picture of the epidemiological and demographic transitions in Jamaica and its current burden of NCDs. This report estimates the economic burden of NCDs and suggests policies and improvements to	2011	http://documents.worldbank.org/curated/en/540311468012672471/Non-communicable-diseases-in-Jamaica-moving-from-prescription-to-prevention

Topic	Study	Description	Date	Reference and links
		Jamaica's NCD programmes. It analyzes Jamaica's response to NCDs with a particular emphasis on the impact of the National Health Fund (NHF), attempting to answer three questions: 1) Has the NHF and its drug subsidy programme reduced out-of-pocket spending on NCDs?, 2) Has access to treatment of NCDs improved?, and 3) What is the economic burden on NCD patients and their families?		
NCDs	Innovative Care for Chronic Conditions: Organizing and Delivering High Quality Care for Chronic Noncommunicable Diseases in the Americas	This report by PAHO/ WHO describes the Chronic Care Model for the integrated management of NCDs within the context of primary health care. It includes a list of effective interventions for each component, as well as country-based examples of the implantation of good practices. This report provides guidance for health care programme managers, policy-makers, and stakeholders on how to plan and deliver high-quality services for people with NCDs, and discusses the implications of integrated management at the policy level.	2013	http://www.paho.org/hq/index.php?option=com_content&view=article&id=8500%3A2013-innovative-delivering-high-quality-care-chronic-noncommunicable-diseases&catid=1415%3Aintegrated-disease-management&Itemid=1353&lang=en
Government Policy	National Strategic and Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs) in Jamaica 2013-2018	This document, developed by the Ministry of Health (MOH) in collaboration with internal and external stakeholders, outlines the course of action for the Government of Jamaica to address the rising burden of NCDs. The plan provides an overview of NCD background information and risk factors, describes the epidemiological landscape and social determinants of NCDs in Jamaica, and discusses interventions that have already been implemented. The plan provides five priority programme areas for addressing the NDC burden: (i) Risk Factor Reduction and Health Promotion, (ii) Comprehensive and integrated disease management for NCDs and injuries,	2013	http://www.moh.gov.jm/wp-content/uploads/2015/05/National-Strategic-and-Action-Plan-for-the-Prevention-and-Control-Non-Communicable-Diseases-NCDS-in-Jamaica-2013-2018.pdf

Topic	Study	Description	Date	Reference and links
		(iii) Surveillance, research, monitoring and evaluation, (iv) Public Policy and Advocacy, and (v) Leadership, Governance and Capacity Building. Within these priority areas, a set of objectives are presented, and an implementation approach is outlined.		
WHO Policy	Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020	This report, prepared by the World Health Organization, provides guidance on objectives and interventions for the prevention and management of NCDs around the world. The Global Action Plan provides a road map and list of policy options to contribute to progress on 9 global NCD targets to be attained by 2025.	2013	http://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf;jsessionid=8189CCFC41108D27F8CE4F95497771AD?sequence=1
Government Policy	National Health Information System Strengthening and e-Health Strategic Plan 2014 to 2018	This document, developed by the Ministry of Health in collaboration with PAHO, outlines a four-year strategic plan for strengthening the health information system in Jamaica. It provides an overview of the current national health information system and e-Health, guiding principles and objectives, and a cost estimate for implementation of these interventions.	2013	http://www.moh.gov.jm/wp-content/uploads/2015/07/MOH_NHIS-eHealth_StrategicPlanFINAL.pdf
Government Policy	Strategic Plan and Action Plan for the Prevention and Control of Cancer in Jamaica 2013-2018	This document, prepared by the Ministry of Health, proposes a five year strategic action plan to reduce the incidence, mortality and inequities associated with cancer in Jamaica. It provides an overview of the demographic situation, health system, and current programmes and progress in response to cancer prevention and control in Jamaica. It also provides a timeframe for implementation, strategic objectives, and budgetary considerations.	2013	http://www.moh.gov.jm/wp-content/uploads/2015/12/NATIONAL-CANCER-STRATEGIC-AND-ACTION-PLAN-JAMAICA.pdf
Government Policy	National Operational Action Plan for the Prevention and Control of	This report, prepared by the Ministry of Health in collaboration with PAHO, outlines six strategies to address childhood obesity, diet	2016	MOH. 2016. National Operational Action Plan for the Prevention and Control of Obesity in Children and

Topic	Study	Description	Date	Reference and links
	Obesity in Children and Adolescents in Jamaica 2016-2020	and physical activity-related risk factors and country capacity by 2020: 1. Obesity prevention and control in primary health care services 2. Protection, promotion and support of breastfeeding 3. School-based interventions 4. Fiscal policies and regulation of food marketing and labelling 5. Physical activity and health promotion 6. Surveillance, research and evaluation		Adolescents in Jamaica 2016-2020. Ministry of Health of Jamaica.
Government Policy	Accelerating Action on NCDs: Evaluation of the 2007 CARICOM Heads of Government Port of Spain NCD Summit Declaration	This document, prepared by CARICOM and PAHO/WHO, evaluates the actions and progress of the Caribbean country governments in response to the 2007 CARICOM Port of Spain Declaration on the NCD burden in the Caribbean region. This document presents national and regional trends regarding NCD mortality, morbidity, and risk factors, as well as national policy responses, lessons learned, and recommendations for accelerating the reduction of NCDs.	2016	http://onecaribbeanhealth.org/wp-content/uploads/2016/10/ACCELERATING-ACTION-ON-NCDS-Executive-Summary-1.pdf
Government Policy	National Infant and Young Child Feeding Policy	This policy by the Ministry of Health is a reference guide and operational framework for the design and implementation of policy related to healthy infant and young child feeding practices in Jamaica. This document discusses the importance of optimal feeding practices, current interventions in Jamaica, and challenges to implementation, as well as providing a plan for monitoring and evaluation. This document also outlines five priority areas: 1) Advocacy/ Legislation, 2) Training, 3) Health Care Delivery, 4) Public Information, Education and Communication, and 5) Monitoring and Evaluation Research.	2017	http://jis.gov.jm/media/NIYCF-Policy.pdf

Topic	Study	Description	Date	Reference and links
Government Policy	The Case for Investment in Prevention and Control of Noncommunicable Diseases in Jamaica	This document, developed by the Ministry of Health in collaboration with PAHO, UNDP, and RTI International, provides guidance to support the development, financing and implementation of national multisectoral interventions to prevent and control NCDs in Jamaica. This report discusses the WHO's Best Buys and other priority interventions related to cardiovascular disease, diabetes, and the consumption of tobacco and alcohol. This report also provides insight into the possible return on investment and political feasibility of implementing these interventions.	2017	The Case for Investment in Prevention and Control of Noncommunicable Diseases in Jamaica. Ministry of Health of Jamaica, PAHO, UNDP, RTI International.
General Health Statistics	Jamaica Survey of Living Conditions 2015	This study, conducted by the Statistical Institute of Jamaica (STATIN) and the Planning Institute of Jamaica (PIOJ), uses a series of living standard measurement surveys to evaluate the demographic characteristics, household consumption and poverty, health, education, housing and social protection factors of the population of Jamaica.	2017	PIOJ & STATIN. 2017. Jamaica Survey of Living Conditions 2015. Planning Institute of Jamaica, The Statistical Institute of Jamaica.
Government Policy	Technical Assistance for the Needs Assessment and Analysis of Improvements for the Strengthening of Infrastructure and Medical Equipment of 5 Hospitals	This document, developed by UNOPS for the MOH, evaluates the investments needed to improve the current healthcare service network in 5 hospitals in Jamaica. It reports on the status of the infrastructure and medical equipment in each hospital, taking into account the perspective of the hospitals' network and their upgrade to higher level facilities. This report identifies priority areas to improve healthcare delivery, as well as assessing the financial implications of each scenario.	2017	UNOPS. Technical Assistance for the Needs Assessment and Analysis of Improvements for the Strengthening of Infrastructure and Medical Equipment of 5 Hospitals.
Government Policy	Reducing Waiting Times in Emergency Departments Project, September 2016-August 2017. Project Review.	This report by the Emergency Medical Services Unit evaluates the Ministry of Health's triage initiative to reduce waiting times in the emergency departments of seven hospitals in Jamaica. This report provides an overview of	2017	Bisasor-McKenzie, J. 2017. Reducing Waiting Times in Emergency Department Project September 2016-August 2017: Project Review.

Topic	Study	Description	Date	Reference and links
		the interventions' objectives, challenges, and main activities, as well as the results of the intervention, including extended hours, registering patients, interventions in emergency departments, and implementation of the E-triage tool. This report ends with a discussion of the potential limitations facing the continued success of the project.		Emergency Disaster Management & Special Services, Jamaica.
Expected Studies				
Diagnostic Assessment (Bank Document)	Integrated Health Network Analysis	The health integrated network analysis consists of an assessment of the current health care network in Jamaica including analysis of services, management, and organization, as well as human and physical resources, and digital infrastructure required for optimal care given Jamaica's epidemiological profile, in selected regions. This will include a diagnosis of the current state and the gaps in health infrastructure and will be used to inform the design of infrastructure investment plans by: (i) aligning proposed investments with requirements and specifications of the health system, (ii) providing criteria to prioritize areas for investment as well as their magnitude, and (iii) assuring investments meet standards of equity, quality and efficiency required in an integrated health system. These tools may include but are not limited to the Service Availability and Readiness Assessment (SARA6), WHO Package of Essential NCDs Interventions Assessment (WHO PEN).	August 2018	
Diagnostic Assessment (Bank Document)	Studies to Support Implementation of Policy Measures that Address NCD Risk Factors	These studies will elaborate an investment case for implementing legislative measures to address NCDs in Jamaica. The investment case will include the following elements: (i) Estimates of the economic impact of NCDs (direct costs to government and indirect costs	August 2018	

Topic	Study	Description	Date	Reference and links
		to the economy), (ii) Cost of implementing a selected package of legislative measures, and determine their respective return of investment (ROI) in the short and medium terms, (iii) Evidence of the benefits of specific legislative measures, (iv) A tailored, compelling and clear case outlining the economic benefits of strengthening the national NCD response utilizing feasible and context-specific policy options, and (v) An agreed road map for assessing and agreeing priority recommendations and actions arising from the investment case.		
Diagnostic Assessment (Bank Document)	Cost Benefit Analysis (ex-ante Economic Analysis)	This study will provide an economic evaluation that values all benefits against costs of the project to examine the benefits versus the costs of proposed interventions. It will perform a counterfactual analysis to analyze costs of current health care model if left as is versus cost with interventions.	July 2018	
Diagnostic Assessment (Bank Document)	Environmental Safeguards study	This study will conduct an analysis of various factors required as part of the Environmental and Social Assessment for the project due to its classification as Category B. These may include but are not limited to assessments of environmental and social impacts as well as safety hazards of construction. The study will develop a plan to mitigate health risks and impacts on the community.	July 2018	
Diagnostic Assessment (Bank Document)	Technical Analyses and Validation of Preliminary Design of Hospital Infrastructure and Equipment Upgrades	This study will provide analysis and design as required by IDB and Jamaica policies, supporting any upgrades to infrastructure or equipment at select health care facilities. It should also take into consideration inputs from recent, relevant sources. This study may also assess the current state of MOH and Regional Health Authority (RHA) IT structures.	July 2018	

Topic	Study	Description	Date	Reference and links
Diagnostic Assessment (Bank Document)	Health Information Management System Workplan Support	This study will provide support to the MOH Senior Health Informatics Staff, working in coordination with PAHO, to implement a workplan which was developed following the National Health Information System Strategic Plan of Jamaica (2014-2017). The following areas have been identified as crucial to bridge the gap of support to reach a phase in which the loan programme could begin supporting further initiative: (i) Review and Adopt National Information Systems 4 Health, (ii) Finalization of functional maturity model map and plan to maturity, and (iii) Harmonization of health indicators information & standardized national data dictionary.	August 2018	
Diagnostic Assessment (Bank Document)	Exploring Public- Private Partnerships (PPP) in Health	This study will finance a consultancy to assist the MOH in the development of a public-private partnership strategy for the health sector, involving capacity-building orientation, identification and review of potential PPP projects, and design of market testing approaches. In addition, support will be provided for the preparation and hosting of a regional conference on public-private partnerships in health.	September 2018	

CONFIDENTIAL

[1] The information contained in this Annex is confidential and will not be disclosed. This is in accordance with the "Deliberative Information" exception referred to in paragraph 4.1 (g) of the Access to Information Policy (GN-1831-28) at the Inter-American Development Bank.