

## TC ABSTRACT

### I. Basic Project Data

▪ Country/Region:	JAMAICA/CCB - Caribbean Group
▪ TC Name:	Strengthening Health Services Delivery in Jamaica
▪ TC Number:	JA-T1152
▪ Team Leader/Members:	Pablo Ibarraran (SCL/SPH) Team Leader; Ian Mac Arthur (SPH/CDR) Alternate Team Leader; Rene Herrera (VPC/FMP); Naveen Jainauth-Umrao (VPC/FMP); Janet Jean Quarrie (CCB/CJA); Louis-Francois Chretien (LEG/SGO); Natalie Wegener (SCL/SPH) and Sheyla Silveira (SCL/SPH).
▪ Taxonomy:	Operational Support
▪ Number and name of operation supported by the TC:	Health Systems Strengthening Program-JA-L1049-Execution Improvement to Health Service Delivery-JA-T1141-Execution Program to Support Prevention and Care Management of NCDs-JA-L1080 - Execution
▪ Date of TC Abstract:	17 Mar 2018
▪ Beneficiary:	Jamaica via Ministry of Health (MOH)
▪ Executing Agency:	Ministry of Health
▪ IDB funding requested:	US\$250,000.00
▪ Local counterpart funding:	US\$0.00
▪ Disbursement period:	30 months
▪ Types of consultants:	Individuals
▪ Prepared by Unit:	Social Protection & Health
▪ Unit of Disbursement Responsibility:	Social Protection & Health
▪ TC included in Country Strategy:	Yes
▪ TC included in CPD:	Yes
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality

### II. Objective and Justification

- 2.1 The general objective of this OS-TC is to support the design and implementation of the two upcoming IDB programs (JA-L1049 and JA-L1080) which aim to enhance the effectiveness of the health sector in tackling the epidemiological challenges from Non-Communicable Diseases (NCDs). To achieve this goal, this TC 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.
- 2.2 Jamaica's epidemiological profile is characterized by a rise in non-communicable diseases (NCDs) while communicable diseases and external factors still remain a challenge. The demographic transition has led to a significant increase in the prevalence of NCDs, which have become the leading cause of mortality and morbidity. According to the World Health Organization, NCDs accounted for 65% of total DALYs and 78% of total deaths in the country in 2012, due mostly to cardiovascular diseases, cancers, and diabetes. Furthermore, while some risk factors have been successfully contained, other risk factors have increased, such as the prevalence of tobacco use and obesity, with significant variations across genders. Jamaica has also experienced an escalation of interpersonal violence, accidents, and injuries, contributing to make external causes one of the main causes of death, particularly amongst men. Regarding communicable diseases, the prevalence of HIV/AIDS is still high and almost 66% of the HIV positive population is unaware of their status.

- 2.3 The public sector is comprised of 24 hospitals and 322 health centers. The Ministry of Health (MOH) provides stewardship of the country's health system by setting health priorities, policy, and is responsible for planning, monitoring, and evaluation. The four decentralized Regional Health Authorities (RHAs) are responsible for health services delivery. The Ministry of Health's strategic objectives are to: (i) provide the Jamaican population with health care service that is accessible and of the highest attainable standard; (ii) maintain and develop a qualified and professional workforce for the delivery of health and allied services; (iii) improve the quality of health information systems for planning and management of the health services; (iv) develop and monitor the implementation of viable health financing options; and (v) strengthen governance mechanisms in the areas of compliance, accountability, policy, legislative, and regulatory systems. The private sector healthcare complements the public sector in terms of providing greater access to quality and specialized care.
- 2.4 The Ministry has been constrained in meeting its strategic objectives due to inadequate human, physical and financial resources. Only marginal capacity has been added to the health system over many years, equipment and technologies are in many cases outdated or unavailable and the country has a shortage of personnel in critical areas including in specialist and critical care nurses.
- 2.5 The operations (JA-L1080 & JA-L1049) will assist the government of Jamaica develop national health policies and programs and strengthen health systems to improve health outcomes of the population. The loan programs will also support the government develop policy measures for the prevention of NCD risk factors and more integrated patient-centered health service delivery systems with a focus on managing the increased burden of NCDs.

### **III. Description of Activities and Outputs**

- 3.1 Component I. Strengthening integrated health services networks. This component will finance technical studies and other inputs related to the design and start up execution of the physical, network and health information system investments of activities JA-L1080 and JA-L1049 loans. Specifically, it will finance technical studies to develop the hospital infrastructure and equipment investment plan for the investment loan JA-L1049, support a continuation of the health information system development workplan, provide a mapping and analysis of the Jamaica's healthcare network to generate a master plan for investment, and explore options for the development of public-private partnerships. The studies and activities include the following: (i) integrated health network analysis; technical analyses and validation of preliminary design of hospital infrastructure and equipment upgrades; (ii) health information management system workplan support; and (iii) exploring public private partnerships (PPP) in health. Component II. Supporting MOH capacity to develop policy and regulatory measures for NCDs and implement investments to improve the health delivery system. This component will support technical assistance to: (i) Studies to support implementation of regulatory measures that address NCD risk factors for the JA-L1080 and JA-L1049 loans; (ii) Develop preliminary Pluriannual Execution Plans (PEP) for the investment loan JA-L1049; (iii) Develop preliminary Operations Manuals for the investment loan JA-L1049; and (iv) Support for a local research assistant who will aid the project team as well as the MOH in gathering and collating necessary information to support various development and diagnostic studies.
- 3.2 **Component I: Component I. Strengthening integrated health services networks.** This component will finance technical studies and other inputs related to the design and start up execution of the physical, network and health information system investments of activities JA-L1080 and JA-L1049 loans.

3.3 **Component II: Component II. Supporting MOH capacity to develop policy and regulatory measures for NCDs and implement investments to improve the health delivery system.** This component will support technical assistance. See description for details.

3.4 **Component III: Project Administration.** Project Monitoring Activities

#### IV. Budget

Indicative Budget US\$

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
Component I. Strengthening integrated health services networks	162,000.00	0.00	162,000.00
Component II. Supporting MOH capacity to develop policy and regulatory measures for NCDs and implement investments to improve the health delivery system	68,000.00	0.00	68,000.00
Project Administration	20,000.00	0.00	20,000.00
Total	250,000.00	0.00	250,000.00

#### V. Executing Agency and Execution Structure

5.1 The executing agency is the IDB through the Social Protection and Health Division (SCL/SPH). This TC will provide support to the Government of Jamaica towards preparing the Health Services Support Project Loan Programs JA-L1080 & JA-L1049.

5.2 The Borrower has requested the Bank to be the executing agency of this project given that the IDB is positioned more objectively to provide execution and oversight of the consultancies that will be carried out under this TC. The results of these consultancies are intended to bring key and timely preparation inputs to the loans.

#### VI. Project Risks and Issues

6.1 The main risk associated to the TC is related to the potential coordination challenges with other stakeholders, which may affect overall TC implementation. This risk will be mitigated by having the Bank as the executing agency. The approval of the JA-L1040 & JA-L1080 are likely but not guaranteed, however this TC will closely coordinate with technical agencies such as PAHO to ensure the use of the most updated and reliable data available to support the loan program development.

#### VII. Environmental and Social Classification

7.1 The ESG classification for this operation is "undefined".