

## JAMAICA

## **OPENING STATEMENT BY**

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PANEL DISCUSSION ON FINANCING FOR NCDS: THE FOCUS ON VALUE, OUTCOME, AND ACCESS

Wednesday, September 26, 2018 12:45 – 14:30

Millennium Hilton (One United Nations Plaza) New York, NY We are facing a global crisis due to Non-Communicable Diseases where 7 out of 10 deaths are caused by cancer, diabetes, cardiovascular and chronic respiratory diseases.

Our recently launched, Jamaica Health and Lifestyle Survey III, shows an increase from 2001 to 2017 in overweight by 17.9%, hypertension 50.7%, diabetes 41.7% and high cholesterol by 17.1%.

The study further showed that many Jamaicans are unaware of their health status. This results in late presentations of the NCDs, many times when complications are already evident. This places an unnecessary burden on our hospitals not only for emergency care but also for admissions and expensive investigations and interventions.

Circulatory diseases alone place a heavy financial burden on individuals and on health systems. By 2030 the total global cost of CVD is set to rise from approximately US\$863 billion in 2010 to a US\$1,044 billion. 55 percent are direct healthcare costs, and 45 percent are due to indirect costs, mainly losses of productivity.

For Jamaica, over 15 years, the total loss associated with all NCDs and mental health conditions is US\$ 18.45 billion. Cardiovascular diseases contributes 20.8% to the total loss, followed by cancer 13.7% and diabetes 13.5%. We are unable to sustain continued treatment of these conditions.

As Minister of Health, I had commissioned a study to be done for the investment case for NCDs, and laid out an agenda to tackle the risk factors, placing emphasis on legislation for tobacco control, Alcohol Policy, restrictions of Sugar Sweetened Beverages in schools and public education campaigns on mental health.

The Jamaica Moves Programme has been the flagship brand galvanizing Jamaicans to increase their level of physical activity, maintaining a balanced and healthy diet, along with ensuring that they frequently have age-appropriate health checks done.

We are also focused on ensuring that Jamaicans have easier access to healthcare and have started the process for development of a national health insurance scheme. We have already started and are looking to further expand and strengthen primary care services allowing for earlier detection and treatment thus avoiding expensive secondary care. In a pilot project from 2016-2017, involving seven primary care health centres we increased visits by an average of forty percent utilizing extended hours of service.

We have embarked on an IDB financed holistic assessment of public health requirements that link primary and secondary health care responses to trends in health profile of the population.

With all this in mind, we must still consider that whilst we ramp up prevention strategies, in keeping with our global commitments, we must also look at ways of reducing treatment costs. Medical screening, diagnostic technology and medicines are very high and threaten to wipe out our health budgets.

The IDB project will allow us to implement a phased approach to Health Information Systems which will allow us opportunities of better data analysis, patient case management and satellite outreach via telemedicine applications that will reduce our costs.

The future of public health requires more data driven decisions that focus on prevention but link technology, partnerships and policy prescriptions that places more emphasis on changing behavior. Our partnership with the IDB is a firm example of partnership based on data driven analysis.

Health Promotion campaigns are also expensive and it is challenging to determine where to spend the conflicted health dollar. Partnerships are key in defraying some of these costs. Public Private Partnerships have been utilized to provide expensive treatment options that are difficult to maintain in the public sector. Partnerships with Non governmental organizations and Civil Society are key in strengthening health promotion type activities. Jamaica has benefitted significantly from these types of partnerships and we continue to lobby for support as we move forward in our campaign to providing universal access ensuring that no one is left behind.