



# Jamaica

## Development of workforce for first level of care

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# Introduction

Jamaica is the third largest island in the Caribbean located 150 km south of Cuba and 160 km west of Haiti. Jamaica's estimated population in 2016 was 2,881,000. Its health system is regionalized with four Regional Health Authorities responsible for service delivery. Health service delivery in the public sector is provided through a network of primary (first level of contact), secondary, and tertiary care facilities.



## The Intervention

Jamaica has a long history with Primary Health Care and made a notable contribution to the Alma Ata declaration by presenting its experiences and helping to shape it. In the 1960's and 1970's Jamaica started with the development of a network of health centres island-wide and developing

the Health Team for the First Level of Care (FLC). Training programs were established to produce various categories of health workers including Nurse Practitioners (family nurse practitioners and pediatric nurse practitioners), to provide services at the FLC.(1) Some profiles were transformed, such as the district midwife (whose role expanded to maternal and childcare provided after retraining), and others were added such as the school dental nurse.(1) Most outstanding was the training of lay persons as Community Health Aides (CHAs) that started in the late Sixties. At the time of the Alma Ata meeting, the Ministry of Health had a network of over 1,200 Community Health Aides in place emphasizing prevention and health promotion.(2) The CHAs facilitated the link between the community and the health centres, promoted access to services when needed (such as for pregnant women), and their roles included the delivery of care in the community setting and the recognition of important symptoms of illness that required referral/management,(1,2). As a key part of the family health team, the CHA's role has been strengthened to maintain the health gains made over the years.

To enhance the response to the increasing demand for comprehensive and complex care of chronic noncommunicable diseases (NCDs), Jamaica will strengthen the PHC team by training more physicians in family medicine. The training is taking place in the Family Medicine Programme at the University of the West Indies (UWI), Mona Campus. This training programme was launched by UWI in September 2001 with the aim of improving the quality of PHC in the Caribbean (3). Community Health Aides continue to be part of the PHC team addressing current challenges of NCDs and an aging population, playing a critical role in follow up visits of patients at the community level while continuing to contribute to prevention.

The central role of services at the First Level of Care (FLC) was reinforced in the operational plan (Medium Term Socio-Economic Policy Framework) 2015-2018 for Vision 2030, the National Development Plan that stated:

*“The gains in advancing the Development and Protection of Human Capital health of our people must be protected by strengthening primary care including reducing infant and maternal mortality, advancing the health promotion approach, strengthening the system of surveillance and treatment of infectious diseases including HIV/AIDS, and improving the performance of the health service system”* (4).The establishment of health centers across the country over time, has resulted in a public network of a total of 327 FLC centers with a broad range and scope of services. Health centers are classified by type (1-5) according to the services they provide and the population they serve. The FLC centers along with 23 public hospitals are managed by the four Regional Health Authorities. The extensive number of centers has increased access to primary health care services for all citizens.



### Strengths of FLC:

- An existing network with a high territorial coverage, corresponding to one (1) health center per 5,000 to 14,000 people
- Capacity for producing various categories of health workers; many health training programs in country and partnerships between the MOH and universities
- Positive experiences of intersectoral collaboration notable in disaster preparedness and response, environmental health (mosquito control) and HIV
- Renewed attention for PHC and several initiatives that create opportunities for the First Level Care (5).

### Challenges

Over time there have been difficulties in keeping this extensive network of health centers well-resourced and responsive to the new challenges of the twenty-first century.

Problems include coordination of care with the other levels of the health system, inadequate staffing of all health centers and the insufficient availability of pharmacies/medicines and other health technologies at the health centers. These issues have contributed to the noted decline in the utilization of health centers since 2010, with an associated increase in the utilization of the Accident & Emergency departments of hospitals as the first point of contact with the healthcare system resulting in overcrowding in the emergency departments and waste of resources (6).

### Other challenges to be addressed:

- Regaining the confidence of the people in the health centers and reducing bypassing the FLC
- Enhancing the coordination between FLC and hospitals and moving toward the Integrated Health Service Delivery Networks (IHSDNs)
- Revisiting the composition and skills of the health team for strengthening the response capacity of the FLC for people and community-centered care for ensuring the right mix of health workers.

- Implementing innovative transformations to ensure quality in healthcare delivery (5).

## Looking forward

The Ministry of Health has commenced the strengthening of the health centres in the vicinity of hospitals to manage/treat more patients requiring primary care services and who routinely use hospitals unnecessarily. Initiatives include increasing the opening hours, increasing physical capacity to manage more patients and increase the services provided at the health centres (6).

### Opportunities:

- Current initiative to strengthen human resources, technologies and extending opening hours at strategically located health centers to encourage the population to utilize the FLC as point of entry
- The “adopt a PHC clinic” initiative to enhance FLC which involves other stakeholders, mobilized Jamaica’s diaspora, and funding from both private and public sectors.
- The strengthening of Information systems for Health initiative with a focus on improving the capacity at the FLC and re-establishing the connection with higher care levels through introducing telemedicine in addition to enhancing evidence for informed decision-making.

Regaining the confidence of the people in the health centers is a complex matter. Jamaica realizes that one single intervention will not be sufficient. It requires combined efforts at several levels of the health system to address the challenges and make use of the opportunities at hand.

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