Jamaica

KEY FACTS

Joined Commonwealth:	**1962**
Population:	**2,751,000 (2011)**
GDP per capita growth:	**0.5% p.a. 1990–2011**
GDP per capita:	**US$5,330 (2011)**
UN HDI 2011 ranking:	**79 out of 187 countries**
Life expectancy:	**73 years (2011)**
Under-five mortality rate (per 1,000 live births):	**18 (2011)**
Maternal mortality ratio – reported (per 100,000 live births):	**95 (2007–11)**
Maternal mortality ratio – adjusted (per 100,000 live births):	**110 (2010)**
Largest contribution to mortality:	**Non-communicable diseases**
HIV prevalence rate for people aged 15–49 years:	**2% (2011)**
Government health expenditure:	**3% of GDP (2010)**

General information

Jamaica, whose name comes from the Arawak *Xaymaca*, meaning 'Land of Wood and Water', lies south of Cuba and west of Haiti.

Climate: Tropical at the coast (22–34°C), with fresh sea breezes; markedly cooler in the mountains. Rainfall ranges from 1,500 mm p.a. in Kingston to 3,850 mm p.a. in Port Antonio. Jamaica lies in the hurricane zone.

Environment: The most significant environmental issues are deforestation; pollution of coastal waters by industrial waste, sewage and oil spills; damage to coral reefs; and air pollution in Kingston due to vehicle emissions.

Population: 2,751,000 (2011); 52% lives in urban areas; growth 0.7% p.a. 1990–2011 but emigration (principally to the UK, Canada and the USA) has been significant for two generations; birth rate 18 per 1,000 people (35 in 1970); life expectancy 73 years (68 in 1970).

The population is predominantly of African descent (91% in 2001 census), with European-, East Indian- and Chinese-descended minorities, and some people of mixed descent (6%).

Economy: Jamaica is classified as an upper-middle-income economy by the World Bank.

Mental health

Morbidity: The most commonly diagnosed mental illnesses in Jamaica are depression and schizophrenia. The rates of depression are in line with global trends; a 2008 survey of the island found that 25.6% of females and 14.8% of males displayed symptoms of the condition. Neuropsychiatric disorders contribute an estimated 20% of the global burden of disease (2008). The suicide rate for males in Jamaica is 0.3 per 100,000 people (2006). Suicide data for females is not available.

Health systems: The most recent Act relating to mental health in Jamaica is the Mental Health Act (1997). In 2011 the government announced that the Act was under review to include further measures for improving human rights, equity and more patient involvement. Mental health policy was last revised in 2009. Mental health expenditure by the government accounts for 6% of the total health budget (2011).

Some medication and treatment is available free of charge or at a subsidised rate for members of the public who are registered with a National Health Fund (which requires a taxpayer registration number) or with private doctors respectively. A review of government policy on mental health is expected to address concerns such as integration of the services, which has historically been limited partly due to some degree of social stigmatisation of mental health problems.

There are 5.1 mental health outpatient facilities, 2.9 psychiatric beds in general hospitals, 0.3 psychiatric hospitals and 14.7 beds in psychiatric hospitals per 100,000 people (2011). Residential care homes, as well as mental health institutions, are available.

Health

Child and maternal health: The rate of infant mortality in Jamaica was 16 deaths per 1,000 live births in 2010, with an under-five mortality rate of 18 deaths per 1,000 live births. As shown in Graph 1, the under-five mortality rate in Jamaica has fallen dramatically since the early 1990s; however, it is not yet in line with the target of 12 deaths per 1,000 live births, as defined by Millennium Development Goal 4 (MDG 4). In 2010 the three most prominent known causes of death for children below the age of five years were congenital anomalies (21%), prematurity (16%) and pneumonia (13%). Other contributory causes were injuries (12%), birth asphyxia (5%) and diarrhoea (4%). In the period 2007–11 Jamaica reported a maternal mortality ratio of 95 deaths per 100,000 live births (this figure was estimated at 110 deaths per 100,000 by UN agencies/World Bank in 2010).

Burden of disease: Non-communicable diseases (NCDs) in Jamaica accounted for an estimated 68% of all mortality in 2008. In 2008 the most prevalent NCDs were cardiovascular diseases (32%). Cancers, non-communicable variants of respiratory diseases and diabetes contributed 15%, 7% and 4% to total mortality respectively (2008).

Minister of Health, Hon. Dr Fenton Ferguson

The Government of Jamaica is aware of the strategic value of health to the transformation of the Jamaican society and the critical role health must play in reconstructing the social landscape of the country. Since the health system figures predominantly in reversing the cycle of poverty, access to quality services especially for the most vulnerable is atop the development agenda. In keeping with the World Health Organization philosophy of health as a fundamental right of every citizen, the Government is keen on providing universal access to quality care at the primary level, while investments are made to improve the infrastructure and service delivery at the secondary and tertiary levels. Jamaica's outlay of health facilities includes over 330 health centres, 24 public hospitals, the University Hospital of the West Indies, a regional teaching institution partially funded by Regional Governments including Jamaica, 10 private hospitals and over 495 pharmacies. The public health sector accounts for some 5,000 hospital beds, while the private sector provides approximately 200 beds serving a population of 2.7 million. The 24 public hospitals are spread across the nation's 14 parishes and four Regional Health Authorities and are designated A, B and C based on the range of services offered.

Over the past decade or more there has been a shift in Jamaica's epidemiological profile from communicable to non-communicable diseases (NCDs) arising largely from lifestyle changes. These rapid changes in the conditions and pattern of diseases as a result of changes in the global environment continue to have a major impact on Jamaica's health conditions.

Since 1982 cardiovascular diseases, diabetes and cancers have been the leading causes of death in Jamaica. 2009 figures show that NCDs accounted for approximately 60% of deaths among men and 75% of deaths among women. Hypertensive diseases and ischemic heart disease were ranked third and fourth while breast cancer and cervical cancer ranked sixth and eighth.

The four underlying risk factors – tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol – are largely responsible for the development of NCDs. These risk factors are fairly common in Jamaica. The 2008 Jamaica Health and Lifestyle Survey shows that 65% of the population 15-74 years old currently uses alcohol. By the age of 16 years, 19% of smokers had initiated smoking and 14.5% currently smoke cigarettes. Almost a half of the adult population was classified as having low physical activity or being inactive. Over 90% of persons who were diagnosed as being obese, having a high blood pressure and having high cholesterol were not on a specific diet for their condition and about 99% of Jamaicans currently consume below the daily recommended portions of fruits and vegetables.

The Government believes that increased focus on community involvement in care through the development of primary healthcare is the best approach to combating these conditions and to addressing these health realities. The Ministry of Health has therefore invested in a programme of primary healthcare renewal through which it has embarked on the establishment of four Centres of Excellence at the primary care level, one in each of the four Regional Health Authorities and to date has refurbished over 80 health centres islandwide to better equip them to provide optimal service in keeping with the needs of their respective communities.

Some of the gains that we boast today have been built on the foundation of a strong primary healthcare system. This is characterised by a good network of community based health centres, hospitals that are strategically located, active community participation in health and a well-trained and dedicated cadre of healthcare professionals as well as the provision and expansion of the health infrastructure.

The Ministry is also keen on achieving these and other health goals through public/private partnerships and greater engagement of the various NGO communities and other stakeholders. The government is laying the foundation for a brighter, healthier future with an emphasis on providing quality healthcare for all, with universal access at the primary healthcare level. In this way we can achieve the mission of Jamaica being the place of choice to live, work, raise families and do business as outlined in our National Development Agenda, Vision 2030.

Communicable diseases along with maternal, perinatal and nutritional conditions in Jamaica accounted for an estimated 21% of all mortality in 2008. The prevalence of HIV in Jamaica, as a percentage of population aged 15–49 years, was 2% in 2011. Levels of HIV in the country peaked in the late 1990s and today remain double those of 1990. Jamaica is a non-endemic country for malaria. While estimated incidences of tuberculosis (TB) rose slightly in the period 1990–2010, estimated mortality (when mortality data excludes cases co-morbid with HIV) from the disease fell significantly. There were seven reported cases of leprosy in 2010 and six reported cases of tetanus in 2009.

Health systems: In 2010 Jamaica's government expenditure on healthcare was 3% of GDP, equivalent to US$247 per capita. In the most recent survey conducted between 1997 and 2009, there were 85 doctors and 165 nurses and midwives per 100,000 people. About 98% of births are attended by qualified health staff (2007–12), and 88% of one-year-olds are immunised with one dose of measles (2011). In 2010 93% of the Jamaican population had access to improved water sources and 80% had access to adequate sanitation facilities.

The country has more than 20 hospitals and over 340 healthcare centres, most of which are public. The Ministry of Health is responsible for the implementation of effective service delivery and for occupational health and safety. The ministry's Environmental Control Division is responsible for putting into practice the Public Health Act. Though public healthcare is subsidised by the government, citizens pay rates proportional to their income. About 9% of people have private health insurance (2006).

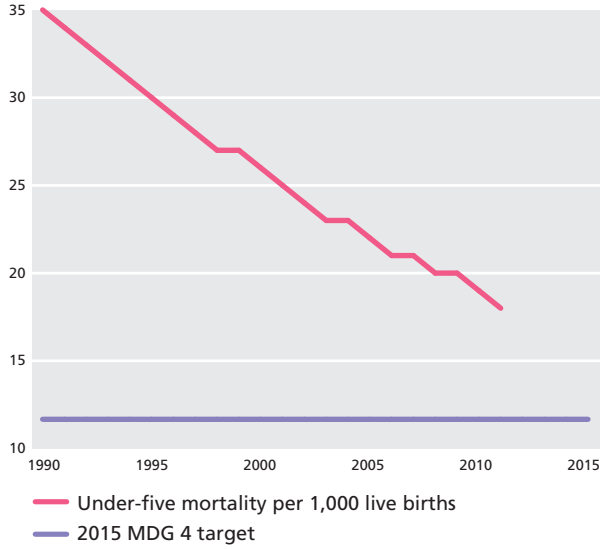
There is some local pharmaceutical manufacturing, although the medical and pharmaceutical market as a whole is dominated by imports, about a third of which are supplied by the USA.

Progress towards the 2015 health MDGs: Jamaica is currently working towards achievement of the Millennium Development Goals. To achieve the targets for the reduction of child mortality, which forms MDG 4, Jamaica should reduce under-five deaths per 1,000 live births to 12, and increase measles immunisation to 100% by 2015. At present under-five mortality is approximately 18 deaths per 1,000 live births and measles immunisation is 88%, which suggests that with good progress the country could achieve these targets by 2015.

The global MDG 5 target for maternal health is to reduce the number of women who die in pregnancy and childbirth by three-quarters between 1990 and 2015. When applying this target to Jamaica, maternal mortality should fall to 15 cases per 100,000 live births. In the period 2007–11 Jamaica reported a maternal mortality ratio of 95 deaths per 100,000 live births (this figure was estimated at 110 deaths per 100,000 by UN agencies/World Bank in 2010). Jamaica's maternal mortality rate is more than six times the target figure set by MDG 5, so this part of the goal is unlikely to be achieved by 2015. Part of the goal also stipulates that 100% of births must be attended by a skilled health professional. In the period 2007–12 this figure stood at 98%, suggesting that such a target is achievable.

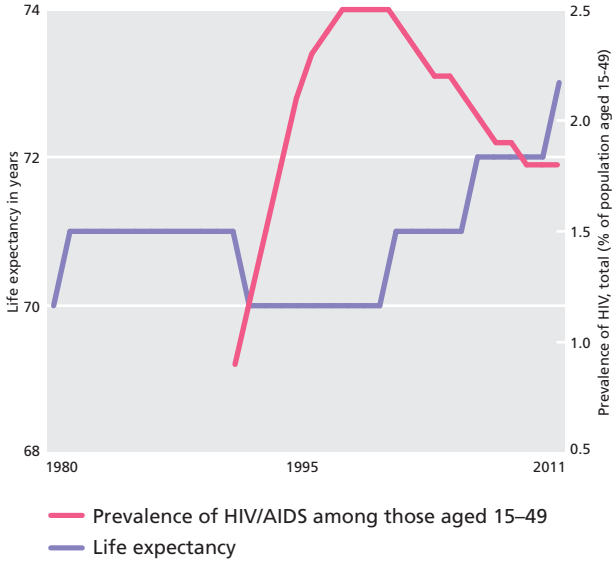
GRAPH 1

Under-five mortality



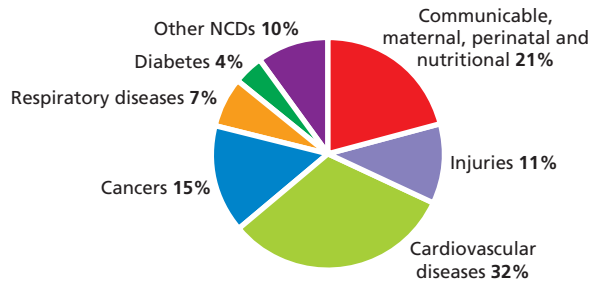
GRAPH 2

Life expectancy and HIV/AIDS



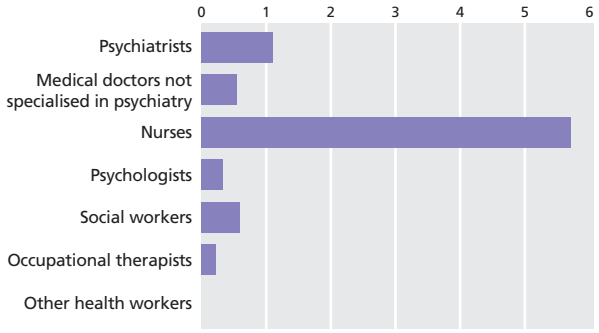
GRAPH 3

Mortality by cause of death (% of all deaths), 2008



GRAPH 4

Health professionals working in the mental health sector per 100,000 of the population



MDG 6 aims for a reduction in the prevalence of HIV, malaria and other diseases. Jamaica's HIV prevalence has fallen since 2000 but is still double that of 1990. Since 1990, there has been a significant reduction in estimated TB mortality (when mortality data excludes cases co-morbid with HIV) but a rise in incidences (when data includes cases co-morbid with HIV). Improvement in these indicators is required if the country is to make significant progress towards MDG 6.

For definitions, sources and explanations on the Millennium Development Goals see page XXX.

Further information

Ministry of Health: www.moh.gov.jm

Commonwealth Health Online:
www.commonwealthhealth.org/health/americas/jamaica