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JAMAICA RAPID PRIVATE HEALTH SECTOR ASSESSMENT REPORT

Local Health System Sustainability Project

Task Order 1, USAID Integrated Health Systems IDIQ

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Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems Indefinite Delivery Indefinite Quantity (IDIQ) helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, $209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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ACRONYMS

CME	Continuing Medical Education
CMO	Chief Medical Officer
CSO	Civil society organization
GESI	Gender Equality and Social Inclusion
GOJ	Government of Jamaica
HCJ	Health Connect Jamaica
JASL	Jamaica AIDS Support for Life
JMD	Jamaican Dollars
LHSS	Local Health System Sustainability Project
LMIC	Low- and middle-income country
MCJ	Medical Council of Jamaica
MOHW	Ministry of Health and Wellness
NGO	Nongovernmental organization
NHRA	Nurses Homes Registration Act
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PPP	Public private partnership
PSOJ	Private Sector Organization of Jamaica
PSVI	Private Sector Vaccine Initiative
USAID	United States Agency for International Development
WHO	World Health Organization

1. INTRODUCTION

1.1 BACKGROUND

Jamaica has a population of 2.93 million people, making it the largest English-speaking country in the Caribbean (World Bank, 2020). It is categorized as an upper middle-income economy with the service sector—including tourism, hospitality, and finance—contributing over 70 percent of the country's gross domestic product as of 2016 (WHO, 2018).The Jamaica Vision for Health 2030: Ten Year Strategic Plan 2019-2030 highlights the country's commitment to achieving universal health coverage and universal access to health by strengthening the Ministry of Health and Wellness' (MOHW) stewardship capacity, human resources for health, social participation and intersectoral collaboration, and availability of modern infrastructure (MOHW, 2018). The country faces a growing burden of non-communicable diseases, persistent high HIV incidence, as well as emerging and re-emerging diseases including Zika, dengue (WHO, 2018), and the current COVID-19 pandemic.

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems to support universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. In Jamaica, the two main objectives of the activity are to engage the private health sector to: 1) accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccines; and 2) reduce morbidity and mortality from COVID-19 and mitigate transmission by providing clinical and laboratory support services for the national COVID-19 response.

1.2 JAMAICA'S HEALTH SYSTEM

The Government of Jamaica (GOJ) under the leadership of the MOHW envisions a health system that is client centered and provides equal access to quality healthcare for the population (Ministry of Health 2014). The Ministry's strategies are driven by the outcomes for health as outlined in the country's National Development Plan – Vision 2030. Jamaica's health sector is comprised of a public and private sector. The public sector is managed by the MOHW and serves as the primary provider of public health and hospital services. All services provided within the public sector have been available to the population at no cost since 2008 when a No User Fee policy was established (PAHO/WHO 2016). The primary sources of funding for the health system come from the Government of Jamaica Consolidated Fund, National Health Fund, private insurance, development partners and to a limited extent, out-of-pocket fees for selected services (MOHW, n.d.).

The private sector plays an important role in the provision of health services in Jamaica, with room to grow and further increase access. As of 2015, there were 10 private hospitals in the country with approximately 200 beds (PAHO/WHO 2016). While the public sector provides more than 95 percent of hospital-based care, the private sector dominates pharmaceutical and diagnostic services and provides about 75% of the ambulatory care through an extensive number of professionals offering specialist and general practice services (The World Bank 2013). Despite the availability of free services in the public sector, negative perceptions of public facilities – including perceived stigma and discrimination – drive many to seek out care in the private sector (Johnston, Crooks Ormond 2015) (PAHO 2011).

1.2.1 PUBLIC SECTOR FACILITIES

There are two primary types of health facilities within the public sector—hospitals and health centers—each of which has multiple categories based on size and types of services offered (Table 1). There are 25

public hospitals, 23 of which are categorized as Type A, B or C or specialist. The remaining two hospitals are considered to be quasi-public, meaning they are public hospitals operating within a private sector health care market. The public sector also operates 317 primary care health centers island wide. In 2015, the total bed complement in the public health sector was 4,865 beds including the 579 beds at the University Hospital of the West Indies (Ministry of Health 2014). Four regional health authorities support service delivery to the public sector: the Southeast Regional Health Authority; the Northeast Regional Health Authority; the Southern Regional Health Authority; and the Western Regional Health Authority.

Table 1. Description of Public Hospitals and Health Centers

Hospitals	Description
Type A	Provide comprehensive secondary and tertiary healthcare services and are referral centers for hospitals both in the public and private health systems.
Type B	Provide primary and secondary care services.
Type C	Provide primary care services and basic secondary care services.
Health centers	**Description**
Type 5	Comprehensive health centers and are located only in urban areas.
Type 4	Administer health programs of the parish and accommodate the medical officer of health and parish staff.
Type 3	Headquarters of the Health District and may serve a population of 20,000 people through several Type 1 and 2 health centers.
Type 2	Provides a higher level of expertise than a Type 1 facility and is equipped with a resident staff nurse who can provide simple treatment for common illnesses.
Type 1	Provide services closely integrated with the community. Dtaffed by one midwife and a community health aide who deliver basic maternal and child health, nutrition, family planning, and immunization services.

- SOURCE: HTTPS://WWW.WRHA.GOV.JM/ABOUT-US/

1.2.2 THE HEALTH WORKFORCE

The MOHW has recognized that one of its main challenges is the lack of health professionals to adequately cover the population (MOHW, 2018). Data from the WHO Global Health Workforce Statistics indicates that there are 1,546 doctors and 2,766 nurses registered in Jamaica as of 2018. This amounts a ratio of 0.5 physicians per 1,000 people, below the WHO-recommended 1:1,000 ratio necessary to achieve universal health coverage (WHO, 2022), and 0.9 nurse/midwife per1,000 people. Most physicians and nurses operate in the Southeast region, where 50 percent of the population resides (PAHO/WHO 2016). Emigration is one of the major sources for this shortage; 50 percent of physicians who have trained in Jamaica since 1991 have left the country, as have two-thirds of nurses (Jamaica Observer 2020). The motivations for leaving vary and include better living and working conditions, opportunities for personal development and career advancement, and more efficient healthcare systems (Tomlin Murphy, et al 2016). These shortages, along with inadequate infrastructure and outdated information systems, contribute to reduced quality of care, delays, and long wait times in public health centers (PAHO n.d.).

1.3 COVID-19 IN JAMAICA

Jamaica reported its first case of COVID-19 on March 10, 2020 and has recorded over 129,000 cases and 2,900 deaths as of April 2022. Most cases have occurred in the Kingston, St. Andrew, and St. Catherine parishes (MOHW n.d.). On March 13, 2020, the GOJ's Office of Disaster Preparedness and

Emergency Management issued its first in a series of Disaster Risk Management Orders dictating restrictions on travel, entry into the country, gatherings, and curfews. Restrictions included island-wide curfews, social distancing and mask mandates, stay-at-home orders for people over 60, limits on public gatherings, and confinement of tourists to designated "Resilience Corridors". On March 18, 2022, the GOJ withdrew all measures under the Disaster Risk Management Act.

The GOJ approved the MOHW's National COVID-19 Vaccination Implementation Plan in January 2021. The MOHW intended to set up 893 "blitz sites" across the country, with each site having 34 vaccinators (public health nurses and registered nurses) administering a total of 1,000 vaccines per day to rapidly cover a sizable percentage of the population. The plan specifically names private sector health workers and civil society organizations (CSOs) as contributors to vaccination blitz exercises and to inform MOHW communications strategies. The MOHW currently has more than 250 permanent vaccination sites listed on its website.

The Vaccination Implementation Plan proposed a phased approach, intending to cover 65 percent of the island's population (approximately 1.9 million people) by March 31, 2022. However, while COVID-19 vaccines are widely available, the country's vaccination efforts are stymied by low uptake, widely attributed to vaccine hesitancy. As of April 2022, just over 1.4 million doses have been administered, covering 23 percent of the population.

1.4 ASSESSMENT PURPOSE AND METHODOLOGY

LHSS Jamaica conducted a rapid assessment to better understand the current and potential role of the private health sector in the COVID-19 response. This assessment is not an exhaustive analysis of the private health sector; it is meant to provide a high-level overview of the private health sector landscape and opportunities to increase private sector's contributions to health system resiliency. The assessment findings will inform the development of a surge support plan that the MOHW can use to guide future efforts to leverage private sector resources for the COVID-19 response and future health system shocks. Specifically, this assessment sought to answer the following key questions:

- How is the enabling environment for the private health sector? What challenges do private providers face in their operations?
- What is the geographic distribution and composition (cadre, ownership, etc.) of the private health sector across Jamaica?
- What services do private health care providers currently provide and who do they typically serve? How is their current service delivery aligned with needs relevant for the COVID-19 response?
- How is private health care typically financed? Do government policies provide a framework for private sector engagement or purchasing private health care? If so, how have those policies been put into practice?
- What investments are needed to build capacity in the private health sector to support the COVID-19 response?

LHSS Jamaica used a combination of existing studies, assessments, and key informant interviews to rapidly assess the size and current capacity of the private sector. The assessment team used the Assessment to Action[1] online tool developed by the USAID-funded Strengthening Health Outcomes through the Private Sector (SHOPS) project to guide the assessment process. The assessment covered for-profit, commercial entities and not-for-profit organizations like faith-based organizations,

[1] https://assessment-action.net/

nongovernmental organizations (NGOs), and CSOs, and focused on private sector capacity across the spectrum of COVID-19 vaccination, prevention, testing, and case management.

The desk review was completed over the course of two weeks. The authors reviewed 44 online sources published between 2001 and 2021. Source documents included MOHW strategic plans, technical reports, newspaper articles, and government websites. This desk review helped outline the current state of knowledge on the private health sector and identified areas for further inquiry. Following the desk review, the assessment team conducted a series of in-depth key informant interviews with the MOHW and private sector stakeholders including civil society, physicians, private health facilities, and professional medical associations. Interviews were conducted remotely and through local LHSS Jamaica staff supported by the U.S.-based assessment team. The full list of informants is included in the Annex.

Despite the private health sector's strong presence in the Jamaican health system, there are a limited number of publications focused on it. Most documents are focused on the public sector and make minor references to the private sector. The information on the private sector that is provided across documents is similar and lacks detail. Most references to the private sector focus on comparisons to the public sector or offer a broad overview (e.g., facilities or services) but there is no critical analysis, and the context is not always clear. This gap highlighted the importance of key informant interviews. However, because of the rapid nature of this assessment, the team was only able to collect limited information and some questions would benefit from additional research, as indicated below.

2. FINDINGS

2.1 THE ENABLING ENVIRONMENT FOR THE PRIVATE HEALTH SECTOR

The enabling environment for the private health sector is defined by the policies and regulations that guide and shape its operations. Stakeholder highlighted that Jamaica's private health sector is largely unregulated with little information available on its operations, due in part to limited reporting to the Ministry. Currently, there is no regulatory document or body that acts as an oversight body for private medical practices. However, legislation, regulatory bodies and the Standards and Regulations Division under the MOHW provide some standard on governance. There are not many requirements to open a private practice. Physicians are required to apply through the Companies Office of Jamaica. According to the Companies Office website, a valid practicing certificate is the only professional medical related documentation that is required for a medical doctor to establish a practice.

The GOJ has acknowledged that the level of detailed information on service delivery and financing is also limited and needs improvement. The 2009 draft Health Sector Plan speaks to sector reform plans to develop more regulatory control over the health system "...in the future" (The Health Sector Task Force 2009, 28). The Ministry's strategic business plan 2015-2018 acknowledges as a weakness the "limited oversight and regulation of the private health sector" (Ministry of Health 2014, 25) but does not specify how it would address this. The second strategic goal of the MOHW's current 10-year strategy speaks to strengthening institutional regulatory capacities and emphasizes the need for stronger evidence-based policy and governance of service delivery across the entire health system, inclusive of private providers. However, it does not make it clear how the regulation of the private health sector will be addressed (MOHW, 2018).

2.1.1 HEALTH SECTOR PROFESSIONAL REGULATORY BODIES

Professional councils play a role in regulating the practice of healthcare in Jamaica by providing oversight of the various specialties. As their membership includes personnel in the public and private sector, they provide an additional layer of regulation of the private sector by governing the practice of specialty-specific medical personnel, for example, nurses or pharmacists.

The Medical Council of Jamaica (MCJ) is governed by the Medical Act of Jamaica. Its primary duty is to regulate the conditions of medical practice in Jamaica. It does not regulate private medical practices; however, it has the power to follow up on complaints made against medical professionals. All medical doctors, both in public and private sector, are governed by the Council. This is important given the limited policy framework that exists to regulate the private health sector. Its primary functions include:

- Registering medical practitioners
- Appointing examiners to conduct examinations on behalf of persons applying for registration as medical practitioners
- Ensuring the maintenance of proper standards of professional conduct by registered medical practitioners

All medical doctors are required to renew their medical certificates each year through the MCJ. The conditions for renewal outlined by the MCJ include 20 hours of Continuing Medical Education (CME) including two hours of Medical Ethics over the previous 12 months. However, CME hours are not prescriptive. Private sector interviewees highlighted that while the MCJ approves CME hours, medical professionals may be approved for hours even if it does not relate to their specialty. There is no

mandatory annual or periodic training that medical doctors must go through to renew their license. This is particularly relevant when considering that private medical practices can only be operated by a physician.

The Nursing Council of Jamaica is a statutory body set up by the GOJ to regulate and control the professions of nursing and midwifery in Jamaica. It was established in 1952 and operates under the Nurses and Midwives Act of 1964 and the Amendment of 2005 that enables the biennial relicensing process (Nursing Council of Jamaica. Its primary functions include:

- The education and training and the practice of nurses, midwives, and assistant nurses in Jamaica.
- Register nurses and midwives
- Enroll assistant nurses.

The Pharmacy Council of Jamaica is unique in that it regulates pharmacists as well as pharmacies. It was established in 1975 in accordance with the 1966 Pharmacy Act.

- To register pharmacists, pharmaceutical students, pharmacies, and owners of pharmacies
- To regulate the training of pharmaceutical students
- To register persons as authorized sellers of poisons
- To ensure the maintenance of proper standards of conduct by persons registered under this Act
- To ensure compliance with the requirements of this Act.

2.1.2 STANDARDS AND REGULATIONS DIVISION

The Standards and Regulation Division, under the MOHW, provides the closest regulatory mechanism for the private health sector. Its goal is to "…*improve the quality of health care services in Jamaica through standards development and monitoring in consultation with* ***public and private health care providers****; to regulate healthcare facilities, pharmaceuticals, and other designated products; and to facilitate the recognition of the rights of all clients*."

The Division's regulation of the private health sector is governed by the Nursing Home Registration Act (NHRA). Its definition of nursing home is "any premises used or intended to be used for the reception of and the providing of nursing for persons suffering from any sickness, injury or infirmity, and includes a maternity home." Conversations with the Division's executives further defined this scope to include facilities that provide inpatient care for more than 24 hours. These include private hospitals, medical, surgical, and ambulatory facilities, and medical laboratories. The scope of the Standards and Regulations Division therefore does not include smaller private medical practices that typically only provide outpatient care.

The role and functions of the Division are regulatory, legislative, and administrative in nature and are executed through its four divisions:

- Standards and Regulation - Administration
- Standards Research & Development
- Investigation & Enforcement
- Pharmaceutical & Regulatory Affairs

The core functions of the Division are:

- Policy Formulation

- Maintenance of an effective regulatory framework supported by sound legislation for the regulation of healthcare facilities, pharmaceuticals, foods, cosmetics, and other designated products
- Development of healthcare standards and guidelines
- Monitoring and enforcement of standards, regulations, and guidelines
- Resolution of complaints regarding health issues
- Maintenance of critical linkages locally, regionally, and internationally

Although this body guides the regulation of some private facilities, there are significant gaps in the areas of assessments and inspections, limited human resources, and outdated legislation. There is no oversight of private medical practices outside of the work done by the Division and these establishments are not ordinarily assessed. Assessments of private hospitals are usually triggered when they apply for a registration certificate, which occurs every two years. Under the NHRA, private hospitals are required to apply for registration to the Chief Medical Officer (CMO). The Division then conducts investigations to ensure that these institutions meet minimum health standards. They are assessed in areas such as physical environment, operating procedures, equipment, patient management and staffing. A registration certificate, valid for two years, is granted after a successful inspection (The Jamaica Gleaner 2020). The Division's directors explained that the team is small relative to the work that is required. A team of technical experts comprising various skills execute the day-to-day activities of the Division and a Director guides each section. Its limited resources have stymied the Division's abilities to regulate the private health sector within their scope. In 2020, of the 11 private hospitals recognized by the Ministry that were operating in Jamaica, only four private hospitals were registered pointing to a significant lapse in oversight (The Jamaica Gleaner 2020).

Recently, the MOHW began implementing an Outsourcing of Vaccine Administration Plan. Under this plan, small private medical practices must be assessed and approved before administering vaccines. The Division developed tools to assess the qualifications and readiness of these facilities to administer vaccinations and conducted facility inspections. The assessment covers waste management, preventative maintenance (equipment and air handling unit), medication management, patient care, infection prevention control, staffing, competence, and physical environment.

2.1.3 LEGISLATION

The Standards and Regulations Division emphasized that the various pieces of legislation (Table 2) that govern the scope of its work in the private sector are outdated. Pointing to critical legislative documents such as the NHRA established in 1934, for example, does not have strong penalties for breaches. Unregistered facilities can face a penalty of JMD $250,000 (US$1600) for first breach and up to JMD $500,000 (US$3000) for second breaches and facilities that refuse inspection may only be asked to a pay a fee not exceeding JMD $1,000,000 (US$6000) though they make significantly more annually (The Jamaica Gleaner 2020).

The Food and Drug Act, established in 1964, is another core piece of legislation that informants recognize as having significant limitations. The Division explained that it is not specific enough to address issues including pharmacovigilance and post-marketing surveillance, which are relevant functions for monitoring the effects of drugs in the country, including vaccines. To respond to this, the GOJ has applied international standards to monitoring of COVID-19 vaccines in Jamaica.

Table 2. Health Regulatory Documents

Legislation	Year Established	Purpose
National Health Services Act	1997	Governs the operations of the Regional Health Authorities.

Medical Act	1976	Governs the practice of medicine
Nursing Home Registration Act	1934	Governs the registration and monitoring of institutions and facilities concerned with nursing care on any premises with few exceptions.
Food and Drug Act	1964	Regulation of drugs in the country
Professions Supplementary to Medicine Act	1965	Governs the regulation of members of professions supplementary to medicine, including medical laboratory technologists, radiographers, physiotherapists, occupational therapists, nutrition assistants, and others
Pharmacy Act	1975	Governs the registration of pharmacists and pharmacies

2.1.4 INFORMATION SHARING AND COMMMUNICATION

The MOHW has taken ambitious steps toward improving the health information infrastructure over the past 10 years. Its *Strategic Business Plan 2015-2018* identifies improving quality of health information as a strategic objective for the Ministry and includes reference to the private sector throughout all strategic objectives (Ministry of Health 2014). This follows from the *National Health Information System Strengthening and e-Health Strategic Plan*, done in partnership with the Pan-American Health Organization (PAHO), which offers a comprehensive approach to improving Jamaica's information infrastructure to better manage the storage and maintenance of health records at public health facilities (Ministry of Health 2013). The main components address issues of access, data quality and reliability, development of an electronic patient record, and collaborating with key national and international stakeholders to improve the health information system in Jamaica (Ministry of Health 2014). The plan outlines seven strategic objectives:

1. Strengthen national capacity for the planning, coordination, and implementation of health information system and e-health initiatives.
2. Ensure legislative, ethical, regulatory, and policy frameworks are in place to enable an effective national health information system and appropriate use of e-health solutions.
3. Strengthen the organizational capacity for health information management within the Ministry of Health and the Health Regions.
4. Improve the quality of health information.
5. Expand the effective use of information technology to improve the quality, availability, and continuity of health care, and to improve the quality and timeliness of health information for decision-making.
6. Strengthen the national ICT infrastructure and support capacity to enable the effective, secure, and reliable use of health information technologies.
7. Expand the use of information to support evidence-based decision making at all levels and sectors of the health system.

Each strategic objective acknowledges the private health sector in the execution of its plan. For example, Strategic Objective 4 outlines steps to improve the quality of information received from private sector stakeholders. Strategic Objective 5 speaks to integrating health information systems across the MOHW and private health sector. All strategic objectives and their activities were to be executed and completed by 2018 (Ministry of Health 2013). This assessment could not confirm the status of the implementation of this plan, however, findings from the desk review showed that in 2021, the GOJ announced plans to invest US$8.5 million dollars towards a digitized integrated health information system "intended to provide a modern and integrated digital healthcare system" (Jamaica Information Service 2021).

Respondents highlighted that currently, the health information structures between the MOHW and the private health sector remains a critical issue that needs to be improved to support increased collaboration between the public and private sectors. Both sectors depend on each other but the digital infrastructure relevant to facilitate this interdependency is weak. For example, respondents from the private sector added that there is no structure in place to seamlessly share patient data between the private and public sector. This further complicated their involvement in the COVID-19 response. While the private sector can feed data into the national COVID-19 vaccination and testing numbers, one private sector stakeholder shared that the process to verify patients who had already received first and second doses of the COVID-19 vaccine from the public sector was difficult and time consuming – this difficulty did not prevent them from sharing the required data, though.

Further, the poor health information infrastructure in Jamaica affects the already challenging health regulatory landscape in the country. For example, respondents from the Standards and Regulations Division shared that accessing information from different regulatory bodies is difficult and time-consuming because these institutions often operate in siloes and documentation is often manual rather than in digital. This can affect proper regulation of the private sector. It also contributes to a limited awareness of the full scope of private sector contributions to health.

Finally, while professional associations such as the medical and pharmacy councils and the Medical Association of Jamaica routinely share information with their members, there is no centralized system of communication across the public and private sector. While the MOHW consults with various bodies in determining protocols, respondents from the private sector shared that they received information regarding the government's COVID-19 protocols at the same time as the general public through social media, press releases, and news reports. These limited opportunities for communication reinforce siloes between the two sectors. Stakeholders have cited these siloes as contributing to a lack of trust and partnership between the public and private sectors.

2.2 PRIVATE HEALTH SECTOR'S SIZE, COMPOSITION, AND REACH

There is limited data on the private sector's size and geographic reach; this assessment could not determine whether there is a comprehensive registry or mapping of private facilities in the country. The MOHW has documented that private sector operates a considerable number primary and secondary care facilities, with health services being provided by private hospitals, solo and group practitioners, private laboratories, and pharmacies (Ministry of Health 2014). In 2015 there were 10 private hospitals and 200 beds in the private health sector (PAHO/WHO 2016). The predominant operational model for private health care in the country has been the solo physician-led model, though data on the total number of these practices is not readily available. Most private medical outlets (hospitals, health centers, etc.) operate independently and are not part of larger chains or networks. In addition, there are an estimated 500 operational private pharmacies in Jamaica; this number has been consistent for the past 20 years (PAHO 2001); (Ministry of Health and Wellness 2018). There are a few small local chains that have developed; Fontana Pharmacy is the largest of these, with six locations in major cities including Kingston, Montego Bay, Ocho Rios and Savanna-La-Mar.

Dual practice further complicates efforts to measure the size of the private health sector. Informants and literature indicate that dual practice is common, particularly among senior physicians and specialists. A 2009 assessment indicated that 47 percent of physicians, 26 percent of nurses, and 43 percent of midwives in Jamaica report dual practice—holding multiple concurrent jobs in the public and private sectors (Gupta Dal Poz 2009). This prevalence is a potential limitation on the ability of the private health workforce to overcome public staffing constraints. Conversations with private sector stakeholders revealed that low salaries within the public sector is a significant factor for this practice.

Health Connect Jamaica (HCJ) is a new private provider network with approximately 45 clinics and 30 laboratories in 13 of Jamaica's 14 parishes. HCJ was founded in 2019 by the University of the West Indies with funding support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Its purpose is to expand access to quality HIV-specific primary health services in the private health sector. The project was born out of an assessment of the HIV epidemic in Jamaica that found that the capacity to provide HIV services in Jamaica will have to almost double to reach national targets by 2030. HCJ is intended to fill quantity and quality gaps that currently exists in the national HIV response through its network. The network provides a range of HIV services including testing, counselling, linkage to care and access to antiretrovirals. HCJ's operational model helps to standardize the quality of HIV care in the private sector and put it on par with public sites. HCJ reimburses clinicians for their services using a reimbursement model that prioritizes experience and efficiency. This model combines capitated payments for services delivered per year and incentive payments linked to quality outcomes, (i.e., viral suppression). These payments are funded by PEPFAR and replace typical out-of-pocket payments that people living with HIV would typically make to access care in the private sector. HCJ also has web-based data platforms that can support clinical management, epidemiologic surveillance, and reservation booking, allowing for real-time monitoring and reporting between providers and sectors.

CSOs in Jamaica have evolved over the years to become active players in supporting Jamaica to reach its development goals. There are several types of CSOs operating in Jamaica including faith-based organizations, advocacy and human rights groups, women's associations, and youth organizations. A 2012 report estimated that there are over 2,000 active CSOs in Jamaica (British Council 2014). The need to provide affordable options in the private sector for vulnerable and marginalized populations has led some NGOs and CSOs, such as Jamaica AIDS Support for Life (JASL), to establish their own private clinics (The Jamaica Observer 2014). JASL is the first NGO to engage in social contracting in Jamaica; this contract focuses on support to the HIV response as discussed in more detail in section 2.4.1.

2.3 PRIVATE SECTOR SERVICE OFFERINGS AND RELEVANCE FOR THE COVID-19 RESPONSE

2.3.1 SERVICE OFFERINGS

Jamaica's private health sector provides a comprehensive range of diagnostic, primary, and specialist health services. Private providers account for 75 percent of ambulatory health services, most primary care services, and about 5 percent of hospital services. In addition, 85 percent of pharmaceutical drugs are dispensed in the private sector as most pharmacies in Jamaica are operated privately (The World Bank 2013). While diagnostic and laboratory services are offered in the private sector (PAHO/WHO 2016), there is not recent data available to indicate its contributions in these areas.

It is critical to acknowledge the role of CSOs in alleviating the burden on the public health system in Jamaica, especially in the national HIV response. Between 2015-2017, CSOs spent twice as much as the GOJ on prevention services (Saint-Frimin, 2020). CSOs engaged in the HIV response are typically funded by international donors – namely, PEPFAR and the Global Fund. The current Global Fund grant agreement 'Breaking Down Barriers,' seeks to provide support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria (The Global Fund 2021). CSOs accounted for just over 50 percent of the budget in the first year. CSOs now provide more than 20 percent of all clinical and non-clinical HIV-related services in Jamaica, with the majority providing non-clinical services including counseling, psychosocial support, awareness raising, peer education, and linkage to services (Myrie 2019).

Jamaican CSOs also have extensive experience conducting public education campaigns designed to inform, mobilize, and support behavioral change on HIV treatment and prevention. Examples include

Ashe's Edu-tainment activities that uses creative entertainment as a tool educate youth about HIV. This work provides examples of practices that can inform similar campaigns on COVID-19 and vaccines. For example, JASL has expanded its HIV-focused community outreach efforts to also offer COVID-19 education to its more than 4,000 clients.

The private sector has been actively involved in the COVID-19 response. Private actors have supported the government by providing funding and by coordinating and leading public education initiatives, testing, and vaccine administration. The Private Sector Vaccine Initiative (PSVI) is a coalition of private sector corporate actors led by the Private Sector Organization of Jamaica (PSOJ), the Jamaica Manufacturers and Exporters Association, and the Jamaican Chamber of Commerce. PSVI was formed specifically to address the COVID-19 pandemic (UNICEF Jamaica 2021). In February 2021, PSVI signed a Memorandum of Understanding with the GOJ, committing its support to the national vaccine campaign (The Gleaner Jamaica 2021). In partnership with the media, PSVI launched a marketing campaign to encourage the private sector to use this program as the pathway to get more than 65 percent of the targeted workforce vaccinated by the end of October 2021 (The Jamaica Gleaner, 2021). In partnership with the media, PSVI launched a marketing campaign to encourage the private sector to use this program as the pathway to support the government in reaching its goal to vaccinate 65 percent of the population. The most recent available information indicates that as of September 2021, PSVI vaccinated over 20,000 private sector employees and their dependents (Loop Jamaica 2021).

NGOs have also played a key role in the COVID-19 response. For example, in 2020, PSOJ partnered with the Council of Voluntary Social Services, American Friends of Jamaica, and the United Way of Jamaica to create the PSOJ COVID-19 Jamaica Response Fund (The United Way of Jamaica n.d.). The Fund served over 93,000 beneficiaries with over 72,000 food packages delivered, over 1,000 health checks completed, and over 60,000 masks distributed. It received funding from 1,486 donors, supported 62 NGOs, and mobilized 1,260 volunteers (CVSSJA 2021).

Recognizing the importance of the private health sector in the COVID-19 response, the MOHW has developed a multi-phased Outsourcing of Vaccine Administration Plan. This plan saw the government outsourcing and contracting the private health sector to provide COVID-19 vaccinations at no charge to the population in an attempt to accelerate progress toward the GOJ's vaccination goal. Since its announcement in September 2021, 16 private health sector partners including pharmacy chains, private laboratories and health facilities, and private general physicians have been enlisted and begun administering Johnson & Johnson, AstraZeneca, and Pfizer vaccines. Typically, private providers engaged under this mechanism have been eager to participate and operate high quality facilities. To qualify to participate in the program, though, they have needed to access MOHW-approved clinical trainings specific to COVID-19 vaccination administration. They have also had to make updates to their cold chain equipment to transport and store vaccine doses on site. Providers related that meeting these requirements has not been too challenging, other than the costs incurred to make cold chain upgrades. They have also cited several challenges that they have encountered to implement these contracts. Namely, they have expressed some concerns that the payment terms do not cover the costs they encounter to purchase the needed cold chain equipment, make IT-related upgrades to facilitate reporting, and cover labor costs. In addition, the prominent levels of vaccine hesitancy limit demand; providers indicate that they face difficulties in hitting targets that are included in their contracts and would benefit from more substantial and strategic investments in demand creation for these services. Several of these providers have received grant funding from the LHSS project to address capacity gaps and scale up vaccination efforts. LHSS has developed a communication strategy that will support these providers through training and communication resources to support their efforts to encourage more Jamaicans to get vaccinated.

2.3.2 PRIVATE SECTOR CLIENTS

The limited data that is available indicates that private health facilities—especially for-profit facilities—typically serve individuals who can afford their prices. A 2010 report showed that wealthier Jamaicans are more likely to access private health care while the poor and poorest 20 percent access the public health system. In 2018, the Minister for Health and Wellness said that 80 percent of Jamaicans cannot access healthcare outside of the public health system because they do not have medical insurance (The Jamaica Gleaner 2018). Generally, Jamaicans prefer to patronize private health care for more efficient treatment (The Jamaica Gleaner 2019). Private clinics are typically better equipped, supplied and are more efficient than public facilities in providing certain services, such as laboratory tests (Fair Trading Commission, 2021).

Despite financial barriers to access, many vulnerable populations (e.g., the LGBT community, men who have sex with men, and people living with HIV) seek care in the private sector. Stigma and discrimination from personnel in the public health system serves as the primary motivation for this care-seeking behavior. CSOs appeal to and are trusted by vulnerable populations and populations that are considered hard to reach – partially because many have a social mission to do so and offer donor-subsidized services. This reach is especially relevant for COVID-19 vaccination programs, as these populations may be hesitant to attend a public sector facility or vaccination blitz.

2.4 FINANCING CARE IN THE PRIVATE SECTOR

Private health facilities typically rely on revenue generated from their products and services to cover their operating expenses. The costs for patients to access for-profit private care is high compared to the free healthcare provided by the public system. Clients are required to pay out-of-pocket or use private health insurance. While financing numbers specific to private facilities is not readily available, data on total health expenditures provides some insights. Out-of-pocket payments are the second largest source of financing for healthcare in Jamaica, representing 28 percent of total health expenditure (Ministry of Health and Wellness, 2018). Private health insurance is the third largest source of funding for healthcare. In addition to these two sources of revenue, private health facilities will sometimes access loans from commercial banks when needed to fund investments or support cash flow needs.

Prices in the private sector are driven by the cost for human resources, supplies, and operational costs, for example, utilities and equipment maintenance (Dawes 2019). Stakeholders engaged during the informant interviews confirmed there is no regulation on how private practices determine their rates. However, they highlighted two factors that influence how a doctor might determine their rates. Insurance companies offer a minimum coverage for certain services and providers will typically use these payments as a guide to set their fees. In addition, professional organizations that represent various specialties sometimes recommend pricing for specific services.

2.4.1 PUBLIC-PRIVATE PARTNERSHIPS AND PURCHASING MECHANISMS

Jamaica benefits from a capable private health sector that has extensive experience supporting national public health initiatives via public-private partnerships (PPP). The GOJ has long recognized this access and the benefits to the wider health system and has taken steps towards strengthening mechanisms to improve partnerships between the private and public sector. The National Development Plan, the MOHW Business Plan (2014) and their 10-year Strategic Plan for health all speak to the need to forge partnership with civil society and other private sector actors to achieve the Ministry's national health objectives to improve the quality and accessibility of healthcare in the country.

Partnering with the private health sector addresses a financial and human resource problem focused on increasing the quality and quantity of service delivery. The Strategic Plan acknowledges that the level of infrastructure and equipment needs exceeds the financial capabilities of the public sector and points to

the private sector, through contracting-out and PPPs, as a possible solution for this problem (MOHW, 2018). The Ministry has previously announced numerous PPPs aimed at enlisting the services of the private sector to provide specialist services that are backlogged in the public health system and/or are too expensive to provide. Some of these services include diagnostic, radiology, and radiation services (Jamaica Information Service 2014).

The government has established several mechanisms to partner with the private sector in specific areas. For the most part, each of these efforts is guided by its own policies, criteria, and purchasing arrangements – this assessment could not identify any overarching guidance across the health system. In addition to the Outsourcing of Vaccine Administration plan for the COVID-19 response, one PPP saw the government contracting out HIV treatment and prevention services—including antiretroviral therapy, contact tracing, counselling, and public education—to private practices and CSOs. Working in collaboration with the GOJ, CSOs have been able to access key populations such as men who have sex with men, female sex workers, and transgender persons for HIV prevention, treatment, care, and support services (Saint-Frimin, 2020). The Revised National HIV Policy 2017 (first draft) identifies the following roles of CSO in the HIV response (National Family Planning Board 2017):

- Partnering with government to implement various aspects of the national response,
- Ensuring that government fulfils its roles and responsibilities and be involved in sustained advocacy to protect the rights of all Jamaicans, in particular the rights of key populations and the vulnerable.
- Providing SRH, HIV and AIDS prevention, care and support services that are affordable and sustainable at the grassroots level:
- Participating in national co-ordination activities to minimize duplication.

In addition, in response to the strain the COVID-19 pandemic placed on the public health system, the Ministry recently announced the implementation of a new PPP program for non-communicable diseases. This program will allow non-COVID-19 patients with chronic illnesses such as diabetes and hypertension, to access free medical care from private physicians rather than at public clinics and hospitals (Ministry of Health and Wellness 2022).

3. INVESTMENTS TO BUILD THE CAPACITY OF THE PRIVATE SECTOR TO SUPPORT THE COVID-19 RESPONSE

Jamaica's private health sector has a wealth of resources; however, they are not always effectively leveraged to support MOHW plans and priorities. Partially, this stems from a lack of coordination and communication mechanisms, which reinforces siloes and contributes to mistrust between public and private actors. Increasing and improving regular engagement between the two sectors can help the country accelerate progress with its COVID-19 response and strengthen the health system's resiliency against future pandemics and external shocks. In the immediate term, there are several opportunities to capitalize on private health sector resources to strengthen the country's response to the COVID-19 pandemic. Over the medium-term, as public and private actors work together to implement these steps, they can build a greater foundation of partnership. Stronger partnerships could help the government address more systemic obstacles to effective and sustainable public-private collaboration for a more resilient health system and better health outcomes.

3.1.1 PURSUE TARGETED OPPORTUNITIES TO EXPAND ACCESS TO COVID-19 SERVICES THROUGH THE PRIVATE SECTOR

The Ministry's experience partnering with the private health sector and the Outsourcing of Vaccine Administration Plan, provide initial steppingstones to build on. LHSS has already begun developing a number of resources that can guide these efforts – this assessment; a project grants strategy that outlines discrete actions private providers and HCJ are taking to strengthen the COVID-19 response; and a partnerships manual that documents all the roles, responsibilities, and requirements of MOHW and private providers under the Outsourcing of Vaccine Administration Plan. Through its grant, HCJ is also developing a private sector COVID-19 case management training, a database of trained providers, and a surge support plan that outlines how the MOHW can further tap into these trained providers to respond to COVID-19. As it looks to scale its engagement to cover more providers and more services, the MOHW should consider the following actions to help it make the best use of these resources:

- *Convene a multi-sectoral stakeholder workshop to review and gain buy-in to existing plans and resources.* While the MOHW, LHSS, and HCJ are working on a number of strategic documents that spell out specific roles and responsibilities for the private sector to act along full continuum of COVID-19 interventions (prevention, testing, vaccination, case management, and laboratory services), the MOHW should consider how it can best disseminate these resources and ensure that all stakeholders buy into them. Given the challenges identified around communication systems, a workshop with representatives from the broader private sector and MOHW can help to begin raising awareness of these plans and place private providers on a path to optimize their contributions to strengthen the country's response to the COVID-19 pandemic.
- *Work with private sector counterpart to scale and replicate COVID-19 offerings*. Building on the model developed and tested for the Outsourcing of Vaccine Administration Plan, the MOHW should develop and implement a coordinated plan to capacitate private providers to offer a more robust range of COVID-19 services. This includes sponsoring access to COVID-19 case management trainings beyond the initial round that HCJ is planning, developing a financing strategy to cover the costs of COVID-19 services at private facilities (beyond vaccine administration that is currently covered in MOHW contracts), and strengthening communications platforms that will help it engage with private providers within and outside of HCJ's network to implement a surge support plan. To

ensure that this plan adequately reflects the needs of private providers and strategically leverage their resources, the MOHW should meaningfully and routinely engage HCJ and a broad range of private facilities that have participated in the Outsourcing of Vaccine Administration Plan and other PPPs to develop, roll out, and monitor the plan's implementation.

3.1.2 SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF POLICY TO IMPROVE REGULATION OF THE PRIVATE HEALTH SECTOR

Looking beyond the COVID-19 response toward future health system shocks, the private sector needs a stronger enabling environment. This includes developing standardized regulations and requirements to ensure that providers have the skills and capacities to contribute to a resilient health system. The scope of the Standards and Regulations Division should be expanded to include private medical practices. It has the experience and existing frameworks to regulate and monitor service delivery of the private sector. In addition, the tools they developed to assess and inspect private practices during the pandemic can be built on to provide a policy framework for broader regulation of medical practices.

The Division's capacity to deliver its mandate within its current scope is limited due to resource constraints. However, its Investigation and Enforcement branch often refers complaints to professional bodies such as the Medical Council of Jamaica to be handled. These existing methods of working provide an opportunity for the Ministry to partner with other regulatory bodies more substantively to assist with the assessment and regulation of private sector. To increase multisector buy-in and collaboration, the government should consider establishing substantive consultative forums to work with private sector and other stakeholders to update these regulations. It can also consider how it can partner with HCJ or other private sector organizations to develop and implement self-regulation mechanisms (e.g., accreditation programs) in the private sector as a stopgap measure.

3.1.3 STRENGTHEN INFORMATION SHARING PLATFORMS BETWEEN THE PUBLIC AND PRIVATE SECTORS

To bridge the gap between the public and the private sector and to strengthen the health system more broadly, investment should be made into developing a digital health infrastructure that is inclusive of the private health sector. The MOHW has acknowledged its intentions to establish a modern and integrated digital healthcare system, however these are mainly for the public health system and role and involvement of the private sector is not always clear. The MOHW and some private providers are gaining some insights into what would be required to expand this platform through the Outsourcing of Vaccine Administration Program, which requires providers to report using the MOHW's CommCare system. The MOHW should implement a joint learning effort with these providers to learn from this experience and identify reforms that can ease administrative and technological burdens on private facilities. These reforms should also consider how they can go beyond reporting for more effective two-way information sharing and dissemination of new clinical guidelines and standards as a means to also support improved supportive supervision.

3.1.4 BUILD ON EXISTING PPPS TO DEVELOP A STANDARDIZED FRAMEWORK FOR MULTISECTORAL COLLABORATION

The GOJ should use existing PPPs to develop a standardized framework and approach for improved collaboration between the public and the private sector. The Public-Private Partnership Non-Communicable Disease Programme and the Outsourcing of Vaccine Administration Plan for example have already given the government a framework through which to collaborate with the private sector in response to surges on the health system caused by COVID-19. Programs such as HCJ provide a good model for how the private health sector can improve efficiencies in healthcare to support broader

development goals for health and reduce strain in the public sector. Its IT operational framework for example, can serve a benchmark for data sharing and monitoring across both the private and public sector. This would address the current health infrastructure challenges.

The MOHW should work with HCJ and the private providers it has contracted through the two PPP mechanisms to document the factors that enabled their efforts, changes to make for future efforts, and strategies that could support scaling these approaches to other health areas. Specific areas to cover would be the application process, reimbursement to private providers – both in terms of adequacy and timing of payments, facility inspections, quality assurance and supervision processes, and reporting. This learning effort would then guide the development of a more universal process to purchase health care services from private providers.

3.1.5 SUSTAIN AND SCALE INVESTMENTS TO STRATEGICALLY PURCHASE SERVICES FROM CSOS

The government should continue to improve the enabling environment for civil society to support issues of public health. The current role of civil society in the country's HIV response has been achieved through access to funding, allowing them to respond to the needs of the vulnerable and marginalized communities they serve. As the government looks to scale COVID-19 services and improve the health system's overall resiliency to future shocks, CSOs will be essential for ensuring that all populations are covered. The MOHW should continue to provide opportunities for CSOs to access funding and consider opportunities to expand the basket of services that it purchases through these mechanisms.

4. CONCLUSION

Jamaica has an experienced private health sector that is an important player in the country's provision of healthcare and has the capacity to support the country's national health objectives. Existing PPPs have already enabled the private sector to support the MOHW by providing a range of free services to the public. Leveraging the experience and capacity of the private sector has helped reduce the human resource and financial burden on the public health system. These various partnerships provide the country with templates to guide the inclusion of the private health sector, including civil society into broader national health programs and objectives.

However, there are equally significant gaps that need to be addressed to support an efficient and responsive private sector. This assessment recommends that focus be made on strengthening regulatory systems for the private sector by expanding the scope of the Standards and Regulations Division, updating existing legislation and developing a policy that guides the regulation of private health sector. To strengthen the interdependence that collaboration between sector would require, this assessment also recommends the development of digital health infrastructure to improve the sharing of data between the private and public sector.

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ANNEX. KEY INFORMANT INTERVIEW LIST

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- Kerry Ann Belgrove Hamilton, Registrar, Standards and Regulations Division, MOHW
- Lorry Ann Thompson, Director of Investigations and Enforcement, Standards and Regulations Division, MOHW
- Alicia Smith, Director, Pharmaceuticals and Regulatory Affairs, Standards and Regulations Division, MOHW
- Jasper Barnett, Director, Director Health Systems Improvement, MOHW
- Sandra McNeish, Civil society expert, Independent Consultant
- Dr. Brian James, President, Medical Association of Jamaica
- Dr. Geoffrey Barrow, Director, Health Connect Jamaica
- Angela Smith, Operations Manager, HealthPlus Pharmacy (private pharmacy)
- Dr. Alex Tracey, Medical Director, Online Medics (private practice)
- Dr Lori Playfair, Director, Fairco Medical and Dermatology Centre (private practice)
- Monique Lewards, Administrative Officer, Vein Centers of Jamaica (private practice)
- Angela Smith, Operations Manager, HealthPlus Pharmacy (private pharmacy)
- Dr. Samantha Johnson, Medical Doctor (public sector)
- Dr. Khia Duncan, Medical Doctor (public sector)