

## TC ABSTRACT

### I. Basic Project Data

▪ Country/Region:	JAMAICA/CCB - Caribbean Group
▪ TC Name:	Support of the Strengthening of Public Health, Primary Care Services and Information Technology Strategies to Address Non-Communicable Chronic Diseases
▪ TC Number:	JA-T1177
▪ Team Leader/Members:	Ricardo Perez Cuevas, jefe de equipo (SCL/SPH); Jennifer A, Nelson, jefe de equipo alterno (SCL/SPH); Sudaney Blair (CCB/CJA); Pablo Ibarraran, Ian Mac Arthur, e Isabel Delfs Ilieva (SCL/SPH); and Louis-Francois Chretien (LEG/SGO)
▪ Taxonomy:	Operational Support
▪ Number and name of operation supported by the TC:	Support for the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases Programme-JA-L1049 - Support for the Execution  Improvement to Health Service Delivery-JA-T1141 - Support for the Execution  Strengthening Health Services Delivery in Jamaica-JA-1152 - Support for the Execution  Support for the Health Systems Strengthening for the Prevention and Care Management of Non-Communicable Diseases Programme-JA-L1080 - Support for the Execution
▪ Date of TC Abstract:	04 Jun 2019
▪ Beneficiary:	Ministry of Health and Wellnes of Jamaica
▪ Executing Agency:	Inter-American Development Bank (IDB)
▪ IDB funding requested:	US\$200,000.00
▪ Local counterpart funding:	US\$0.00
▪ Disbursement period:	18 months
▪ Types of consultants:	Firms
▪ Prepared by Unit:	Social Protection and Health Division (SCL/SPH)
▪ Unit of Disbursement Responsibility:	Country Office of Jamaica (CCB/CJA)
▪ TC included in Country Strategy (y/n):	No
▪ TC included in CPD (y/n):	No
▪ Alignment to the Update to the Institutional Strategy 2010-2020:	Social inclusion and equality; Institutional capacity and rule of law

### II. Objective and Justification

- 2.1 To support strategic planning to operationalize the Chronic Care Model (CCM) policy to manage chronic diseases in primary and secondary care settings and to develop a Continuous Quality Improvement (QCI) strategy amenable to the CCM for the top causes of premature deaths and supported by the Information Systems for Health (IS4H) framework.
- 2.2 The hybrid program that supports the health systems strengthening for the prevention and care management of chronic diseases comprises two elements: (i) a policy-based operation, which is the first operation of a PBP series of two contractually independent and technically linked loans, the policies will consolidate regulatory measures to address the preventable causes of chronic diseases and reorient health systems to address care of these conditions through a people-centered chronic care model; (ii) the investment operation reinforces public healthcare supply capacity to improve the quality and

efficiency to manage chronic conditions, this component finances the reinforcement of the structure (infrastructure and organizational capabilities), creation of integrated health networks, design and implementation of a chronic care model (CCM), and introduction of digital technology for health based on the IS4H framework. Within the hybrid loan, the MOH with support from the Pan-American Health Organization (PAHO), is developing the CCM for Jamaica. It will include, a baseline assessment of the existing capacity and structures to deliver healthcare for patients with chronic diseases. Then, it will produce the National Chronic Care Model policy to steer the national health system towards comprehensive management of chronic conditions that comprises equity of gender approach and supports the goal of universal access to healthcare.

- 2.3 The introduction of supporting information systems for health as part of the investment component is an essential pillar of this project. The main goals of the IS4H action plan are to support the delivery of quality care services for patients with chronic diseases and help to integrate chronic care services through the healthcare networks through sharing health records between hospitals and clinics, introduce telemedicine and empower individuals and communities through digital technology. To attain these goals the action plan comprises the development of a governance/policy framework, definition and purchasing of the necessary infrastructure, construction of the electronic health record (EHR), infostructure, telemedicine/telemonitoring and data analytics capabilities.
- 2.4 Justification. This TC will support the current hybrid loan by complementing and expanding two technical activities to strengthen the MOH in its capacity to meet the objectives set for the reduction of NCDs: (i) creation of a strategic plan to operationalize the CCM policy in hospitals and clinics; and (ii) develop a CQI strategy pertinent to the CCM that will focalize on the conditions amenable to high quality health care that are the top causes of premature deaths: diabetes, cardiovascular diseases, stroke, hypertension, HIV/AIDS and chronic kidney disease. The CQI strategy will increase the access to high quality care that in turn can avert up to 60% of premature mortality. The CQI will develop a set of indicators that will serve to monitor and measure the performance of the CCM and contribute to set the groundwork for the MoHW to attain the goal of a high-quality system. A well designed EHR should include rigorous data-entry and data quality monitoring able to evaluate and control the processes and outcomes of care. The evaluation provides useful feedback to authorities, healthcare personnel and patients, and in publicly financed health systems improve transparency and accountability.

### III. Description of Activities and Outputs

- 3.1 The Government of Jamaica has requested TC funds and has identified the following two components as priorities for improved planning of the provision of the chronic care model for chronic noncommunicable diseases.
- 3.2 **Component I: Development of the strategic plan to operationalize the Chronic Care Model.** This component will finance the development of the strategic plan to operationalize the CCM. The PBL component of the hybrid loan is reorienting the Jamaican health system to address prevention and control of chronic diseases through a people-centered primary health chronic care model. The first operation of the PBL supports the construction of the Chronic Care Model Policy. This TC will finance the development of the strategic plan to implement the model in the clinics and hospitals. The creation of the strategic plan comprises: (i) definition of the mission, vision and values of the CCM; (ii) strategy formulation that comprises: (a) external environment analysis; and (b) internal environment analysis that should comprise the identification of available resources, current regulations, the influence of internal decision-making bodies and clinical care; (iii) identification of strengths, weaknesses, opportunities and

threats; (iv) Identification of alternative strategic actions to implement the CCM; (v) prioritization of the essential areas, the definition of objectives and duration of the strategic plan; (vi) definition of operational planning and activities; (vii) estimation of the budget to implement the CCM; and (viii) definition of the mechanisms for monitoring and evaluation of the accomplishment of the objectives. The expected output will be the strategic plan and the cost to implement the CCM.

- 3.3 **Component II: Continuous quality Improvement strategy for the Chronic Care Model.** This component will finance the development of the Continuous Quality Improvement (CQI) strategy amenable to the CCM. It should include: (i) standards, indicators and criteria for quality implementation of the CCM; (ii) critical clinical, managerial and support system processes mapped and optimized, taking technology into account; and (iii) roles and capabilities required for a minimum organizational structure for CQI. The construction of these standards and indicators must be aligned with the development of the EHR, in such a way that the information required to measure quality must be available in the EHR. The development of the strategy should include: (i) review of evidence-based care processes in primary and secondary care settings shown to increase the likelihood of achieving the best possible outcomes; (ii) participation of a panel of experts on the treatment of the selected conditions (diabetes, cardiovascular diseases, stroke, hypertension, HIV/AIDS and chronic kidney disease); (iii) consensus techniques to define and choose a set of quality of care standards and indicators; and (iv) alignment of the proposed standards and indicators with the architecture of the EHR to assure that the information will be available. The expected output is the continuous quality improvement strategy that comprises a set of quality of care standards and indicators suitable for the Jamaican healthcare context and pertinent to the IS4H framework.
- 3.4 **Component III: Dissemination and scaling-up operational plan of the CCM and the QCI strategies in the Jamaican health system.** This component will finance the development of an operational plan to disseminate and scale up the CCM and the CQI strategy in the Jamaican health system. The plan should include the activities to be delivered, targets and performance indicators, risk management, staff and resources, budget and implementation timetable and monitoring mechanisms.

#### IV. Budget

Indicative Budget US\$

Activity/Component	IDB/Fund Funding	Counterpart Funding	Total Funding
Component I: Development of the strategic plan to operationalize the Chronic Care Model.	100,000	0.00	100,000
Component II: Continuous quality Improvement strategy for the Chronic Care Model	80,000	0.00	80,000
Component III: Dissemination and scaling-up operational plan of the CCM and the QCI strategies in the Jamaican health system	20,000	0.00	20,000
<b>Total</b>	<b>200,000</b>	<b>0.00</b>	<b>200,000</b>

#### V. Executing Agency and Execution Structure

- 5.1 The TC will be Bank executed by CCB/CJA with support from SCL/SPH.
- 5.2 The executing agency will be the IDB through SCL/SPH per the letter of request from the government of Jamaica. Procurement of consulting and non-consulting services will be carried out in accordance with the policies for the selection and contracting of

consultants financed by the IDB (GN-2765-1) for firms, (AM-650 CWEs) for individuals and (GN-2303-20) for non-consulting services if required, as well as in keeping with the provisions established in the procurement plan. Through this TC, the Jamaica MOH is receiving support to strengthen their capacity to implement the Health Systems Strengthening Program Loans (JA-L1040 & JA-L1080). While the Bank will execute the TC, the MoHW will provide general oversight on progress and on the selection and no objection of candidates for the roles identified herein. The Bank has been working in strengthening health networks through operations (BR-L1376, 3051/OC-BR; BR-L1415, 3400/OC-BR; GY-L1058, 3779/BL-GY; AR-L1196, 3772/OC-AR; and Mesoamerica Health Initiative), in an analytical and policy dialogue (RG-E1560) and in the evaluation of quality of care for diabetes through using big data and machine learning techniques (RG-K1420).

## **VI. Project Risks and Issues**

- 6.1 The main risk of this TC is related to the potential coordination challenges with stakeholders to develop the strategic plan and to design the quality of care indicators, which may affect the overall implementation of the TC. The risk might be mitigated by having the Bank as executing agency. The TC will closely coordinate with the MoHW and the Pan-American Health Organization to ensure the most up-to-date evidence to support the development of this project.

## **VII. Environmental and Social Classification**

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