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Toward Greater Sustainability in Jamaica

Integrating the National HIV and Family Planning Programs into a New Ministry of Health Agency for Sexual Health

BACKGROUND

- Due to a high government debt burden and declining donor assistance, Jamaica faces challenges in sustaining its national HIV and family planning programs.
- Jamaica is reorganizing its HIV response to heighten efficiency and sustainability.
- The Ministry of Health (MOH) has integrated elements of its National HIV/STI Programme into its National Family Planning Board to create a new MOH agency for sexual health.
- Major justifications for integration:
 - Sustainability and efficiency
 - Cost savings by eliminating overlapping functions and staff
 - Programmatic synergies
 - Alignment with Jamaican and international principles

DESCRIPTION

In undertaking this reform, the MOH found a dearth of guidance about national-level integration. The ministry collaborated with the USAID- and PEPFAR-funded Health Policy Project to assess lessons to date in Jamaica and map next steps.

Covering integration initiation in 2010 through implementation in 2013, the assessment entailed a desk review and interviews with 18 stakeholders from government, civil society, and donor agencies.

As of 2014, the sexual health agency officially exists, and efforts are underway to address governance, policy, communications, evaluation, and other issues identified by the assessment.

THE NEW SEXUAL HEALTH AGENCY

- The sexual health agency's major divisions include
 - Technical support to programs
 - Enabling environment and human rights
 - Monitoring, evaluation, and research
 - Administration
- The new sexual health agency absorbs the functions carried out by the national family planning and HIV/STI programs, except for treatment and clinical services.
- The HIV/STI Programme's service delivery functions are being folded into the MOH's broader treatment program for communicable diseases.

CONCLUSIONS

- Jamaica's integration experience may be useful to other countries seeking more sustainable and innovative programming models.
- Integration has strengthened institutional sustainability for the HIV/STI Programme.
- Evidence is still needed to demonstrate cost savings, efficiencies, and outcomes.

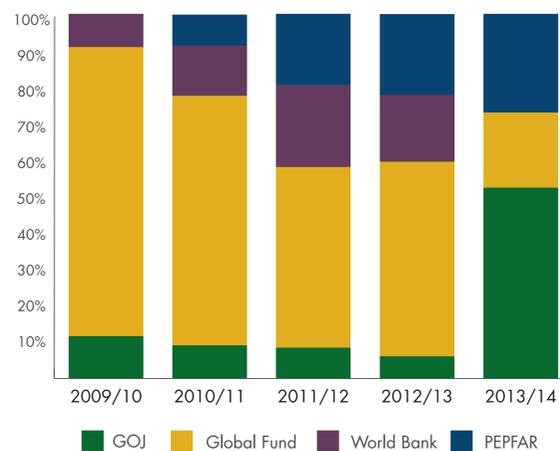
NEXT STEPS

- The MOH is addressing action steps and issues identified by the assessment.
- Other next steps for the agency include guiding integration at the level of clinical services.

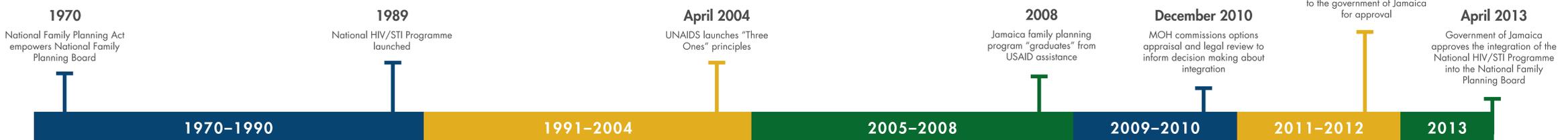
LESSONS LEARNED

- Integration proved different than a merger. It resulted in a new organization warranting a new vision and strategy.
- Both government and donor champions were needed to propel a process that required ongoing time, attention, and funds.
- Planning and implementing an evidence-informed process took three years. Experts were needed to advise on legal, governance, organizational, and other issues.
- Major stakeholder concerns included mechanisms for civil society participation, focus on key populations, and balance between HIV and family planning priorities.
- Integration elicited stakeholder optimism and fears. Assessment and communications are critical for addressing concerns.
- Change management and communications are key for addressing potential integration "stalling points": reducing staff and addressing HIV/family planning program differences and asymmetries.
- Leadership of the new sexual health agency requires a "bridge-builder" with grounding in both HIV and family planning.

Jamaica pays more of its HIV costs as donors withdraw support



"[In Jamaica,] there was absolute commitment...to find a quiet, elegant way to accomplish what needed to be done."
—Stakeholder from international donor agency



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