

Social Protection Systems in Latin America and the Caribbean: Jamaica

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The current social protection policies and programmes in Jamaica can trace their origins to the beginning of the second decade of the 20th century. With the independence of the country from the United Kingdom in 1962, the new Jamaican government moved away from past colonial social policies, increasing social spending and establishing a new social protection system through the implementation of the Old Age and Superannuation Scheme Law in 1958 and the National Insurance Act of 1965, which created the National Insurance Scheme (NIS), a pay-as-you-go social security system, which is compulsory for the entire active population.

Social policies during the 1980s and the 1990s focused on assistance to the unemployed, the underemployed, people with disabilities and children living in poverty. These public assistance programmes and policies—such as the Food Stamp programme which started in 1984, the Rehabilitation Grants, the Compassionate Grants and the Emergency Relief Assistance—placed more emphasis on the idea of ‘rehabilitation’, with vulnerability being seen as the result of misfortune or accidents of life (unemployment, death, natural or man-made disasters) and possible to overcome with the aid of public assistance.

With the reform of its safety net, which took place during the 1990s, the Jamaican government tried to improve the efficiency and the effectiveness of social protection and other social policies. An important step in this direction was the establishment, in 2002, of the Programme of Advancement through Health and Education (PATH), a conditional cash transfer programme which replaced social assistance programmes such as the Old Age and Incapacity Programme, the Food Stamp Programme and the Outdoor Poor Relief Programme.

The Jamaican social security system is made up of a large public scheme—the NIS—which offers pensions and other benefits, including, since 2003, a health insurance plan (the NI-Gold), a health care programme for pensioners of the NIS, which provides them with coverage for hospitalisation, medical check-ups, prescription medicines, dental and optical services and surgery. In addition, there are several private pension schemes that cover around 10 per cent of Jamaican households, providing mainly complementary benefits.

The Jamaican health system is characterised by the public-sector provision of services that cover the majority of the population. The public health system is shaped by the Public Health Act of 1985 and managed by the Ministry of Health. Until 2008, the health services were partially funded by the State. Since 2008, the public health services have become fully subsidised by the State and user fees for services were eliminated. The private health sector—which is unregulated—comprises health insurance as well as health care services (the country has eight private hospitals) and pharmaceutical provisions. Private health care is financed through out-of-pocket disbursements.

The Jamaican social sector had to face several challenges in the last decades, in particular because of its lack of efficiency as well as its administrative fragmentation and duplication. For these reasons, in 1999 the Government of Jamaica started a complete reform of the social safety net, which included “institutional changes, such as the merger of existing programmes, amendments in the legislative framework, strengthening of institutional capacity, [and] the use of a scientific targeting mechanism” (Innerness and Roberts Ridsen, 2010). The main component of this reform was undoubtedly the implementation of PATH, whose components are the health, education and post-secondary school grants. Since 2010 the programme has included a base benefit that ensures a minimum monthly transfer of JMD400 for all PATH beneficiary families, including those who do not comply with any conditionality.

Education is the social sector in which the Jamaican government invests the most (7 per cent of GDP in 2009), but with contrasting results in terms of access (especially in rural areas) and the quality of teaching. Women’s school participation rates have shown very good progress: the gender gap in secondary and tertiary education is now in favour of women, and enrolment rates are very high. However, children’s school attendance is still irregular, and there is a worrisome decline in net enrolment rates in primary (90.8 per cent in 2004 vs. 85.2 per cent in 2013) and secondary education (83.4 per cent in 2004 vs. 68.9 per cent in 2013).

The Ministry of Labour and Social Security (MLSS) is the main institution that regulates the labour market and employment. Its employment promotion strategy is based on labour intermediation services (the creation of a database of job opportunities that connects job seekers and employers) and employment promotion programmes, especially targeting youth.

Although significant efforts have been made to extend coverage, the Jamaican social protection system still faces major challenges. The main problems identified are the lack of efficiency of public services and, to a lesser extent, the low level of public funding. Moreover, in the case of special education programmes (targeting specific groups), and employment promotion policies, the State has allowed ample space to non-governmental organisations and international cooperation agencies which focus on special groups and do not provide global coverage to Jamaican society more broadly.

References:

- Innerness Faith and Roberts Ridsen, Colette (2010). ‘Social Safety Nets Reform in Jamaica, experience of the Programme of Advancement Through Health and Education (PATH)’, *Social Economic Studies*, 59(1-2).
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