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ST. KITTS & NEVIS NATIONAL CONSULTATION ON UNIVERSAL HEALTH COVERAGE

Report

A National Consultation on Universal Health Coverage (UHC) was convened in St. Kitts and Nevis on July 8th 2014. It was organized by the Ministry of Health, in conjunction with the Pan American Health Organization (PAHO), through its country program office. Participants included representatives of various sectors – Social Services, Finance, Legal, Social Security, Immigration, Health and Private Insurance.

The Working Documents were (a) The PAHO UHC Strategy, and (b) A UHC/NHI brief produced the Office of the Chief Medical Officer.

AGENDA

The Consultation was officially opened by the minister responsible for health, the Hon. Marcella Liburd. Minister stated her government's firm commitment to the principles and values of UHC, and the ongoing policy of phased implementation under the rubric of National Health Insurance (NHI). Government views UHC/NHI has a tax-financed, payment mechanism whose principal outcome is universal access to needed population health and personal medical services of assured quality. Expectations are adequate protection against financial ruin for individuals, families and the national treasury and improved cost recovery in government facilities.

The opening section of the agenda included a well-received, tone-setting video message from PAHO Director, Dr. Carissa Etienne on the UHC philosophy and opportunities. It was complemented by a technical presentation on the values and systems aspects delivered by Dr. Patrice Lawrence-Williams, Country Program Specialist.

The agenda also featured a panel discussion comprising high-level officials of the Ministry of Finance (MOF), Social Security (SS), and National Caribbean Insurance Company (NCI), a wholly owned subsidiary of the national Bank Group of Companies in which government is the majority shareholder (60%). NCI is the executing agency of the medical insurance plan for government workers.

Panelists shared their perspectives on UHC including work being done by their respective organizations.

MOF

- Supports the continuation of phased implementation which commenced over two decades ago with personal medical insurance coverage provided to civil servants, latterly expanded to all other government employees.
- In addition to paying the annual premium paid on behalf of government workers, government expects to allocate funds to cover social safety net beneficiaries (SSNBs).

Social Security

- Conducted extensive research into the operations of various UHC/NHI plans in the Caribbean and beyond and will leverage lessons learned.
- Feedback from previous community consultations on another issue indicate public understanding that NHI may require additional taxes.
- Gave the undertaking that SS will coordinate community-based consultations (Chamber representative offered to support).

National Caribbean Insurance

- Shared experiences with working with clients affected by catastrophic conditions particularly the emotions associated with insufficient or lapsed coverage.
- Expressed the belief that coverage for cancer will be the most difficult to sustain.

The plenary expressed satisfaction with the quality of the information provided by the panel.

GROUP WORK

Three (3) groups were assembled to consider and provide feedback on Strategic Lines 1, 2, and 3 of the PAHO UHC Strategy. The contents of Strategic Line 4 were subsumed in each of the other groups. Group reports were presented in the post-lunch plenary which was followed by a lively Q&A session.

By way of introduction, the groups received the following statement:

Success of UHC/NHI hinges on having the right strategy and the right systems. Key pillars of success include policies, legislation and procedures; funding; human resources; quality of care targets and indicators; medical products, technologies and commodities; and a data management system with an ICT backbone (decision support). Driving forces are political will and community support.

Participants were asked reflect on these and any related issues, and provide feedback (a) To improve the strategic line under consideration by their group, and (b) To make recommendations for the effective and efficient implementation of NHI.

Feedback

Group 1 - PAHO UHC Strategic Line 1: Expanding equitable access to a comprehensive package of high quality, people- and community centered health services.

Translation - What will beneficiaries get?

- A Benefits Package (BP) must be defined as the first order of business.
- The BP should include the full spectrum of health services – Preventative, Health promotion, Diagnostic, Curative, Rehabilitative/Restorative, and Long-term. Oral Health and Eye care should be included.
- The primary focus of the BP should be to encourage prevention, health promotion (personal responsibility for health) and early intervention.
- Primary-level service facilities should have opening hours that are convenient to the person. To the extent possible, a wide array of services should be available including oral health, mental health, point-of-care diagnostics, nutrition, pharmacy, physical therapies, exercise therapy and environmental health services.
- The BP must have a component that allows access to care not available in-country.
- Some benefit may be provided by private insurance.
- A rural urgent care center should be established in St. James Parish, Nevis, following the Pogson Medical Center model of comprehensive service provision "under one roof". Partnership should be sought with the international medical school located in the parish.
- Performance implementation (SOPs) and M&E procedures should be institutionalized.
- Access to services should be governed by systems of gatekeeping and referral with the latter covered by a certificate of need.
- A telemedicine platform should be developed.
- PAHO has a role in human resource development and training; data and information system and the ICT backbone; M&E

Group 2 - PAHO UHC Strategic Line 2: Strengthening stewardship and governance.

Translation: How should NHI be organized?

- Management of public sector facilities will be strengthened if programs and facilities are placed under a single governance structure.
- Administrative oversight should comprise government, Social Security, private industry, and representatives of Civil Society.
- Enrolment should be individual- and family-based. The two focal points are Social Security and the Ministry of Social Services (MOSS).
- Social Security should be the focal point for collections and fund pooling. Social Security should be renamed the National Health & Social Security Board
- Primary-level services should be retrofitted to maximize the delivery of comprehensive services in safe, secure and well-appointed facilities.
- There should be an initial and period cost-benefit analyses inclusive of updated financial data (NHA) and aligning of existing policies.
- Private practitioners may be contracted to deliver specific services by contract
- Claims Processing may be outsourced to private insurance
- National health targets and indicators (national health policy).
- Incentives for individuals who stay well and providers who keep people well.
- The education sector has a critical role in health promotion.

- Policies and legislation should be developed to disincentivise adoption of unhealthy habits/high risk behaviours.
- Caveat: UHC/NHI may not cover everything just that everybody contributes.

Group 3 - PAHO UHC Strategic Line 3: Increasing and improving financing, promoting equity and efficiency, and eliminating out-of-pocket expenditure.

Translation: How will NHI be paid for?

- The scale of the BP will be determined by available funding. Not by health needs?
- NHI should be tax-financed - no opt outs. Exemptions determined by means testing done by MOSS.
- Public sector expenditure of 6% GDP (USD 37M) should be adequate. This estimated funding level is commensurate with that of countries with an epidemiological profile identical to St. Kitts and Nevis.
- Possible Funding Streams (USD)
    1. Government Subvention i.e. maintain current government health financing for next five years (actual expenditure in 2012 was 19M)
    2. 11.7% of VAT revenue earmarked for health (estimate of 2.6M in 2014)
    3. Payroll tax of 3% earmarked for health (equivalent to 13M)
    4. "Sin Taxes" (0.2M)
    5. Current MOF allocations to
        - MOSS for Social Assistance (0.3M)
        - NCI for premium of government workers (2.6M)
- Contribution of the unemployed and undocumented migrants captured in the VAT.
- Benefits should be capitated - UHC/NHI cannot be all things to all people.
- The BP may be customized according to individual need and ability to pay a supplemental premium.
- Niche benefit packages may be obtained from private insurance.
- Use Insurance Companies to interface with private and overseas providers.
- Reporting by providers to be institutionalized.
- Implementation requires a Communications strategy.

HOW CAN PAHO ASSIST?

Re Leadership & Governance

- Development of Legislation and Implementing Regulations – Model templates on a regional or sub-regional basis.
- "Good Governance" Strategy – Procedures to assure transparency, accountability and the broadest possible participation by Civil Society.

Re Financing and Financial Sustainability

- Conduct a feasibility study of UHC for SIDS.
- Surveys of National Health Accounts may assist cost-benefit analysis.
- Cost Control Strategy – Financial sustainability rests on avoiding excessive and unnecessary costs. Whereas OOP payments are iniquitous and potentially bankrupting, the removal of access to service barriers can stimulate over-utilization and provider profiteering. Supply does create demand. There are benefits inherent in measures such as Capitation, Co-payments, Deductibles, etc. Some form of cost control must exist. The Strategy is silent on this "Achilles Heel" issue.

Re Regional Portability of Benefits

- Geography demands that island people must move. To be relevant, the Strategy will have to be adapted to account for "freedom of movement" frameworks such as the CSME and OECS Economic Union.

Re Quality M&E

- The development of a robust but concise set of appropriate targets and indicators

Re Strategic Information

- Development of financial and health performance databases. Guidance on the most appropriate ICT backbone.

Other

- PAHO has a role if fostering networks e.g. specialists in professional and technical subjects
- Information Sharing Platform – To share Best Practices and lessons between countries
- Development of a Communication Strategy – Essential to facilitate the marketing of UHC to the public and decision-makers.

SUMMARY

During the closing period, the PAHO-CPS reiterated the observation that St. Kitts and Nevis already has considerable experience with UHC at the primary and secondary levels. Political will exists. The issue at hand is expanding UHC to bridge existing gaps in systems administration and access to post-secondary services. Money is a central issue.

CMO thanked the participants for their contributions and gave the assurance that the final report will be circulated.

While speaking on the adjournment, CMO performed a checklist of the progress towards UHC then identified the Next Steps – Consultation Report, Cabinet Submission re phased implementation of benefits for clients of the MOSS and minimum wage earners.

√ - Participant understanding of UHC principles and values.

√ - Participant understanding that UHC is concept and NHI is the reality.

√ - NHI benefits include in-country services provided by government sector and private sector facilities. Ministry of Finance is pleased with the prospects of increased Cost Recovery.

√ - Key functional & structural elements of NHI identified.

- Inland Revenue & SS - Tax Collection
- SS - Funds Pooling
- Private Insurance – Claims Management
- Ministry of Health – Policy & legal Framework. Quality Oversight
- System Administration – Government, SS, Private Industry, Civil Society
- Communications – SS, Chamber of Industry & Commerce

√ - Bipartisan political support exists.

√ - Concept of medical insurance appreciated by the public (current uptake is 30%). People with the wherewithal are constantly urged to purchase from the private market.

√ - Previous outreach activities by Social Security elicited feedback that people understand the reality of increased taxation to pay for NHI.

√ - Subject to consideration of a submission, Cabinet to determine and propose funding measures.

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Patrick Martin
Chief Medical Officer

July 17, 2014