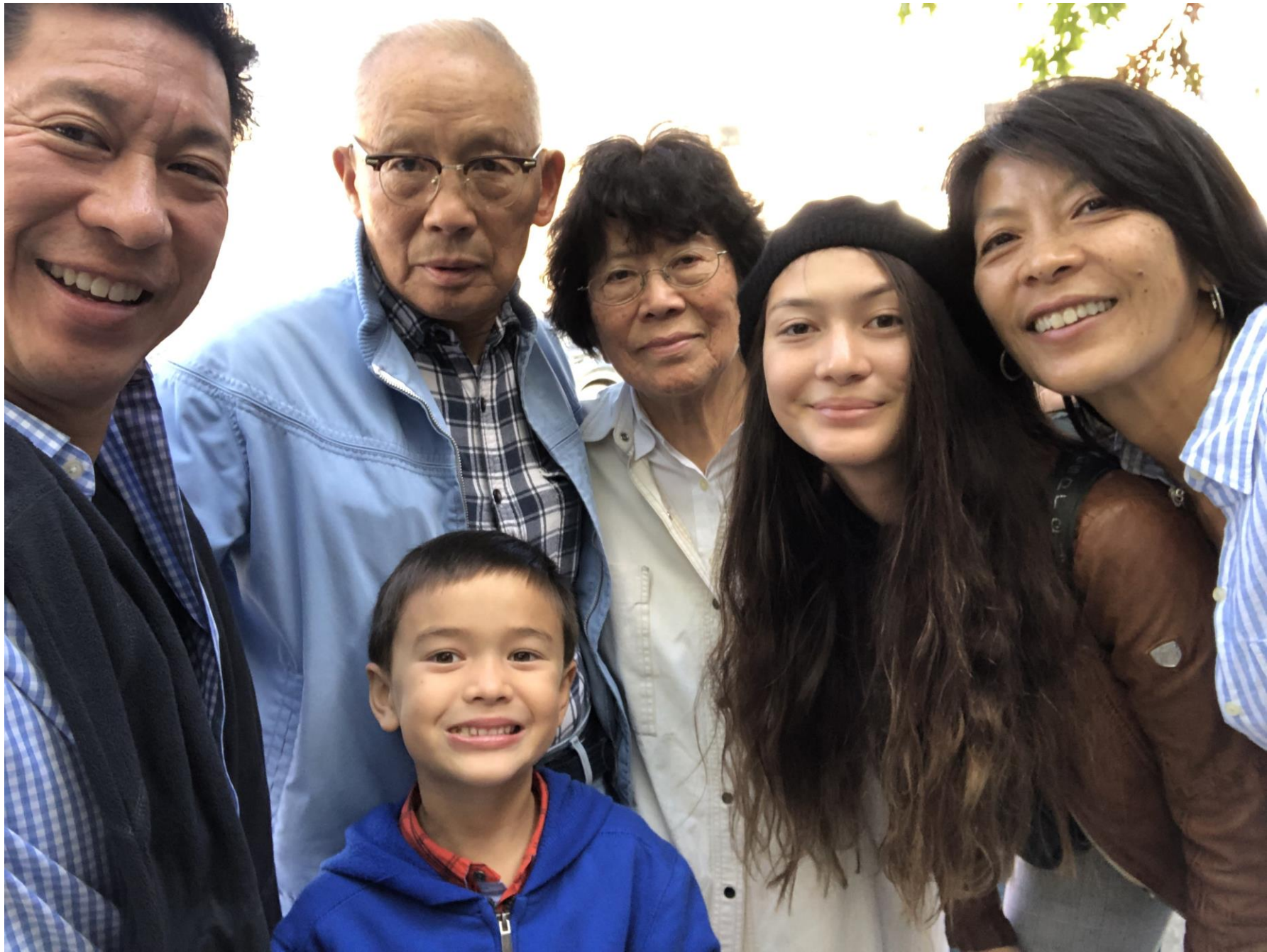


A Practical, Political and Financial Perspective on Universal Health The St. Maarten Experience

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St. Maarten Background

- Small Population - 40-55,000
- Part of former Netherland Antilles - Outdated legislation
- Part of the Kingdom of the Netherlands - CFT – Financial oversight
- Tourism destination - Economic realities

St. Maarten Healthcare Perspective

- Outdated legislation from the 1960's
- Fragmented system
- Changes made to provide additional coverage.
 - Addressing the need to assist left-out segments of the population, without taking the proper measures to assure adequate financial stability
- Instruction from the Kingdom 2015 ... Government owes 50 Million dollars to SZV ... which cascades to the Government of St. Maarten
- 3 of the 4 healthcare funds have structural financial deficits

St Maarten Approach

- Inherited a work in progress. NHI  GHI
- Extensive research and consultation during development. Evaluated options, determined root causes of issues.
 - Single payer system
- Evolution: Ensuring flexibility
 - Legislative process (dedicated legislation) and pricing options instead of prohibiting.
 - For example: Opt-out options but with cost

Natural Resistance - Supports UHC but..



- Business Community
 - Collect outstanding taxes
 - Eliminate fraud and waste
 - Financial concerns
- Private insurance holders
 - Freedom of choice
- Beneficiaries of current system
- Medical professionals

Questions are understandable – me too

- Universal health in the 21st Century 40 years of Alma-Ata (Paho/WHO)
 - Went excited expecting clouds to part
 - Financing solutions: “A full exploration of the differences between these 2 models and their background is beyond the scope of this paper” (Beveridge Bismarck model)
 - Definition of basic health care
- Questions
 - What level of care is minimum acceptable level of care?
 - Is there a limit to amount of care? Limit to cost? Rationing?
 - What is citizen’s responsibility? Cost sharing? Obligations to maintain level of health?
 - Quality of life versus quantity of life?
 - Insurance versus civil service?
 - Incentives?

More fundamental questions remain

Transparency on health costs

- https://www.ted.com/talks/jeanne_pinder_what_if_all_us_health_care_costs_were_transparent

Healthcare quality over quantity

- https://www.ted.com/talks/tarik_sammour_healthcare_is_it_a_right_or_a_luxury

**Fact is that the answers per country will vary
but the questions are the same.**

Political Process

- Although the coalition's governing program supported Universal health coverage, it became clear that getting the necessary votes would be a challenge.
- Realized we had heavily focused on technical and financial issues.
- Public health, financial, political, public support.. They all have different issues but in the end, the legislation must satisfy all perspectives.
- Political support lacking.
- Citizen understanding and interest were lacking.
- Political jealousy, fear.

Messenger – Use of Experts other voices (1)

- Messenger may be hampering the message
- UWI Dr. Lalta. Dr Cumberbatch and Paho Dr. Erica Wheeler Met stakeholders including council of ministers, parliament, stakeholders
- SOAB “Our expectation is: based on our knowledge of current findings related to financial compliance of social and health insurance rules and regulations on Sint Maarten, the proposed legislation of the GHI ought to increase financial compliance.”

Messenger – Use of Experts other voices (2)

- World bank “Transitioning to General Health insurance model would have the benefit of improving health coverage and outcomes while putting the system on firm financial footing without increasing the tax wedge in the private sector. In addition, simplification of the system can be expected to yield further benefits in terms of reduced operational costs and, potentially, improved compliance.”
- Marketing Team
 - Video testimonials

Focus Groups ... Evolution / Flexibility

- Listening to Concerns of Different Groups
 - Medical – Concerns about single payer, primary care, financial compensation
 - Unions – Contribution formulas
 - Citizen groups and individuals. Why change? Deferred deductibles –
 - Platinum, Gold, Silver – Differential based on residence status, time in, caps.
 - Dental care
 - Glasses
 - Wallet

Political

- Plan B
 - Status quo was not an option. Financial deterioration.
 - Approve GHI or, if not, adhere to actual legislation.
 - ZV fund designed for worker, had *de facto* become universal health insurance fund, without commensurate funding sources. Since 2009, admitted clients 60+, who pay reduced contributions but cost 3 times the average. As well as former worker, for whom the contributions are paid by government but only employee portion.
- Status
 - Passed all higher councils
 - Ready to be debated in Parliament.
 - Financial instruction pending
 - Budget support Netherlands, partially dependent on passing GHI. DPO or Development Policy Operations.

Recommendations

- Keep attending this conference. Tremendous network.
- Understand technical, financial/economic, political, social approaches and concerns. All are different.
- Parallel address costs and structure of healthcare delivery. NHR
 - Prescription drug costs, new hospital, JCI, staff training, primary care, prevention, price transparency.
- Choices versus ultimatums.
- Insurance versus service. Insurance implies optional.
- Flexibility, possibility for evolution critical.
- Define Basic as basic as possible.
- Cross ministerial cooperation, education, public works.
- Incentives, risks, obligations.
- ***Questions are the same. Answers per country will vary.***