

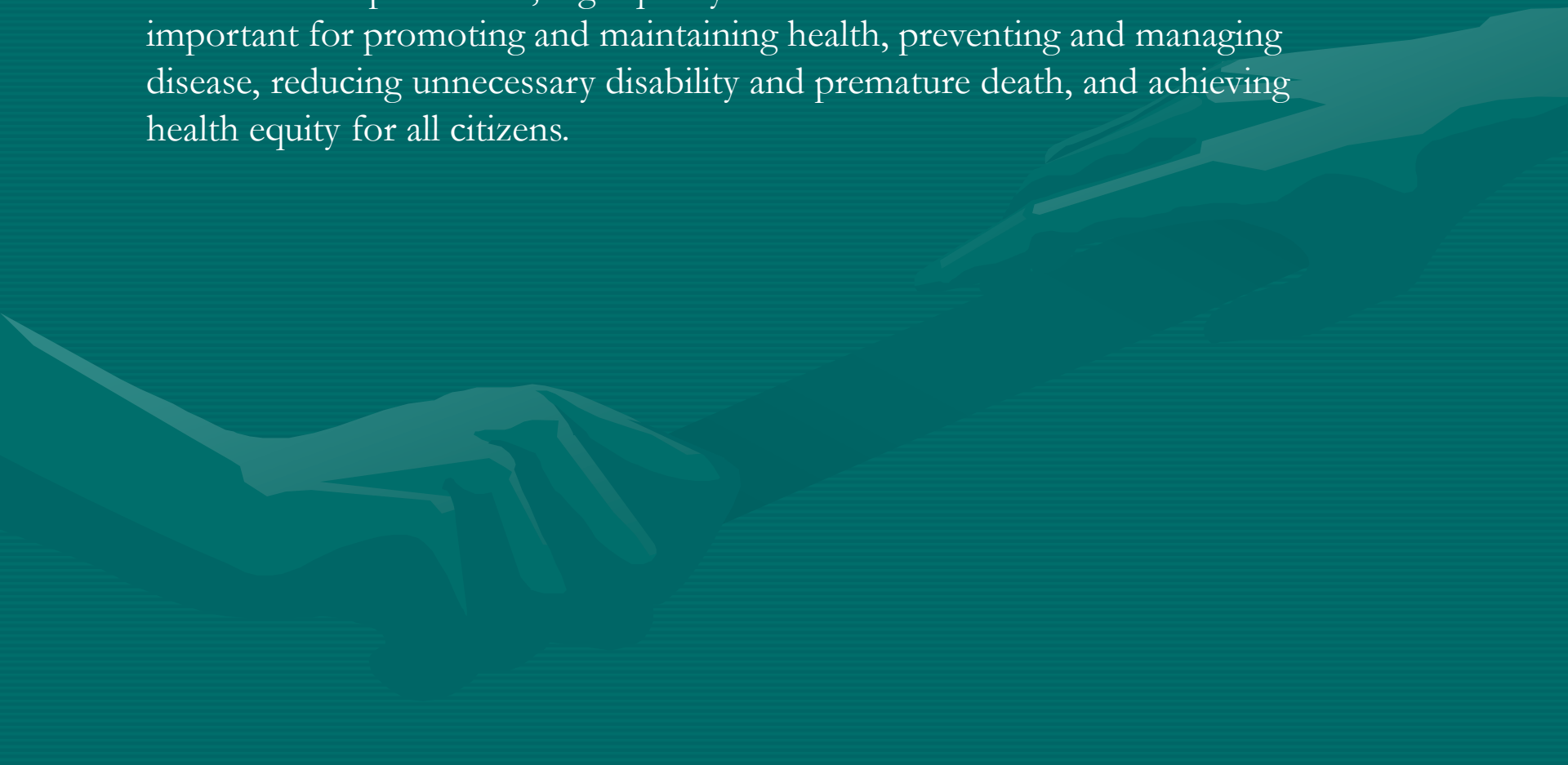
# Anguilla National Health Fund




## Update on Progress & Challenges

# Importance of Access

Access to comprehensive, high quality and affordable health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all citizens.





While health benefits of comprehensive, high quality and affordable health care can be measured through the outcomes of health interventions on individuals, their combined impact on national development is even more critical to the advancement of humankind and the protection of vulnerable communities.

The WHO has indicated that:

*“better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more.*

*Many factors influence health status and a country's ability to provide quality health services for its people. Ministries of health are important actors, but so are other government departments and agencies, donor organizations, civil society groups and communities themselves. For example: investments in roads can improve access to health services; inflation targets can constrain health spending; and civil service reform can create opportunities - or limits - to hiring more health workers.”*

Therefore, access to appropriate health care must be high on the agenda of governments once they are truly committed to national development. The question is how to ensure access to high quality and affordable health care; when in many instances these two concepts are oxymoronic: high quality and affordable.

## THE FOCUS FOR THE NEXT 3 YEARS



## IMPROVING QUALITY OF CARE

- Accreditation through Accreditation Canada commences September 2019
- Establishment of a Quality Assurance Team and Coordinator
- Key partnerships with referring institutions like Health City Cayman .

# IMPROVED HEALTH FACILITIES

- Building two Polyclinics to replace damaged health centres
- Remolding and expansion of the Princess Alexandra Hospital inclusive of updated equipment





# HEALTH FINANCING

- Review of current fee structure
- National Health Fund
- Improving Social Safety Net (Social Development)

# General intentions and mandate of the Fund

- National Health Fund (NHF) was created by the NHF Act in 2008 to purchase health care for the whole population of Anguilla as needed and in an equitable manner.
- Act came into force on August 24, 2011.
- Board disbanded by the GOA in 2012 due to lack of political will to implement and retarded economic performance.
- Act now to not in force.

# Brief History of NHF/NHI in Anguilla

- 1995 – 1996 Health Sector Adjustment Project (Alan McNaught).
- 1999 – 2005 Institute for Health Sector Development (Dr. Jennifer Sancho & Roger England).
- Act passed in 2008 & brought into force in 2011.
- NHF Act not currently being implemented. Gov't looking at a revised model that reduces admin costs.

# Guiding principles of NHF

- ***solidarity*** - pooling the financial risk for the whole population
- ***sustainability*** - creating an independent funding mechanism able to match revenue to needs
- ***equity*** - introducing a prospective payment system removing financial barriers to access

# Guiding principles of NHF

- ***efficiency*** - avoiding the fragmentation and high overheads of multiple funding sources
- ***effectiveness*** - developing technical purchasing capacity in the NHF
- ***accountability*** - including mechanisms transparency and consumer involvement.

# Fund Management

- The Fund will be managed to ensure that money is spent on high-quality, value-for-money services, and not wasted on unnecessary treatment. Individuals will contribute to the Fund when they are economically active, but the Fund will pay for care for everyone as it is needed, including children and the retired.

# Financing Options

- Proposed contributions of 5% of monthly income; 2.5% from employers and 2.5% from employees
- Will most likely be revised upward to 6% monthly as a replacement for the Interim Stabilization Levy

# Financing Options

- An annual GoA contribution from the Consolidated Fund which will include
  - Monies used to pay for health coverage for Civil Servants
  - Monies allocated to medical treatment overseas
  - Monies currently paid to the Health Authority of Anguilla
  - Any other sources as may be decided by GoA Executive Council from time to time



# Anguilla NHF Operations

- The current mechanism in the Act sees revenues being channelled to the National Health Fund. With collection and payment mechanisms will be contracted to the Social Security Board.
- The Government has now revised this system to be a part of the ASSSB rather than a separate institution in order to reduce the cost of managing a new stand alone system.

# Anguilla NHF Operations

- The Fund will buy health care services from providers offering services to a standard acceptable to the Fund
- It will be managed by a technical capacity able to negotiate quality and prices with providers.

# Anguilla NHF Operations

- Providers will include the HAA and approved private practitioners
- The HAA is an integrated Health Services System which includes primary health care, so fund will also cover these services.
- Selected overseas hospitals will provide specialist tertiary care that cannot be provided adequately on-island

# Costs and financing

- **Expenditure on health care services**
  - The best available estimates indicate that it will cost around EC\$ 31.1m per annum to meet the needs of the population with a full range of primary, secondary and tertiary care, the latter mostly from overseas.

# Sources of Funding

Income-based contributions	13,500,000
Pt co-payments-primary	468,750
Pt co-payments drugs	278,906
Pt co-payment dental	198,000
Pt co-paymnet optical care	7,811
Co-payment—tertiary	400,000
GoA contribution	22,000,000
<b>Total</b>	<b>36,852,467</b>

# Eligibility for care under the Fund

- Anguillian nationals and legal residents in Anguilla
- expatriates on current work permits who contribute and/or whose employer contributes to the Fund

# Excluded from automatic eligibility

- nationals who have spent the majority of their working lives overseas and who have not paid contributions to the Fund
- expatriates retiring in Anguilla.

# Additional eligibility (persons wishing to retire on Anguilla)

- contribute to the Fund at the prevailing rate of contribution declared annually by the Fund for three consecutive years before retiring
- contribute the equivalent in one lump-sum payment upon retiring to Anguilla



# Challenges to NHF Implementation

- Public perception of the quality of health care services in the HAA
- Public opposition due to “limited choices”
- Private doctors perception of the quality of HAA services
  - Implementation of the NHF has be delayed so that these issues and others can be addressed
  - Continue public consultations

# Challenges to NHF Implementation

- Lack of general family practice doctors—there are no family practice trained doctors in the private sector. All private sector doctors are specialized which makes negotiating primary care contracts challenging
- Pvt doctors' resistance to the implementation of NHF
- Pvt doctors' dissatisfied with the proposed per capita payment (US\$8.33 per month per registered patient)
- Pvt doctors are more interested in negotiating secondary care contracts as opposed to primary

# Next Steps

• Having done an assessment as to the “state of play” with regard to NHI implementation in Anguilla, having completed a retreat lead by Dr. Stanley Lalta of the Health Economics Unit of the UWI, and having had an on-island visit by the PAHO’s Health Systems Development specialist the NHI Committee is now doing the following:

- Complete the gap analysis and roadmap for implementation of NHI
- Completing the review of the legislation with the legal draftsman based on new model
- Recruit a Project Manager to implement NHI
- Develop administrative systems and processes, manuals, procedures
- Formalise the administrative and financial systems of NHI within the ASSB
- Identify and engage a third party administrator to manage overseas care
- Conduct a robust public consultation process throughout
- Repeal current legislation and pass revised legislation and regulations.
- Hire staff and or reassign current ASSB to NHI Unit.
- Collect a pool of “cushion” funding as a pre-requisite to going live (Possibly conduct three months of collections before paying claims).
- Go live at a date to be determined by Executive Council



**Thank you**

For your attention