Component 3: Sector Financing:

The Government of Belize has stated its intention to introduce a system of national health insurance (NHI). The development of NHI is not primarily about ‘how to raise money’ for health care. The potential advantage of NHI is in ‘changing the way that health funding is spent (value for money / equity) through the principle of an ‘informed purchaser’ from a ‘choice of providers’.

The two broad functions of NHI are:

- Collecting the Financial Contributions.
- Spending the Resulting Fund on Health Care.

Implications for Providers of Care:

- What is currently the public sector will become progressively more independent. (Regional Management Teams with increasing autonomy are now in place in four - Northern, Central, Western and Southern, Regions. A ‘Bridging Strategy’ is proposed to further empower the Regional Teams; Training in Strategic Planning and a consultancy to assist the Regions in Organisational Development are schedule).
- Primary Care services will become more organized to provide continuity in case management and to provide a clinical ‘gatekeeper’ function. ( A service delivery model was piloted in the Belize Southside Pilot, and various recommendations made regarding a potential role out of services to the rest of the country including the value of geographic allocation of populations to care providers and the ‘gatekeeper function’ – a rural model for service delivery has been developed and is about to be implemented in Stann Creek and Toledo ).
- Overseas care for services not available in Belize, should be acquired through a pre-arranged ‘block agreement’ basis.

Implications for Government:

- The GOB budget for clinical health service delivery will increasingly be routed through the NHI.( No NHI Fund has yet been created – with the signing of contracts on 1st June 2006, this will be established ).
- The Karl Heusner Memorial Hospital ( - Now has a legally constituted Board of Directors and a CEO as part of a ‘piloting of autonomy’ which included protracted negotiations with the Public Service Union regarding transfer of employees from the Public Service to the Independent Authority ).
- The NHI will contract for selected services with KHMH and the Regions. (Contracts have been signed between Ministry of Health and SSB and between SSB and NHI. Contracts / service level agreements have been developed for KHMH and the Regional Management Teams, though the exact mechanisms – especially with regards to Human Resources and Financial management - for these are not yet finalized or implemented).
- The HSRP documents recommend that NHI will be allowed to collect contributions from the employed. ( A precise mechanism for financial sustainability of a reformed health sector has
yet to be agreed, though the revenue stream for the first three years of the ‘roll-out’ of NHI to the rest of the country will have three revenue streams – SSB / GOB(Sin taxes) / MOH (that portion of its budget currently allocated to this package of services).

NHI was established in 2003 following the pilot project.

NHI caters to more than 36,000 persons on the southside of Belize City.

GOB has decided not to implement an additional payroll tax, but instead to finance the NHI from SSB funds and from the consolidated fund.

MIF project assisted with regulations, protocols and the development of a purchasing plan.

GOB plans to roll out NHI purchased services to the south of the country by 1st June 2006. The southern model of service delivery for this has been developed. This extension will take coverage to approximately 85,000 persons (some 30% of the population).

The National Health Insurance Committee has as its functions, to decide on:

(a) Matters relating to the health needs of the population

(b) Problems encountered by private and public providers of services and by customers

(c) Health care policies of the Government

(d) Formulation of regulations under this part.
(e) Standards and quality pertaining to the functions of the Board in ensuring the availability and effective utilization of health care services by NHI beneficiaries

The Technical Committee is an ad hoc committee of the Health Sector Reform Steering Committee. It was established in 2002 in order to provide technical recommendations to the HSRSC on critical issues related to the reform. Initially, the committee was charged with providing an objective review of the pilot project on the southside of Belize City. Membership is comprised of representatives of the MOH, NHI and the BMDA with specialists from other areas co-opted as required. The technical committee does not meet to a defined schedule but rather, depending on the tasks set for it. It is chaired by the member responsible for that particular activity (usually, purchasing - NHI and regulation and stewardship - MOH). All meetings are minuted. On average the committee has met at least once a month since its formation. Major tasks have included:

- Evaluation of the pilot project
- Ongoing audits for effectiveness, efficiency and quality indicators for the extensions to the southside pilot project.
- Sustainable financing alternatives for NHI purchased services
- Coordinating activities under the MIF
- Roll out of NHI purchased services to the rest of the country

Management Team

In addition to the NHI Committee, the Social Security Board appointed a management team for the planning and implementation of activities of the NHI scheme:

Subsequently SSB was restructured and four units created in 2001:

- NHI
- Pensions and other benefits
- Finance
- Administration

The NHI was legally established under the SSB amendment Act of August 2001[2]
The southside pilot project began in August 2001