



National Health Insurance

National Health Insurance

NHI NEWSLETTER

1st July, 2021

7th Edition

Message from New NHI

Chairman

Dr. Marco Tulio Mendez



It is imperative as a country we pursue a health system that promotes universal access to quality health care. With the high incidence and prevalence of non-communicating diseases and the presence of COVID 19 in Belize, a strong primary health care system becomes the backbone of quality health care. The National Health Insurance which began 20 years ago has slowly continued to expand its services aiming to provide equity access to quality primary healthcare regardless of financial status, specific needs, risks, and vulnerabilities with respect to gender, culture, diversity, and special condition. As the expansion of this scheme continues, the impact of benefits will be perceived exponential because health is a condition of interdependence and requires collective access to its achievement. Access to health services, better income, higher education, safe water and greater family and community support are determinants intertwined to good health. As improvement in these determinants are achieved, people's health, well-being, and quality of life will progress. Investment in quality health is ensuring a better economy, a higher productivity at work, a better education, and the general well-being of the population.

Presently a population of approximate 110,000 people are enrolled in the NHI program with many on the waiting list. As we continue determined to provide full coverage it is important that efficiency, efficacy, accessibility, quality, and sustainability of the program be the vision. Existing NHI coverage has increase access to improved quality of care, has caused reduction of out of the pocket expenses and enhanced key health indicators. The mix-model of care provided in Belize city, where private, NGOs and public health providers participate has shown to be the most efficient and effective in health delivery services. Thus, this will be the archetype implemented nationwide. With the firm conviction that health is a basic human right and commitment of "universal health coverage" the Government of Belize is resolute in ensuring healthy lives and promoting well-being for all at all ages. Amid the current economic status and the disruption cause by COVID 19, sustainability of an NHI nationwide program is a challenge we will need to overcome. A lag in its extension to the rest of the country generates inequities between members and non-members and lead to duplicities which counters the trend towards better allocation of resources. Thus, in the coming months special attention and careful planning will focus on areas of budgetary opportunity and fiscal space sources to ensure national rollout coverage and reduce equity gaps in health. National Health Insurance the solution for universal health coverage.



INSIDE THIS ISSUE

Message from new NHI

Chairman1

Costing tool/Fiscal space.....2

Vaccines in Belize3

ICD-114

NHI 20th Anniversary.....5

New NHIC members6

MOHW Data6

SPECIAL POINTS OF INTEREST

- New NHI Chairman
- Costing tool/Fiscal space
- Vaccines
- NHI 20th Anniversary
- New NHIC members

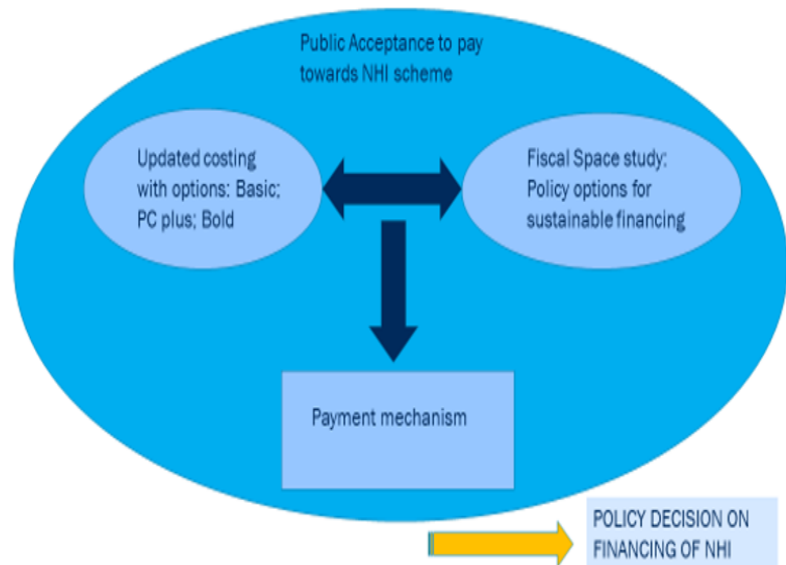
NHI has completed a study that will inform policy makers of the potential cost of rolling out NHI countrywide! A costing tool has been developed that defines the package of services covered and can be tailored as necessary. The main objective of this exercise is to increase access to primary health care services with emphasis on prevention of the main chronic conditions affecting Belize.

Costing Tool and Fiscal Space Analysis

COSTING TOOL

The following diagram establishes the conceptual framework that guides the work of the National Health Insurance over the next 6 to 8 months. The costing tool that has been developed and fine tuned, will be the key instrument to be used to develop scenarios and projections of cost for the complete roll out of the National Health Insurance. In addition to this, with the support of the Pan American Health Organization, a revision of the fiscal space analysis using an updated and refined tool should be conducted through a consultancy. The final product should allow the National Health Insurance to present to Government Policy Options for a National Roll out. Stakeholder consultation will be critical before any final decision is made.

Conceptual framework



FISCAL SPACE

Through the assistance of PAHO, NHI will get a consultant to assist in updating the Fiscal Space analysis tool, particularly since COVID-19 has basically invalidated the previous analysis due to its severe impact on the socio-economic fabric of our country.

ASTRAZENECA VACCINE

The development of a corona virus vaccine known as **ChAdOx1 nCoV-19** or **AZD1222** came about through a partnership between the University of Oxford and the British-Swedish company AstraZeneca. Britain [authorized the vaccine](#) for emergency use in December 2020, and India [authorized](#) a version of the vaccine called **Covishield** on Jan. 3. The World Health Organization first approved AstraZeneca COVID 19 vaccine for Emergency Use on the 15th of February 2021. Initially, Clinical trials found that the vaccine had an efficacy of 82.4 percent. In practice, it's actually above 85-90 % effective against symptomatic disease, when two doses of the [Oxford/AstraZeneca COVID-19 vaccine](#) are given with a 12 week interval between the 1st and 2nd dose. Public Health England (PHE) May 2021.

The national COVID 19 vaccine introduction plan was launched on March 1, 2021. The COVID 19 vaccination campaign started with AstraZeneca COVID 19 vaccine on March 1, 2021. Up to Friday 25th of June, 81,805 persons received first dose and 27,801 are fully vaccinated (all vaccines) with 19.5 and 6.6% of the total population vaccinated, respectively. MOHW refers that of 81,805 persons who have been vaccinated the most common side effects reported are: pain, swelling and redness at the injection site, headache, body ache, fever or chills.

Important to mention is that scientists have not found evidence that blood clots were caused by the vaccine. Further, even the self-reported cases of blood clots are limited to one in 167,000 people—which is below the general prevalence of blood clots in the population. The risk factors for the formation of blood clots are age, sitting for long period of time (driving or flying), prolonged bed rest (hospital stay or paralysis), injury or surgery, pregnancy, oral contraceptives or hormone replacement, being overweight or obese, smoking, cancer, heart failure, inflammatory bowel disease, a personal or family history of deep venous thrombosis or pulmonary embolism, genetics and due to no known risk factors (unprovoked vein thromboembolism)

All COVID-19 vaccines currently available have shown to be safe and effective at preventing severe illness, hospitalization, and deaths due to COVID-19. Some persons even after getting vaccinated may get infected with COVID 19 which usually has none or mild symptoms, hence the need to continue to practice the transmission precaution measures (mask, hand wash, distancing, avoid crowded areas). Getting vaccinated yourself may also protect people around you, particularly people at increased risk for severe illness from COVID-19.

Viruses mutate. SARS-COV2 virus that caused COVID 19 has also mutated more than 1,000 times. Four mutations called variants (alpha, beta, gamma, delta) are now a public health concern for countries. The variants have shown to have increase transmissibility, higher prevalence of severe illness and mortality. Countries including those reporting having the variants e.g. Seychelles that the highest morbidity and mortality prevalence is among unvaccinated persons, and even having only one dose of vaccine confers protection against severe illness.

Worldwide, to date 2.8 billion doses of COVID 19 have been administered; 22.6% of the world population has received at least one dose of a COVID-19 vaccine. Globally, 41.2 million are now administered each day. Only 0.9% of people in low-income countries have received at least one

Vaccination Centers remain open Monday-Friday from 8:30 am to 3:00 pm in all districts. Follow the advisory published by the local health management teams as the venues and time varies due to coverage of urban and rural communities.



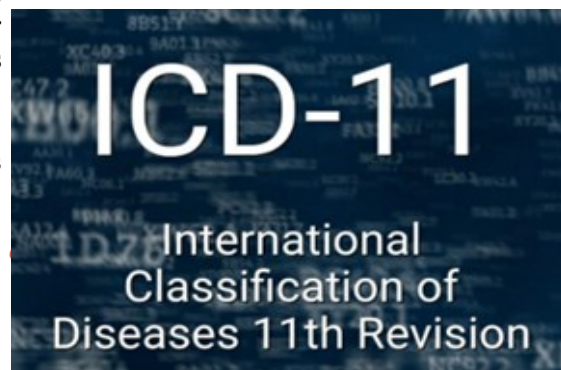
NHI 'S 20TH ANNIVERSARY

LAUNCH OF RAWA ICD-11

The RAWA ICD-11 Tool was launched live for general availability on June 21, 2021. Prior to this launch, all doctors participated in a training and piloting phase that aimed to introduce and expose them all to the use and benefits of the International Classification of Diseases, 11th Revision (ICD-11) and its integration in RAWA. The piloting phase went from April 12 to June 17, 2021, and was a critical phase in our integration process. RAWA implements the ICD-11 via the World Health Organization (WHO) API architecture; this means that medical professionals will have the most up-to-date catalogue of ICD-11 codes readily available as part of their normal workflow in RAWA.

Doctors and nurses can now take

advantage of the ICD-11, which according to the World Health Organization (WHO), is the scientifically up-to-date global standard for health data, clinical documentation, and statistical aggregation with multiple uses including primary care. We thank all the medical teams who made this project a success.



A HISTORY OF NHI

As an integral part of the Health Sector Reform process, a National Health Insurance Scheme was established in 2000 through an amendment to the Social Security Act. The launching of a Pilot Project in the South Side of Belize officially established NHI as a purchaser of health services in August of 2001. This year, the National Health Insurance Team celebrates 20 years of Service to Belize. This is quite an accomplishment that could not have been possible without the participation of all the relevant stakeholders; the Government of Belize, Ministry of Health, the NHI Committee, the Social Security Board, the NHI Unit, our registered providers (private, public and NGOs), and of course, the beneficiaries of the program; the NHI clients.

One of the main drivers of the reform process was the move towards universal health coverage for all Belizeans. The reform as it pertains to NHI, promoted the separation of the key functions of the regulator; provider and purchaser of health services.

- The MOH is the regulator of the Health services in Belize. The Ministry is responsible for identifying the health needs of the population covered by NHI, defining the quality health service delivery standards, development of the clinical guidelines and facility regulations that providers must meet.
- NHI is responsible for purchasing the defined package of services from pre-approved registered providers and ensuring that services rendered, meet the requirements stipulated in the contractual agreements.
- NHI registered providers are responsible for delivering the health services in accordance to the standards and Key Performance Indicators negotiated in the contractual process. NHI has applied mixed models of health care delivery that include the participation of both public, private and NGO providers.



The launching of the NHI Pilot project in August of 2001, marked a significant milestone in the Health Sector Reform process. It implemented a new model of care that incorporated all the principles and core values espoused in the World Health Report 2010 publication “Health Systems Financing, the path to Universal Coverage” published 10 years later. Belize became a model for the Caribbean region and provided both technical assistance and shared vital information on contracting model that today is being used in many of the Caribbean island nations.

In January 2006, NHI expanded to the Southern Region. Several major policy changes have been incorporated into the NHI contracts since 2001. For example, the re-defining of the basic package of health care services to include the diagnosis and management of hypertension, diabetes, Asthma, HIV/AIDS, pre and post natal monitoring, treatment of TB, management of acute illnesses, screening for Breast, cervical and prostate cancer and epidemiological surveillance. The following specialist services were included: Ophthalmology, to include diabetic eye exams, diabetic laser surgery, cataract surgery and eye glasses for school age children and post cataract surgery, and deliveries in the Southern Region. In 2011, NHI launched Mercy Clinic, a facility focused on providing exclusive services to the elderly population in Belize City. In 2015, NHI rolled out to Corozal.

Some of the positive intermediate outcomes of NHI include:

- Increased access to Primary Health Care Services to eligible population.
- Reduced out of pocket expenditures of users when accessing key services covered
- Increased quality in the delivery of services evident by the findings of the audits and compliance monitoring reports.
- Increased access to specific screening services.
- Increase access to essential medications for the management of chronic conditions.
- Increase satisfaction levels expressed by users of the services.

In spite of these achievements, NHI is faced with challenges that will define its strategic direction in the near future. The issue of identifying a sustainable source of funding has been the fundamental challenge to a national roll out. The coming years will be critical as we debate the package of services, the investment cost, and the source of financing for a sustainable National Health Insurance Scheme.

The COVID pandemic has undoubtedly impacted the socio-economic structure of our country and in health services exposed significant gaps in the continuity of care. Now more than ever, it is imperative that a sustainable financing option be guaranteed for the welfare of most valuable resource; our population.



National Health Insurance Contact information

#1 Lily Street
Belmopan
Cayo District

Phone:
822-1810
822-2163 ext. 1307
Email:
NHIinfor@socialsecurity.org.bz
aflowes@socialsecurity.org.bz



NHIC MEMBERS

NHIC Members	
NHI Chairman	Dr. Marco Tulio Mendez
NHI General Manager	Dr. Ramon Figueroa
SSB, Chief Executive Officer	Mrs. Deborah Ruiz (Ag)
MOHW, Chief Executive Officer	Dr. Deysi Mendez
MOHW, Maternal and Child Health Services	Dr. Julio Sabido
MOHW, Alternate	Dr. Fidel Cuellar
Belize Chamber of Commerce and Industry, Member	Mrs. Katherine Meighan
Belize Chamber of Commerce and Industry, Alternate	Mrs. Kay Menzies
Belize Council of Churches, Member	Mr. Canon Leroy Flowers
Belize Medical and Dental Association, Member	Dr. Virginia Smith
National Trade Union Congress of Belize, Member	Mr. Marvin Mora
National Trade Union Congress of Belize, Member	Mr. Dean Flowers
Organization of Insurance Companies, Member	Mr. Jerome Palma
Organization of Insurance Companies, Alternate	Mrs. Socorro Awe
Belize Business Bureau, Member	Mr. Raymond Cox



Vaccines are safe,
effective, and save lives



You can now register for your Covid-19 vaccination appointment online using the following link: <https://vrsa.health.gov.bz/>



Daily Vaccination Report

WEDNESDAY, JULY 7TH, 2021

TODAY'S VACCINATION	TOTAL PERSONS VACCINATED	FULLY VACCINATED
4,232	99,591	36,578

Today's Vaccination data includes the AstraZeneca and Sinopharm vaccine.

GET VACCINATED BELIZE!

@Healthbelize #BeCOVID19Safe #lovethemprotectthem #getvaccinatedbze



Hotline
0-800-664-2273