



National Health Insurance



2020 - 2024

CORPORATE STRATEGY



2020 -2024 CORPORATE STRATEGY

NATIONAL HEALTH INSURANCE

**#1 Lily Street
City of Belmopan
BELIZE
Central America**



TABLE OF CONTENTS

Introduction	
Executive Chairman's Address	05
General Manager's Message	07
Introduction To NHI	10
Developing The Strategy	
Development Process	14
Structure Of The Strategy	17
Strategic Framework	
Vision & Mission & Core Values	21
Strategic Themes	24
Strategic Outcomes	25
Strategic Objectives & Initiatives	26
Strategy Map	36
Strategy Implementation	
Implementation Timeline	38
Strategic Targets & Measures	51
Appendix	57



INTRODUCTION

CHAIRMAN'S Address



DR. RAMON FIGUEROA

Executive Chairman



The evidence is overwhelming in support of the new model as a means of extending coverage and access to quality health care. The primary restraint has been the lack of a policy decision on a sustainable financing source to drive the expansion of this new model of care

The Region of the Americas launched its Sustainable Health Agenda for the Americas 2018-2030 that defined a hemispheric vision for a healthier and more equitable society that endorses and reaffirms the right to Universal Access and Coverage built on a resilient and sustainable health system. For Belize, this presents a coherent and clear guide consistent with the goals and objectives that were established during the Reform of the late 90's and early 2000's. The greatest challenge has always been, and continues to be, the establishment of a sustainable financing mechanism that would support the implementation of a new model of care based on equity, quality, access and coverage for the whole population, with a focus on Primary Care. The National Health Insurance Scheme was conceived as the premier financing mechanism to support the implementation of that new model of care.

Since the implementation of the Scheme in 2001 there have been substantive studies and assessments done to evaluate outcomes and document achievements. The evidence is overwhelming in support of the new model as a means of extending coverage and access to quality health care. The primary restraint has been the lack of a policy decision on a sustainable financing source to drive the expansion of this new model of care.

This year, 2019, marks 18 years since the implementation of the initial NHI Pilot. Over this time, the Unit has been guided and supported by the National Health Insurance Committee which is the legally established "board" comprised of representation from key stakeholders such as the Chamber of Commerce, Insurance companies, Unions, Belize Medical and Dental Association, Social Security Board, Ministry of Health, Ministry of Finance, Council of Churches, and the formal Opposition. The principal

function of this committee is to ensure transparency, accountability, and support for major policy decisions that can impact the National development agenda.

It is for this very reason that the National Health Insurance decided that it was high time to develop a concise and precise Strategic Plan to guide its work over the next 5 years. A plan built on a Vision that is endorsed and constructed with the input from all key stakeholders. A plan that incorporates core values espoused by all and congruent with the overarching goals of a National Health system. This is a National issue, a National Plan, a National achievement! Thanks to all those who were involved in putting together this valuable document. Without your input, your support, this would not have been possible. Together we strive to achieve our vision:

“NHI, an enabler of quality health and wellness for ALL”

Thank you! Gracias! Seremein! Dios bo’otik!

Thank you! Gracias! (Garifuna), (Maya).

General Manager's Message



**DR. NATALIA CASTILLO-
RODRIGUEZ**



This strategic directive, therefore, will map the way forward in attaining Universal Coverage and equity to the rest of our population.

The NHI Unit of the Social Security Board comprises of a specialized team of nine employees who efficiently manage and implement the NHI program. Our robust software RAWA (Registration of Clinical Activities Web base Applications) is the tool utilized for the planning and purchasing of primary health care services from Primary Care Providers and Support Providers such as Laboratory, Pharmacy and Imaging. Presently, NHI purchases health services for on behalf of 139, 273 registered members, which reflect about a third of the population of the country.

During the past 18 years, the NHI program has had an impact on the lives and health of those served. NHI monitors contractual agreements and providers must maintain a Quality Standard of Health Care. Therefore, the management of members with Non Communicable Diseases registered at these providers are by protocols with availability and access to support services. NHI endorses Payment for Performance by establishing key targets providers must meet to qualify. These drivers of quality has changed the approach to the delivery of services among these providers. There has been an increased level of collaboration and exchanging of best practice among stakeholders, which in turn translates to higher levels of patient satisfaction.

In 2011, NHI contracted services from Mercy Clinic, the first NHI Geriatric Primary Care Provider (PCP) in the country of Belize and of its kind in the region. This PCP specializes and focuses on the care of our elderly poor's physical, cognitive, psychological and social needs through the improvement of Geriatric Evaluations, maintaining and improving their quality of life. Initiatives such as these have had a positive impact on the delivery of services in Belize.

Our challenge remains the sustainability of the program. This strategic directive, therefore, will map the way forward in attaining Universal Coverage and equity to the rest of our population. NHI shares its continued commitment in the realization of our Mission and Vision.



Introduction To The NHI Scheme

The National Health Insurance Scheme was borne out of a long analysis process within the framework of the health sector reform project which began in 1996. It was the option selected to finance health care in Belize founded on four key principles...



VALUE FOR MONEY



QUALITY HEALTH CARE



EQUITABLE ACCESS



SUSTAINABILITY

The National Health Insurance Scheme was borne out of a long analysis process within the framework of the health sector reform project which began in 1996. It was the option selected to finance health care in Belize founded on the principles of :

- Value for money
- Quality health care
- Equitable access
- Sustainability

The health reform process also introduced the concept of separation of functions in health care. This paradigm shift is considered a crucial element as it introduced institutional dynamics that drives accountability and performance and eliminates potential conflicts of interest. It identified key functions of the health system: Purchasing (NHI), service provision (Provider), and Regulatory (MOH)

The first proposed model of health care was piloted in the Belize South Side area beginning in August of 2001. The initial model encompassed a comprehensive package of services (primary and secondary level with all support services), and a strong component of *monitoring and evaluation* that was the key to the success of the pilot. Since the initial implementation the model has undergone various changes based on lessons learned and the limitations placed by the level of financing available. What has been clearly documented has been the success of the model in *driving quality care, value for money*, and improved access to care through an effective combination of provider payment mechanisms (*monthly incentive scheme, performance bonus, capitation payment, fee-for-service*) applied through the utilization of the contracting tool. An important by-product of the model is the availability of information with respect to productivity, quality of care, and efficiency in both the private and public sectors. What seems to be clear from the population that utilizes the services within the South Side project, is that they are satisfied with the quantity and quality of services provided and that they would be willing to pay for it should that become the alternative.

In June of 2006, based on Government policy decision, the project was extended to the Southern Region of the country. The model was significantly different from the model implemented in Belize South Side.

One of the key lessons learnt in comparing both models was that the one that applies the public private mix of providers was more effective. The latter led to competition (*competition on quality not price*) between clinics, to see who can provide better care from the perspective of the patient. The use of the market force combined with *strong regulation*, and *compliance* with the contractual terms shows that *providers* can significantly improve the delivery of quality services. Enforcement of the contractual terms and prompt responses by providers to address any inefficiencies noted contributed significantly to the documented improvements in service delivery in the South Side. Using this approach, Matron Roberts, the MOH facility achieved one of the highest standards of service and compliance. In the Southern Region, (where the public sector is the only contracted provider) it is taking a bit longer to achieve the same level of performance. *Payment for Performance, autonomy in enforcement* of the contractual terms and *private participation* are therefore key elements to drive quality care. The model has also been technically validated as sound by International Organizations; as well as by external consultants via recently conducted assessments.

The effectiveness of the new model of health care in terms of meeting the overall objectives of *value for money* and *quality of care* has been the source of various technical evaluations. All have concluded that it is a very good system that can be sustainable and equitable once we ensure there is *risk pooling*. The primary barrier over the past years has been availability of sustainable financing. This Strategic Plan therefore seeks to incorporate the lessons learned over the past years, and focus on the National implementation of a model of care that incorporate the principles of value for money, quality of care and accountability without any financial barrier to access, and builds on the accumulated experience from both the BSS and Southern Region models. The key task for the future is to convince the Policymakers and provide them with feasible financial options on the way forward. The NHI Strategic Plan hinges on getting a Policy decision made viz a viz the sustainable financing mechanism for this model of care.

It is important to understand that HEALTH SYSTEMS are a means to an end. They have three main objectives: *Improvement in population health status, ensuring patient satisfaction, and protection of the individual from financial catastrophe* (through risk pooling). The strong foundation of a health system is based on good primary care which is advantageous because:

- It contributes to improving the health status of the majority of the population and, therefore, has an indirect impact on the economic growth (productivity effect):
 - Improved educational and learning capabilities;
 - Increased creativity;
 - Enhanced life expectancy (more potential working years);
 - Reduced avoidable deaths by introducing preventive and promotion activities.
- Countries with strong primary care have lower overall health care costs than those where PHC is low.

Due to the benefits yielded by spending in health, it is more appropriate to talk in terms of health investment rather than health expenditures. It is in fact an important component of poverty alleviation AND a driver for economic growth.

There are many researchers who assert that *health* and *economic growth* and *poverty reduction* are closely related. This is true due to the impact health has on human capital. Good health raises levels of human capital, and this has positive effects on individual productivity and economic growth rate (Lopez, et al, 2007). The following findings support this fact:

- Gupta and Mitra (2004) estimated that a reduction in infant mortality by 1/1000-point increases the average annual growth of Gross Domestic Product (GDP) per capita by 0.145%.
- Ranis et al (2002) found that a 10% change in life expectancy would lead to an increased annual GDP per capita growth of between 1.2% and 1.7%

Health has important effects on individual income level. Healthier workers are less susceptible to disease, more alert, more energetic, have fewer sick-days, and consequently are more productive and command higher earnings (Lopez et. al., 2007). People who are sick will go to any means to obtain the money to pay for health care. *There*

are many instances where people have sold off most of their belongings in order to pay for medications for chronic conditions, a surgery, dialysis, or cancer treatment! Many area representatives can attest to the fact that many people seek their assistance in terms of monetary contributions to pay for a laboratory test, x-ray, ultrasound, or medical consultation.

All this represents an outflow of money from people's pockets, money that can no longer be invested in education, proper nutrition, housing, etc. It builds on the cycle of poverty!

It is worrisome to note that Belize has fallen behind most of the countries of similar economic level, in its investment in health. Belize is investing 4% of GDP as public expenditure in health care. The standard investment target espoused by WHO/PAHO is 6% of GDP as public investment in health if we are to achieve Universal Access and Coverage.

Since the initial implementation in 2001 there has been two other phased expansions, each almost 6 years apart. The first in 2006 extended coverage to the Southern Region; the second in 2013 extended coverage to the Corozal district. In all, only 30% of the total population is presently covered under the NHI Scheme, making this situation inequitable and unacceptable. It is indeed urgent that a policy decision be made on the Financing aspect of the Scheme so we can ensure that 100% of the population has access to a Primary Care package of services that is of excellent quality, is efficient and effective, and sustainable. The investment in this model of care, which has been validated in terms of a strengthened health system capable of delivering on the commitments made in the Sustainable Development Goals, in particular the goal of Universal Health Care access and coverage for all, will at the end provide significant returns in human capital.

The present NHI Strategic Plan is based on the implementation of a validated model of care, with an insurance scheme to finance a Primary Care package of services in the first instance. Evidence-based data will be generated to present to Policymakers so that informed decisions can be made in terms of the way forward.



DEVELOPING THE STRATEGY

In today's increasingly complex business environment, effective design, development and execution of strategy has never been more essential. Strategy drives all business disciplines. However, organizations today struggle with strategy design through to execution. Worldwide, up to 91% of strategic execution / change programs fail to succeed (Harvard Business Review).

The NHI corporate strategy has been developed to ensure that the goal of effective implementation is achieved. The strategy development process followed ensures that persons who will be directly involved in the implementation of the strategy were engaged in stages of strategy design and development.

Three major phases of strategy development activities were followed:



Each of the strategic planning phases, together with the key strategy outputs are described below.

Current State Assessment

During the current state assessment / analysis, NHI's past and current performance was reviewed in addition to the organization's socio-economic environment. This was carried out through deep-dive diagnostics of a number of areas including:

- **Documentary Analysis**
 - Reports including financial statements
 - Key organizational documents
- **Individual Interviews**
 - External stakeholders
- **Board of Director's engagement**
- **Staff engagement**
- **Applying Key Tools**
 - Strategic Thinking Model
 - Creative Thinking
- **Diagnostic Data**
 - Organizational SWOT analysis
 - Organizational PESTILE analysis

Visioning

During the visioning phase, the strategy planning team applied innovative approaches in envisioning the future for the NHI. The Board, Executive team, and staff were engaged in designing the future state over to ensure that the medium and long-term future for the organization was clearly articulated in a new **NHI Vision, Mission and Core Values**.

Strategic Planning

During the strategic planning phase, the strategy planning team assessed the gap between the current state and the future state NHI and developed the strategies that will move the organization from its current state to live its Mission and achieve its Vision. Over several days, the planning team developed the strategy building blocks, including Strategic Themes & Statements of Intent; Strategic Objectives; Strategy Map; Measures & Targets; Initiatives and the Implementation Timeline.

The development of the NHI corporate strategy has been realized through dedication and a commitment to quality. Over the period of several weeks, the NHI strategy planning team engaged in a rigorous process of information analysis and strategy design.

A highly analytical and results-based planning process was followed to identify and prepare a program that builds enabling elements for NHI to realize its vision.

The strategy planning team consisted of persons at various levels in the organization including the executive level, management level and a cross section of staff. The members of the strategy planning team are presented below.

Planning Team Members

Name	Position	Organization
•		
• Dr. Colin Young	CEO	Social Security Board
• Dr. Ramon Figueroa	Executive Chairman	National Health Insurance
• Dr. Natalia Rodriguez	General Manager	National Health Insurance
• Dr. Johanne Perez	Manager - Quality Assurance	National Health Insurance
• Ms. Ruth Jaramillo	Manager - Health Services	National Health Insurance
• Mr. Emroy Castillo	Resource Allocation Officer	National Health Insurance
• Ms. Cristina Ake	Finance Analyst	National Health Insurance
• Mr. Jose Colli	IT Analyst	National Health Insurance
• Mr. Jevon Cooke	Temporary Clerk	National Health Insurance
• Ms. Katherine Meighan	Member-BCCI and NHIC Member	Belize Chamber of Commerce & Ind.
• Dr. Lesbia Cocom	Opposition Rep and NHIC member	People's United Party
• Dr. Baldomino Barboza	BMDA Exec and NHIC member	Belize Medical and Dental Assoc.
• Mr. Daniel Luna	NTUCB Exec and NHIC member	National Trade Union Congress of Bze
• Dr. Marvin Manzanero	Dir. Health Services - MoH/NHIC member Dir. PAPU- MoH	Ministry of Health Ministry of Health
• Ms. Lisbeth Bell		

At its core, the strategic planning process focused on the development and application of strategic thinking and industry knowledge. Participants were supported in thinking strategically and applying knowledge gained to the organization's present business position, long term direction, resources and competitive capabilities along with its opportunities for gaining advantage in the market place.

The NHI 2020 – 2024 strategy is presented in seven major sections (see diagram 1).

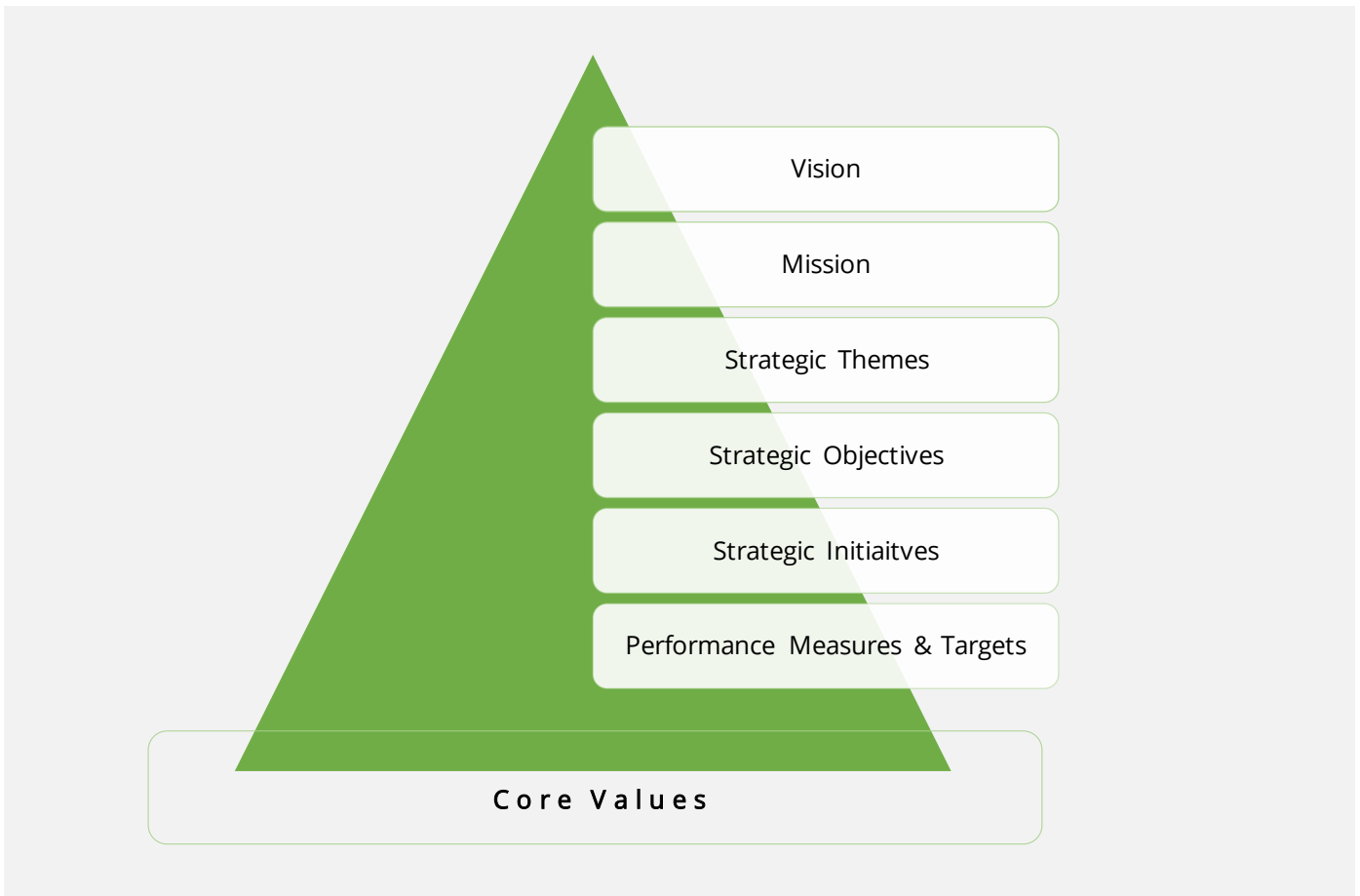


Diagram 1. Elements of the NHI strategy

Driven by our Vision, the strategy outlines our plan for the next five years. The strategy to achieve sustainable growth is clearly outlined in the Mission, Strategic Themes, Objectives and Initiatives. Additionally, the required level of organization Performance Measures and Targets to achieve our Vision is outlined. This is the basis of the organization's performance management framework.

Our strategic approach is built on a foundation of Core Values that underlie our work, how we interact with each other and our stakeholders in fulfilling our Mission.

The format of the strategy and its components has been designed utilizing the Balanced Scorecard integrated planning and performance management system. The NHI Strategy Map presents the major objectives that are driven from the three major strategic themes. The map shows how NHI creates value through the cause and effect relationships among the objectives that make up the strategy.

Each element of the NHI Strategy is described below.






STRATEGIC FRAMEWORK



Our VISION

NHI, an enabler of
quality health and
wellness for all.



To purchase quality
healthcare services that are
available and accessible to all,
through effective
partnerships and sustainable
investments in health

Our MISSION

OUR VALUES



TRANSPARENCY

We have no hidden agendas and conditions, accompanied by the availability of full information required for collaboration, cooperation, and collective decision making



INTEGRITY

We have strict adherence to a moral code, reflected in transparent honesty



RESPECT

We acknowledge the needs and feelings of those involved with the service we provide



EXCELLENCE

We systematically use quality management principles and tools in business management, with the goal of improving performance based on the principles of customer focus, stakeholder value, and process management



EMPATHY

We strive to understanding situations that people are experiencing and provide caring service



ACCOUNTABILITY

We accept responsibility and account for our actions

NHI'S STRATEGIC FOCUS

Over the period 2020 - 2024, we will focus on four strategic themes. These are the main areas of NHI's corporate strategy and represent the "pillars of excellence" for sustained growth.

Each strategic theme is defined by a statement of intent that describes where NHI is going, and succinctly conveys a sense of what NHI wants to achieve in the medium term. The statement of intent answers the question "what exactly are we trying to accomplish?"



EXPANDED COVERAGE & FINANCIAL SUSTAINABILITY

A viable financial mechanism operationalized to cover a defined PHC package to the remaining 70% of the population by 2024



STAKEHOLDER RELATIONS & COMMUNICATIONS

Countrywide public awareness of NHI as a health investment for the expansion of NHI



GOVERNANCE

The establishment of a legal framework for financial management of NHIF and guide the expansion of NHI countrywide



OPERATIONAL EXCELLENCE

NHI leveraging resources to reduce the cost of operations while improving quality of care and tracking health care / administrative costs

Corporate Targets
<ul style="list-style-type: none"> • 100% coverage of the population by 2024 • % of population having access to essential medication • <20% decrease in public out of pocket expenditure for health care
<ul style="list-style-type: none"> • >90% countrywide public awareness of NHI • >90% of population registering for NHI
<ul style="list-style-type: none"> • Legal framework established by 2022 • Increased accountability & transparency of fund administration through annual external audits conducted • Increased support and
<ul style="list-style-type: none"> • <9 % administration cost ratio • >80% patient satisfaction with service provider after two years operation • Compliance with MOH standards in all NHI

NHI'S STRATEGIC OUTCOMES



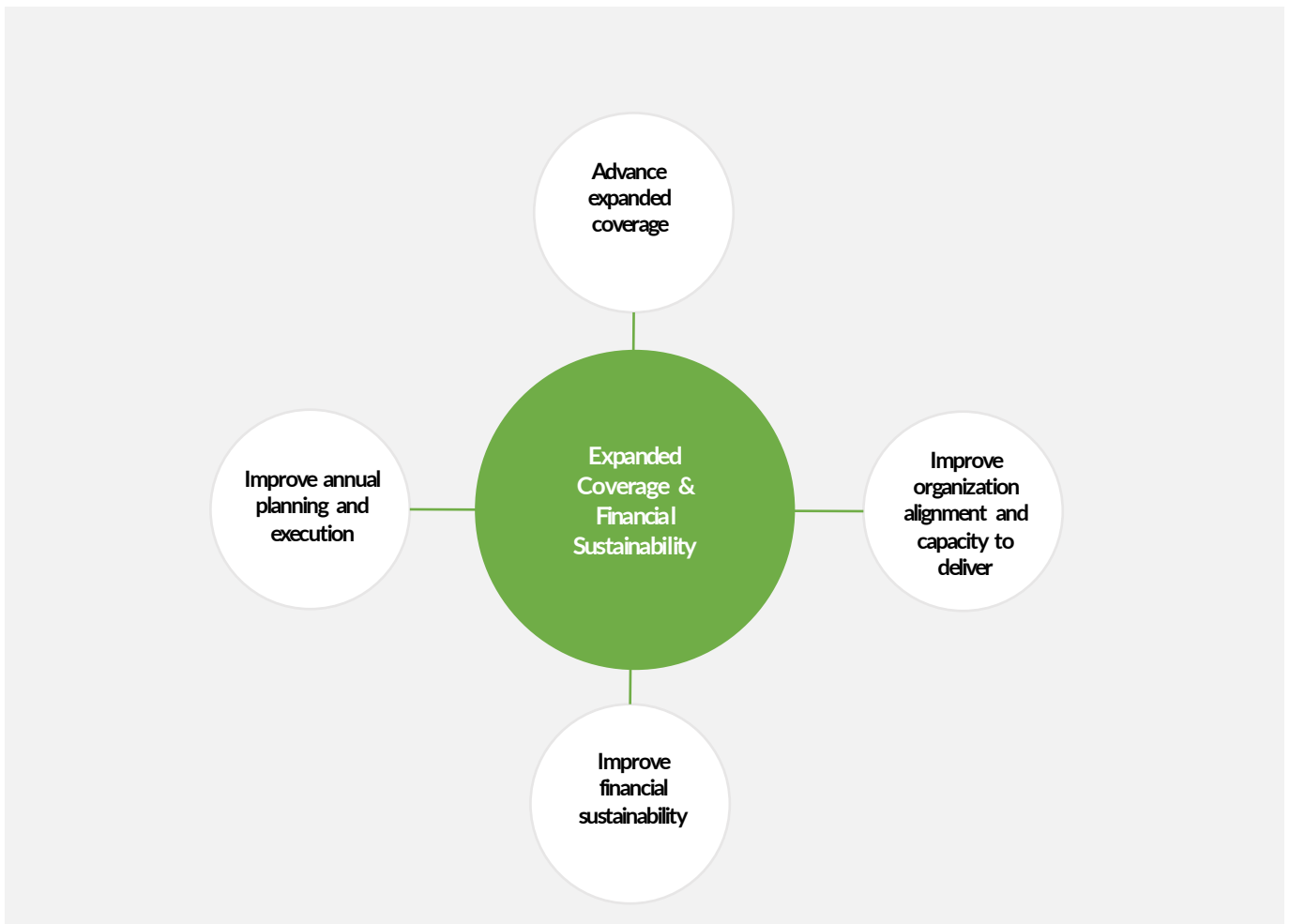
NHI'S STRATEGIC OBJECTIVES

Within our strategic focus, we will improve key strategic areas of our operations. These areas are driven by our strategic themes and address the elements identified in our current state assessment.

To achieve excellence in each of the strategic themes (Business Excellence, Business Development & Business Relationship), NHI must continuously improve several areas of its operations. Strategic objectives define the areas of continuous improvement that are required to achieve the strategic results from the strategic themes.

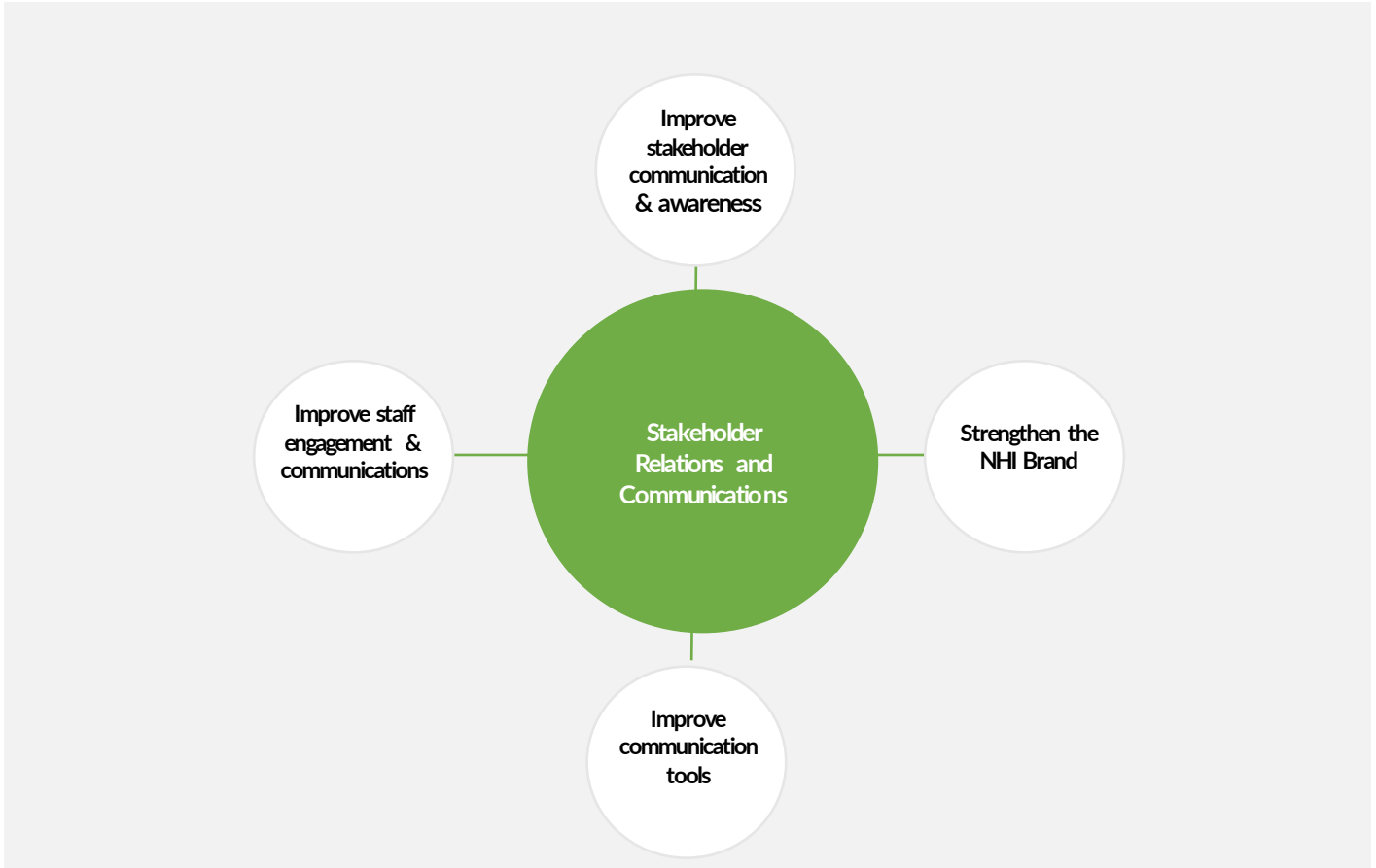
Each Strategic Theme is presented below with respective Strategic Objectives:

ST-01: Expanded Coverage & Financial Sustainability



STRATEGIC OBJECTIVE	MAJOR INITIATIVES (PROGRAMS)
01.1 Advance expanded coverage	<p>01.1.1 Review and expand P4P with emphasis on NCD</p> <p>01.1.2 Conduct stakeholder consultations</p>
01.2 Improve financial sustainability	<p>01.2.1 Conduct the following relevant studies that inform sustainable proposal:</p> <ul style="list-style-type: none"> ○ Fiscal Space Study ○ HSR review ○ Costing Analysis ○ Payment Mechanism study <p>01.2.2 Based on the findings of the 4 key studies develop a proposal for financing of NHI</p>
01.3 Improve annual planning and execution	<p>01.3.1 Develop & implement rollout plan to achieve population coverage</p>
01.4 Improve organization alignment and capacity to deliver	<p>01.4.1 Organizational assessment to implement roll out plan</p>

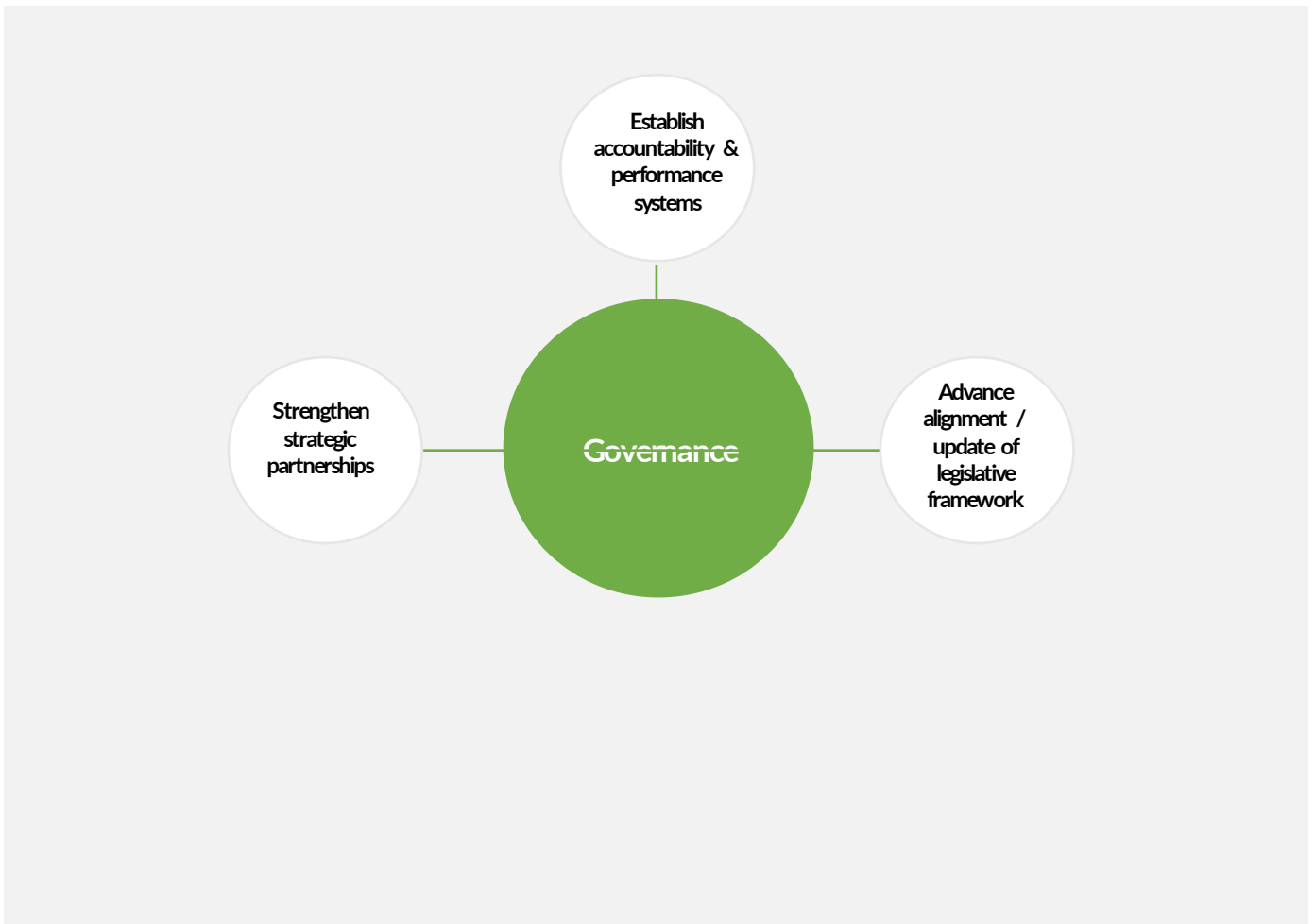
ST-02: Stakeholder Relations and Communications



STRATEGIC OBJECTIVE	MAJOR INITIATIVES (PROGRAMS)
<p>02.1 Improve stakeholder communication & awareness</p>	<p>02.1.1 Establish a communication strategy for the various phases on NHI roll out and intended target population</p> <p>02.1.2 Based on the communication strategy, propose an action plan and budget to implement it</p> <p>02.1.3 Execute action plan</p> <p>02.1.4 Maintain NHI Newsletter to be published Quarterly</p>
<p>02.2 Strengthen NHI Brand</p>	<p>02.2.1 Based on the Strategic Direction; create a marketing strategy to promote NHI at all levels.</p>
<p>02.3</p>	<p>02.3.1 Review and identify communication gaps</p>

STRATEGIC OBJECTIVE	MAJOR INITIATIVES (PROGRAMS)
Improve communication tools	02.3.2 Explore options for new methodology & new tools
	02.3.3 Staff recognition and reward
	02.3.4 Conflict resolution
	02.3.5 Team building
	02.3.6 Policy for internal communication

ST-03: Governance



Strategic Objective	Major Initiatives (Programs)
Establish	<p>03.1 03.1.1 Develop operational manual, SOPs, adopted at all levels</p> <p>03.1.2 Financial systems aligned with SSB</p>

Strategic Objective	Major Initiatives (Programs)
accountability and performance systems	03.1.3 Performance measurements in alignment with SSB
	03.1.4 Budgeting of NHI formalized through SSB Board, MOF and MOH
03.2 Advance alignment / update of legislative framework	03.2.1 Policy doc for NHI expansion prepared and approved
	03.2.2 Financial regulation to govern NHI scheme developed and implemented
	03.2.3 Review and update legislation
03.3 Strengthen strategic partnerships	03.3.1 Establish MOUs with primary stakeholders (Opposition, MOH, SSB, Chamber, Union, BMDA)
	03.3.2 Stakeholder consultations conducted during the proposal development stage
	03.3.3 Present proposal for expansion to opposition for consideration / support

ST-04: Operational Excellence

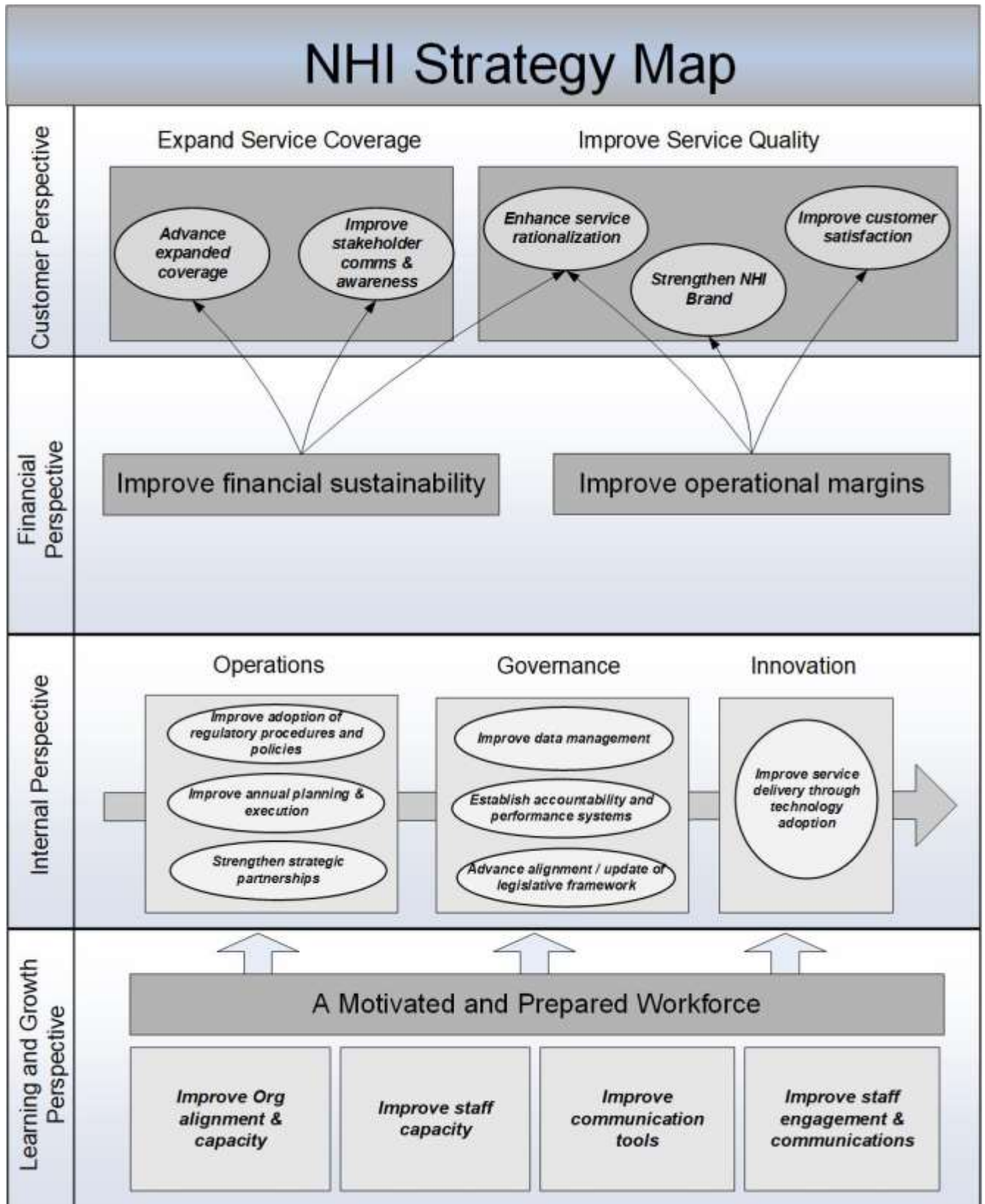


Strategic Objective	Major Initiatives (Programs)
04.1 Enhance service rationalization	04.1.1 Revise and implement a rationalization policy with emphasis on management of NCDs , general check-ups, and screening services
	04.1.2 Based on Rationalization policy, monitor compliance applying relevant reports in RAWA
	04.1.3 Based on the rationalization findings and demands on services review and implement relevant measure to address gaps
04.2 Improve customer satisfaction	04.2.1 Conduct customer experience / satisfaction assessments
	04.2.2 Develop and implement provider experience assessment
	04.2.3 Based on findings of both studies implement strategies to address potential gaps and improve satisfaction levels
	04.2.4 Review the Triage Policy for PHC Facilities and its relevance to improving patient flow.
	04.2.5 Implement new patient flow processes aimed at mitigating long waiting times.
04.3 Improve operational margins	04.3.1 Measure key KPI productivity standards (Based on contractual arrangements) through a tri annual report
	04.3.2 Implement RAWA Inventory Module for more efficient procurement and management of pharmacy stock
04.1 Improve service delivery through technology adoption	04.1.1 Conduct impact assessment on the lack of integration between RAWA / BHIS (Quantify the institutional cost)
	04.1.2 Explore options for the integration/interphase of RAWA and BHIS via stand alone proposal or through the EU project.
	04.1.3 Explore options for integration of the Medical Record in RAWA in line with the BHIS connectivity requirements
	04.1.4 Explore options for the delivery of services that enhances patient experience and reduce unnecessary waiting time and visits to the Primary Care Provider. (eg. Tele/video conferencing to issue results or seek basic medical advice)
04.2 Improve organization efficiency	04.2.1 Sensitize all stakeholders, including healthcare providers on NHI strategic plan of action
	04.2.2 Based on the NHI strategic direction, review the current organizational structure to ensure it is aligned. (Stand alone; vs within the current SSB organizational structure)
	04.2.3 SSB actuarial assessment (annual)
04.3 Improve data management	04.3.1 Develop M&E plan with key impact indicators and ensure these are aligned with the Universal coverage indicators. (out of pocket expenditures; coverage indicators etc.

Strategic Objective	Major Initiatives (Programs)
	<p>04.3.2 Operationalize the M&E Plan with relevant tools</p> <p>04.3.3 Participate in the HSR Review initiative of the MOH/PAHO</p>
<p>04.4 Improve adoption of regulatory procedures and policies</p>	<p>04.4.1 Develop operational guidelines and administrative procedures for the NHI unit</p> <p>04.4.2 Review legislation and governance, policy of NHI</p>
<p>04.5 Improve staff capacity</p>	<p>04.5.1 Develop and implement a capacity building plan in alignment with the organizational priorities</p>

NHI'S STRATEGY MAP

NHI's strategic objectives are presented across the four perspectives of the Balanced Scorecard and have been aligned to ensure that it represents a balanced strategy.





STRATEGY IMPLEMENTATION

Strategic Objective	Major Initiatives (Programs)	2020				2021				2022				2023				2024			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
manage ment																					
	04.8.2 Operationalize the M&E Plan with relevant tools																				
	04.8.3 Participate in the HSR Review initiative of the MOH/PAHO																				
04.9 Improve adoption of regulatory procedures and policies	04.9.1 Develop operational guidelines and administrative procedures for the NHI unit																				
	04.9.2 Review legislation and governance, policy of NHI																				
04.10 Improve staff capacity	04.10.1 Develop and implement a capacity building plan in alignment with the organizational priorities																				

STRATEGIC TARGETS & MEASURES

ST-01: Expanded Coverage & Financial Sustainability

STRATEGIC OBJECTIVE	Measure	Target
01.1 Advance expanded coverage	<ul style="list-style-type: none"> % of population coverage 	<ul style="list-style-type: none"> 95% of population covered
01.2 Improve financial sustainability	<ul style="list-style-type: none"> NHI financial Policy developed for approval 	<ul style="list-style-type: none"> Parlament approves NHI Financial Legislation 2021
01.3 Improve annual planning and execution	<ul style="list-style-type: none"> NHI Operational Plan developed % of Operational Plan implemented 	<ul style="list-style-type: none"> NHI Operational Plan developed and approved by SSB the 1st quarter of each year 85% of Operational Plan implemented
01.4 Improve organization alignment and capacity to deliver	<ul style="list-style-type: none"> Proposal of a revised NHI organizational structure 	<ul style="list-style-type: none"> Proposal developed by 2021

ST-02: Stakeholder Relations and Communications

STRATEGIC OBJECTIVE	Measure	Target
02.7 Improve stakeholder communication & awareness	<ul style="list-style-type: none"> Communication Strategy developed 	<ul style="list-style-type: none"> 100% awareness of key stakeholders
02.8 Strengthen NHI Brand	<ul style="list-style-type: none"> Establish a Branding Strategy 	<ul style="list-style-type: none"> Brand launched
02.9 Improve communication tools	REMOVE	

ST-03: Governance

Strategic Objective	Measure	Target
<p>03.7 Establish accountability and performance systems</p>	<ul style="list-style-type: none"> Compliance with policy, guidelines and SOPs 	<ul style="list-style-type: none"> 95% compliance with established policies.
<p>03.8 Advance alignment / update of legislative framework</p>	<ul style="list-style-type: none"> NHI Rollout Proposal Developed Financial Regulation for the NHI Scheme developed and implemented 	<ul style="list-style-type: none"> Roll out proposal endorsed by NHIC for submission to Cabinet by Oct 2021 Financial Regulation implemented by March 2021
<p>03.9 Strengthen strategic partnerships</p>	<ul style="list-style-type: none"> Establishment of MOU's 	<ul style="list-style-type: none"> MOU's developed by March 2020

ST-04: Operational Excellence

Strategic Objective	Measure	Target
04.7 Enhance service rationalization	<ul style="list-style-type: none"> Compliance with Rationalization Policy 	<ul style="list-style-type: none"> Y1: 60% Y2: 70% Y3: 80% Y4: 85%
04.8 Improve customer satisfaction	<ul style="list-style-type: none"> Customer satisfaction Provider “customer” satisfaction 	<ul style="list-style-type: none"> >70 % average customer satisfaction % average customer satisfaction
04.9 Improve operational margins	<ul style="list-style-type: none"> Administrative expenditure Adherence to budget % of new stock procured by NHI managed using the RAWA inventory Module Price index of procurement 	<ul style="list-style-type: none"> Within standard eg. 9% Administrative ratio Within budget 100% of new stock procured by NHI managed using the RAWA inventory Module <0% price index
04.11 Improve service delivery through technology adoption	<ul style="list-style-type: none"> Proposal for integration submitted 	<ul style="list-style-type: none">
04.12 Improve organization efficiency	<ul style="list-style-type: none"> HR costs as a % of operational costs Contingency fund (reserve) 	<ul style="list-style-type: none"> HR costs as a % of operational costs NHI Unit expanded to meet the HR requirements for the potential country-wide roll out. Minimum 3 – Ideally 6 Month contingency fund (reserve)

Strategic Objective	Measure	Target
04.13 Improve data management	<ul style="list-style-type: none"> NHI Impact Indicators identified and monitored 	<ul style="list-style-type: none"> NHI M&E Plan developed and operationalized by 2022
04.14 Improve adoption of regulatory procedures and policies	<ul style="list-style-type: none"> NHI UNIT Administrative Policies established 	<ul style="list-style-type: none"> NHI Administrative Policies in line with SSB/ NHI Governance Policy and legislation review finalized by 2022
04.15 Improve staff capacity	<ul style="list-style-type: none"> Performance rating of staff members 	<ul style="list-style-type: none"> Minimum 3 performance rating of 80% of staff





#1 Lily Street
City of Belmopan
BELIZE
Central America



Telephone



E-mail:

APPENDIX

I. SUMMARY NHI CURRENT STATE ASSESSMENT FINDINGS

ENABLERS:

- Efficient / competent / Committed staff / knowledge of the business.
- Robust purchasing & planning software.
- Awareness of stakeholders.
- NHI aligned to its purpose.
- Efficient purchasing with low admin cost.
- Best practices / cost containment processes.
- Focus on elder persons / NCDs / high risk groups & vulnerable population.
- Purchasing power.
- Strong M&E / accountability framework.
- Efficient use of resources.
- Stakeholder buy in (public – private).
- Comparatively superior services at NHI clinics (preferred service provider)

CHALLENGES:

- Limited population coverage.
- Limited package of services.
- Public unawareness / poor public relations & communication.
- Limited funding / lack of financial sustainability / single source of funding.
- Limited in-house decision making & inclusion.
- Minimal recognition of staff efforts.
- Political interference.
- Aging population.
- Present economy / macro-economic situation.
- National elections next year. Change of SSB CEO.
- Lack of clear separation of roles (NHI / MOH) and power struggles.
- Lack of clarity of NHI purpose.
- Climate change & health. Legacy issues.
- Increasing health costs.
- Limited institutional capacity.
- RAWA / BHIS interfacing.

OPPORTUNITIES:

- PR campaign & marketing
- EMR
- Definition of roles: MOH / NHI
- Develop sustainable model of financing
- Improving prevention strategies in healthcare
- Bi partisan support
- Scaling up
- Strengthening legislation
- Autonomy
- Harvesting use of technology
- Rebranding / re-alignment
- Financial & administrative regulation
- Application of best practices for strengthen relationship MOH / NHI
- Improve policy & procedures
- Teambuilding for staff
- Data driven / evidence-based decision making
- Separation of roles between purchaser and regulator
- Expand geriatric services to other areas

