

NATIONAL INSURANCE BOARD

NATIONAL PRESCRIPTION DRUG PLAN (NPDP)

COMPONENT 2--HEALTHY PEOPLE PROGRAM (HPP)

October 2010

1.Rationale:-

It is universally recognized that some critical risk factors causing ill-health particularly chronic diseases are rooted in ‘individual lifestyles’ and ‘social determinants’.¹ The consequences of ignoring these risk factors leading to ill-health are manifest in terms of avoidable premature loss of life and disability; economic costs to individuals, families, business and community as well as overall reduction in quality of life.

These root causes and consequences are also well-established in The Bahamas as evident from data collected by the Ministry of Health² and private insurers, discussions with health professionals and social workers as well as commonly-accepted community tenets that “prevention (in health) is better than cure” and “health is wealth”.

The NIB, as administrator of the National Insurance (Chronic Diseases Prescription Drug Fund) Act, 2009 shares these universal and national concerns over the role of lifestyle factors in determining health status. The NIB is also fully cognizant of the range of activities undertaken by public and private organizations to foster ‘healthy living’ and limit lifestyle and social factors negatively affecting the health of Bahamians.

Based on the above, the NIB has set aside specific resources for enhancing ‘wellness’ in the population. As stipulated in Section 4(3)(a) of the above Act on ‘Establishment of the Prescription Drug Fund’, “there shall be paid or met out of the Prescription Drug Fund... monies for health education, health promotion and to meet the cost of studies for implementation of measures to prevent illnesses”.

Designated as the ‘Healthy People Program’, the focus of the NIB, in partnership with the Ministry of Health (MOH), will be on financial and database support to organisations for innovative community projects which emphasise ‘know the risk...act in time’ so that good health and, by extension, social functioning, economic productivity and quality of life, is enhanced for all.

¹ See World Health Organisation 2006 Report on Social Determinants of Health; CARICOM Heads of Government Declaration of Port of Spain on Uniting to Stop the Epidemic of Chronic Non-communicable Diseases, 2007; Pan American Health Organisation and CARICOM Secretariat 2006 Report of the Caribbean Commission on Health and Development.

² Ministry of Health Programs on Chronic Non-communicable Diseases and Healthy Lifestyle Initiative; Ministry of Health Strategic Plan, 2010-2020.

2. Goals of HPP:-

- To develop and entrench a culture of ‘wellness’ in the population;
- To increase healthy life expectancy of the population;
- To develop partnerships with like-minded public, private and civic organizations for enhancing wellness in The Bahamas.

3. Specific Objectives of HPP:-

- to provide support and grant funds on a projectised basis to public, private and community groups for defined activities in health promotion, health education and illness prevention initiatives;
- to develop a database and information sharing network of agencies, communities and individuals for enhancing awareness, knowledge and practices of healthy living and management of illness.

4. Scope of Program

An indicative listing of health concerns and components to be targeted is shown below.

A-LIST	
Diet and nutrition	Obesity control
Physical activity and fitness	Self-management (education) toolkits for chronic diseases
Screening for cancer, diabetes, hypertension, glaucoma and other diseases	Health education materials
Research (including pre-and post-project) and publication	Training and capacity-building
School health activities	Patient drug adherence and follow-up
B--LIST	
Injury and violence	Food safety
Oral health	Medical product safety
Mental health	Disability and related conditions
Occupational health and safety	Responsible sexual behavior.

Activities (projects) addressing the above concerns—with priority on A-List items -- to be funded will include:-

- Production and distribution of health education materials and programs using print and electronic media;
- Health fairs and exhibitions;
- Health screening activities;
- School, workplace and community healthy lifestyle and behavior change initiatives;
- Training for health promotion facilitators and other frontline staff;
- Conferences/workshops/exhibitions;
- Schools essay-poster-slogan-quiz contests;
- Research including community surveys; tracer and adherence studies;
- Interactive websites;
- Health support clubs.

In addition to community projects, the HPP will also fund a ‘signature’ event each year i.e a special activity whose reach/impact may be considered as a ‘national investment in the health of the nation’. Activities to be considered include:--

- Schools challenge quiz in health;
- National health and lifestyle survey;
- National conference on best practices in health promotion;
- Specific, measurable training and behavior change modules for targeted groups;
- Film documentary (ies) on (a) chronic diseases.

5. Funding

Resources for the HPP will be derived from:--

- i) Share of NPDP Funds:-5% of annual budget (less cost of administration) of the NPDP;
- ii) Other NIB Medical Benefits Branch Grants:- negotiated funds from the Medical Benefits Branch of the NIB;
- iii) Partnerships:- mobilization of grant and other charitable funds through partnerships with local and international groups (public, private and non-governmental) in joint projects.

6. Conditions of Access to Funds in HPP:--

- i) To access funds from the HPP Portfolio and to maximize accountability, fairness and value for money in selection, local (only) groups and agencies will be invited/required to submit proposals using a project format. The proposal should clearly indicate--
 - the purpose of the project;
 - the target beneficiary group;
 - the main components (activities) and outputs;
 - the expected outcome (measurable);
 - the other sources of financing including in-kind contribution;
 - the start-up and termination dates;
 - the management team;
 - likely follow-up activities.
- ii) A specific application form will be designed for agencies and groups seeking funding for their projects.
- iii) Applications will be invited and projects approved for funding three (3) times per year (Rounds 1, 2 and 3). Applicants will be notified about the ongoing status of their grant request. In some cases, the applicant will be invited for further discussions during the approval process.
- iv) Given their significance, the HPP will set aside dedicated funds for school-based programs (10%); research (10%) and training activities (10%).
- v) For all approved projects, agreements will be signed between the organisation and the HPP administration for the disbursement of funds. This agreement will stipulate:--
 - the time period for implementation (to avoid lengthy delays);
 - the reporting requirements including final report (and interim reports for projects that exceed three (3) months);
 - the banking requirements for transfer of funds;
 - return of funds (to be specified) if a project is delayed without adequate explanation or some portion of funds if the project is abandoned after disbursement of funds and before completion.
- vi) Ten percent (10%) of approved funds will be withheld until there is satisfactory completion and reporting on the project.

7. Management of HPP Portfolio

- i) A Management Committee comprising 2 senior members of the NIB's Drug Plan Department (Head of Department and one other officer) and of the MOH will co-manage the HPP portfolio. The duties of the Committee will include:--
 - inviting and preparing an inventory of projects;
 - project screening, adjudication and recommendation;
 - project monitoring and evaluation;
 - publication of annual report and other requested reports on HPP projects;
 - establishment of collaborative programs with other donor groups and implementing agencies.

- i) The Committee will be supported and advised by NIB's Vice-President for Medical Affairs.

- ii) The Committee will forward its recommendations and reports to the Director of NIB for decision and further action.

- iii) The NIB Board will set guidelines on the quantum of funding amounts to be adjudicated by the Committee and Director. All projects requiring funds above a specified amount must be referred to the Board for consideration.

- iv) An annual report on operations and other requested reports must be provided to the Drug Plan's Strategic Planning and Evaluation Committee (SPEC) and thru' the Committee to the NIB Board.

Further information pertaining to the application requirements and checklists for adjudication and review of projects is presented in Annexes 1, 2, 3 and 4.