# Revision and Modernization of National Health Legislation for Saint Lucia

## Terms of Reference

## for

## Legislative Drafter

June 2004

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**Background**

The health sector reform agenda has been shaped by a number of policy prescriptions and documents. Improvements in health were seen as a core component in the national development strategy and a focus on health development was deemed necessary in order to ensure a population that is maximally productive. Guided by the above focus the Health Sector Reform Secretariat submitted a document, "Health Sector Reform Proposals, (March 2000)". The document articulated a philosophy and vision for health development in Saint Lucia. The vision was a health sector designed to produce wellness in the comprehensive sense involving mental, physical and social health. It did so by developing a framework along the pillars and principles of equity, efficiency, and effectiveness. The Task Force proposed that within this framework, the health system could be improved to provide a quality health product for all persons in need of care and in so doing improve health standards and health conditions on the island.

The Health Sector Reform Secretariat identified the following areas as the main problems affecting the health sector.

? New patterns of disease are placing increased demands on the health sector. Non-communicable diseases have replaced communicable diseases as the leading causes of death and morbidity.

? Public health expectations have increased as a result of the global information age. This has served to make health information more readily available to a larger section of the population. As a result consumer dissatisfaction with the present health system has increased.

? The existing source of health care financing is not sustainable in its present form.

? The escalating cost of providing health care services at the secondary care level (hospital based) is causing valuable resources to be diverted away from essential primary health care services towards more demanding hospital based care.

? Increased problems of effectiveness and efficiency with existing systems of financing, resource management and service provision.

- ? The existing system does not encourage the quality improvements that are necessary

- ? The lack of effective financial and management systems.

The health sector reform document acknowledged that inefficiency and ineffectiveness were present in the health sector at all levels of care in the form of waste, poor use of human resources, lack of accountability, an absence of sound management and poor leadership. The main deficiency was identified as the limited amount of money that was available to implement changes in the health sector. Health financing was seen as a critical component to ensure that funds were available to improve health conditions and health care delivery and secure a sustainable health fund as the sector moved towards the reform agenda.

In 2002, Cabinet by conclusion No. 64, appointed a National Health Task Force to consider the feasibility of introducing a national health insurance scheme. The NHI Task Force has completed a draft concept paper for discussion, Universal Health Care: Task Force Report". The Task Force introduced the concept of Universal Health Care as a response to inequity in health care provision, scarcity of funds in the health sector and the present lack of sustainability of existing funding methods. The concept represents a system which will be capable of delivering care to all those in need through the principle of social solidarity, where all persons are expected to contribute to a health fund which will be used to provide health care for all.

Probably the single most important long term outcome of this initiative will be the strengthening of social stability at the local and national level. This can be achieved as the health system demonstrates equity in health care access and provision for all persons in need of care through the principle of social solidarity. In this way, feelings of marginalisation often harboured by the less able in our society could be greatly reduced and replaced by national pride and confidence in ones country and oneself. Social stability is a fundamental prerequisite for national development. The UHC proposals represent one opportunity to come closer to our national development goals of unity, solidarity and social and economic progress.

The overall aim of the UHC proposal was to strengthen the finance component of the health system by developing a finance mechanism that is capable of motivating all key stakeholders to deliver quality health care. In the document the NHI Task Force, outlined financing options and proposed a financing strategy comprised of multi-links between the main health stakeholders and levels of health care. Primary care services, the bedrock of our health care delivery system is a level of care that is under funded, while the budget for the delivery of secondary care services continues to escalate. The UHC proposals are based on the fundamental belief that cost containment and cost effectiveness in the secondary and tertiary care level will ensure a sustainable increase in resources for primary health care services which are the services that are better designed to keep people well and out of hospitals.

The main outcomes of the UHC financing mechanism are outlined below:

- ? Maximise the use of health resources and create a more efficient health system capable of providing quality health services in the most cost – effective manner.

- ? Reduce the impact of poverty by making health care affordable and accessible to all in need of care.

- ? Achieve a match between specific service requirements and available funding.

- ? Focus resources on priority health needs.

- ? Incorporate appropriate incentive and accountability frameworks into all agreements to ensure value for money.

- ? The development and implementation of standards and regulations to be applied throughout the Health Care Sector.

**Problem Statement**

There are numerous pieces of legislation impacting Health Care in St Lucia; some of which have not been revised in years. As a result, the legislative authority for the health sector is fragmented and archaic. Consequently, the National Health Insurance Task Force outlines a list of legislation that requires revision with the objective of harmonizing all Health related legislation for an effective UHC and Health system in Saint Lucia:

St. Jude's Hospital Act No. 7 of 2003
Medical Evidence Ordinance 1965, amendment 1967
Medical Officers Ordinance (CAP. 149)
Medical Registration Ordinance (CAP. 150)
Mental Hospital Ordinance (CAP. 155)
Health Services (complaints and Conciliation) Act No. 34 of 2001
Public Hospitals (Management) Act 1973, Amendment 1985
The Pharmacy Act No. of 2002
The NHI Act No. 28 of 1996 would have to be repealed.
The Finance Administration Act of 1997 regulations
The Environmental Protection Levy Act No. 15 of 1999
Registration of Nurses and Midwives Ordinance No. 12 of 1996
The proposed provider licensing Act.

**Purpose**

The legislative drafter will be responsible for drafting:

a) A suite of legislation that would modernize St Lucia's Health System

b) The legislation necessary to create the National Health Insurance System (Universal Health Care).

The UHC bill will have to provide the following:

1. The form and function of the UHC scheme, including the funding mechanism;

2. The role, function and authority of each stakeholder;

3. The relationship between the UHC and the rest of the health system;

4. The penalties for abuse of the system by stakeholders and the general public;

5. Standard of performance for the stakeholders, systems of audit and penalties for failure to meet the quality standards established;

6. Enable the collection of data: clearly identifying the purposes for which the information can be used and establishing data protection and confidentiality rules;

7. Any other provisions as the Consultant may deem to be necessary to the successful implementation and operation of the UHC.

## Responsibilities

The responsibilities of the legal drafter are to:

1. Draft the bill establishing the Universal Health Care Scheme

2. Draft all subsidiary legislation necessary for the effective and efficient, implementation and operation of the UHC

3. Examine the existing Health Care legislation identified by the Legislative Committee and draft the amendments necessary to ensure compliance with the UHC bill.

4. Examine the existing Health Care legislation identified and draft amendments or create legislation for a modernized health system in St Lucia.

5. Report regularly to the Legislative committee the process of drafting the new legislation

6. Meet the time table set by the Legislative committee

**Specific Output**

1. A UHC bill for submission to parliament for enactment.
2. Subsidiary legislation and regulations necessary for the operation of the UHC scheme.
3. Amendments to the existing health care legislation.
4. New legislation for a modernized health system.
5. Amendments to the National Insurance Act No. 18 of 2000.

**Appointment**

The legal drafter will be appointed on a fixed term contract to be concluded between the National Insurance Corporation and the legal drafter. The contract will establish the terms and conditions of the drafter's appointment, including remuneration, the term of the appointment and termination of the contract. The contract will also further elaborate on the responsibilities of the legal drafter.

**Period of Engagement and Duration of Consultancy**

The selected Consultant(s) or Consulting Firm is required to submit with their proposal the duration of the consultancy with a work plan detailing both the time line and the work schedule bearing in mind that the Government of St Lucia wants to introduce the system in mid 2005.

**Qualification and Experience of Consultants**

The Consultant(s) should have experience in legal drafting. Experience in drafting health legislation would be considered an asset.

**Consultancy Fee and Payment Schedule**

The Consultant is required to outline the consultancy fee in US Dollars which includes all expenses and should indicate the percentage to be paid in four parts as follows:

- xx% on signing of contract as a mobilization fee;
- xx% at midpoint of the exercise;
- xx% on Submission of Draft Report;
- xx% on acceptance on Final Report.