



## STRENGTHENING HEALTH SYSTEMS AND SERVICES



The earthquake which hit Haiti last January 12th 2010 had terrible consequences for the Haitian society. In fact, according to official data, there were 222,000 deaths; 300,000 injuries; 600,000 people who left Port-au-Prince; and 1.37 million people displaced and forced into camps and spontaneous groupings. The consequences have been significant at all levels. Furthermore, 60% of the Haitian state infrastructure was destroyed (including the building of the Ministry of Public Health and Population – MSPP) as well as over 50 health institutions. Economic losses totaled US\$ 7.8 billion or 120% of GDP. Losses and damage in the health sector have exceeded 200% of annual expenditure in health from all sources.

Even prior to the devastating earthquake, the challenges facing primary health care system in Haiti were many: limited access to primary care health services, limited availability of essential medicines and supplies in health centers, high cost for services, lack of trained health professionals. More than 40% of the population report not having used the public health system, even in cases of serious injury or illness, principally due to the cost. In addition, the Haitian health system is fragmented with little interaction or coordination between primary health care institutions and higher level institutions or even among institutions of the same level. Lack of adequate primary health care causes Haitians to turn directly to the second and third levels of health care (hospitals and more specialized centers), which are overwhelmed by the large demand. This situation was only amplified by the disaster.

The influx of NGOs and the introduction of free care in all public institutions during the first two to three months after the earthquake enabled hundreds of thousands of Haitians to receive basic health care services, making access to basic health care readily available to large portions of the Haitian population for the first time. However, the introduction of so many players and partners into the health sector also presented significant challenges to the Haitian health system regarding equity, governance and coordination of health services.

In October of 2010, the first cases of cholera were confirmed in Haiti, marking the first time epidemic cholera had reached the island in over 100 years. The agreed upon strategy to fight the cholera epidemic adopted by the MSPP and health sector partners entailed a massive reorganization of health services, and the strategic creation and placement of Cholera Treatment Centers (CTCs), Cholera Treatment Units (CTUs), and Oral Rehydration Posts (ORPs) all over the country.

PAHO/WHO provides support to the MSPP, not only regarding the earthquake recovery and cholera epidemic, but also in the following key areas: development of national health plans, policies and strategies with the MSPP; strengthening the leadership, governance and regulatory capabilities of the Haitian health system; building a social protection in health (*protection sociale en santé* - PSS) program through the provision of free health care to pregnant women and children under five; developing health human resources; incorporation of oral health in the Haitian health system.

PAHO/WHO has mobilized a total of US\$ 5.5 million to strengthen health systems and services in Haiti. Key partners in this endeavor are: the Cuban Medical Brigades, the Canadian International Development Agency (CIDA), U.S. Agency for International Development (USAID), and France.

### Activities carried out:

#### *In the aftermath of the earthquake:*

- Coordination of the post-earthquake evaluation, the Post Disaster Needs Assessment (PDNA), which served as the basis for the development of the MSPP's interim plan that will guide the health sector over the course of 2011.
- Establishment of strategic partnerships to achieve specific goals set by the MSPP; by ensuring the participation of the Cuban Medical Brigades in immediate health care response programs after the earthquake (i.e. mobile health clinics and health brigades) and in the SOG project (to provide free health care to pregnant women and children under five).
- Working with the MSPP in the development of new standards to rebuild second level hospitals, using the Departmental Hospital of Gonaïves as model for the new hospitals to be built in Haiti.
- PAHO/WHO participated in developing a short and medium term response on rehabilitation and mental health issues.



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### Activities carried out: (continued)

#### *In response to the cholera outbreak:*

- Together with the MSPP, established protocols and operational guidelines for CTC and CTU.
- Training for health personnel and support staff on the newly adopted protocols of care and logistical aspects of safe water and sanitation in CTCs and CTUs.
- Monitoring and assessment of the quality of care in more than 70 CTC and UTC.
- Provision of medical supplies and essential medicines, through the Program for Essential Medicines and Supplies (PROMESS), for all partners involved the fight against cholera, and particularly those working in the CTUs, CTCs, and ORPs
- Financial and logistical support for 50 active surveillance brigades sent by the BMC working in particularly remote areas of Haiti.
- Definition of a training curriculum for Multi-skilled Community Health Workers (*Agent de Santé Communautaire Polyvalents* – ASCP) based on Haitian and Brazilian experiences. ACSP training is currently in progress (as of April 2011) and the 60 ASCP students are being integrated into community mobilization efforts in the fight against cholera in the city of Carrefour.

#### *Regular Technical Cooperation Program to strengthen the health system and services:*

- Implementation and evaluation of Free Obstetric Care Project (SOG per its acronym in French), expanded from 43 participating institutions to 63 in 2010. Since the beginning of the project, more than 70,000 women and their newborns have had access to skilled care during the pregnancy, the delivery and the postnatal period.
- Active participation in the development of single medical and pharmaceutical supply system and the definition of an essential drugs list.
- Participation in the organizational audit of the MSPP.
- Participation in the development of alternative models of funding for health services in Haiti.
- Working with Brazil and Cuba to train more first level, or primary care, health workers, including: multi-skilled community health workers and nursing assistants.
- Support for establishing oral health services throughout the country.

### Challenges and next steps:

- Contribute to the definition and implementation of a continuity strategy for the fight against cholera.
- Actively participate in defining the new strategic plan for the MSPP and the definition of a new national health policy for Haiti.
- Integration of Free Child Care project (SIG) with the Free Obstetric Care project (SOG) and to position this new integrated SIG/SOG project at the center of the health care network, reinforcing the concept of a health system based on primary health care. Also to use the results of SIG/SOG to continue advancing towards the construction of a social protection scheme in Haiti.
- Continue to strengthen the stock of medical supplies and essential drugs and to implement a drug policy that includes a national list of essential medicines.
- Contribute to the definition of a health sector policy regarding the development of human resources for health.
- Continue to provide support for the development and integration of oral health services in the country.