Development of Health Systems and Services

Nearly half of Haiti's health services are concentrated in the capital and its neighborhoods, with the rest located in rural areas. Traditional medicine plays an important role since it constitutes the first recourse for almost 80 % of the population due to its low cost compared to what Haitian have to pay at health facilities.

The main challenges for the Haitian health system are to increase access to quality health care and to strengthen the leadership of Ministry of Health and Population (MSPP).

Part of the problem is lack of Human Resources (HR) for health and weak health care facilities network: some 72% of the population live 30 minutes or more from a health institution (EMMUS-IV 2005-06) and 44% prefer to attend a health facility other than the nearest to their residence because it is better equipped (EMMUS-IV 2005-06).

Community participation in health (CPH) is also a significant issue: the main form of CPH is the contribution of patients and their families to the funding of the health system through out-of-pocket payments, with negative effects on both equity and efficiency. This is also related to the absence of a scheme of Social Protection in Health (PSS). However, thanks to the Free Obstetric Care Project (SOG) and PAHO/WHO's advocacy, the need for a Social Protection in Health System had become part of the political agenda.

The earthquake aggravated the situation by impacting on the social and health services human resources, by destroying many facilities and therefore reducing the ability to afford these services.

Activities carried out:

One of the first activities was the reactivation of the Humanitarian Fuel Program of Venezuela, in order to maintain service delivery in health institutions, particularly in surgery. More than 50,000 litres were distributed between January and March 2010.
PAHO/WHO worked on the reactivation of SOG and was in charge of leading the hospitals sub cluster to ensure coordination of the foreign medical teams who came to offer help after the earthquake. An assessment of the health facilities that were functioning was carried out.

Coordination was also key within the mobile clinics sub cluster. Thus, PAHO/WHO provided support to national health authorities to: 1) Define the minimum service package offered for free at the mobile clinics; 2) Organize the services offered by mobile clinics and their integration into a reference network to allow patients to access different health services according to their condition; 3) create an information system on the mobile clinics' activities; 4) support coordination to integrate the different actors working on the mobile clinics PAHO/WHO collaborated with the health cluster in defining a work plan for Leogane area. This plan reflects the support of all NGOs working in the field before and after the quake as well as some bilateral and multilateral partners. This work plan tends to strengthen the national health authority's governance and the health system efficiency.

PAHO/WHO participated in developing a short and medium term response on rehabilitation and mental health issues.

PAHO/WHO led the process to elaborate the Post-Disaster Needs Assessment (PDNA). The PDNA served as basis for the development of the MSPP interim plan that will guide health interventions for the next18 months. The plan was launched on April 26th and its main objectives are to: create a new citizenship based on the right to access health services; decentralize the health system; introduce an intersectoral approach; reorganize the health system on three levels (mobile clinics for community health, basic health facilities and hospitals); reinforce logistics; address the needs of old and new vulnerable groups; redefine the minimum health package; redesign the financing mechanisms for health; and, to massively invest in Human resources for health.

PAHO/WHO with CIDA are supporting the MSPP in the development of new standards to rebuild second level hospitals based on the case of the Departmental Hospital of Gonaives, which will serve as model for the new hospitals to be build in Haiti.

Finally, PAHO/WHO is actively participating in the definition a new scheme for accessing health services to: 1) to provide free health services; 2) to ensure the recovery of costs of health institutions without the need for patients' contribution 3) to strengthen the negotiation capacity and leadership of the national health authority. This project complements the actions of the Free Obstetric Care project (SOG as per its acronym in French "Soins Obstetricaux Gratuits") as well as the mobile clinic strategy.

Development of Heath Systems and Services

Next Steps:

- Ensure Universal access to health services, particularly for vulnerable and affected populations.
- Strengthen leadership, coordination and regulation capacity of the MSPP and its role as facilitator of decentralized health sec tor management.
- Strengthen human resources in the health sector.
- Strengthen governance at central and decentralized levels and ensure the establishment of a solidarity financing-system based on performance.
- Ensure the effective and efficient management of essential drugs and establish mechanisms to ensure free distribution.
- Transition from SOG project to a national program based one known as SOG+ to be ready for July 2010.