

Is Haiti's health system any better?

A report calling for a more coordinated, collaborative approach to disaster response.





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Our campaign, **Hands Up for Health Workers**, calls for urgent and long-term investment in health workers in crisis countries as one of the surest routes to meeting global health targets. Central to our call is the need for funded national health workforce plans to ensure health workers are trained, paid, supported, protected and equipped. Find out more at www.handsupforhealthworkers.org

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Report edited by Annie Kelly based on original research undertaken by Judy Roberts. The full policy case study on Haiti can be found at <http://www.merlin.org.uk/news-media/publications>

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Executive summary

The 7.0 magnitude earthquake in Haiti in January 2010 was the biggest urban disaster in modern history. An estimated 230,000 people were killed and more than 1.5 million left homeless as the capital Port-au-Prince collapsed.

As we mark the one year anniversary, the scale of the devastation witnessed in Haiti must be an urgent wake up call for the world.

Merlin is calling for support to national health workers to ensure fragile countries can respond to the growing threat of disasters. We are also demanding more effective humanitarian responses which better support the long-term recovery of health systems.

Saving lives starts with health workers

All disasters are a health issue with national health workers at the heart of every response. When Chile was hit with a massive earthquake one month after Haiti, its health infrastructure and robust disaster response plan were credited with ensuring that the death toll was not higher.

The sheer scale of the earthquake in Haiti would have challenged any government, let alone one of the poorest countries in the Western Hemisphere. Haiti's fragile and underfunded health system, its chronic shortage of trained health workers and systemic lack of emergency planning meant that the country was simply

overwhelmed and unable to effectively respond – undoubtedly costing many thousands of lives.

The international health response: coup or cooperation?

Merlin's research into the role of national and international health workers signals a need to rethink how the humanitarian community works with national health systems.

While welcome and vital, the international response failed to support the existing health capacity, staging a 'take-over' and undermining Haiti's capacity to respond and coordinate. The longer term implications for Haiti's health system are only now coming to light.

One year on from the disaster, many of Haiti's health workers have flowed out of the national health system towards better paid jobs with international non-governmental organisations (INGO).

At the same time, the availability of free health care from INGOs has severely affected the viability of many existing facilities which all relied, to some extent, on user fees. Haiti's national health system is still struggling to respond to the huge needs it continues to face.

This report stresses how a strong health system offers vital protection from disaster-related risks.

We have a responsibility to do whatever it takes to ensure that, should a human catastrophe on the scale of the Haiti earthquake happen again, we work together to mount a coordinated, effective response.



Merlin's Hands Up For Health Workers campaign is calling for:

- All future humanitarian assessments to be based on a comprehensive analysis of national health worker capacity as well as local needs.
- International humanitarian responses to complement and support existing local and national health worker capacity.
- Health to play a leading role in disaster risk reduction.

Our time is now

At a time when disasters are on the increase, supporting countries to understand the risks they face and working with them to prepare and plan their emergency response is vital.

The risks of rapid urbanisation

2008 saw the number of people living in cities outweigh those living in rural areas for the first time in human history. By 2050 roughly two-thirds of the world's population, around 6 billion people, will be living in cities compared to just 29% in 1950¹. Such rapid urbanisation inevitably increases the risks of disasters striking in heavily populated, built-up areas. Haiti's experience is one many believe will be repeated, with Kathmandu in Nepal flagged as another city at risk. Improving humanitarian responses, and ensuring countries have emergency preparedness plans, has never been more vital.

Haiti before the earthquake – a fragile health care state

For decades the health sector had been systematically and chronically underfunded, receiving less than 5% of the overall national government budget.

Only 40% of the population was served by any kind of health service. With the majority of national health workers and facilities concentrated in urban areas, many of Haiti's rural millions had little or no access to any kind of treatment or services at all.

The country also had the lowest number of health workers per population and the lowest ratio of nurses to physicians of any country in the Americas.

The health system itself was fragmented, with a large number of different partners working alongside each other with little coordination. In 2009 approximately one third of health care infrastructure was public, one third private-for-profit and the remaining third run by non-profit organisations.

Bad prospects, gaps in supplies and equipment and the failure to pay wages on time meant that the public sector was steadily losing health staff, with many leaving the national system for private or non-profit sectors.

This kaleidoscopic system was only loosely coordinated by a central Ministry of Health, which was itself

Key facts

- Haiti was struck by a massive 7.0 magnitude earthquake at 4.53pm on 12 January 2010.
- An estimated 230,000 people were killed, many within minutes and more than 1.5 million were left homeless.
- The quake's epicentre hit just 10 miles west of the densely populated capital Port-au-Prince and its 2 million inhabitants.
- Over 2 million people were in need of immediate emergency aid.²
- 60% of government, administrative and economic infrastructure was destroyed including the presidential palace and the UN headquarters.³

struggling to run services and was staffed by a dissatisfied and underpaid workforce.

This lack of coordination, coupled with the acute shortage of health workers, meant that when the earthquake struck, Haiti's health system was simply overwhelmed.

The national response

Haiti is a tragic example of the devastation an acute natural disaster can cause when it strikes a densely populated urban area. The epicentre of the earthquake was Port-au-Prince, capital of the poorest country in the Western Hemisphere.

When the earthquake hit in the late afternoon of 12th January 2010, many people were at home. Thousands were immediately killed and many more trapped and injured as the city collapsed around them. It is estimated that nearly 70% of buildings fell throughout the city in a hail of concrete, glass and debris.

Health workers became victims

Many health workers lost their lives. A Ministry of Health survey revealed that two thirds of health staff lost their homes completely and 245 lost a spouse or child.

Any country, even one with a robust health system, would have struggled to cope with such a catastrophe, especially with so many national health staff personally affected. In the immediate aftermath of the earthquake, the Ministry of Health's fragile administrative control unravelled.

Reports from the ground suggest that national staff did not appear to have any kind of disaster protocol in place. For the first three days, local health workers had no clear instructions on where to send patients and how to deal

with the mounting piles of dead bodies on the streets of the capital.

Clearly, there was a lack of an overarching emergency plan to help health workers respond to a national crisis. There were no emergency plans in place, no emergency rosters drawn up and no contingency planning to give health workers an idea of how they should muster during an emergency.

Local health workers at the heart of the response

Despite this vacuum of leadership, local health workers played a crucial role attempting to meet the overwhelming health needs in the immediate aftermath.

Within hours, health workers not injured or searching for friends or family members were out in the destroyed streets, helping the injured.

Working with limited medical supplies and in damaged facilities amid scenes of chaos, local health workers provided immediate assistance to some of the hundreds of thousands of injured.

One INGO reported that 95% of state-employed nurses were back at work within one week.

As many hospitals and clinics had been destroyed, those health workers who could not report to a previous place of work set up ad hoc services wherever they were needed most.

In these clinics, staff worked in almost unimaginable traumatic and perilous conditions, the longer term psychological impact of which has yet to be assessed.

The stress of trying to respond to the scale and nature of the injuries they faced took a huge personal toll on many. “I got Survivor Syndrome,” said one local health manager. “Trying to do too much, thinking that destiny had saved me for a purpose, not listening to myself.”

The impact on Haiti's health system

The earthquake had a devastating impact on Haiti's already fragile health system. Eight hospitals, nine health centres and clinics, 10 Ministry of Health buildings and 19 university and training institutes were completely destroyed. These included the Nursing School in the grounds of the University Hospital which collapsed and killed students who were inside taking exams. An additional 38 facilities, including 22 hospitals, were also seriously damaged. The total cost to the health sector is estimated to be almost US\$200 million.



“Staff worked in almost unimaginable traumatic and perilous conditions”

The international response

The world responds

Within hours of the earthquake hitting Haiti, apocalyptic scenes of devastation were being broadcast around the world.

After it became apparent that Haiti was facing a catastrophic humanitarian disaster, hundreds of INGOs, international surgical teams and volunteer health workers flooded into the country.

Within two weeks over 135 INGOs had registered with the national Health Cluster, the coordinating body for health agencies. This number mushroomed to between 400 and 600 by mid February, presenting the Cluster with considerable challenges in coordinating the huge number of agencies involved.

International assumption of a 'health vacuum'

Despite the fact that the epicentre of the earthquake struck Port-au-Prince, where the majority of the country's health workers and facilities were based, the assumption of many of the international teams was that local health care provision was nonexistent or negligible.

"Local NGOs were severely affected by the quake but they still managed to mobilise in order to help others," said one director of a Haitian NGO. "However INGOs thought they were coming into a complete vacuum – le vide total."

There was little initial attempt to find out what local health workers were available or what services were already operational.

International focus on need not capability


According to local reports, international medical teams moved in and set up ad hoc operations without much consultation, permission or negotiation with the government or local health care providers.

Any assessments made were localised, focusing exclusively on needs, when a combined assessment of local health worker capacity would have been far more effective.

"Everybody came", said one local NGO manager. "They installed themselves as they liked where they liked..."

Instead of finding themselves working alongside incoming international teams, local NGOs and health workers were bypassed and sidelined by the wave of international NGOs and clinical teams sweeping into their city.

One Haitian surgeon reported going to the General Hospital to offer her services only to be told the international team had brought enough foreign personnel with them.

A young child with dark skin and short hair, wearing a yellow sleeveless top, is being treated by a healthcare worker. The worker's hands, wearing white gloves, are visible, one holding the child's arm and the other applying a white bandage. The background is a soft-focus outdoor setting with green foliage. On the left side of the image, there is a vertical decorative border with various white icons like hearts, plus signs, and arrows.

“Everybody came.
They installed
themselves as they
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Jeroen Oerlemans/Merlin

“To have an amputation in any culture or country creates a significant disability. In a resource poor environment of a developing country, an amputated extremity is tantamount to a life sentence of hardship and poverty, aside from the social stigma. People fear only death to having to undergo an amputation.”

Extract from an email update from volunteer with the Paediatric Orthopaedic Society of North America

Was the international response suited to an urban centre?

The planning and design of the first phase of the international response appeared to be based on a predetermined model of what works in rural or remote disasters areas, such as the Kashmir or Indonesian earthquakes, where health facilities and health workers are less available.

As a result, international staff arrived as self-sufficient and self-contained medical teams, failing to account for the huge numbers of trained health workers and advanced health facilities based in Haiti's capital city.

Appropriate specialist skills?

The injuries sustained by the hundreds of thousands of people living in the urban sprawl of Port-au-Prince also did not fit the trauma profile of many rural disaster zones.

Because of the overwhelming numbers of crush victims and injuries from falling debris, the need for specialist orthopaedic and plastic surgery was huge. Yet many of the international teams did not include plastic surgeons who would have been key to limb salvage.

There have been claims that the poor working conditions and inexperience of some clinicians in treating these very specific earthquake related injuries led to too many unnecessary amputations and health complications for patients down the line.

Too quick to amputate

The many amputations in the emergency phase seemed to pay little heed to the longer term implications of such a drastic operation in a city reduced to rubble, where sanitary living conditions were scarce.

“About a third of the in-patients had amputations,” said an orthopaedic surgeon and member of an international team. “30 days after the earthquake, the main surgical procedures were management of post operative complications.”

The language barrier

Many of the international clinicians did not speak French, which also led to significant problems for national health workers and patients.

Patients complained that they were not told what was happening to them. “Haitians would lie down not knowing whether they would lose a leg or have an injection”, said one NGO staff member interviewed for this report.

The language barrier also meant many national health workers lost out on valuable opportunities to develop their skill set, as captured by one anonymous health worker:

“It was frustrating not to understand the languages of the people who came to help us and not to be able to learn from their skills. We communicated a lot with hand gestures but rather than work together, it seemed easier for them to just get on with it.”





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Caravelle clinic:

a look into how the international response undermined and overwhelmed

The Centre Medicale Communale de Caravelle (CMCC) clinic had been providing health services to the local community in Port-au-Prince for eight years before the earthquake struck.

In the hours after the disaster, the local health professional who ran Caravelle, Mme Ruth Jean-Baptiste, found her clinic damaged but still standing. She immediately started providing what services she could, free of charge, to the scores of injured people who came seeking help.

Two weeks later, when the clinic's supplies had been exhausted, an international agency visited and decided it would establish a clinic on the site.

“The INGO, without asking about the current staffing or management, invited local people who worked there to present CVs.”

Mme Jean-Baptiste erected a tent so the clinic could operate outside the damaged building. The INGO, without asking about the current staffing or management, invited local people who worked there to present CVs so they could be considered for employment.

Although Mme Jean-Baptiste applied, the INGO appointed a nurse from another area to run the clinic. Mme Jean-Baptiste was instead made Team Assistant and given a lower salary. Despite her disappointment, she remained committed to her clinic, securing vaccine supplies from the local authority.

After a few weeks the INGO running Caravelle decided to leave and other INGOs expressed an interest in taking over.

This time Mme Jean-Baptiste and her management committee chose which INGO to invite into their facility. They signed a partnership agreement and notified the local authority of their collaboration. Mme Jean-Baptiste was appointed as Clinic Coordinator.

Reflecting on her experience, Mme Jean-Baptiste said, “Communication is like the grain of salt in a meal. Everything appears to be there, but without the salt we cannot eat it.”

Crisis upon crisis

Ten months after the earthquake, the island was hit with a second major health emergency: for the first time in over 100 years, cholera came to Haiti.

Despite the large numbers of international agencies and health workers on the ground, an epidemic took hold within weeks.

By the end of November 2010, cholera had spread to eight of the country's ten provinces. By the beginning of December the disease had killed over 1,880 Haitians in just five weeks and saw nearly 84,400 people receive treatment in the country's already overstretched and overcrowded hospitals⁴.

Unknown disease overwhelms untrained local staff

Faced with a previously eradicated disease, local health workers simply did not have the experience or training needed to react swiftly.

The cholera epidemic also placed huge logistical as well as health care challenges at a time when Haiti was struggling to rebuild its shattered infrastructure.

In the initial stages of the outbreak there were not enough cholera clinics set up or water pumps providing clean water to areas at risk of infection established in time.

How was the epidemic allowed to spread?

There have been questions raised about how, with the large numbers of international health agencies

working in Haiti, the cholera outbreak was not swiftly and effectively contained.

Despite the constant threat of disease due to the still cramped and unsanitary living conditions of many displaced and homeless Haitians, there appeared to be no coordinated response plan in place to deal with an outbreak of such a fast-spreading disease.

Cholera highlights Haiti's chronic health worker crisis

A Haitian Ministry of Public Health and Population survey of 37 aid agencies providing health care to cholera patients identified an acute shortage of health workers. At the beginning of December it was estimated that Haiti needed an additional 100 doctors, 1,000 nurses, 2,200 support staff and 30,000 community health workers to control the epidemic and deal with the unfolding health crisis.

Although reports suggest that new infections are slowing, disease experts are warning that the epidemic could take up to a year to disappear.

There is now an urgent need for a comprehensive national training and education programme to ensure health workers can identify, treat and contain the disease in the event of future outbreaks.



The longer term implications of the emergency response

It is too early to determine whether the international response to the disaster has had a positive effect on the future functioning of Haiti's health system or the revitalisation of its workforce. The immediate benefits however are obvious.

Health care in Port-Au-Prince is now more available and considered of a higher quality than before the earthquake. While suspension of user fees has meant that more people can access health care than ever before, this has also had negative repercussions on other areas of the health sector.

There are ongoing hopes that international support will help Haiti tackle some of the longstanding issues in the health sector such as developing new training programmes, training new staff and introducing new skill-sets.

Issues too are coming to light

There are fears that the dominance of the INGO sector could hinder the long-term recovery of Haiti's reeling health system. Some international teams are still working largely independently of the Ministry of Health, which is struggling to coordinate the large numbers of international agencies still operating in public and private health care facilities.

Despite the large numbers of INGOs providing primary health care services in Haiti, there have been too few signs of long-term strategies and partnerships designed to build local health worker capacity beyond the emergency phase.

Public sector haemorrhaging staff

Worryingly, more national health workers have been streaming out of the public and private sector towards better-paid and resourced INGO jobs.

The longer term impact of this brain drain is not known.

In recent months the government has been trying to cap the salaries paid by international organisations to stop the steady flow of trained staff away from the national health system.

Those national NGOs who do not have international support are also struggling to survive.

“There was nothing to help Haitian NGOs who had lost everything...local organisations must be able to participate as an equal partner,” said one NGO director. “Some INGOs think that national NGOs are weak...those who have lost everything are in a submissive position.”

The future?

One of the biggest challenges for Haiti's health workforce will be ensuring the necessary resourcing to get the health system back on its feet. The suspension of user fees has decapitalised many public and private health care facilities, which previously relied on charging for services.

With more health workers now working for INGOs, many national health workers are fearful of what will happen to their jobs when the INGOs eventually leave.

Given their national health system is struggling to recover, there is no guarantee they will be able to find regular and paid work afterwards.

A new financing strategy now needs to be developed. Haiti's Ministry of Health is currently working with the World Health Organisation to create a system of performance-based contracting.

“Local organisations must be able to participate as equal partners”



One year on

New pressures, more demands: How Haiti's health system has changed since the quake

- Over 60% of hospitals destroyed in the worst affected areas.
- Mass population displacement has put huge pressure on remaining health services.
- New pressures put on health services such as the needs of amputees and people suffering from trauma and psychological disorders.
- Increased risk of malnutrition
- Longer term effects of earthquake such as increased risk of epidemic, poor living conditions and increased illness due to more poverty.
- More coordination from the Ministry of Health required to manage the increased number of NGO health care providers.

How could we have responded better?

As we mark the one year anniversary of the Haiti earthquake there is an urgent need to act on the lessons learned from the national and international response to this devastating disaster.

One clear message from local health workers is that there should have been more and better coordination between incoming international teams and national health staff and structures.

Many national and local authorities felt sidelined and excluded from the humanitarian coordination and decision making. The Health Cluster, which coordinated information and action, seemed closed to national NGOs and agencies despite the overwhelming contribution such stakeholders can, and should, make.

An international take over

In the weeks after the earthquake, international surgical teams effectively took over instead of attempting to work with existing staff or structures, even at individual clinic level.

“International surgical teams effectively took over instead of attempting to work with existing staff or structures”

The need for appropriate and responsive interventions

The planning and design of the international emergency response failed to assess the existing health worker capacity, ignoring the fact that the vast majority of Haiti’s health workers, health centres and hospitals were based in the capital. Many international teams assumed they were coming into a complete vacuum in health care services.

Lack of national emergency planning

On a national level, the lack of emergency planning severely undermined national capacity to respond to the catastrophe.

The devastation that unfolded is a reminder of the urgent need to take a long-term view of disaster response and risk management when it comes to health.

As the risk of more disasters on the scale of the earthquake in Haiti grows, there needs to be increased efforts to strengthen the effectiveness and ability of governments to anticipate, respond to and prepare for crises.

Health is fundamental to disaster risk reduction

Building up strong and robust health systems must now become one of the key pillars of all disaster risk reduction.

Given the social and economic impact of disasters, national governments must prioritise risk reduction, emergency preparedness and planning.

In order to do this health systems must receive the support and long-term investment they need to grow strong enough and resourceful enough to anticipate and respond to large scale humanitarian emergencies.

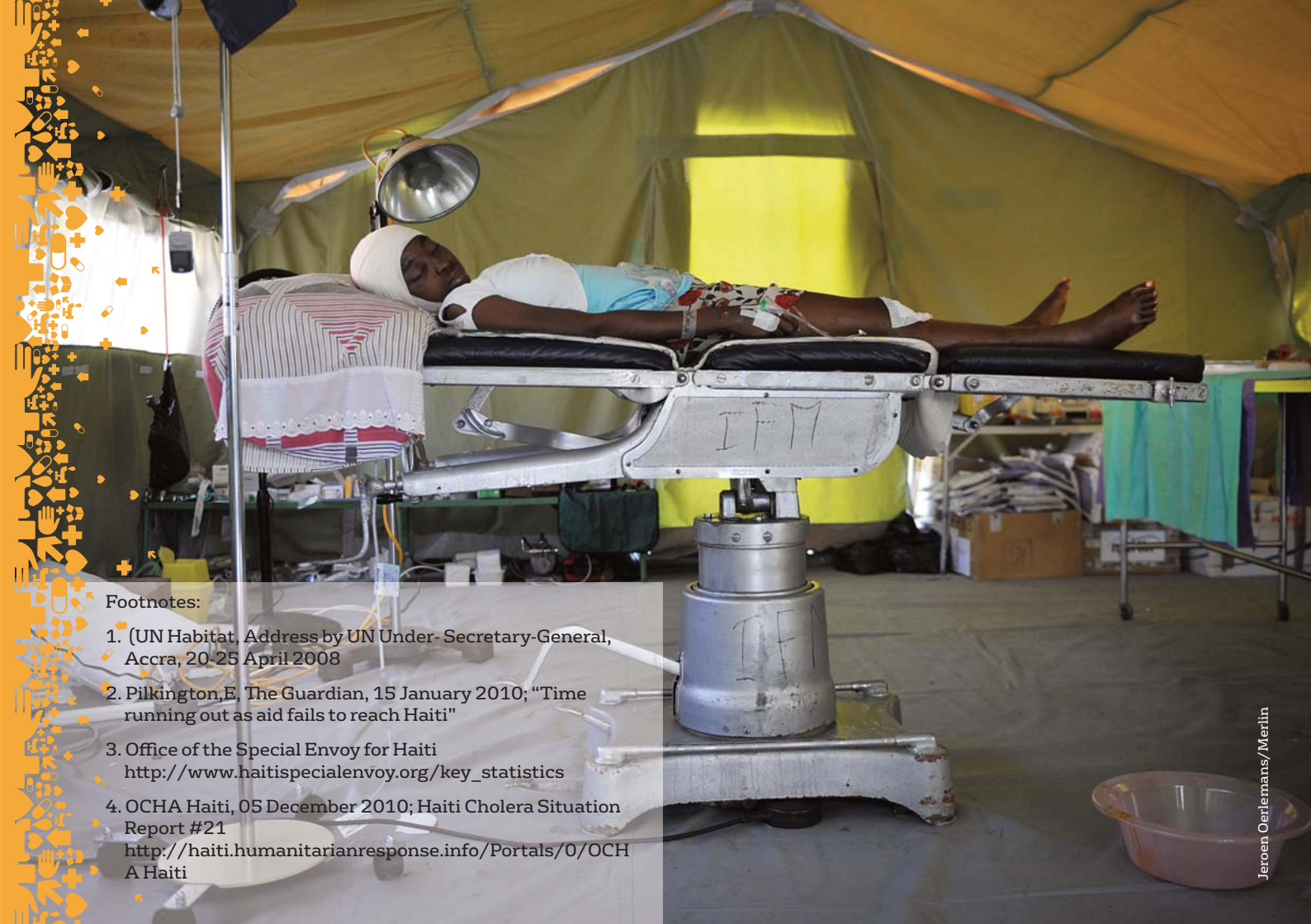
Merlin's recommendations for immediate action

For the Government of Haiti

- Significantly increase investment in the health system and health workforce;
 - Ensure the national health system is central to disaster risk reduction plans to secure effective and timely crisis response.
 - Integrate local health workers into emergency planning to ensure better use of their skills in the event of a disaster.

For the international community

- All future humanitarian assessments must include a comprehensive analysis of national health worker capacity as well as local needs.
- Ensure active participation of national NGOs and civil society in the Health Cluster, guaranteeing local knowledge and health worker expertise feeds into emergency decision making.
- Ensure all humanitarian responses contribute and build towards the longer term development of the health work force and health system.



Footnotes:

1. (UN Habitat, Address by UN Under- Secretary-General, Accra, 20-25 April 2008
2. Pilkington, E, The Guardian, 15 January 2010; "Time running out as aid fails to reach Haiti"
3. Office of the Special Envoy for Haiti
http://www.haitispecialenvoy.org/key_statistics
4. OCHA Haiti, 05 December 2010; Haiti Cholera Situation Report #21
<http://haiti.humanitarianresponse.info/Portals/0/OCHA Haiti>

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