

Health Development Experiences in Haiti: What can be learned from the past to find a way forward?

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Abstract

Haiti's history is marred by neo colonialism, structural violence, dictatorial politics, and severe natural disasters. These social political and geo-ecological factors have played a strong role in shaping the country's past and current experiences in health and development. This paper overviews Haiti's recent developments in health in light of the country's tragic and complex history and comments on the health impact of the 2010 earthquake. In light of this information we draw some general conclusions and recommendations for going forward.

Key words Haiti, Development, Healthcare system, Earthquake, Politics

Introductory Background

Located in the Caribbean on the western third of the island of Hispaniola which it shares with the country of the Dominican Republic, Haiti has a population of about 9 million (2009).¹ Haiti is the poorest country in the Western hemisphere and suffers from extensive deforestation with only 3% of the country forested.² When environmental disasters occur, they have the ability to affect large segments of the population as it is estimated that the agricultural sector and informal sectors make up 96% of the working class.²

Between August and September of 2008 Haiti was hit by four hurricanes, which heavily impacted infrastructure, health and general economic production.³ Before the hurricanes the projected gross domestic product (GDP) growth rate for 2008 was 3.7% but this was scaled down to 1.3% due to the effects of the hurricanes as well as high food and oil prices.³ On January 12, 2010, the country was devastated by the most powerful earthquake in 200 years with a magnitude of 7.3.⁴ The devastation of the capital city Port au prince

has been incomprehensible.

According to the government of Haiti an estimated 220,000 lost their lives and 300,000 were injured.⁵ The economic damage and losses caused by the quake are estimated to be about US\$8 billion, equivalent to more than 120% of the country's 2009 GDP.⁶ Based on a method of estimating damages and loss due to natural hazards (DALA) developed three decades ago by the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), no other country has experienced such a ratio of damage to GDP.^{6,7}

Following the earthquake about 1.5 million people were subjected to living in tents, exposed to the elements and without access to basic social services.⁶ HIV and tuberculosis were already a major problem in Haiti prior to the earthquake.² Now with an intensely weakened health care system due to collapsed and damaged hospitals and clinics, and the loss of medical professionals and medical students to the earthquake, problems are expected to exacerbate. Haiti's mal-development is embedded in its past within which context it

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can best be understood. Hence the next section will overview some of the historical and socio-political experiences that have shaped health and development in Haiti. After that we look at the performance of the country's health system. The last section discusses the challenges following the quake and concludes with some reflections on how the country may move forward.

Social, Historical and Political Determinants of Health in Haiti

Known during French colonial rule as Santo Domingo, Haiti declared independence in 1804 becoming the first and only country to ever emerge from a slave revolt as well as the first independent country in all of Latin America.¹ At a time when slavery was supporting the expansion of merchant capitalism with Haiti supplying a great deal of Europe's tropical goods, the declaration of independence was rejected by the world's major powers.⁸ Haiti's stained history of embargoes, clashes with globalization and Western neo-liberalist policies began in earnest. The then U.S. administration, led by Thomas Jefferson, was threatened by the newly independent Black republic.⁸ In response to this the slaveholding U.S. shut down formal trade between the two countries.⁸ Notwithstanding this proclamation informal illegal trade continued, allowing the U.S. merchants to dictate the terms of business, further establishing a neo-colonial relationship. To exert greater control of the economy and political institutions, the U.S. occupied Haiti for nearly two decades (1915–1934), an act that would be repeated in 1994/95.⁹

The newly independent country began on what would become a pattern of debt and economic entrapment. In 1825, in exchange for recognition of its independence by France, Haiti was forced to borrow 150 million francs from the French to pay restitution for the loss of former slave owners and property in Haiti as well as to reduce exports and import duties.⁹ At the start of the new Millennium this balance is estimated at \$21 billion including interest.⁸ Haiti's early subjugation to terms of trade and indebtedness with world superpowers would set up a cycle of subordination and dependency.

In more recent history Haiti has been ruled by dictators, namely, "Papa Doc" Duvalier, who in 1964 declared himself 'president for life' and

ruled from the years 1957–1971, and his son Jean-Claude "Baby Doc" Duvalier, who ruled after his father's death until 1986.¹⁰ It is estimated that under the Duvalier regimes \$120 million was pilfered from the nation's treasury, every state agency in the country, the central bank as well as from charities.¹¹

It was not until 1990 that Haiti held its first democratic elections and Father Jean-Bertrand Aristide, then considered the leader of the pro-democracy movement and known for his support of the poor, was elected president.¹² Between 1991 and 2006 President Aristide was twice forced out of power by military coups, once in 1991 and again in 2004 in a political climate heavily influenced by the US.¹³ While in exile in the US from 1991 to 1994 Aristide tried to get the US administration to support his being reinstated as president.¹² At the same time the US was becoming suspicious of Aristide's antidemocratic leanings.¹² During the intervening years the country was ruled by de facto military governments and short term presidencies. In 1996 Rene Preval defeated Aristide in the elections leaving office voluntarily at the end of his term for Aristide who was re-elected in a landslide in November 2000.¹³ The next years would see political and economic turmoil until the current democratically elected president Rene Preval regained office in 2006.

Debt Crisis, Structural Adjustments and Impact on the Health Sector

By the late 1970s developing countries had accumulated massive amounts of debt with financial outflows to service the debt in many countries exceeding aid inflows.¹⁴ During 1970–2004, Haiti had accumulated an excess of \$1.2 billion in debt.¹⁵ Responding to debt crisis, deteriorated terms of trade and economic stagnation in the early 1980s, the World Bank and the International Monetary Fund (IMF) propagated structural adjustment programs (SAPs) in developing countries.¹⁶ Short term measures in Haiti included reduction of tariffs and import controls, major cuts in government expenditures on health and education and wage restraint.¹⁷ The SAPs resulted in major impacts, largely negative, on the social and health sectors in developing countries.^{18–20} In Haiti between the years of 1980 and 1990 food and agricultural production fell, the value of agricultural exports dropped and real wages

Table 1 Key demographic, socio-development and health indicators in Haiti

Total population (thousands) (2008)	9,876 ³³
Population in urban areas (%) 2005	38.3 ³³
Population growth rate (%) (2009 est.)	1.83 ¹
GDP growth rate (%) (2009 est.)	2 ¹
Human Development Index (Rank) (2009)	149 ²⁹
GDP per capita (2009)	\$1,300 ¹
Population under the poverty line (%) (1992–2007)	55 ³³
Total expenditure on health as a % of GDP (2006)	5.6 ³²
Physicians/10,000 of the population (1998)	3 ³³
Under 5 mortality rate, 1990 (per 1,000)	151 ³⁴
Under 5 mortality rate, 2008 (per 1,000)	72 ³³
Maternal mortality ratio 2003–2008 per 100,000 live births reported	630 ³³
General population prevalence rate of HIV (%) (2005–2006)	2.2 ³⁵
Total expenditure on health per capita, 2006 (Int. \$)	96 ³²
Life expectancy at birth (yrs.) 2007	61 ³³
Total adult literacy rate (%) 2000–2007	62 ³³
Primary school net enrollment/attendance (%) 2000–2007	50 ³³

(Sources: Multiple, as indicated.)

declined by 50%.¹⁸

In 1998 the Inter-American Development Bank (IDB) and the Haitian government signed a \$22.5 million loan for the first phase of a project to decentralize and reorganize the Haitian healthcare system.²¹ There was a great need to reform and build the healthcare system. For every 10,000 Haitians there were 2.4 doctors and 1 nurse.² Forty percent of the population was without access to any form of primary healthcare; and HIV and Tuberculosis rates at this time were by far the highest in the Western hemisphere.²¹

This IDB project was designed to target 80% of the population. The project would focus on constructing local clinics, training community health agents and purchasing medical equipment and essential medicine.²¹ As of May 2002 the loan had not been disbursed and in the following years of a Republican-held government the Bush administration (2000–2008) exercised its power to veto a series of already approved loans from the IDB for clean water, education and health care, supposedly for the country's failure to meet adjustment requirements.²¹ These loans were estimated

to have accumulated to over \$500 million.²¹

Following increased international outcry over crippling debt, the World Bank and the IMF in 1996 introduced the Highly Indebted Poor Countries (HIPC) Initiative for reducing debt burden to sustainable levels for qualified countries under the creditor-agreed framework of Multilateral Debt Relief Initiative (MDRI).²² In November 2006, Haiti became the 30th country to reach HIPC decision point under which the country qualified for a net debt relief of \$140.3 million, a 15% reduction in total debt.²³ As of mid 2009 Haiti had made significant progress and had implemented 11 out of 15 requirements and was subsequently qualified to have reached completion point.²⁴ Finally in June of 2009 Haiti was granted \$1.2 billion of debt relief under the HIPC Initiative.²⁵ The debt relief resulted in the freeing up of about \$4 million that would have had to be paid every month to service the debt.

Despite the massive debt cancellation the country still remained indebted to the World Bank (with a total of \$38 million or 4% of total external debt).²⁶ In remarks at the Haiti donor

conference in April 2009, US Secretary of State Hilary Clinton pledged \$20 million to help Haiti meet its outstanding annual obligation in debt repayments.²⁷ Following the 2010 earthquake the World Bank on January 21, 2010 put out a statement on Haiti's debt in which the Bank stated that "due to the crisis caused by the earthquake, we are waiving any payments on this debt for the next five years and at the same time we are working to find a way forward to cancel the remaining debt."²⁷ It is against this historical, political and social-economic backdrop that Haiti has struggled with health and development.

The State of Current Economic and Health Developments

Key socio-demographic data for Haiti are presented in **Table 1**. The population is currently increasing at a rate of 1.83% (**Table 1**).¹ About 65% of the population live below the poverty line with a high burden of ill health.²⁸ In recent years prior to the earthquake the country has experienced modest economic growth. Despite periods of economic stagnation, slower growth and decline, the country's Health Development Index (HDI) had managed to rise from 0.433 in 1980 to 0.532 in 2007.²⁹ In the Latin America and Caribbean regions Haiti has the highest prevalence of HIV/AIDS (2.2%) and has aggravated the Tuberculosis epidemic (306 cases per 100,000).^{30,31}

In 2009, out of 182 countries, Haiti ranked 149th on the HDI scale, just behind Papua New Guinea and ahead of Sudan.²⁹ In this same year the country's GDP per capita was \$1,155. The HDI was relatively high compared to their low GDP per capita, showing that GDP is not the only or best indicator of human development.³⁶ Overall the GDP and HDI for Haiti point to the fact that the country still has a long way to go in terms of growth in health and development. With over 5 billion of aid dollars pouring into the country before the earthquake from NGO's, the World Bank, USAID, the IDB, and the United Nations among others since 1990, Haiti has remained desperately poor. As of December 2009 four of the Millennium Development Goals (MDGs)—reduction of child mortality, improving maternal health, combating HIV/AIDS, Malaria and other diseases, and ensuring environmental sustainability—in Haiti were considered to be 'off track.'³⁷

Health Policy Development

Healthcare policy in Haiti is predicated on the country's 1987 Constitution, which recognizes health as a right. The Constitution states under Article 19: "the State has the absolute obligation to guarantee the right to life, health, and respect of the human person for all citizens without distinction, in conformity with the Universal Declaration of the Rights of Man [1948 United Nations Universal Declaration of Human Rights]."³⁸ The country's first health policy was published in 1996 and revised in 1999 echoing the Constitutional values of solidarity, equity and justice.³⁹ Due to the socio-economic and political context as outlined above, the country has not been able to make significant progress towards this goal. In addition, healthcare legislation, leadership, administration and implementation in the recent past have been largely absent. For example, regarding legalities and the efficacy and safety of drugs, laws were put into place in 1948, 1955, and again in 1997, but have not been approved due to political problems.²

The current health policy-program framework is contained in the country's Strategic Plan for Health Sector Reform 2004.⁴⁰ The framework considers health to be an essential condition for human development. It recognizes that health is affected by multiple elements including balanced nutrition, good housing environment, basic private and public hygiene, and responsible behavior of the citizens. Among other things, the framework identifies a basic package of services with an essential drugs list of over 300 drugs at the primary level. With an investment amounting to US\$104.9 million over five years, it endeavors to provide basic services that are acceptable, feasible and cost-effective. Under the framework the following ten priority areas of intervention are stated:⁴⁰

1. Primary health care
2. Reorganization of the health system
3. Development of an effective and efficient financing method
4. Strengthening of community participation
5. Development of multisectoral coordination
6. Coordination and linkage with different participants
7. Development of a policy on suitable human resources
8. Development of research

Table 2 Top 10 Causes of Death (all ages) Haiti 2002

Causes	Deaths (000)	Deaths (%)	Years of life lost	Disability adjusted life years per 100,000 (DALYS) (2004)
All causes	112	100	100	—
HIV/AIDS	24	22	20	2,975
Lower respiratory infections (LRI)	7	7	9	2,547
Cerebrovascular disease stroke	6	6	3	—
Meningitis	6	5	8	645
Diarrheal diseases	5	5	7	1,643
Perinatal conditions	4	4	7	2,258
Tuberculosis	4	4	4	1,470
Hypertensive heart disease (all cardiovascular diseases)	3	3	1	3,218
Anaemia	3	3	4	—
Diabetes mellitus	2	3	1	694

[Sources: The World Health Organization (2006),⁴⁴ DALYS: WHO 2004.⁴⁵]

9. Introduction of legislation defending the population's interests
10. Integration of traditional medicine

The strategy identifies the action areas for meeting these priorities but has little information on indicators for assessing performance. (We could not find any information on steps that may have been taken towards meeting these goals.)

Burden of Disease (BOD) and Changing Health Patterns

Table 2 shows the top 10 causes of death in Haiti according to currently available data from 2002. As shown, three leading communicable diseases—HIV/AIDS, lower respiratory infections (LRI) and tuberculosis—comprise the largest burden of disease in Haiti with HIV/AIDS being by far the leading cause of death; at 22% of all deaths, it contributes 2,975 of the disability adjusted life years (DALYs)—the sum of the years of life lost (YLL) due to premature mortality and the years lost to disability (YLD) based on the incidence of cases of each per 100,000 population in 2004.⁴⁰

According to current research, Haiti has the oldest HIV/AIDS epidemic outside sub-Saharan Africa and, thus, it is believed, that HIV was introduced to the Western world from Africa through the Caribbean country in the 1970s and early 1980s.⁴¹ The 2008 UNAIDS update report estimated the number of people living with HIV/AIDS in Haiti in 2007 at 120,000, more than half of all cases in the Caribbean.⁴² The 2010 Programme National de Lutte contre le SIDA (PNLS) made projections and estimates using standard UNAIDS methodology. The number of people living with HIV in Haiti in 2009, according to this projected estimate, was about 127,321.³⁵ The main driver of the epidemic in Haiti is heterosexual transmission.³⁰ In general women and children are the most vulnerable members of society in Haiti, especially when it comes to the leading cause of death.³¹ Due to sexual and economic subordination, women often have little or no power when it comes to prevention methods; including condom use, abstinence or mutual fidelity, leading to higher vulnerability.⁴³

Haiti's overall prevalence of HIV/AIDS improved in the late 1990s with improved blood safety and an earlier high mortality.⁴⁶ The number of people 0–49 years needing antiretroviral (ARV) therapy as of December 2005 was 34,000.³⁰ However, the reported number of people actually receiving ARV therapy as of August 2005 was 5,572.³⁰ The estimated number of people needing ARV therapy in 2007 was 36,000.⁴⁷ Of this 36,000, the estimated antiretroviral therapy coverage was 41%.⁴⁸ Some researchers suggest that the survival of untreated individuals with HIV/AIDS in Africa, is longer, similar to survival in developed countries, than in Haiti, where the impact of the disease is exacerbated.⁴⁹

Owing to the high prevalence of HIV/AIDS Haiti is one of two of the 15 countries being funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) that are outside Africa.⁵⁰ PEPFAR funding to the country for prevention, care, treatment for HIV/AIDS as well as malaria and tuberculosis has increased from about \$100 million in 2008³¹ to about \$130 million in 2009.⁵¹

As for HIV/AIDS and tuberculosis, Haiti is at the bottom of the Americas in maternal and childhood indicators for health such as maternal mortality rate, infant mortality rate and under 5 mortality rates.⁵² For example, childhood immunization for measles in Haiti at 58% is the second lowest in the America's after Venezuela.⁵³ Furthermore, in 2006 only 51% of the population in rural areas had sustainable access to improved drinking water and only 70% of the population had access in urban areas.⁵⁴

Healthcare System Infrastructure and Impact of the 2010 Earthquake

The healthcare system actors in Haiti include the public sector (Ministry of Public Health and Population and the Ministry of Social Affairs), the private for profit sector, the non-profit sector, the private non-profit sector as well as the traditional health system.² Data on the overall health system infrastructure for Haiti is scant, and even more so now following the earthquake. In one estimation by the Pan-American Health Organization (PAHO) before the earthquake, there were 371 health posts, 217 health centers and 49 hospitals.² These formal health services reached only about 60% of the population whereas the

remaining population unable to access healthcare due to cost largely relies on traditional medicine, mostly in rural areas.²

The 2004 strategic plan identifies the key elements for the health system infrastructure such as the building and space requirements, equipment and human resources for each tier of health service from health center to hospital.⁴⁰ With the recent earthquake the healthcare infrastructure has faced severe set-backs as a Post Disaster Needs Assessment (PDNA) report details. As a result of the quake it is estimated that over 50 hospitals and health centers collapsed or were rendered unstable.⁵⁵ In the immediate disaster zone 30 of 49 hospitals were destroyed or damaged, including the only referral and teaching hospital; but about 90% of health centers were left largely intact though with minor damages.⁵⁶ In addition to the total or partial destruction of clinical health centers and hospitals, government ministries were destroyed as well as the headquarters of the United Nations.^{4,57} At the same time, the earthquake left 50% of healthcare professionals living and operating in tents.⁵⁶ The report, "Assessment of Damage, Losses, General and Sectoral Needs" annexed to the government's Action Plan for Recovery and Development, estimates the financial damage and loss to healthcare services in both public and private sectors at \$196 million and \$273 million, respectively, with an estimated \$1.4 billion needed for reconstructing health services.⁵⁶ With the damages, losses, required resources, the already inadequate healthcare system is now coupled with a severely physically hampered infrastructure.

With regard to human resources for health, data from 1998 shows that there were 2.4 doctors for every 10,000 people, and in 1996 there was 1 nurse and 3.1 auxiliaries for every 10,000 people.² Nearly a decade on, the WHO World Health statistics 2009 report indicates that during 2000–2007, Haiti had 1,949 physicians amounting to a density of 3 physicians for every 10,000 people and 834 nurses or 1 for 10,000 population.³³ This indicates there has been little or no change in a decade in the human services for health. Prior to the earthquake there were four private medical schools along with one public medical school.² In 1998 there were nine nursing schools that were all and in 2000 a school for nurse-midwives opened.² While healthcare workers are few, they are also unevenly distributed

Table 3 Trends in spending on healthcare

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Total expenditure on health per capita (HTG Gourdes) (1 US dollar=40.25 Haitian Gourdes)	2,690	3,007	3,349	3,775	3,914	4,700	4,826	4,935	5,630	6,499	7,406	11,239	12,550	15,368
Total expenditure on health (THE) as % of GDP	7.6	7	6.5	6.4	5.9	6.3	5.9	5.5	4.9	4.8	4.6	5.8	5.3	5.6
External resources on health as % of THE	25.4	25	27.8	23.2	12.7	9.4	8.9	7.9	5.4	12.5	9.3	23.9	37.7	34.7
Financing agents measurement														
General government expenditure on health (GGHE) as % of THE (includes external resources)	40.9	38.1	39.4	33.9	30	27.7	26.1	22.7	20.6	22.6	21.3	23.8	23.3	22.1
Private expenditure on health (PvtHE) as % of THE	59.1	61.9	60.6	66.1	70	72.3	73.9	77.3	79.4	77.4	78.7	76.2	76.7	77.9
Breakdown of financing agents														
GGHE as % of general government expenditure (includes external resources)	23.6	20.3	20.2	16.8	14.9	16	14.7	10.8	8.2	8.6	8.2	7.3	9.2	9.5
Social security funds as % of GGHE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private insurance as % of PvtHE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Out of pocket expenditure as % of PvtHE	77.1	83.3	86.2	73.5	72.8	69.7	71.8	71.2	74.3	75.9	73.1	54.5	57.4	60.8

[Source: The World Health Organization (2010).³²]

in the different health service levels and geographical regions in Haiti.²

The lack of provision of public services has left the market wide open to private and philanthropic and charitable organizations, and has resulted in a highly inequitable system of public service delivery that largely favors the wealthy.⁵⁸

Healthcare Financing

Data for healthcare financing in Haiti are not readily available. PAHO's estimate for 1999 were that the Ministry of Public Health and Population spent US \$57 million on health of which 49% was foreign aid.² In **Table 3** we summarize the country's healthcare spending trends over the last decade (1995–2008) based on the latest reporting by the WHO.³² As the table shows, total health spending as a percentage of GDP declined from a high of 7.6 in 1995 to 4.6 in 2005 when it started rising again but in 2008 it still remained below the 1995 level. External reliance on financing healthcare has remained high over the period but with dramatic low levels in the early 2000s to peak at

37.7% in 2007. Government spending on healthcare as a percentage of total expenditure has decreased as has the government spending on health as a share of overall government budget over the period. As private sector spending has increased proportionate with government spending so an increasingly larger share of the private contribution is from households' out-of-pocket spending. Most of the government's spending on health is spent on salaries.²

Discussion and Conclusion: Towards rebuilding Haiti's healthcare system

Haiti is marked by a history of catastrophic natural and man-made disasters. As the country goes through a period of recovery from the recent mega quake, a serious reflection is needed on the country's historical, political and economic turmoil. Paul Farmer has casted the case for Haiti as one of unbridled structural violence.²¹ Haiti suffers from deep-seated internal forces of corruption, erratic leadership, and lack of functioning internal institutions. Ineffective governments,

poor health care infrastructure and poverty are most responsible for the burden of disease in low income countries, such as Haiti.⁵⁹ Combined with this are external competing economic factors, forces of globalization, environmental disasters, and the historical exploitation by world powers that have been major determinants of poor healthcare and development in Haiti. These issues are not insular but are interwoven making the path forward all the more complicated for policymakers, government officials and all those working towards a sustainable and healthy future for the country.

Good health is valued for its own sake as well as for its positive impact on social and economic development.⁶⁰ For this reason healthcare should be a priority for Haiti. Given that the leading causes of death and disability with major impacts on health and economic development in Haiti are largely treatable and preventable with education, immunization, basic sanitation and clean water, investments must be made in these areas. However, the country has not had a good record of a stable or predictable government or policy means of financing healthcare services. The 2004 government Strategic Plan for health reform aimed to mobilize financing through, among others, securing a budget for the Ministry of Health, establishing mutual funds and pooling risks, and equitable allocation of resources.³⁹ As of now none of these are in place. Lack of any kind of pre-paid or risk-pooling health plan as well as social security funding for health care has resulted in high out-of-pocket costs that burden an already impoverished society. Hence policies and strategies to address high out-of-pocket spending are paramount if improvements in healthcare and development are to be made at the household level. The success or failure of households to cope with the economic consequences of illness, determines whether they are able to protect their asset base or whether the household falls into poverty.⁶¹ In a country where 55% of the population is already living below the poverty line, having such medical cushion in place could be the difference needed to survive.

In reviewing the structural adjustment programs (SAPs) that Haiti has gone through since the 1980's and considering the country's burden of disease, current poverty levels, and the reality that even with Enhanced HIPC and MDRI assistance the net present value of debt-to-export

ratio will continue to increase until the year 2014, it is clear that deep changes are needed within the country for any improvements in health to be made. However, despite the best efforts by the IMF, the World Bank and other leading lenders and institutions, SAPs in the past have not solved the debt problem.

One recommendation stemming from the UN Millennium Project in 2005 was that debt sustainability should be redefined as the level of debt consistent with achieving the MDGs, in 2015, with no debt overhang.⁶² If this recommendation were to be taken seriously and implemented, Haiti could benefit on multiple levels. It would mean the country would have a chance at significantly decreasing the national debt and have increased financial freedom to work towards achieving the MDGs, which if met would decrease the country's level of poverty and inequality including achieving substantial progress in morbidity and mortality on the leading diseases.

On the eve of the January 12, 2010 earthquake, the American Public Broadcasting Service (PBS) aired a documentary in its 'fragile state series' profiling the hopeful signs of recovery in Haiti after years of political and economic misery.⁶³ In featuring the burgeoning textile industry spurred by the US Hope II Act allowing Haiti to export textiles to the US, the UN Special Envoy to Haiti, former US President Bill Clinton, was featured with a delegation of western investors to showcase Haiti's potential. No one knew of the impending earthquake that would ravage the country so devastatingly and wipe out all those new infrastructures the following day and exacerbate widespread vulnerability, poverty, disease and misery.

While the earthquake and all its devastation is an obvious setback to Haiti's healthcare as well as political and economic process, the disaster also provides an opportunity to readdress, and, for some, address for the first time, many of the country's impediments to development. The international community was triggered to respond to the vast needs of the country and aid has been pouring in. From countries to institutions and individuals, there was an unprecedented outpouring of goodwill support to Haiti in the onset of the relief effort. A donors' conference held two months later on March 31 at the UN headquarters in New York concluded with financial

pledges for recovery efforts from over 150 countries and international agencies exceeding US\$5 billion over an 18 month period.⁶⁴ Numerous other appeals have been made by agencies since. Among the major supra-institutions formed to help with mobilizing for the recovery and reconstruction are the Haiti Reconstruction Fund (HRF) (formed jointly with the government of Haiti, the UN, the IDB, the World Bank and numerous other donors),⁶⁵ the Prime Minister Jean-Max Bellerive and President Bill Clinton Interim Haiti Reconstruction Commission (IHRC),⁶⁶ and the UN NGO Coordination Support Secretariat (NCSS).⁶⁷

A final communiqué of the Donor Conference outlined a set of principles in the aid implementation which include recognizing ownership of the process by the Haitian government, coordination of efforts and the need for long-term commitment to supporting Haiti.⁶⁷ Coordination among all the numerous entities and the government of Haiti as well as with Haitian civil society will be critical if the recovery and reconstruction as well as utilization of the funds will have a positive impact on the people of Haiti. It is encouraging that there are some coordination structures already in place among the UN groups, NGO actors and governmental entities. A novel approach by the UN to organize the roles and responsibilities of the different actors is the establishment of clusters around 12 distinct areas ranging from agriculture to water, sanitation and hygiene. The NCSS was established at the UN logistics base in Port-Au-Prince with the efforts of the International Council of Voluntary Agencies (ICVA)—a global NGO advocacy alliance for humanitarian action—and InterAction, the American Council for Voluntary Action (a consortium of over 190 US-based NGOs that do relief and development work overseas).⁶⁹ And in an effort to improve co-ordination, InterAction has released a Haiti Aid Map, an interactive prototype that visualizes the current projects and actors (1,045 in number being undertaken by 87 organizations). The latest information (on November 27, 2010) shows that the health cluster has 286 projects covering 111 communities being implemented by numerous organizations.⁷⁰

Furthermore, the financial responses and organizational muscle must be matched with visions and planning that take into consideration the country's history of paternalistic aid that in

many ways has worked to undermine the self-determination and long-term sustainability of the country's well-being. As assessments at ten months after the quake show, ensuring the pledged aid is delivered, and the aid coming in benefits the poor, who make up the majority of the population, will remain a key challenge. As it is, pledges from the conference are supposed to be channeled through the multinational fund (HRF) to be released for projects agreed by the IHRC. The HRF latest financial data show that only seven countries (Australia, Brazil, Canada, Cyprus, Colombia, Oman and Estonia) have paid their pledge, and in full.⁷¹ And an investigation by CNN in July reported that of the \$5 billion pledged during the March conference only about 2% had been delivered.⁷² The Bellerive-Clinton IHRC is also maintaining an interactive web-map of all the donors helping Haiti showing trends in the pledges.⁷³

Nevertheless, a progress report of the UN Inter-Agency Standing Committee (IASC) released July 15 outlines some major accomplishments, despite enormous challenges at disaster relief and recovery.⁷⁴ Among these, 4 million people have received food assistance and a further 1.2 million have received clean water daily. A chart released in the report showing sector progress per mid-year targets indicates coverage of health services to the camps of 40%, 34% of sanitation based on provision of one latrine for 50 people (amounting to 11,000 latrines in all), and an impressive vaccination coverage of 80%.⁷⁴ Overall, 90% of the internally displaced persons (IDPs) in Port-au-Prince now have access to health clinics within a 30-minute walking distance in the adjacent areas.⁷⁴

As the PDNA conducted soon after the earthquake estimated, over \$1.4 billion would be needed to restore the healthcare needs of the Haitian people.⁵⁶ It also proposed a strategy for rebuilding the healthcare system based on two principles: a model of primary healthcare based on a guaranteed basic healthcare package, and high quality healthcare services.⁵⁶ While this is a noble goal for Haiti that opens an opportunity to meet the country's Constitutional obligations to healthcare, at this point in time little of this amount has been raised. Pointing out that the Haitian government would contribute 35% of the estimated needs for public sector services through tax revenues, the PDNA had however

also pointed out that 90% of the reconstruction materials would be imported. With the damage to factories and businesses, schools and hospitals, and weakened governmental institutions (suffering a loss of 30% of its civil service⁷⁵) it is unlikely that Haiti can generate such tax revenues in a short time.

Undoubtedly, high reliance on external resources for rebuilding the healthcare system that leaves the country largely at the mercy of foreign goodwill will inevitably continue. However, increased multilateral and global cooperation and not domination should be the way of the future if we are to create a sustainable future, not just for Haiti but for the rest of the developing world. In the mean time, displaced populations that have moved to tent cities away from the destruction of Port-au-Prince and into smaller towns and cities not well equipped to deal with existing populations are putting stress to health and social services that may result into civil unrest and disease outbreaks if interventions are not speedily implemented successfully. Indeed, as this report is being completed, a major cholera outbreak has engulfed the country, the first in about 100 years.⁷⁶ As of November 2010 the

Haitian Ministry of Public Health and Population reported 60,240 cumulative cases of cholera including 1,415 deaths.⁷⁷ Of the deaths that are occurring, 33% are at the community level and 67% are at the health services level. The National Cholera Response Plan identifies the need to scale up Oral Rehydration Centers and to provide services to non-life threatening cases and serve as a resource for referring non severe patients to Cholera Treatment Unites and severe patients to Cholera Treatment Centers.⁷⁷

As the country grapples with transition into a new government following the November 28 general elections, one that will be charged with the enormous task of taking on the challenges left in the wake of hurricanes, the aftermath of the 2010 earthquake, and most recently the cholera epidemic, political stability remains a critical challenge. Amid the chaos, perhaps this will only serve as a reminder that the greatest challenge facing Haiti is one of a political nature, namely the signature of good governance and leadership. Whether the new leadership will result in a break with the past towards a new healthier Haiti will remain to be seen.

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