

Health Care in Haiti

Haiti spends 7% to 11% of its national budget toward health care. Of this amount, 80% is used for salary leaving the remains 20% for furniture and drugs. Much help comes from foreign countries such as U.S., Canada, France, Cuba, others. Health care is listed as the number eight on the list of the government priorities behind education, agriculture, sanitation, roads, etc...

The traditional low revenue collection rate (roughly 9% of the GDP) constrains Haiti in its ability to provide social services and invest in physical and human capital. The government relies on formal international economic assistance for fiscal sustainability.

External assistance (approximately \$965 million from July 2004 through March 2006) as well as the diasporas (representing 1 out 6 persons living outside Haiti) remittances (estimated at approximately \$1.65 billion) remains critical to keeping the economy afloat.

Haiti's most serious underlying social problem, the huge wealth gap between the impoverished Creole-speaking black majority and the French-speaking minority, 1% of whom own nearly half the country's wealth, remains unaddressed.

Birth mortality: 630 per 100,000 (2006)

75% of births are performed outside the health care system

15% of pregnant women never benefit of any prenatal care

Malnutrition rate among the less then 5 year old children are:

24% - chronic

9% - sharp and distinct

22% - extreme

Vaccination: Complete vaccinations for 21-23 months old does not surpass 41%

TB is at 180 per 100,000 with 50% of those cases with HIV

Malaria, HIV Aids, TB, Diabetic, Hyper tension, Sanitary infections are prevalent

Deficiency in medical services

- *Fragmentation of the public and private sector:*
 - o 37% of the 722 health care establishments under the Ministry of Health (25 hospitals, 28 health care centers with beds, 42 health care without beds, 174 dispensaries
 - o Deficient in maintenance and infrastructure: medications, food, water, electricity, and lack of proper medical services.
 - o 83% of the consultation fees are in the urban areas, done in private clinic with regards to only 17% in rural areas.

- Doctors, clinics, poly clinics, laboratories, pharmacies, usually set up shop in area that are economically supportive, preferably in major cities where patients can pay. Patients will travel wherever those services can be given.
- There are no set regulations or mechanism in opening a medical clinic nor norms, installation, qualifications of staff or personnel. Reform is being studied and attempted - see manual “Le Paquet Minimum de Services”.
- Doctors usually have second jobs (set personal shop at hospitals) and use the public hospital facilities for personal use. Payments are in many cases made directly to the doctors unknown to the establishment.
Doctors are to keep 85% and hospital 15% which most of the time are not collected.
- 60% of the 722 health care establishments fall in two categories: 328 private and 120 mixed which are exploited by most personnel and paid by the public sector.
- In certain regions of the country there are no private clinics. Private patients only have public hospitals to go to. Few alternative are available
- As many as a hundred religious organizations provide much support to the mountainous country side where health care is non existent.

Other documents show that there are the following medical facilities:

Dispensaries	402
Health Care Facility (without beds)	198
Health Care Facility (with beds)	54
Hospitals	63
TOTAL	717

- *Difficulty in accessing the health care system.*
 - According to a national 2007 survey - 20% of the patients who received treatments walked 5 kilometers. For 17% of those patients, they had to walk over 2 hours to reach their destination.
 - Based on the 2006 population of 8,934,791, the ratio is 1 to 12,375
 - It is estimated that 60% of the population can not access a doctor.
 - Lack in infrastructures of roads, locomotion, electricity...makes it difficult to access medical help.
 - 60% of the rural population live 15 kilometers to the closest hospital or dispensary.
- *A call to reform has only been talked about and politicized.*
 - Decentralization is recognized and necessary for development.
 - Amelioration to the current system must be built to provide a minimum level of services to the rural population.
 - A three tiers level of services must be develop using coordinating all the sectors of the health care system.

Medical Training

The formal training of **doctors** and **pharmacists** are provided by 7 institutions.

There is only one public medical facility to train 80 doctors yearly.

- Faculty of Medicine and Pharmacy of the University of Haiti
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There are six private medical facilities to train 230 doctors yearly.

- Notre Dame d'Haiti
- Quisqueya University
- Lumiere University
- Royale University
- King Henri Christophe University
- Academie Haitienne University

All are accredited and functioning, with the exception of - Academie Haitienne University, pending accreditation and approval from the government.

Cuba – since 1999 has provide training (scholarship) for 100 doctors per year, chosen from the ten Departments. After training, two years of services are required in those areas. It is estimated that 350 have returned to served but were not able due to lack of planning from the government.

Pharmacist – training is offered only at Faculty of Medicine and Pharmacy of the University of Haiti. Only 24 are trained yearly.

Dentist – Only 20 are trained yearly from the Faculty d'Ondontologie.

Paramedical

28 Medical Tech – School of Technologie Medical of Cap-Haitien

80 to 200 Nurses per year (P-A-P, les Cayes, Cap-Haitien, Jeremie)

35-50 Mid-Wives yearly are trained by a national school that was opened in 2000.

Recruitment is from previously graduated nurses.

The 4 national school for Auxiliaries have been closed since 1986.

There has been an explosion of private paramedical school in the past 15 years. Even though many are not recognized nor accredited by the government. An effort was begun to officially regulate them. There are close to 100 (not confirmed) of those schools who are still delivering diplomas not recognized by the Ministry of Health.

Professional Development

- There is no training nor formal evaluation for medical personnel (productivity, efficiency, satisfaction)
- Unable to evaluate medical procedures or performance (birth, vaccination, surgery)
- There are no job descriptions for medical staff
- Scholarships and Fellowships are not well defined nor necessarily given to the best or promising candidates.
- Training received has not attain nor help those in greatest need of the population.
- The absence of supervision of staff has left those employed with no objectives or fulfillment of a job well done. Leaving those individuals frustrated.

Salaries

- Salaries are week, inequitable and irregular.
- Grids for salaries are unfavorable in comparison to the private sector. Years of experience, longevity are not considered. Abuse and violations are often seen and recognized.
- Progression or promotions are rarely considered. It usually is based on who you know rather than merits.
- No uniformity in job titles. The same job performed may have several titles with different pay scale.
- Contractors (estimate in the amount of 4,000) are significantly under paid for the same job function then those with permanent positions.
- There is no central payment system. Checks are sent with frequent irregularity on different days, weeks, months and sometime years. Recently, 80 residents in the Southern Department was on strike for eight month due to back payment. Medical walk- out and strikes are quite frequent due to neglect and unanswered grievances.

Monthly Pay Scale:

Public Sector

<u>Generalist</u> earns:	Gourdes 22,000.00	-----US\$ 550.00
<u>Specialist</u> earns:	Gourdes 25,000.00	-----US\$ 625.00
<u>Chief of Service</u> earns:	Gourdes 25,000.00	-----US\$ 625.00
<u>Nurse</u> earns:	Gourdes 14,000.00	-----US\$ 350.00
<u>Auxiliary</u> earns:	Gourdes 8,000.00	----- US\$ 200.00
<u>Account</u> earns:	Gourdes 19,000.00	-----US\$ 475.00
<u>Hospital Administrator</u> earns:	Gourdes 28,000.00	-----US\$ 700.00
Lab Technicians earns:	?	
Pharmacist earns:	?	

Sadly, there is a great amount of money being made on unwanted pregnancies and abortions. Medical staff can earn twice to three times the amount earned in the **private sector**.

WHAT IS PROPOSED and RECOMMENDED

A symposium was held on September 2008 which was attended by many high ranked officials and international organizations interested in health care services.

Define a vision for development

Maximize efficiency by using the current resources

Reinforce a three tiers service among all health care facilities:

- First tier – basic medical needs
- Second tier – hospitalization
- Third tier – specialization in treatments and care

Develop and reinforce

- Capacity – a national plan for all human resources
- Coordination – no isolation but interdependence
- Approach – long term rather short sight
- Application – find the resources and develop methods of implementation

Decentralization and distribution of resources to appropriate and geographic location

Develop a better system of development and production of personnel

Curb unemployment, restructure of the payment system

Better distributions of information

Economy

Major Industries:

Sugar refining, flour milling, textiles, cement, light assembly based on imported parts

Agriculture products: coffee, mangoes, sugarcane, rice, corn, sorghum; wood

Employing Workers: 37*

Registering Property: 135*

Enforcing Contracts: 107*

Closing a Business: 146*

**2006 World Bank rank out of 175 countries*

Commercial bank prime lending rate: 46.99% (December 2007)

Exchange rate: Gourdes (HTG) per US dollar – 39.216 (2008 est.)

Starting a Business

The table below shows the number of steps and the amount of time needed to start a business, on average

Indicator	Haiti	Region
Procedures (number)	12	10.2
Time (days)	203	73.3

Country Memo Provided by: globalEDGE.msu.edu and EXPORT.GOV

GDP - purchasing power parity:
\$11.14 billion (2007 est.)

GDP - real growth rate:
3.2% (2007 est.)

GDP - per capita: purchasing power parity:
\$1,300 (2007 est.)

GDP - composition by sector:
agriculture: 28%
industry: 20%
services: 52%

Industrial production growth rate:
2.5% (2007 est.)

Household income or consumption by percentage share:
lowest 10%: 0.7%
highest 10%: 47.7%

Inflation rate (consumer prices):
9% (2007 est.)

Labor force:

3.6 million

note: shortage of skilled labor, unskilled labor abundant (1995)

Labor force - by occupation:

agriculture: 66%

industry: 9%

services: 25% (1995)

Unemployment rate:

Widespread unemployment and under employment% (2002 est.) more than two-thirds of the labor force do not have formal jobs.

Budget:

revenues: \$926.3 million

expenditures: \$1.045 billion (2007 est.)

Exports:

\$524 million f.o.b. (2007 est.)

Exports - partners:

US 74.3%, Dominican Republic 8.9%, Canada 3.1% (2006)

Imports:

\$1.614 billion f.o.b. (2007 est.)

Imports - partners:

US 41.4%, Netherlands Antilles 15%, Brazil 4.8%, China 4.7% (2006)

Debt - external:

\$1.463 billion (31 December 2007 est.) – \$1.2 billion debt forgiveness (2009)

Economic aid - recipient:

\$515 million (2005 est.)

Distribution of Family Income - GINI Index:

59.2 (2001)

Electricity Production:
535 million kWh (2005)
Electricity Consumption:
322 million kWh (2005)
Oil Consumption:
12,000 bbl/day (2005 est.)
Oil Imports:
11,840 bbl/day (2004)

People

Population:
8,924,553 (July 2008 est.)
Population growth rate:
2.493% (2008 est.)
Population Below Poverty Line:
80% (2003 est.) – 50% live on less than US\$ 100.00 a year
30% live on less than US\$ 200.00 a year

Infant mortality rate:
62.33 deaths/1,000 live births (other sources claim 80 deaths)

Life expectancy at birth:
total population: 57.56 years – It is estimated to be 53 years
male: 55.83 years
female: 59.35 years (2008 est.)

Total fertility rate:
4.79 children born/woman (2008 est.)

Ethnic groups:
black 95%, mulatto and white 5%

Religions:
Roman Catholic 80%, Protestant 16% (Baptist 10%, Pentecostal 4%, Adventist 1%, other 1%), none 1%, other 3%
note: roughly half of the population practices voodoo

Languages:
French (official), Creole (official)

Literacy:
total population: 52.9%
male: 54.8%
female: 51.2% (2003 est.)

HIV/AIDS - Adult Prevalence Rate:
5.6% (2003 est.)

Geography

Location:

Caribbean, western one-third of the island of Hispaniola, between the Caribbean Sea and the North Atlantic Ocean, west of the Dominican Republic

Area:

total: 27,750 sq km

land: 27,560 sq km

water: 190 sq km

Land boundaries:

total: 360 km

border countries: Dominican Republic 360 km

Coastline:

1,771 km

Climate:

Tropical; semiarid where mountains in east cut off trade winds

Terrain:

Mostly rough and mountainous

Elevation extremes:

Lowest point: Caribbean Sea 0 m

Highest point: Chaine de la Selle 2,680 m

International Organization Participation (NGO's):

ACP, Caricom, CDB, FAO, G-77, IADB, IAEA, IBRD, ICAO, ICCt (signatory), ICRM, IDA, IFAD, IFC, IFRCs, ILO, IMF, IMO, Interpol, IOC, IOM, ITSO, ITU, ITUC, LAES, MIGA, NAM, OAS, OIF, OPANAL, OPCW, PCA, UN, UNCTAD, UNESCO, UNIDO, Union Latina, UNWTO, UPU, WCL, WCO, WFTU, WHO, WIPO, WMO, WTO

Technology

Telephones:

145,300 (2005)

Cellular Telephones:

2.2 million (2007)

Internet Country Code:

.ht

Internet Hosts:

7 (2007)

Internet Users:

650,000 (2006)

Highways:

4,160 km

Airports:

14 (2007)

Sources:

CIA World Factbook 2008,

U.S. Dept. of State Country Background Notes (Source Date: 08/07)